

**Intuit Payments Inc, a subsidiary of Intuit Inc., a Delaware corporation**  
**Early Refund Processing Agreement ("Agreement")**

Name: adam R & selah L hovda

Social Security No.: 601903933

This Agreement contains important terms, conditions and disclosures about the program for processing of your refund(s) (the "Early Refund Processing Service" or "ERPS") by Intuit Payments Inc, a subsidiary of Intuit Inc., a Delaware corporation ("IPI", "we", "our", or "us") using an account created for you at a partner financial institution, such as Cross River Bank ("Bank"). If you participate in ERPS, you have chosen to receive your federal tax refund five (5) days early, subject to eligibility.

Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2024 federal income tax return(s) is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to IPI. The ERPS includes money transfer services provided by IPI, which is licensed as a money transmitter in the U.S. jurisdictions listed at: <https://www.intuit.com/legal/licenses/payment-licenses/>. While the ERPS is provided by IPI, under certain circumstances, IPI may not be required to provide such services under its money transmitter licenses.

1. **NOTICE: No Requirement To Use the Early Refund Processing Service In Order To File Electronically.**

YOU UNDERSTAND THAT AN EARLY REFUND PROCESSING FEE OF \$25.00 ("ERPS FEE") IS CHARGED BY IPI TO ESTABLISH A TEMPORARY ROUTER ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT THE ERPS FEE, AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU VIA THE DISBURSEMENT METHOD AS STATED BELOW. YOU ARE NOT REQUIRED TO USE THE ERPS. THE EARLY REFUND PROCESSING SERVICE IS NOT A LOAN; THE FEE IS COLLECTED ONLY AT THE TIME THE EARLY REFUND PROCESSING SERVICE OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE EARLY REFUND PROCESSING SERVICE BY INSTEAD CHOOSING ANOTHER REFUND DEPOSIT METHOD AT THE TIME YOU FILE YOUR 2024 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND(S) DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE EARLY REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND(S) 5 DAYS EARLIER THAN THE TYPICAL 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN(S) UNLESS THERE ARE PROCESSING DELAYS OR UNLESS YOUR RETURN(S) CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND(S) NO EARLIER THAN FEBRUARY 15, 2025. IF YOU SELECT ERPS YOU WILL RECEIVE YOUR FEDERAL REFUND PROCEEDS FIVE (5) DAYS EARLY OR YOU WILL NOT BE CHARGED FOR THE ERPS SERVICE. THE COST OF PREPARING YOUR TAX RETURN(S) WILL NOT INCREASE OR DECREASE IF YOU PURCHASE THE EARLY REFUND PROCESSING SERVICE.

2. **Authorization to Release Personal Information.** You authorize the IRS to disclose any information to Bank and IPI related to the funding of your 2024 federal tax refund(s). You also authorize Intuit Inc., as the transmitter of your electronically filed tax return(s), Bank and IPI to disclose to each other certain information about you and your tax return(s) for the purpose of providing the services contemplated under this Agreement and other services offered by Intuit Inc. and its subsidiaries. You also represent that any authorizations you have made in this Section 2 have also been obtained from and are made with respect to your spouse, if this is a jointly filed return. Please see the Privacy Policy at the end of this Agreement describing how IPI may use or share your personal information.

3. **Temporary Router Account Authorization.** You hereby authorize us to establish a temporary router account ("Router Account") for you at Bank for the sole purpose of receiving your tax year 2024 federal tax refund(s) from the IRS. We must receive an acknowledgement from the IRS that your return(s) has been electronically filed and accepted for processing before the Router Account can be opened. All fees discussed in this Section 3 are each, a "Fee." You authorize IPI to deduct from your federal tax refund and/or Router Account all of the following amounts: (i) the Early Refund Processing Fee; (ii) if applicable, any fees for additional products and services purchased via TurboTax, and (iii) all applicable taxes (collectively, "Fees").

By using the ERPS, you will receive your federal tax refund up to five (5) days early for an additional fee of \$ 25.00. IPI will deduct from the refund amount the ERPS fee, if you receive your federal refund proceeds at least 5 days early.

You authorize us to disburse the balance of your refund(s) to you with the ERPS after making all authorized deductions for Fees. If your refund(s) does not have sufficient funds to pay any portion of the Fees, you authorize us to disburse the entire refund amount to the account into which you authorized IPI to deposit your expected tax refund proceeds as set forth in Section 6 ("Authorized Destination Account").

4. **Acknowledgements.** (a) You understand that: (i) IPI cannot guarantee the amount of your tax year 2024 federal tax refund(s) or the date it will be issued, and (ii) IPI's role is limited to the ERPS described in this Agreement. IPI does not warrant the accuracy of the software used to prepare the tax return(s). (b) You understand that (i) Intuit Inc. is the party that sends your tax return filings to the appropriate taxing authority and provides the software used to prepare your tax return, and (ii) You agree that Intuit Inc. is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by IPI. Intuit Inc. does not provide the ERPS. Again, the ERPS is provided by IPI. (c) Your refund(s) may be held or returned to the IRS if it is suspected of fraud or identity theft.

5. **General Disclosures.** The Router Account is being opened for the sole purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2024 federal tax refund(s). IPI will deduct from the refund amount the Fees, if you receive your federal refund proceeds at least 5 days early. No



- Circumstances beyond our control (such as fire, flood, water damage, power failure, strike, labor dispute, pandemic, computer breakdown, telephone line disruption, or a natural disaster) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You, your representative or a third party provide us with inaccurate or untimely information.

9. **Governing Law.** The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive laws of Delaware.

#### 10. Summary of Terms.

Expected Refund	\$	4,906.00
Less ERPS Fee	\$	25.00
<b>Expected Proceeds*</b>	<b>\$</b>	<b>4,881.00</b>

\* These amounts are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes. The above deductions will be subtracted from your federal refund, where applicable.

11. **Arbitration Provision.** You acknowledge that the services set forth in this Agreement are being made available and priced by IPI on the basis of your acceptance of the following arbitration provision ("Arbitration Provision"). By entering into this Agreement, you acknowledge that you are giving up the right to litigate Claims (as defined below) if you or IPI elects arbitration of the Claims pursuant to this provision, except as otherwise expressly provided herein, and you hereby knowingly and voluntarily waive the right to trial of all Claims subject to this Agreement. You further acknowledge that you have read this Arbitration Provision carefully, agree to its terms, and are entering into this Agreement voluntarily and not in reliance on any promises or representations whatsoever except those contained in this Agreement.

#### ARBITRATION NOTICE

**THIS AGREEMENT CONTAINS AN ARBITRATION PROVISION. PLEASE READ THIS PROVISION CAREFULLY, AS IT AFFECTS YOUR LEGAL RIGHTS.**

11.1. **Arbitration of Claims:** If you elect to seek arbitration, you must first send to IPI a written Notice of your Claim ("Notice of Claim"). The Notice of Claim to IPI should be sent in care of our registered agent Corporation Service Company, 251 Little Falls Drive, Wilmington, DE 19808. The Notice of Claim should include both the mailing address and email address you would like IPI to use to contact you. If IPI elects to seek arbitration, it will send, by certified mail, a written Notice of Claim to your address on file. A Notice of Claim must (a) describe the nature and basis of the claim or dispute; and (b) set forth the specific amount of damages or other relief sought.

You agree that good-faith informal efforts to resolve disputes often can result in a prompt, low-cost and mutually beneficial outcome. You and IPI therefore agree that, after a Notice of Claim is sent but before either you or IPI commence arbitration or file a claim in small claims court against the other, we will personally meet, via telephone or videoconference, in a good-faith effort to confer with each other and try to resolve informally any Claim covered by this Agreement. If you are represented by counsel, your counsel may participate in the conference as well, but you agree to fully participate in the conference. Likewise, if IPI is represented by counsel, its counsel may participate in the conference as well, but IPI agrees to have a company representative fully participate in the conference. The statute of limitations and any filing fee deadlines shall be tolled while the parties engage in the informal dispute resolution process required by this paragraph.

If we do not reach an agreement to resolve the Claim within sixty (60) days after the Notice of Claim is received, you or IPI may commence an arbitration proceeding by filing a Demand for Arbitration or, alternatively, by filing a Claim in small claims court. You agree that you may not commence any arbitration or file a claim in small claims court unless you and IPI are unable to resolve the claim within 60 days after we receive your completed Notice of Claim and you have made a good faith effort to resolve your claim directly with IPI during that time. If a Claim qualifies for small claims court, but a party commences an arbitration proceeding, you and IPI agree that either party may elect instead to have the Claim resolved in small claims court, and upon written notice of a party's election, the American Arbitration Association ("AAA") will administratively close the arbitration proceeding. Any dispute about whether a Claim qualifies for small claims court shall be resolved by that court, not by an arbitrator. In the event of any such dispute, the arbitration proceeding shall remain closed unless and until a decision by the small claims court that the Claim should proceed in arbitration. You may download or copy a form of notice and a form to initiate arbitration at [www.adr.org](http://www.adr.org) or by calling 1-800-778-7879. The arbitration will be conducted by the AAA before a single AAA arbitrator under the AAA's rules, which are available at [www.adr.org](http://www.adr.org) or by calling 1-800-778-7879, except as modified by this Agreement. Unless IPI and you agree otherwise, any arbitration hearings will take place in the county (or parish) of either your residence or of the mailing address you provided in your Notice of Claim.

11.2. **Other Claims Subject to Arbitration:** In addition to Claims brought by you, Claims made by anyone connected with you or anyone making a Claim through you (including a taxpayer filing jointly, employee, agent, representative, affiliated company, predecessor or successor, heir, assignee, or trustee in bankruptcy) against us shall be subject to arbitration as described herein.

11.3. **Exceptions:** We agree not to invoke our right to arbitrate any individual Claim you bring in small claims court or an equivalent court so long as the Claim is pending only in that court. This Arbitration Provision also does not limit or constrain our right to interplead funds in the event of claims to the Account by several parties.

**11.4. Individual Claims Only:** Claims may be submitted to arbitration on an individual basis only. Claims subject to this Arbitration Provision may not be joined or consolidated in arbitration with any Claim of any other person or be arbitrated on a class basis, in a representative capacity on behalf of the general public or on behalf of any other person, unless otherwise agreed to by the parties in writing. However, taxpayers filing jointly and party to this Agreement are considered as one person; IPI and its officers, directors, employees, agents, and affiliates are considered as one person; and Bank and its officers, directors, employees, agents, and affiliates are considered as one person. Further, if you have elected arbitration, unless both you and IPI agree otherwise, the arbitrator may not consolidate any other person's Claims with your Claims and may not otherwise preside over any form of a representative or class proceeding. If IPI believes that any Claim you have filed in arbitration or in court is inconsistent with the limitations in this paragraph, then you agree that we may seek an order from a court determining whether your Claim is within the scope of the Class Action Waiver. If this Class Action Waiver is found to be unenforceable, then the entirety of this Arbitration Section shall be null and void.

**11.5. Arbitration Fees:** Payment of all filing, administration and arbitrator fees will be governed by the AAA Rules. You are required to pay AAA's initial filing fee, but IPI will reimburse you for this filing fee at the conclusion of the arbitration to the extent it exceeds the fee for filing a complaint in a federal or state court in your county of residence or in Santa Clara County, California. If the arbitrator finds that either the substance of your Claim or the relief sought in your Demand for Arbitration was frivolous or was brought for an improper purpose (as measured by the standards set forth in Federal Rule of Civil Procedure 11(b)), then the payment of all fees will be governed by the AAA Rules and IPI will not reimburse your initial filing fee. The parties agree that the AAA has discretion to modify the amount or timing of any administrative or arbitration fees due under the AAA Rules where it deems appropriate, provided that such modification does not increase the AAA fees to you or IPI and you and IPI waive any objection to such fee modification.

**11.6. Procedure:** A single arbitrator will resolve the Claims. The arbitrator will be either (1) a retired judge or (2) an attorney specifically licensed to practice law in the state of California or the state of your residence and will be selected by the parties from the AAA's National Roster of arbitrators. The arbitrator will be selected using the following procedure: (a) the AAA will send the parties a list of five candidates meeting this criteria; (b) if the parties cannot agree on an arbitrator from the list, each party shall return its list to the AAA within 10 days, striking up to two candidates, and ranking the remaining candidates in order of preference; (c) the AAA shall appoint as arbitrator the candidate with the highest aggregate ranking; and (d) if for any reason the appointment cannot be made according to this procedure, the AAA may exercise its discretion in appointing the arbitrator. The arbitrator is bound by this Agreement. Except as otherwise provided below, all issues are for the arbitrator to decide, including issues relating to the scope and enforceability of this arbitration provision.

The arbitration shall follow the rules and procedures of the arbitration administrator in effect on the date the arbitration is filed, except when there is a conflict or inconsistency between the rules and procedures of the arbitration administrator and this Arbitration Provision, in which case this Arbitration Provision shall govern. Any in-person arbitration hearing for a Claim shall take place within the federal judicial district in which you live or at such other reasonably convenient location as agreed by the parties. The parties agree that an administrative conference with the AAA shall be conducted in each arbitration proceeding, and you and an IPI company representative shall appear at the administrative conference via telephone. If you fail to appear at the administrative conference, regardless of whether your counsel attends, the AAA will administratively close the arbitration proceeding without prejudice, unless you show good cause as to why you were not able to attend the conference.

The arbitrator shall issue a reasoned written decision sufficient to explain the essential findings and conclusions on which the award is based. The award shall be binding only among the parties and shall have no preclusive effect in any other arbitration or other proceeding involving a different party. IPI will not seek to recover its attorneys' fees and costs in arbitration from you unless the arbitrator finds that either the substance of your claim or the relief sought in your Demand for Arbitration was frivolous or was brought for an improper purpose (as measured by the standards set forth in Federal Rule of Civil Procedure 11(b)). Judgment on any award may be entered in any court having jurisdiction. This agreement to arbitrate shall not preclude any party to the arbitration from at any time seeking injunctions or other forms of equitable relief in aid of arbitration from a court of appropriate jurisdiction including whether a Demand for Arbitration is filed in violation of this Agreement.

**12. Taxpayer Identity Validation Disclosure.** To help IPI and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, IPI shall obtain, verify, and record information that identifies each ERPS taxpayer. What this means for you: When you apply to use the ERPS for the purpose of receiving your federal tax refund(s), we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

**13. Conflicts.** To the extent there is any conflict between the terms of this Agreement and the TurboTax Terms of Service available at <https://turbotax.intuit.com/corp/terms-of-use/>, the provisions of this Agreement shall control with respect to any issues concerning the Program.

## **YOUR AGREEMENT**

IPI agrees to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize IPI and/or Bank to receive your 2024 federal tax refund(s) from the IRS, and IPI to make the deductions from your federal refund(s) as described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2024 TurboTax® User Agreement, (iii) You consent to the release of your 2024 federal tax refund(s) disbursement information and application information as described in this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

## FACTS

### WHAT DOES INTUIT INC. ("INTUIT") DO WITH YOUR PERSONAL INFORMATION?

<b>Why?</b>	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
<b>What?</b>	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> <li>▪ Social Security number and transaction history</li> <li>▪ account balances and payment history</li> <li>▪ credit history and credit scores</li> </ul>
<b>How?</b>	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Intuit chooses to share; and whether you can limit this sharing.

Reasons we can share your information	Does Intuit share?	Can you limit this sharing?
<b>For our everyday business purposes—</b> such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes—</b> to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	Yes	No
<b>For our affiliates' everyday business purposes—</b> information about your transactions and experiences	Yes	No
<b>For our affiliates' everyday business purposes—</b> information about your creditworthiness	No	We don't share*
<b>For nonaffiliates to market to you</b>	No	We don't share

<b>Questions?</b>	<p>Visit us at: <a href="https://www.intuit.com/privacy/">https://www.intuit.com/privacy/</a></p> <p>Email us at: <a href="mailto:privacy@intuit.com">privacy@intuit.com</a></p>
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## Who we are

### Who is providing this notice?

This notice is provided by Intuit Inc. and is applicable to your U.S. Intuit account.

## What we do

### How does Intuit protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

### How does Intuit collect my personal information?

We collect your personal information, for example, when you

- open an account or seek financial or tax advice
- give us your contact information or give us your income information
- apply for a loan

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

### Why can't I limit all sharing?

Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes—information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

## Definitions

### Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *Our affiliates include companies with the Intuit name (operating as TurboTax, QuickBooks, Mint, Credit Karma, and Mailchimp)*

### Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

### Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *Our joint marketing partners are financial service companies.*

## Other important information

### For Vermont Customers:

- We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures.
- Additional information concerning our privacy policies can be found at <https://www.intuit.com/privacy/>.

**For California Customers:** In accordance with California law, we will not share information we collect about California residents with nonaffiliates, unless the law allows. For example, we may share information with your consent, to service your accounts. We will limit sharing among our companies to the extent required by California law.

\*We do not share information about your creditworthiness with affiliates for their everyday business purposes. However, we may share information about your creditworthiness with affiliates for other purposes, with your consent.

IMPORTANT DISCLOSURES

If you are owed federal tax refund(s), you have a right to choose how you will receive the refund(s). There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return(s) electronically or by paper and obtain your federal tax refund(s) directly from the Internal Revenue Service (“IRS”) for free. If you file your federal tax return(s) electronically, you can receive refund checks directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return(s) or the IRS can disburse your refund(s) directly into your bank account in less than 21 days from the time you file your tax return(s) unless there are delays by the IRS. If you file a paper federal tax return(s) through the U.S. Postal Service, you can receive refund checks directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return(s) or the IRS can disburse your refund(s) directly into your bank account in 6 to 8 weeks from the time the IRS receives your return(s). However, if your federal tax return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2025.

You can file your federal tax return(s) electronically, select the Early Refund Processing Service (the “ERPS”), and have your federal tax refund(s) processed with Intuit Payments, Inc. (“IPI”, “we”, “our”, or “us”). Your refund will be processed through an account created for you at a partner financial institution, such as Cross River Bank (“Bank”). The ERPS allows us to track your refund and provide the refund amount to you 5 days earlier than the communicated IRS settlement date. This is accomplished when you elect to have your federal refund(s) disbursed into an account at Bank and we receive notice of the refund settlement date and can send the refund amount, minus any authorized fees for the service, to the bank account indicated on your tax return. If you file your tax return(s) electronically and select the ERPS, the IRS will deposit your refund(s) with Bank. Unless there are unexpected delays, federal refunds are received in less than 21 days from the time you file your tax return(s) electronically. However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2025. Your selection of the ERPS means, if eligible, you will receive your federal refund proceeds five (5) days early.

The ERPS is not necessary to obtain your refund(s). If you have an existing bank account and do not desire to receive the ERPS, you do not need to use the ERPS in order to receive a direct disbursement from the. You may consult the IRS website ([irs.gov](https://irs.gov)) for information about federal tax refund processing.

If you select the ERPS, no prior debt you may owe to Bank will be deducted from your refund(s).

You can change your income tax withholdings which might result in you retaining more of your compensation throughout the year rather than waiting to receive withheld amounts potentially in tax refund(s) next year. Please consult your employer or tax advisors for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration. The terms of the arbitration provision appear in Section 11.

Information regarding low-cost deposit accounts may be available at [www.mymoney.gov](https://www.mymoney.gov).

The chart below shows the options for filing your federal tax returns (e-file or paper returns), the ERPS product, refund disbursement options, estimated timing for obtaining your federal tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND(S)?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN	IRS issues direct disbursement to your bank account.	Approximately 6 to 8 weeks <sup>1</sup>	No additional cost.

No Early Refund Processing Service	Check mailed by IRS to address on tax return(s).	Approximately 6 to 8 weeks <sup>1</sup>	
ELECTRONIC FILING (E-FILE)	IRS issues direct disbursement to your bank account.	Usually within 21 days <sup>1</sup>	No additional cost.
No Early Refund Processing Service	Check mailed by IRS to address on tax return(s).	Approximately 21 to 28 days <sup>1</sup>	
ELECTRONIC FILING (E-FILE)	Direct disbursement to your bank account.	Usually within 21 days <sup>1</sup>	\$ <u>25.</u> for ERPS <sup>2</sup>
Early Refund Processing Service			

<sup>1</sup>**You may experience delays with your tax refund(s) if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected.** If your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2025.

<sup>2</sup> If you select and obtain ERPS to receive your federal refund proceeds five (5) days early, you will be charged a \$ 25. fee.

Questions? Call 1-800-446-8848



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 adam R		Last name hovda		Your social security number 601   90   3933	
If joint return, spouse's first name and middle initial selah L		Last name hovda		Spouse's social security number 601   86   4297	
Home address (number and street). If you have a P.O. box, see instructions. 9238 W Cholla St				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Peoria			State AZ		ZIP code 853455562
Foreign country name		Foreign province/state/county		Foreign postal code	

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

Filing Status

☐ Single ☐ Head of household (HOH)

Check only one box.

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

☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

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

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

Digital Assets

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

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

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

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
jackson c	hovda	765-19-5804	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ella j	hovda	596-63-2559	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Income

1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 54,633.

1b Household employee wages not reported on Form(s) W-2 1b

1c Tip income not reported on line 1a (see instructions) 1c

1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d

1e Taxable dependent care benefits from Form 2441, line 26 1e

1f Employer-provided adoption benefits from Form 8839, line 29 1f

1g Wages from Form 8919, line 6 1g

1h Other earned income (see instructions) 1h 0.

1i Nontaxable combat pay election (see instructions) 1i

1z Add lines 1a through 1h 1z 54,633.

2a Tax-exempt interest 2a

2b Taxable interest 2b

3a Qualified dividends 3a

3b Ordinary dividends 3b

4a IRA distributions 4a

4b Taxable amount 4b

5a Pensions and annuities 5a

5b Taxable amount 5b

6a Social security benefits 6a

6b Taxable amount 6b

c If you elect to use the lump-sum election method, check here (see instructions) ☐

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

7 0.

8 Additional income from Schedule 1, line 10 8

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 54,633.

10 Adjustments to income from Schedule 1, line 26 10

11 Subtract line 10 from line 9. This is your adjusted gross income 11 54,633.

12 Standard deduction or itemized deductions (from Schedule A) 12 29,200.

13 Qualified business income deduction from Form 8995 or Form 8995-A 13

14 Add lines 12 and 13 14 29,200.

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 15 25,433.

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

Attach Sch. B if required.

Standard Deduction for—

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

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	2,587.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	2,587.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,587.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	2,587.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	0.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	1,795.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	1,795.
	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC)	27	1,698.
	28	Additional child tax credit from Schedule 8812	28	1,413.
	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 <b>total other payments and refundable credits</b>	32	3,111.	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	4,906.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	4,906.
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,906.
	b	Routing number 3 2 2 1 7 2 7 4 2 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 0 0 0 1 2 4 9 3 6 1		
	36	Amount of line 34 you want <b>applied to your 2025 estimated tax</b>	36	

Amount You Owe	37	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	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> <b>Yes</b> . Complete below. <input checked="" type="checkbox"/> <b>No</b>		
	Designee's name	Phone no.	Personal identification number (PIN)

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. (480) 452-3505	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's name	Self-Prepared			Phone no.
	Firm's address				Firm's EIN

SCHEDULE EIC  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

Earned Income Credit  
Qualifying Child Information

Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.  
Go to [www.irs.gov/ScheduleEIC](https://www.irs.gov/ScheduleEIC) for the latest information.

OMB No. 1545-0074

2024

Attachment  
Sequence No. 43

Name(s) shown on return

adam R & selah L hovda

Your social security number

601-90-3933

If you are separated from your spouse, filing a separate return, and meet the requirements to claim the EIC (see instructions), check here ☐

**Before you begin:**

- See the instructions for Form 1040, line 27, to make sure that (a) you can take the EIC, and (b) you have a qualifying child. See also Pub. 596.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 800-772-1213.
- If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If your child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

**Qualifying Child Information**

**Child 1**

**Child 2**

**Child 3**

<b>1 Child's name</b> If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last name jackson C hovda	First name Last name ella J hovda	First name Last name
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040, line 27, unless the child was born and died in 2024 or you are claiming the self-only EIC (see instructions). If your child was born and died in 2024 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	765-19-5804	596-63-2559	
<b>3 Child's year of birth</b>	Year <u>2</u> <u>0</u> <u>1</u> <u>0</u> If born after 2005 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year <u>2</u> <u>0</u> <u>1</u> <u>5</u> If born after 2005 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year _____ If born after 2005 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.
<b>4a</b> Was the child under age 24 at the end of 2024, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.
<b>b</b> Was the child permanently and totally disabled during any part of 2024?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Son	Daughter	
<b>6 Number of months child lived with you in the United States during 2024</b> • If the child lived with you for more than half of 2024 but less than 7 months, enter "7." • If the child was born or died in 2024 and your home was the child's home for more than half the time they were alive during 2024, enter "12."	12 months Do not enter more than 12 months.	12 months Do not enter more than 12 months.	_____ months Do not enter more than 12 months.

SCHEDULE 8812  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

Credits for Qualifying Children  
and Other Dependents

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

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

OMB No. 1545-0074

2024

Attachment  
Sequence No. 47

Name(s) shown on return

adam R & selah L hovda

Your social security number

601-90-3933

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .		1	54,633.
2a	Enter income from Puerto Rico that you excluded . . . . .	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .	2b	0.	
c	Enter the amount from line 15 of your Form 4563 . . . . .	2c		
d	Add lines 2a through 2c . . . . .	2d	0.	
3	Add lines 1 and 2d . . . . .	3	54,633.	
4	Number of qualifying children under age 17 with the required social security number	4	2	
5	Multiply line 4 by \$2,000 . . . . .	5	4,000.	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .	6	0	
<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by \$500 . . . . .	7		
8	Add lines 5 and 7 . . . . .	8	4,000.	
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000.	
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.	
11	Multiply line 10 by 5% (0.05) . . . . .	11	0.	
12	Is the amount on line 8 more than the amount on line 11? . . . . . <input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.	12	4,000.	
13	Enter the amount from <b>Credit Limit Worksheet A</b> . . . . .	13	2,587.	
14	Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents</b> . . . . . <b>Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.</b>	14	2,587.	

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

**Part II-A Additional Child Tax Credit for All Filers****Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

<b>15</b>	Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<input type="checkbox"/>
<b>16a</b>	Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<b>16a</b> 1,413.
<b>b</b>	Number of qualifying children under age 17 with the required social security number: <u>2</u> x \$1,700. Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<b>16b</b> 3,400.
<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
<b>17</b>	Enter the <b>smaller</b> of line 16a or line 16b . . . . .	<b>17</b> 1,413.
<b>18a</b>	Earned income (see instructions) . . . . .	<b>18a</b> 54,633.
<b>b</b>	Nontaxable combat pay (see instructions) . . . . .	<b>18b</b>
<b>19</b>	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .	<b>19</b> 52,133.
<b>20</b>	Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . . <b>Next.</b> On line 16b, is the amount \$5,100 or more? <input checked="" type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27. <input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	<b>20</b> 7,820.

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

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

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

<b>27</b>	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . .	<b>27</b> 1,413.
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**Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.**

Your First Name and Initial adam R	Last Name hovda	<b>Enter your SSN(s).</b>	Your Social Security Number* 601   90   3933
Your Spouse's First Name and Initial (if filed joint) selah L	Last Name hovda		Spouse's Social Security No.* 601   86   4297

**PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI) \*Do Not Truncate**

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

**PART 2 – TAX RETURN INFORMATION**

1 Arizona Adjusted Gross Income	54,633	00
2 Balance Of Tax .....	436	00
3 Arizona Income Tax Withheld ...	1,353	00

**Check box 4 or box 5:**

- 4 ☒ **REFUND:** Enter the amount of refund..... 917 00
- 5 ☐ **AMOUNT YOU OWE:** Enter the amount owed..... 00

**PART 3 – FINANCIAL INSTITUTION INFORMATION**

Must be present when requesting direct debit or deposit.

☐ **Foreign Account Deposit/Debit:** See instructions below.

TYPE OF ACCOUNT

☒ **Checking** ☐ **Savings**

ROUTING NUMBER

3 2 2 1 7 2 7 4 2

ACCOUNT NUMBER

0 0 0 1 2 4 9 3 6 1

DIRECT DEBIT REQUEST DATE

DIRECT DEBIT PAYMENT AMOUNT

\$ .00

**Box 4 Checkbox – Refund:** You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).**Box 5 Checkbox – Amount You Owe:** You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).**Foreign Account Deposit/Debit Checkbox:** Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, **you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.****PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)**

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2024, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- 6a ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 2024 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b ☐ I do not want direct deposit of my refund or I am not receiving a refund.
- 6c ☐ I authorize the Arizona Department of Revenue (ADOR) 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 Arizona taxes owed on this return. 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.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2025, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize Self-Prepared

(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2024. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

<b>PLEASE SIGN HERE</b>	<b>→</b>	YOUR PEN AND INK SIGNATURE	DATE
	<b>→</b>	SPOUSE'S PEN AND INK SIGNATURE	DATE

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Place any required federal and AZ schedules or other documents after Form 140.

Arizona Form <b>140</b>		Resident Personal Income Tax Return		FOR CALENDAR YEAR <b>2024</b>																																			
82F <input type="checkbox"/> Check box 82F if filing under extension		OR FISCAL YEAR BEGINNING		2, 0, 2, 4 AND ENDING																																			
Your First Name and Middle Initial 1 adam R		Last Name hovda		Your Social Security Number 601 90 3933																																			
Spouse's First Name and Middle Initial (if box 4 or 6 checked) 1 selah L		Last Name hovda		Spouse's Social Security No. 601 86 4297																																			
Current Home Address - number and street, rural route 2 9238 W Cholla St		Apt. No.		Daytime Phone (with area code) 94 (480) 452-3505																																			
City, Town or Post Office 3 Peoria		State AZ		ZIP Code 85345-5562																																			
Last Names Used in Last Four Prior Year(s) (if different) 97																																							
4 <input checked="" type="checkbox"/> Married filing joint return 4a <input type="checkbox"/> Injured Spouse Protection of Joint Overpayment 5 <input type="checkbox"/> Head of household. Enter name of qualifying child or dependent on next line. 6 <input type="checkbox"/> Married filing separate return. Enter spouse's name and Social Security Number above. 7 <input type="checkbox"/> Single ↓ Enter the number claimed. Do not put a check mark. 8 <input type="checkbox"/> Age 65 or over (you and/or spouse) If completing lines 8, 9, and 11a, also complete lines 38, 39, and 41. For lines 10a and 10b, also complete line 49. 9 <input type="checkbox"/> Blind (you and/or spouse) 10a 2 Dependents: Under age of 17. 10b <input type="checkbox"/> Dependents: Age 17 and over. 11a <input type="checkbox"/> Qualifying parents and grandparents		REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88																																					
		81 PM		80 RCVD																																			
(Box 10a and 10b): Dependent Information. See instructions. For more space, check the box <input type="checkbox"/> and complete page 4, Part 1.																																							
<table><thead><tr><th rowspan="2"></th><th rowspan="2">(a) FIRST AND LAST NAME (Do not list yourself or spouse.)</th><th rowspan="2">(b) SOCIAL SECURITY NUMBER</th><th rowspan="2">(c) RELATIONSHIP</th><th rowspan="2">(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2024</th><th colspan="2">(e) ✓ Dependent Age included in:</th><th rowspan="2">(f) ✓ if you did not claim this person on your federal return due to educational credits</th></tr><tr><th>1 (Box 10a)</th><th>2 (Box 10b)</th></tr></thead><tbody><tr><td>10c</td><td>jackson c</td><td>hovda</td><td>Son</td><td>12</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>10d</td><td>ella j</td><td>hovda</td><td>Daughter</td><td>12</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>10e</td><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>							(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NUMBER	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2024	(e) ✓ Dependent Age included in:		(f) ✓ if you did not claim this person on your federal return due to educational credits	1 (Box 10a)	2 (Box 10b)	10c	jackson c	hovda	Son	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10d	ella j	hovda	Daughter	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10e					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NUMBER	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2024	(e) ✓ Dependent Age included in:						(f) ✓ if you did not claim this person on your federal return due to educational credits																												
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	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NUMBER	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2024	(e) ✓ IF AGE 65 OR OVER								(f) ✓ IF DIED IN 2024																										
11b					<input type="checkbox"/>	<input type="checkbox"/>																																	
11c					<input type="checkbox"/>	<input type="checkbox"/>																																	
12 Federal adjusted gross income (from your federal return) 12 54,633 00																																							
13 Small Business Income: 13s <input type="checkbox"/> check the box if you are filing Arizona Form 140-SBI and enter the amount from Form 140-SBI, line 10.. 13 00																																							
14 Modified federal adjusted gross income. Subtract line 13 from line 12..... 14 54,633 00																																							
15 Non-Arizona municipal interest..... 15 00																																							
16 Partnership Income adjustment. See instructions ..... 16 00																																							
17 Total federal depreciation ..... 17 00																																							
18 Other Additions to Income: Complete Other Additions to Arizona Gross Income schedule on page 5..... 18 00																																							
19 Subtotal: Add lines 14 through 18 and enter the total ..... 19 54,633 00																																							
20 Total net capital gain or (loss). See instructions ..... 20 00																																							
21 Total net short-term capital gain or (loss). See instructions ..... 21 00																																							
22 Total net long-term capital gain or (loss). See instructions ..... 22 00																																							
23 Net long-term capital gain from assets acquired after December 31, 2011. See instructions. 23 0 00																																							
24 Multiply line 23 by 25% (.25) and enter the result ..... 24 0 00																																							
25 Net capital gain derived from investment in qualified small business..... 25 00																																							
26 Recalculated Arizona depreciation ..... 26 00																																							
27 Partnership Income adjustment. See instructions ..... 27 00																																							
28 Interest on U.S. obligations such as U.S. savings bonds and treasury bills..... 28 00																																							
29a Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)..... 29a 00																																							
29b Exclusion for benefits, annuities and pensions for retired/retainer pay of the uniformed services..... 29b 00																																							
30 U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (taxable amount) 30 00																																							
31 Certain wages of American Indians..... 31 00																																							
32 Pay received for active service as a member of the reserves, national guard or the U.S. armed forces ..... 32 00																																							
33 Net operating loss adjustment. See instructions..... 33 00																																							
34 Contributions to: 34a 529 College Savings Plans 00 34b 529A (ABLE accounts) 00 add 34a and 34b 34c 00																																							
35 Subtract lines 24 through 34c from line 19. Enter the difference..... 35 54,633 00																																							

Your Name (as shown on page 1)		Your Social Security Number	
adam R & selah L hovda		601-90-3933	

Exemptions	36	Other Subtractions from Income. Complete <i>Other Subtraction from Arizona Gross Income</i> schedule on page 6.....	36		00
	37	Subtract line 36 from line 35. Enter the difference .....	37	54,633	00
	38	Age 65 or over: Multiply the number in box 8 by \$2,100 .....	38		00
	39	Blind: Multiply the number in box 9 by \$1,500 .....	39		00
	40	Other Exemptions. See instructions.....40E <input type="checkbox"/> Multiply the number in box 40E by \$2,300.....	40		00
Balance of Tax	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000.....	41		00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".....	42	54,633	00
	43	Deductions: Check box and enter amount. See instructions..... 43I <input type="checkbox"/> ITEMIZED... 43S <input checked="" type="checkbox"/> STANDARD	43	29,200	00
	44	If you checked box 43S and claim charitable contributions, check 44C <input type="checkbox"/> Complete page 3. See instructions.....	44		00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".....	45	25,433	00
	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result.....	46	636	00
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 30 .....	47		00
	48	Subtotal of tax: Add lines 46 and 47. Enter the total .....	48	636	00
	49	Dependent Tax Credit. See instructions .....	49	200	00
	50	Family income tax credit (from the worksheet - see instructions) .....	50		00
Total Payments and Refundable Credits	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 60.....	51		00
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0" .....	52	436	00
	53	2024 AZ income tax withheld.....	53	1,353	00
	54	2024 AZ estimated tax payments.. 54a <input type="text" value="00"/> Claim of Right 54b <input type="text" value="00"/> Add 54a and 54b..	54c		00
	55	2024 AZ extension payment (Form 204) .....	55		00
	56	Increased Excise Tax Credit (from the worksheet - see instructions) .....	56		00
	57	Property Tax Credit from Arizona Form 140PTC .....	57		00
	58	Other refundable credits: Check the box(es) and enter the total amount..... 581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 334 583 <input type="checkbox"/> 349	58		00
	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total.....	59	1,353	00
	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63.....	60		00
Tax Due or Overpayment	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment.....	61	917	00
	62	Amount of line 61 to be applied to 2025 estimated tax.....	62	0	00
Voluntary Gifts	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference .....	63	917	00
	64 - 74	Voluntary Gifts to:			
		Solutions Teams Assigned to Schools..... 64	00	Arizona Wildlife..... 65	00
		Child Abuse Prevention..... 66	00	Domestic Violence Services..... 67	00
		Neighbors Helping Neighbors.. 69	00	Political Gift..... 68	00
		I Didn't Pay Enough Fund..... 72	00	Special Olympics..... 70	00
			00	Veterans' Donations Fund..... 71	00
			00	Sustainable State Parks and Road Fund..... 73	00
			00	Spay/Neuter of Animals.. 74	00
		75	Political Party (if amount is entered on line 68 - check only one): 751 <input type="checkbox"/> Democratic 752 <input type="checkbox"/> Libertarian 753 <input type="checkbox"/> Republican		
Penalty	76	Estimated payment penalty .....	76		00
	77	771 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included			
	78	Add lines 64 through 74 and 76; enter the total.....	78		00
Refund or Amount Owed	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80 .....	79	917	00
		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see instructions. 79A <input type="checkbox"/>			
		<input checked="" type="checkbox"/> C <input type="checkbox"/> S Checking or Savings			
		ROUTING NUMBER: 3 2 2 1 7 2 7 4 2 ACCOUNT NUMBER: 0 0 0 1 2 4 9 3 6 1			
	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return .....	80		00

PLEASE SIGN HERE	Under penalties of perjury, I declare that I have read this return and any documents with it, 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	customer service
	SPOUSE'S SIGNATURE		DATE	Receptionist
	Self Prepared		DATE	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)
	PAID PREPARER'S SIGNATURE		DATE	
	PAID PREPARER'S STREET ADDRESS		PAID PREPARER'S TIN	
	PAID PREPARER'S CITY		STATE	ZIP CODE
			PAID PREPARER'S PHONE NUMBER	