

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name

James F & Rachael N Cavin

Taxpayer address (optional)

33 Woodcreek Lane

Pryor, OK 74361

1. ☐ Your federal income tax return for **2023** was filed electronically with the **IRS** Submission Processing Center. The electronic filing services were provided by **Suggula and Associates LLC**.
2. ☐ Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____.
3. ☐ Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. ☐ Your electronic funds withdrawal payment request was accepted for processing.
5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. ☒ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on **04-12-2024**. The Submission ID assigned to your extension is **XXXXXX20241034y1bk3i**.
DCN: 00-XXXXXX-000764

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

If You Need to Make a Change to Your Return

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

If You Need to Ask About Your Refund

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

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

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

If You Owe Tax

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

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

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

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

Tax Refund Related Financial Products

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

Instructions for Electronic Return Originators

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

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

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

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

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

James F & Rachael N Cavin

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____

See separate instructions.

Your first name and middle initial
James F

Last name
Cavin

Your social security number
XXX-XX-XXXX

If joint return, spouse's first name and middle initial
Rachael N

Last name
Cavin

Spouse's social security number
XXX-XX-XXXX

Home address (number and street). If you have a P.O. box, see instructions.
33 Woodcreek Lane

Apt. no.

Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below.
Pryor

State
OK

ZIP code
74361

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

Foreign country name

Foreign province/state/county

Foreign postal code

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: _____

Digital Assets At any time during 2023, 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, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions):			(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
(1) First name					Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here . . . <input type="checkbox"/>	Samantha	Cavin	XXX-XX-XXXX	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Alexis	Cavin	XXX-XX-XXXX	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Julianne	Cavin	XXX-XX-XXXX	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income

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

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

Standard Deduction for-

- Single or Married filing separately, \$13,850
- Married filing jointly or Qualifying surviving spouse, \$27,700
- Head of household, \$20,800
- If you checked any box under Standard Deduction, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	145,868
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	419
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	146,287
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	
c	If you elect to use the lump-sum election method, check here (see instructions)		<input type="checkbox"/>
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
8	Additional income from Schedule 1, line 10	8	(78,380)
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	67,907
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	67,907
12	Standard deduction or itemized deductions (from Schedule A)	12	27,700
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	27,700
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	40,207

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	4,387
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	4,387
	19	Child tax credit or credit for other dependents from Schedule 8812	19	1,504
	20	Amount from Schedule 3, line 8	20	2,883
	21	Add lines 19 and 20	21	4,387
	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	
24	Add lines 22 and 23. This is your total tax	24	0	

Payments	25	Federal income tax withheld from:					
	a	Form(s) W-2	25a	12,220			
	b	Form(s) 1099	25b	42			
	c	Other forms (see instructions)	25c				
	d	Add lines 25a through 25c	25d	12,262			
	26	2023 estimated tax payments and amount applied from 2022 return	26				
	27	Earned income credit (EIC)	27				
	28	Additional child tax credit from Schedule 8812	28	1,496			
	29	American opportunity credit from Form 8863, line 8	29	1,788			
	30	Reserved for future use	30				
	31	Amount from Schedule 3, line 15	31				
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	3,284			
33	Add lines 25d, 26, and 32. These are your total payments	33	15,546				

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	15,546														
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	15,546														
	b	Routing number <table><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X						
	X	X	X	X	X	X	X	X	X	X								
d	Account number <table><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
36	Amount of line 34 you want applied to your 2024 estimated tax	36																

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	0
	38	Estimated tax penalty (see instructions)	38	

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

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.) <table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
	50445	05-12-2025	Security IT Director							
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
69221	05-12-2025	Echo Cardiologist								
	Phone no. 918-864-6006	Email address james.cavin@ai-vets.com								

Paid Preparer Use Only	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Mohana Suggula	06-19-2025	XXXXXXXXXX	
	Preparer's name Mohana Suggula	Phone no. 844-472-8382		
	Firm's name Suggula and Associates LLC			
Firm's address 4010 Moorpark Ave 115 San Jose, CA 95117			Firm's EIN 81-0701612	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

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

Your social security number

James F & Rachael N Cavin

XXX-XX-XXXX

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . .	5	(78 , 380)
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	(78 , 380)

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

Schedule 1 (Form 1040) 2023

EEA

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount:	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10.		26	0

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **03**

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

James F & Rachael N Cavin

Your social security number

XXX-XX-XXXX

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	2,683
4	Retirement savings contributions credit. Attach Form 8880	4	200
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use.	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859 . .	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911. . .	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936.	6m	
z	Other nonrefundable credits. List type and amount: _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20.	8	2,883

(continued on page 2)

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

Schedule 3 (Form 1040) 2023

EEA

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Credit for repayment of amounts included in income from earlier years	13b	
c	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
z	Other payments or refundable credits. List type and amount:	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	0

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

James F & Rachael N Cavin

XXX-XX-XXXX

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	Ameriinfovets Inc	S	<input type="checkbox"/>	81-5215615	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss	
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562
A		78,380	
B			
C			
D			
29a Totals			
b Totals		78,380	
30 Add columns (h) and (k) of line 29a		30	
31 Add columns (g), (i), and (j) of line 29b		31 (78,380)	
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31		32 (78,380)	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a		35	
36 Add columns (c) and (e) of line 34b		36 ()	
37 Total estate and trust income or (loss). Combine lines 35 and 36		37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	(78,380)
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

**Credits for Qualifying Children
and Other Dependents**

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **47**

Name(s) shown on return

Your social security number

James F & Rachael N Cavin

XXX-XX-XXXX

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	67,907
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	67,907
4	Number of qualifying children under age 17 with the required social security number . .	4	1
5	Multiply line 4 by \$2,000	5	2,000
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	2
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	1,000
8	Add lines 5 and 7	8	3,000
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	
12	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> No. STOP. 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"/> Yes. Subtract line 11 from line 8. Enter the result.	12	3,000
13	Enter the amount from the Credit Limit Worksheet A	13	1,504
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	14	1,504

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

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

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

Schedule 8812 (Form 1040) 2023

EEA

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

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	<input type="checkbox"/>
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a 1,496
b	Number of qualifying children under 17 with the required social security number: <u>1</u> x \$1,600. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b 1,600
TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17 1,496
18a	Earned income (see instructions)	18a 146,287
b	Nontaxable combat pay (see instructions)	18b
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19 143,787
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,800 or more? <input checked="" type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20 21,568

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

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

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27 1,496
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Form **8863**Department of the Treasury
Internal Revenue Service
Name(s) shown on return**Education Credits**
(American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2023Attachment
Sequence No. **50****James F & Rachael N Cavin**

Your social security number

XXX-XX-XXXX**!**
CAUTION*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	4,471
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	2	180,000
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3	67,907
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	112,093
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5	20,000
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	4,471
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below	8	1,788

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . .	9	2,683
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	0
11	Enter the smaller of line 10 or \$10,000	11	
12	Multiply line 11 by 20% (0.20)	12	
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	13	
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16	
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) . .	18	0
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	2,683

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

Form **8863** (2023)

EEA

Name(s) shown on return

Your social security number

James F & Rachael N Cavin

XXX-XX-XXXX

!
CAUTION**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.****Part III Student and Educational Institution Information.** See instructions.

20 Student name (as shown on page 1 of your tax return)	21 Student social security number (as shown on page 1 of your tax return)
Samantha Cavin	XXX-XX-XXXX
22 Educational institution information (see instructions)	
a. Name of first educational institution	b. Name of second educational institution (if any)
Rogers State University	
(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1701 W Will Rogers Blvd Claremore, OK 74017	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2023? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(2) Did the student receive Form 1098-T from this institution for 2023? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(3) Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution. 75-2997687	(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution.
23 Has the American opportunity credit been claimed for this student for any 4 prior tax years?	
<input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No - Go to line 24.	
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	
<input checked="" type="checkbox"/> Yes - Go to line 25. <input type="checkbox"/> No - Stop! Go to line 31 for this student.	
25 Did the student complete the first 4 years of postsecondary education before 2023? See instructions.	
<input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No - Go to line 26.	
26 Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?	
<input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No - Complete lines 27 through 30 for this student.	

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

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	1,971
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	0
29 Multiply line 28 by 25% (0.25)	29	
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	1,971

Lifetime Learning Credit

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

Your social security number

James F & Rachael N Cavin

XXX-XX-XXXX

!
CAUTION**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.****Part III Student and Educational Institution Information.** See instructions.

20 Student name (as shown on page 1 of your tax return) James Cavin	21 Student social security number (as shown on page 1 of your tax return) XXX-XX-XXXX
22 Educational institution information (see instructions)	
a. Name of first educational institution University of Tulsa (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 800 South Tucker Drive Tulsa Tulsa, OK 74104	b. Name of second educational institution (if any) (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2023? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(2) Did the student receive Form 1098-T from this institution for 2023? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(3) Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 73-0579298	(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.
23 Has the American opportunity credit been claimed for this student for any 4 prior tax years? <input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No - Go to line 24.	
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes - Go to line 25. <input type="checkbox"/> No - Stop! Go to line 31 for this student.	
25 Did the student complete the first 4 years of postsecondary education before 2023? See instructions. <input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No - Go to line 26.	
26 Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No - Complete lines 27 through 30 for this student.	

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

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

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
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Credit for Qualified Retirement Savings Contributions

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8880 for the latest information.

2023

Attachment
Sequence No. 54

Name(s) shown on return

James F & Rachael N Cavin

Your social security number

XXX-XX-XXXX

You **cannot** take this credit if **either** of the following applies.

- CAUTION!**
- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).
 - The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2023. **Do not** include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2023 (see instructions)
- Add lines 1 and 2
- Certain distributions received **after** 2020 and **before** the due date (including extensions) of your 2023 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the **smaller** of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you can't take this credit
- Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*
- Enter the applicable decimal amount from the table below.

	(a) You	(b) Your spouse
1		
2	13,081	139
3	13,081	139
4	419	419
5	12,662	
6	2,000	
7		2,000
8	67,907	

If line 8 is -		And your filing status is -		
Over -	But not over -	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying surviving spouse
Enter on line 9 -				
---	\$21,750	0.5	0.5	0.5
\$21,750	\$23,750	0.5	0.5	0.2
\$23,750	\$32,625	0.5	0.5	0.1
\$32,625	\$35,625	0.5	0.2	0.1
\$35,625	\$36,500	0.5	0.1	0.1
\$36,500	\$43,500	0.5	0.1	0.0
\$43,500	\$47,500	0.2	0.1	0.0
\$47,500	\$54,750	0.1	0.1	0.0
\$54,750	\$73,000	0.1	0.0	0.0
\$73,000	---	0.0	0.0	0.0

Note: If line 9 is zero, **stop**; you can't take this credit.

- Multiply line 7 by line 9
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

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

Form 8880 (2023)

**Qualified Business Income Deduction
Simplified Computation****2023**Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on return

Your taxpayer identification number

James F & Rachael N Cavin**XXX-XX-XXXX**

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 \$182,100 (\$364,200 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	KLS: Ameriinfovets Inc	81-5215615	(78,380)
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	(78,380)	5	0
3	Qualified business net (loss) carryforward from the prior year	3	(13,089)		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	0
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	0
11	Taxable income before qualified business income deduction (see instructions)	11	40,207		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	0		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	40,207		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	8,041
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)			15	0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(91,469)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0)

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

Form **8995** (2023)

EEA

Amount from Form 1040, line 11..... 67,907

Amount from Form 1040, line 12..... 27,700

Line 11 above is the difference between these amounts..... 40,207

Paid Preparer's Due Diligence Checklist

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*
To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.

2023Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

Taxpayer identification number

James F & Rachael N Cavin**XXX-XX-XXXX**

Preparer's name

Preparer tax identification number

Mohana Suggula**XXXXXXXXXX****Part I Due Diligence Requirements**

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

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: School Records, 1098T	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (Rev. 11-2023)

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

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

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

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

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

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

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

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

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

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

S Corporation Shareholder Stock and Debt Basis Limitations

OMB No. 1545-2302

Attach to your tax return.
Go to www.irs.gov/Form7203 for instructions and the latest information.

Attachment
Sequence No. **203**

Name of shareholder James F Cavin	Identifying number XXX-XX-XXXX
A Name of S corporation Ameriinfovets Inc	B Employer identification number 81-5215615

C Stock block (see instructions): _____

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gift (5) ☐ Other: _____

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year	1	82,498
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	
5	Stock basis before distributions. Add lines 1, 2, and 4	5	82,498
6	Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	82,498
8a	Nondeductible expenses	8a	4,118
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	4,118
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	78,380
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	78,380
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	78,380
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	0

Part II Shareholder Debt Basis

Section A—Amount of Debt (If more than three debts, see instructions.)

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Combine lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)				
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18				

Part II Shareholder Debt Basis (continued)**Section B - Adjustments to Debt Basis**

	Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21	Debt basis at the beginning of the corporation's tax year				
22	Enter the amount, if any, from line 17				
23	Debt basis restoration (see instructions)				
24	Debt basis before repayment. Add lines 21, 22, and 23 . .				
25	Divide line 24 by line 18				
26	Nontaxable debt repayment. Multiply line 25 by line 19 . . .				
27	Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28	Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29	Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30	Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31	Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C - Gain on Loan Repayment

32	Repayment. Enter the amount from line 19				
33	Nontaxable repayments. Enter the amount from line 26 . . .				
34	Reportable gain. Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

	Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35	Ordinary business loss	137,132		78,380		58,752
36	Net rental real estate loss					
37	Other net rental loss					
38	Net capital loss					
39	Net section 1231 loss					
40	Other loss					
41	Section 179 deductions					
42	Charitable contributions					
43	Investment interest expense					
44	Section 59(e)(2) expenditures					
45	Other deductions					
46	Foreign taxes paid or accrued					
47	Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	137,132		78,380		58,752

Shareholder's Stock and Debt Basis Losses Breakdown

2023

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

Name of Shareholder: James F Cavin	SSN: XXX-XX-XXXX
Name of Corporation: Ameriinfovets Inc	EIN 81-5215615

Allocation percentage line 9

Losses and deductions allowed divided by Total Losses and deductions

0.571566

Allocation percentage line 7

Losses and deductions allowed divided by Total Losses and deductions

1.000000

	Sch K1 Line:	(A) Beginning of Year Losses and Deductions	(B) Current Year Losses and Deductions	(C) Total Losses and Deductions	(D) Allowed Losses and Deductions in Current Year	(E) Suspended Amounts Carried Forward to Future Years
9a Ordinary Losses	1		137,132	137,132	78,380	58,752
b Rental Real Estate Losses	2					
c Other Rental Losses	3					
d Short-term capital losses	7					
d Long-term capital losses	8a					
e Other portfolio losses	10, Code A					
f 1231 losses	9					
g 1256 losses	10, Code C					
g S/T Cap (Not Portfolio)	10, Code HF					
g L/T Cap Total (Not Portfolio)	10, Code HG					
g Other losses	10, Code B, HD, HE					
h CC Cash 60%	12, Code A					
h CC Cash 30%	12, Code B					
h CC Noncash 50%	12, Code C					
h CC Noncash 30%	12, Code D					
h CC Capital Gain Prop 30%	12, Code E					
h CC Capital Gain Prop 20%	12, Code F					
h CC 100%	12, Code G					
i Section 179	11 Code A					
i Reserved						
j Portfolio 2%						
j Portfolio Other	12, Code L					
k Deductions - royalty income	12, Code I					
k Reforestation expense	12, Code O					
k Film and TV Prod Exp	12, Code SE					
k Interest Exp - Schedule E	12, Code SA					
k CCF Contributions	12, Code SC					
k Interest penalty	12, Code SD					
k Oil and gas depletion						
k Other deductions						
l Interest Exp Investment Sch A	12, Code H & SB					
m Sec. 59(e)(2) Circulation Costs	12, Code JA					
m Sec. 59(e)(2) Research Costs	12, Code JB					
m Sec. 59(e)(2) Mining Costs	12, Code JC					
m Sec. 59(e)(2) Intangible Drilling	12, Code JD					
n Other decreases						
o Loss from 179 asset						
Total deductible losses and deductions			137,132	137,132	78,380	58,752
7 Nondeductible expenses & credit adj	16, Code C		4,118	4,118	4,118	
Totals			141,250	141,250	82,498	58,752

Losses and deductions disallowed due to insufficient basis are carried forward and then treated as arising in the year when basis is restored. They do not show on any form or schedule other than the basis worksheet.

WK_ISBAS.LD

IRS e-file Signature Authorization

OMB No. 1545-0074

2023

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

Submission Identification Number (SID) ▶

Taxpayer's name

James F Cavin

Spouse's name

Rachael N Cavin

Social security number

XXX-XX-XXXX

Spouse's social security number

XXX-XX-XXXX

Part I Tax Return Information - Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	67,907
2	Total tax	2	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	12,262
4	Amount you want refunded to you	4	15,546
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

- ☒ I authorize Suggula and Associates LLC to enter or generate my PIN 50445 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- ☒ I authorize Suggula and Associates LLC to enter or generate my PIN 69221 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. XXXXXX-16721
Don't enter all zeros

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

ERO's signature ▶ Mohana Suggula Date ▶ 06-19-2025

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

\$1 Million Tax Audit Defense Membership Program Agreement

The terms and conditions of this Membership Agreement (the "Agreement") govern the **Protection Plus \$1 Million Tax Audit Defense Membership Program ("Program")** provided to members of the Program ("**Members**") by Tax Protection Plus, LLC and the American Advantage Association (cumulatively referred to as "**Company**"). By accepting enrollment in the Program, you are agreeing to the terms of this Agreement.

1. Definitions: The following definitions are applicable to the Agreement.

- a. "**ERO**" means the Electronic Return Originator participating in the **Program** approved and authorized by **Company**.
- b. "**Protection Plus \$1 Million Tax Audit Defense Membership Program**" (or the "**Program**") is a service program offered by **Company** and is paid for by the ERO and provided to the Taxpayer as part of the tax preparation services at no additional cost to the Taxpayer.
- c. "**Return**" means an IRS acknowledged individual federal tax return form 1040, 1040SR and 1040NR, and/or a state acknowledged individual state return (if applicable) for the previous year's tax return and is not otherwise excluded in this Agreement. **Returns** filed after the October Extension filing deadline are not eligible for enrollment or **Company** services.
- d. "**Negligence**" means failure on the part of the tax preparer to exercise the care or apply the effort to research IRS and/or state tax codes, instructions and guidelines that a reasonably prudent tax preparer would exercise in their efforts to comply with IRS and/or state tax codes in the preparation of a tax **Return**; or failure on the part of the **Taxpayer** to exercise the care or apply the effort that a reasonably prudent person would exercise in providing their tax preparer with complete and accurate information to enable them to accurately prepare the tax **Return**.
- e. "**Tax Preparer**" means the individual completing and signing the acknowledged **Return** as the paid preparer.
- f. "**Taxpayer**" or "**Member**" means the individual (or individuals if filing a Joint **Return**) for whom the **Tax Preparer** completes and signs an acknowledged **Return**.
- g. "**Company**" Tax Protection Plus, LLC and the American Advantage Association
- h. "**Company Program Fee**" the **Company** established fee charged by **Company** for a **Taxpayer** to participate in the **Program** and paid to **Company** by the ERO.

2. Services provided by Company under the Program: From the date the IRS or state (if applicable) has acknowledged transmission of your **Return** and **Company** receives payment of the **Company Program Fee** and for a period of three (3) years (for Federal **Returns**) and four (4) years (for state **Returns**) after the April filing deadline for the **Return** (the Membership Term), if the IRS or state audits or issues a letter or notice regarding the **Taxpayer's Return**, **Company** will provide the **Taxpayer** with the following services to be performed exclusively by **Company** representatives for up to \$1,000,000.00 in service fees at **Company's** then current retail rate structure for such services (collectively, the "Services"):

- 2.1 Evaluation of all related IRS and/or state correspondence.
- 2.2 Explanation of case requirements and the available options.
- 2.3 Professional IRS and/or state document review, consultation and organization.
- 2.4 Drafting of letters and other necessary correspondence with the IRS and/or state as needed.
- 2.5 Assistance with telephone communication with the IRS and/or state agent for explanations and discussions during the audit process.
- 2.6 Assistance with all IRS forms unless excluded below in section 3.
- 2.7 Assistance with denied credits, including: Earned Income Credit, Child and Dependent Care Credit, Education Credits, Child Tax Credit, Additional Child Tax Credit, Adoption Credit, Credit for the Elderly or Disabled, Savers Credit.
- 2.8 Assistance with rejected W-7 applications.
- 2.9 Assistance with IRS and/or state Identity Theft
- 2.10 Tax debt relief including but not limited to Installment Agreements, Offers in Compromise, Tax Penalty Abatement, Tax Liens, Wage Garnishment Relief, and Innocent Spouse Relief provided that **Taxpayer** meets all guidelines for approval of the applicable debt relief and pays all associated governmental fees. Note: Taxpayers with unpaid prior tax debt may not qualify for assistance with some or all tax debt relief option, including but not limited to Offers in Compromise.
- 2.11 Representation before the IRS or state taxing authority by a credentialed **Company** representative, when **Company**, in its sole discretion, determines such representation is necessary.
- 2.12 Legal representation in a federal or state tax court by a **Company** appointed tax attorney, when **Company**, in its sole discretion, determines such legal representation is the most advisable option.
- 2.13 The Services are subject to change, modification, or substitution at any time without notice to the **Member**. In order to receive Services, a **Member** must access the services as instructed within the Membership materials provided.

3. Program Exclusions: The following types of tax returns and or Inquiries are specifically excluded. **Company** is under no obligation to provide **Taxpayer** with the Services in connection with such returns and or Inquiries:

- 3.1 **Returns** other than individual 1040, 1040SR, and 1040NR, and state **Returns** including, but not limited to, corporate, partnership, trust, estate, gift and employment returns.
- 3.2 Returns in which the **Taxpayer**, **Tax Preparer** or **ERO** had knowledge of additional taxes owed as of the date **Taxpayer** enrolled in the **Program**.
- 3.3 Returns prepared with **Negligence**, recklessness, intentional misrepresentation or fraud.
- 3.4 Local, city and county tax.
- 3.5 Returns that have become subject to IRS or state criminal investigations.
- 3.6 Inquiries and/or notices related to foreign income, flow-through entities (partnerships and S-corporations as reported on Schedule K), court awards and damages, bartering income, cancelled debt, estate tax or gift tax.
- 3.7 Inquiries and/or notices related to the following credits: Foreign tax credit, Plug-in electric vehicle credit, Residential energy efficient property credit, Mortgage interest credit, Credit to holders of tax credit bonds, Health coverage tax credit, "Credit" for prior year minimum tax, "Credit" for excess railroad retirement tax withheld.
- 3.8 When there is a lack of clarity from the IRS and/or state taxing authorities, we may not be able to provide complete assistance.
- 3.9 Any services performed by any individual or company other than the Services performed by **Company** or a **Company** appointed representative.

4. Taxpayer Responsibilities: In order for **Company** to be obligated to provide the Services to **Taxpayer**, the **Taxpayer** agrees to take the following actions:

- 4.1 Contact the IRS and/or state (with the assistance of **Company**) per the audit notice received to request an extension of the deadline for responding.
- 4.2 Notify **Company** of any IRS and/or state correspondence or notice regarding the **Return** within thirty (30) days from the date of such notice along with a complete copy of the **Return**.
- 4.3 Provide **Company** any further assistance or documents as requested that support claims made on the **Return**.

5. Disclosure of Information: Taxpayer hereby agrees that his/her specific Taxpayer information, including all information that Taxpayer has disclosed to the ERO or has been included on the Return, may be disclosed by the ERO to Company and used by Company in the manner consistent with this Agreement.

6. Cancellation: If, for any reason, a Member is not satisfied with the Program and wishes to terminate his/her membership, the Member may cancel the membership by notifying Company in writing or by telephoning a Program representative. Membership in the Program shall terminate on the date that Company receives written notice of cancellation.

7. Member Representations and Acknowledgements: In return for the Services available under the Program, the Member makes the following representations and acknowledgements:

7.1 Member has read this Agreement carefully and understands the Program.

7.2 Member may cancel his/her Program membership at any time before the conclusion of the Membership Term.

7.3 Membership in the Program and benefits thereunder are not assignable without the express written consent of Company. Member agrees that he/she will use his/her Program membership only for his/her personal benefit. A Member's violation of this paragraph 7.3 will result in immediate termination of the Program Membership.

7.4 Member acknowledges that Company bears no responsibility for the payment of (or contribution to) any use or sales tax that may be imposed by any state or federal taxing authority on the Services provided under the Program. Payment of such taxes, to the extent imposed, shall remain the sole responsibility of the Member.

7.5 Member understands that Member is responsible for paying the Tax Preparer or ERO for their services rendered.

7.6 Member understands and agrees that all Tax Preparers and EROs are independent contractors, and that Company in no way is responsible for the Services provided by a Tax Preparer or ERO.

7.7 Member understands and agrees that they will be enrolled as a member of the American Advantage Association to be eligible to receive the benefits of the Program.

7.8 Member understands and agrees that the Program is not insurance.

7.9 The Taxpayer represents and warrants that they have truthfully provided correct, accurate and complete information to the Tax Preparer and to the best of Taxpayer's knowledge, the Tax Preparer has truthfully, completely and accurately completed all tax return forms and due diligence worksheets and procedures in accordance with all applicable IRS and state (if applicable) rules, regulations, procedures, guidelines, publications and requirements, and that the Services provided under the Program are conditioned upon such completion.

8. Disclaimer: Failure to comply with procedure and strategy actions recommended by Company may result in an IRS and/or state (if applicable) ruling unfavorable to the Taxpayer. Failure or refusal to comply with requests or instructions from the IRS and/or state (if applicable) during the audit may result in adverse actions taken by the IRS and/or state to Taxpayer's detriment. In all cases, Company will not be held responsible for the outcome and reserves the right to cease providing services when reasonably warranted.

9. Disclaimer of Warranties: Company is not a Tax Preparer, ERO, or a direct Provider of the tax services provided to Members other than the Program. ACCORDINGLY, COMPANY GIVES NO WARRANTY, EXPRESS OR IMPLIED, AS TO DESCRIPTION, QUALITY, MERCHANTABILITY, FITNESS FOR ANY PARTICULAR PURPOSE, PRODUCTIVENESS, OR ANY OTHER MATTER, FOR ANY SERVICES OR MERCHANDISE PURCHASED OR RECEIVED BY A MEMBER FROM A PARTICIPATING TAX PREPARER OR ERO. MEMBER ACKNOWLEDGES THAT HE/SHE IS NOT RELYING ON COMPANY'S SKILL OR JUDGMENT IN SELECTING A TAX PREPARER OR ERO FOR THE SERVICES PROVIDED TO MEMBERS BY THE TAX PREPARER OR ERO. In the event any product or service (other than the Program) purchased or received by a Member from a Tax Preparer or ERO is canceled, modified, defective, or otherwise unsatisfactory to the Member, the Member will look solely to the Provider, Seller, Merchant, or Manufacturer of the product or service for any repair, exchange, refund, or satisfaction of claim.

10. General Release: Each Member who uses the Services under the Program membership hereby forever releases, acquits and discharges Company and their employees, agents and affiliates from any and all liabilities, claims, demands, actions, and causes of action that such Member or Member's legal representative(s) may have by reason of any monetary damage or personal injury sustained as a result of or during the course of the use of any and all Services under the Program. The sole recourse available to a Member or Member's legal representative(s) against Company shall be cancellation of the Program membership as provided in Section 6.

11. Notices: Any and all notices, consents, approvals, requests, and other written communications given or required under the terms of this Agreement shall be deemed to have been duly given and served when sent by email, U.S. Postal mail, postage prepaid and addressed to the Member, at the address provided by the Member.

12. Entire Agreement: This Agreement sets forth the entire agreement and understanding of the parties with regard to membership in the Program. No representations, inducements, promises or agreements, or otherwise, shall be of any force or effect. The validity or unenforceability of any term of this Agreement shall in no way affect the validity or enforceability of any other terms or provisions of this Agreement. Member Acknowledges that **THE PROGRAM IS NOT INSURANCE.**

13. Binding Effect: This Agreement shall be binding upon and inure to the benefit of the parties as well as their respective successors and permitted assigns.

14. Governing Law: This Agreement shall be governed and construed in accordance with the laws of the State of North Carolina regardless of any application of principles regarding conflicts of laws.

15. Headings: The headings or captions provided throughout this Agreement are for reference purposes only and shall in no way affect the meaning or interpretation of this Agreement.

16. Waiver of Breach: Waiver of breach of any provision of this Agreement shall not be deemed a waiver of any other breach of the same or different provision.

Tax Reimbursement Program Membership Agreement

The following terms and conditions of this Membership Agreement (the "Agreement") govern the Tax Reimbursement Program. Throughout this document, **Program** refers to this Tax Reimbursement Program. **You** and **Your** refer to the person(s) or **Participant(s)** who have been enrolled in the **Program** by a **Participating Tax Preparer**. **We**, **Us** and **Our** refer to the **Company** providing this benefit to **Participants**. In addition, when in bold certain words and phrases are defined as follows:

1. Definitions:

The following definitions are applicable to the Agreement.

- a. "**Assessment**" means an initial assessment by the Internal Revenue Service (IRS) or state taxing authority against the Return for additional fees, penalties and/or interest that is made within three (3) years from the April filing deadline.
- b. "**Error**" means a miscalculation by a **Tax Preparer** or certain mistakes by the **Tax Preparer** that result in an **Assessment**.
- c. "**Negligence**" means failure on the part of the tax preparer to exercise the care or apply the effort to research IRS and/or state tax codes, instructions and guidelines that a reasonably prudent tax preparer would exercise in their efforts to comply with IRS and/or state tax codes in the preparation of a **tax Return**; or failure on the part of the **Taxpayer** to exercise the care or apply the effort that a reasonably prudent person would exercise in providing their tax preparer with complete and accurate information to enable them to accurately prepare the **tax Return**.
- d. "**Return**" means an IRS acknowledged individual federal tax return form 1040, 1040SR, and 1040NR, and/or a state acknowledged individual state tax return (if applicable) for the previous year's tax return and is not otherwise excluded in this Agreement. **Returns** filed after the October Extension filing deadline are not eligible for enrollment or **Company** services.
- e. "**Tax Preparer**" and "**Participating Tax Preparer**" means the Electronic Return Originator (**ERO**) and or the individual completing and signing the acknowledged Return as the paid preparer who is an Organization Member of the American Advantage Association authorized to enroll **Participants** in the **Program**.
- f. "**Participant**" means the individual (or individuals if filing a Joint **Return**) for which a **Participating Tax Preparer** or **ERO** completes and signs an acknowledged Return and reports them as a participant in the **Program** to **Company**.
- g. "**Company**" means Tax Protection Plus, LLC through the American Advantage Risk Purchasing Group and its members and the American Advantage Association and its Organization Member **Participating Tax Preparers** and **EROs**.
- h. "**Company Program Fee**" the **Company** established fee charged by **Company** for a **Taxpayer** to participate in the **Program** and paid to **Company** by the **ERO**.
- i. "**Membership**" a term defining a **Participant's** status as a **Participant** in the **Program** who is eligible to receive the Services defined in this Agreement.

2. Services provided by Company under the Program: From the date the IRS or state (if applicable) has acknowledged transmission of your **Return** and **Company** receives payment of the **Company Program Fee** and for a period of three (3) years after the April filing deadline for the **Return** (the **Membership Term**), if the **Participant's Return** is audited, and it is determined that additional taxes, penalties and interest are due as the direct result of a legitimate **Error** made by a **Participating Tax Preparer**, **Company** will provide the **Participant** with the reimbursement of up to a combined total of \$2,500.00 in additional taxes, penalties and interest as calculated by the IRS and state, subject to the limitations and qualification criteria described in section 5. The **Company Program Fee** is paid for by the **ERO** and this **Program** is provided to the **Taxpayer** as part of the tax preparation services at no additional cost to the **Taxpayer**. REIMBURSEMENT BENEFITS ARE NOT AVAILABLE AND WILL NOT BE PAID TO TAXPAYERS WHO RESIDE IN SD, TN, WY, PUERTO RICO OR IN ANY OTHER STATE IN WHICH APPLICABLE LAW PROHIBITS COMPANY FROM MAKING SUCH PAYMENT

3. Program Exclusions: The following types of tax returns and or inquiries are specifically excluded. **Company** is under no obligation to provide **Participant** with the Services in connection with such tax returns and or inquiries:

- 3.1 Returns other than individual 1040, 1040SR, and 1040NR, and individual state returns including, but not limited to, corporate, partnership, trust, estate, gift and employment returns.
- 3.2 **Returns** in which the **Participant** or **Tax Preparer** had knowledge of additional taxes owed as of the date **Participant** enrolled in the **Program**.
- 3.3 **Returns** prepared with **Negligence**, recklessness, intentional misrepresentation or fraud.
- 3.4 Self-prepared returns.
- 3.5 Local, city and county tax.
- 3.6 **Returns** that have become subject to IRS and/or state criminal investigations.
- 3.7 Inquiries and/or notices related to foreign income, flow-through entities (partnerships and S-corporations as reported on Schedule K), court awards and damages, bartering income, cancelled debt, estate and gift tax.
- 3.8 Inquiries and/or notices related to the following credits: Foreign tax credit, Plug-in electric vehicle credit, Residential energy efficient property credit, Mortgage interest credit, Credit to holders of tax credit bonds, Health coverage tax credit, "Credit" for prior year minimum tax, "Credit" for excess railroad retirement tax withheld.
- 3.9 Inquiries and/or notices related to Cryptocurrency.
- 3.10 No reimbursement will be made for issues arising from estimated taxes.

4. Participant Responsibilities: In order for **Company** to be obligated to provide the Services to **Participant**, the **Participant** agrees to take the following actions:

- 4.1 Contact the IRS and/or state (with the assistance of **Company**) per the notice received to request an extension of the deadline for responding,
- 4.2 Notify **Company** of any IRS and/or state correspondence or notice regarding the **Return** within thirty (30) days from the date of such notice along with a complete copy of the **Return**.
- 4.3 Provide **Company** any further assistance or documents as requested that support claims made on the **Return**.

5. Reimbursement Policy and Criteria:

5.1 The Service that provides for reimbursement of assessed penalties, interest and taxes is provided through **Company** and its **Participating Tax Preparers** and **EROs**.

5.2 A **Participant's** eligibility for reimbursement of assessed penalties; interest and taxes are subject to the exclusions described in Section 3. If the audit is a result of a legitimate **Error** made by a **Participating Tax Preparer**, **Company** will reimburse the affected **Participant** for the net effect of additional taxes, penalties and interest assessed up to \$2,500.00 for the **Return**. Qualified reimbursements will be paid by **Company** only after all of the obligations of **Participant** in Section 4 are satisfied, the **Participant** provides **Company** with proof satisfactory to **Company** that either (a) all tax obligations have been paid in full to the IRS and/or state or (b) the **Participant** is current with any payment agreement entered into with the IRS and/or state and **Company** receives a completed Reimbursement Request Form from the **Participating Tax Preparer** describing the **Error** and how it occurred.

5.3 Notwithstanding anything contained herein to the contrary, the **Participant** is not eligible for reimbursement if the additional tax, penalty or interest is assessed as a result of:

5.3.1 Incomplete, incorrect or misleading information intentionally provided by the **Participant, Tax Preparer** or **ERO**.
5.3.2 **ERO's** or **Tax Preparer's** reckless failure to include W-2, 1099 or any other taxable income on the **Return**.
5.3.3 The **Participant's** inability to provide the IRS and/or state or **Company** with sufficient records to support any item on the **Return**, including (but not limited to) filing status, deductions, expenses or dependents.
5.3.4 **Returns** prepared with **Negligence**.

6. Disclosure of Information: **Participant** hereby agrees that his/her specific **Taxpayer** information, including all information that **Participant** has disclosed to the **ERO** or has been included on the **Return**, may be disclosed by the **ERO** to **Company** and used by **Company** in the manner consistent with this Agreement.

7. Participant Representations and Acknowledgements: In return for the Services available under the **Program**, the **Participant** makes the following representations and acknowledgements:

7.1 **Participant** has read this Agreement carefully and understands the **Program**.

7.2 **Membership** in the **Program** and benefits thereunder are not assignable without the express written consent of **Company**. **Participant** agrees that he/she will use his/her **Program Membership** only for his/her personal benefit. A **Participant's** violation of this paragraph 7.2 will result in immediate termination of the **Program Membership**.

7.3 **Participant** understands that **Participant** is responsible for paying the **Tax Preparer** or **ERO** for their services rendered.

7.4 **Participant** understands and agrees that all **Tax Preparers** and **EROs** are independent contractors, and that **Company** in no way is responsible for the Services provided by a **Tax Preparer** or **ERO**.

7.5 The **Taxpayer** represents and warrants that they have truthfully provided correct, accurate and complete information to the **Tax Preparer** and to the best of **Taxpayer's** knowledge, the **Tax Preparer** has truthfully, completely and accurately completed all tax return forms and due diligence worksheets and procedures in accordance with all applicable IRS and state (if applicable) rules, regulations, procedures, guidelines, publications and requirements, and that the Services provided under the **Program** are conditioned upon such completion.

8. Disclaimer: Failure to comply with procedure and strategy actions recommended by **Company** may result in an IRS and/or state (if applicable) ruling unfavorable to the **Participant**. Failure or refusal to comply with requests or instructions from the IRS and/or state (if applicable) during the audit may result in adverse actions taken by the IRS and/or state to **Participant's** detriment. In all cases, **Company** will not be held responsible for the outcome and reserves the right to cease providing services when reasonably warranted.

9. Disclaimer of Warranties: **Company** is not a **Tax Preparer, ERO**, or a direct Provider of the tax services provided to **PARTICIPANTS** other than the **Program**. ACCORDINGLY, **COMPANY** GIVES NO WARRANTY, EXPRESS OR IMPLIED, AS TO DESCRIPTION, QUALITY, MERCHANTABILITY, FITNESS FOR ANY PARTICULAR PURPOSE, PRODUCTIVENESS, OR ANY OTHER MATTER, FOR ANY SERVICES OR MERCHANDISE PURCHASED OR RECEIVED BY A **PARTICIPANT** FROM A **PARTICIPATING TAX PREPARER OR ERO**. **PARTICIPANT** ACKNOWLEDGES THAT HE/SHE IS NOT RELYING ON **COMPANY'S** SKILL OR JUDGMENT IN SELECTING A **TAX PREPARER OR ERO** FOR THE SERVICES PROVIDED TO **PARTICIPANT** BY THE **TAX PREPARER OR ERO**. In the event any product or service (other than the **Program**) purchased or received by a **Participant** from a **Tax Preparer** or **ERO** is canceled, modified, defective, or otherwise unsatisfactory to the **Participant**, the **Participant** will look solely to the Provider, Seller, Merchant, or Manufacturer of the product or service for any repair, exchange, refund, or satisfaction of claim.

10. General Release: Each **Participant** who uses the Services under the **Program** hereby forever releases, acquits and discharges **Company** and their employees, agents and affiliates from any and all liabilities, claims, demands, actions, and causes of action that such **Participant** or **Participant's** legal representative(s) may have by reason of any monetary damage or personal injury sustained as a result of or during the course of the use of any and all Services under the **Program**. The sole recourse available to a **Participant** or **Participant's** legal representative(s) against **Company** shall be cancellation of their **Program Membership**.

11. Notices: Any and all notices, consents, approvals, requests, and other written communications given or required under the terms of this Agreement shall be deemed to have been duly given and served when sent by email, U.S. Postal mail, postage prepaid and addressed to the **Participant**, at the address provided by the **Participant**.

12. Entire Agreement: This Agreement sets forth the entire agreement and understanding of the parties with regard to **Membership** in the **Program**. No representations, inducements, promises or agreements, or otherwise, shall be of any force or effect. The validity or unenforceability of any term of this Agreement shall in no way affect the validity or enforceability of any other terms or provisions of this Agreement.

13. Binding Effect: This Agreement shall be binding upon and inure to the benefit of the parties as well as their respective successors and permitted assigns.

14. Governing Law: This Agreement shall be governed and construed in accordance with the laws of the State of North Carolina regardless of any application of principles regarding conflicts of laws.

15. Headings: The headings or captions provided throughout this Agreement are for reference purposes only and shall in no way affect the meaning or interpretation of this Agreement.

16. Waiver of Breach: Waiver of breach of any provision of this Agreement shall not be deemed a waiver of any other breach of the same or different provision.

Tax Protection Plus
Through the American Advantage Association
P.O. Box 24279 Winston Salem, NC 27114
cases@taxprotectionplus.com
Phone # 866-942-8348
Fax# 850-424-1420

Information: Tax Protection Plus through the American Advantage Association has obtained a policy from an 'A' rated insurer to back up its provision of the Tax Reimbursement Program.

Identity Theft Restoration Membership Program Agreement

Services provided by Company under the Program: From the date the IRS and/or state (if applicable) has acknowledged transmission of your **Return** and **Company** receives payment of the **Company Program Fee** paid by the ERO and for a period of one (1) year (the Membership Term), **Company** will provide the **Taxpayer**, and other individuals listed on the tax **Return** (collectively, the "**Taxpayer**") with the following services (collectively, the "Services"):

Identity Theft Restoration: Taxpayer is provided with toll free telephone access to an Identity Theft Risk Management Specialist who will provide **Taxpayer** with the following recovery services*:

- Assist members with Investigating fraudulent activity.
- Place phone calls, send electronic notifications, and prepare appropriate documentation on the member's behalf, including dispute letters for defensible complaints to any and all appropriate state agencies and financial institutions.
- Issue fraud alerts and victim statements when necessary, with the three consumer credit reporting agencies, the FTC, SSA, and U.S. Postal Service.
- Submit ID Theft Affidavit to involved creditors for card cancellation and new card issuance.
- Contact, follow up and escalate issues with affected agencies, creditors, financial institutions, to reinforce member's rights.
- Assist the member in notifying local law enforcement authorities to file the appropriate official reports.
- Provide peace of mind and resolution of key issues from start to finish as swiftly as possible.
- Provide members with a "Case Completion Kit" including copies of documentation, correspondence, forms and letters for their personal records.
- Provide daily identity monitoring with all three credit bureaus for six months.

* Requires Taxpayer to sign a Special Limited Power of Attorney

Unlimited Legal Care at Discounted Rates:

As an Identity theft victim, **Member** is also provided access to a proprietary attorney network that will represent **Member** at the low hourly rate of \$125.00, or when appropriate, 40% off their usual and customary hourly rate, for all extended legal care. **Member** may use **Program** to prosecute identity theft thieves. This **Program** provides unlimited discounted legal care, at capped hourly rates, enabling **Member** to both defend yourself and prosecute thieves.

The Services are subject to change, modification, or substitution at any time without notice to the **Member**. In order to receive Services, a **Member** must access the services as instructed within the Membership materials provided.

If you have questions you can contact us at 866-942-8348.

Federal Income Tax Withheld

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

2023 PG01

Name(s) as shown on return

Tax ID Number

James F & Rachael N Cavin

XXX-XX-XXXX

Description

Amount

W2 - DFASIN

1,406

W2 - Mohamed A Mahayni MD Inc

1,044

W2 - Ameriinfovets Inc

9,770

W-2 Subtotal

12,220

1099R - Prinicipal life insurance co

42

1099 Subtotal

42

Total Withholdings

12,262

Client Copy

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

Tax ID Number

James F & Rachael N Cavin

XXX-XX-XXXX

Client Copy

Computation of Regular Tax

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

2023

Name(s) as shown on return

Tax ID Number

James F & Rachael N Cavin

XXX-XX-XXXX

Statement for line 16 of Form 1040

Tax from Tax Table found in form instructions \$ 4,387

\$ 4,387 Tax computed using only available method

Client Copy

Credit Limit Worksheet

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

2023

Name(s) as shown on return

Tax ID Number

James F & Rachael N Cavin

XXX-XX-XXXX

1. Amount from line 18 of Form 1040, 1040-SR, or 1040-NR minus Schedule 3, line 6l	1.	4,387	
2. Foreign tax credit amount from Schedule 3 (Form 1040), line 1	2.		
3. Subtract line 2 from line 1. If zero or less, enter -0-. Enter this amount on Form 2441, line 10	3.	4,387	
4. Amount from Form 2441, line 11	4.		
5. Subtract line 4 from line 3. If zero or less, enter -0-. Enter this amount on Schedule R, line 21	5.	4,387	
6. Amount from Schedule R, line 22	6.		
7. Enter amount from Form 8863, line 18	7.		
8. Subtract line 6 from line 5. If zero or less, enter -0-	8.	4,387	
9. Enter the smaller of line 7 or line 8. Nonrefundable lifetime learning credit	9.		
10. Enter amount from Form 8863, line 9	10.	2,683	
11. Subtract line 9 from line 8. If zero or less, enter -0-	11.	4,387	
12. Enter the smaller of line 10 or line 11. Nonrefundable American Opportunity credit	12.	2,683	
13. Add line 9 and line 12. Enter this amount on Form 8863, line 19	13.	2,683	
14. Subtract line 13 from line 8. If zero or less, enter -0-. Enter this amount on Form 8880, line 11	14.	1,704	
15. Amount from Form 8880, line 12	15.	200	
16. Subtract line 15 from line 14. If zero or less, enter -0-. Enter this amount on Form 5695, line 31	16.	1,504	
17. Amount from Form 5695, line 32	17.		
18. Reserved	18.		
19. Reserved	19.		
20. Subtract line 17 from line 16. If zero or less, enter -0-. Enter this amount on Form 8936, line 17	20.	1,504	
21. Amount from Form 8936, line 18	21.		
22. Subtract line 21 from line 20. If zero or less, enter -0-. Enter this amount on Form 8936, line 12	22.	1,504	
23. Amount from Form 8936, line 13	23.		
24. Amount from line 19 of Form 1040, 1040-SR or 1040-NR, or amount from line 14 of Credit Limit Worksheet B (Form 8812), if present in the return	24.	1,504	
25. Subtract lines 23 and 24 from line 22. If zero or less, enter -0-. Enter this amount on Form 8396, line 8	25.	0	
26. Amount from Form 8396, line 9	26.		
27. Subtract line 26 from line 25. If zero or less, enter -0-	27.	0	
28. Amount from Form 8839, line 14	28.		
29. Enter the smaller of line 27 or line 28. Enter this amount on Form 8839, lines 15 and 16	29.		
30. Subtract line 29 from line 27. If zero or less, enter -0-. Enter this amount on Form 8859, line 2	30.	0	
31. Amount from Form 8859, line 3	31.		
32. Subtract line 31 from line 30. If zero or less, enter -0-. Enter this amount on Form 5695, line 14	32.	0	

Credit Limit Worksheet A

Schedule 8812

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

2023

Name(s) as shown on return

Tax ID Number

James F & Rachael N Cavin

XXX-XX-XXXX

Credit Limit Worksheet A

1. Enter the amount from Line 18 of your Form 1040, 1040-SR, or 1040-NR 1. 4,387

2. Add the following amounts (if applicable) from:

Schedule 3, Line 1	+	
Schedule 3, Line 2	+	
Schedule 3, Line 3	+	<u>2,683</u>
Schedule 3, Line 4	+	<u>200</u>
Schedule 3, line 5b	+	
Schedule 3, line 6d	+	
Schedule 3, line 6f	+	
Schedule 3, line 6l	+	
Schedule 3, line 6m	+	

Enter the total. 2. 2,883

3. Subtract line 2 from line 1 3. 1,504

Complete Credit Limit Worksheet B **only** if you meet all of the following.

1. You are claiming one or more of the following credits.
 - a. Mortgage interest credit, Form 8396.
 - b. Adoption credit, Form 8839.
 - c. Residential clean energy credit, Form 5695, Part I.
 - d. District of Columbia first-time homebuyer credit, Form 8859.

2. You are not filing Form 2555.

3. Line 4 of Schedule 8812 is more than zero.

4. If you are **not** completing Credit Limit Worksheet B, enter -0-; otherwise, enter the amount from Credit Limit Worksheet B 4. 0

5. Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13 5. 1,504

Earned Income Worksheet

Schedule 8812

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

2023

Name(s) as shown on return

Tax ID Number

James F & Rachael N Cavin

XXX-XX-XXXX

Before you begin:

- Use this worksheet only if you were sent here from the Credit Limit Worksheet B, earlier, or the instructions for line 18a.
- Disregard community property laws when figuring the amounts to enter on this worksheet.
- If married filing jointly, include your spouse's amounts with yours when completing this worksheet.

1. a. Enter the amount from line 1z of Form 1040, 1040-SR, or 1040-NR 1a. 146,287

b. Enter the amount of any nontaxable combat pay received. Also enter this amount on Schedule 8812, line 18b. This amount will be reported either on line 1i of Form 1040 or 1040-SR, or should be shown in Form(s) W-2, box 12, with code Q 1b. _____

Next, if you are filing Schedule C, F, or SE, or you received a Schedule K-1 (Form 1065), go to line 2a. Otherwise, skip lines 2a through 2e and go to line 3.

2. a. Enter any statutory employee income reported on line 1 of Schedule C 2a. _____

b. Enter any net profit or (loss) from Schedule C, line 31, and Schedule K-1 (Form 1065), box 14, code A (other than farming). Reduce any Schedule K-1 amounts as described in the instructions for completing Schedule SE in the Partner's Instructions for Schedule K-1. **Do not** include on this line any statutory employee income or any other amounts exempt from self-employment tax. Options and commodities dealers must add any gain or subtract any loss (in the normal course of dealing in or trading section 1256 contracts) from section 1256 contracts or related property 2b. _____

c. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*. Reduce any Schedule K-1 amounts as described in the instructions for completing Schedule SE in the Partner's Instructions for Schedule K-1. **Do not** include on this line any amounts exempt from self-employment tax 2c. _____

d. If you used the farm optional method to figure net earnings from self-employment, enter the amount from Schedule SE, line 15. Otherwise, skip this line and enter on line 2e the amount from line 2c 2d. _____

e. If line 2c is a profit, enter the **smaller** of line 2c or line 2d. If line 2c is a (loss), enter the (loss) from line 2c 2e. _____

3. Combine lines 1a, 1b, 2a, 2b, and 2e. If zero or less, **stop**. Do not complete the rest of this worksheet. Instead, enter -0- on line 3 of Credit Limit Worksheet B or line 18a of Schedule 8812, whichever applies 3. 146,287

4. Enter the Medicaid waiver payment amounts excluded from income on Schedule 1 (Form 1040) line 8s, unless you choose to include these amounts in earned income. See the instructions for Schedule 1, line 8s. If you and your spouse both received Medicaid waiver payments during the year, you and your spouse can make different choices about including the full amount of your payments in earned income. Enter only the amount of the Medicaid waiver payments that you or your spouse, if filing a joint return, do not want to include in earned income. To include all nontaxable Medicaid waiver payment amounts in earned income, enter -0- 4. _____

5. Enter the amount from Schedule 1 (Form 1040), line 15 5. _____

6. Add lines 4 and 5 6. _____

7. Subtract line 6 from line 3 7. 146,287

- If you were sent here from Credit Limit Worksheet B, enter this amount on line 3 of that worksheet.
- If you were sent here from the instructions for line 18a, enter this amount on line 18a of Schedule 8812.

* If you have any Schedule K-1 amounts and you are not required to file Schedule SE, complete the appropriate line(s) of Schedule SE. Put your name and social security number on Schedule SE and attach it to your return.

Adjusted Qualified Education Expenses Worksheet

Form 8863

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

2023

Name(s) as shown on return

Tax ID Number

James F & Rachael N Cavin

XXX-XX-XXXX

Student name

Student Tax ID Number

Samantha Cavin

XXX-XX-XXXX

1. Total qualified education expenses paid for or on behalf of the student in 2023 for the academic period 4,707
2. Less adjustments:
 - a. Tax-free educational assistance received in 2023 allocable to the academic period 2,736
 - b. Tax-free educational assistance received in 2024 (and before you file your 2023 tax return) allocable to the academic period _____
 - c. Refunds of qualified education expenses paid in 2023 if the refund is received in 2023 or in 2024 before you file your 2023 tax return _____
3. Total adjustments (add lines 2a, 2b, and 2c) 2,736
4. Adjusted qualified education expenses. Subtract line 3 from line 1. If zero or less, enter -0- 1,971

Adjusted Qualified Education Expenses Worksheet

Form 8863

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

2023

Name(s) as shown on return

Tax ID Number

James F & Rachael N Cavin

XXX-XX-XXXX

Student name

Student Tax ID Number

James Cavin

XXX-XX-XXXX

1. Total qualified education expenses paid for or on behalf of the student in 2023 for the academic period 8,586
2. Less adjustments:
 - a. Tax-free educational assistance received in 2023 allocable to the academic period 3,250
 - b. Tax-free educational assistance received in 2024 (and before you file your 2023 tax return) allocable to the academic period _____
 - c. Refunds of qualified education expenses paid in 2023 if the refund is received in 2023 or in 2024 before you file your 2023 tax return _____
3. Total adjustments (add lines 2a, 2b, and 2c) 3,250
4. Adjusted qualified education expenses. Subtract line 3 from line 1. If zero or less, enter -0- 5,336

QBI Explanation Worksheet

Form 1040

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

2023

Name(s) as shown on return

Tax ID Number

James F & Rachael N Cavin

XXX-XX-XXXX

Name of business activity

KIS: Ameriinfovets Inc

	As reported	As allowed on 1040 after limitations
1. Ordinary business income (loss)	(137,132)	(78,380)
2. Rental income (loss)		
3. Royalty income (loss)		
4. Section 1231 gain (loss)		
5. Other income (loss)		
6. Section 179 deduction		
7. Other deductions		
8. Deduction for half of SE tax		
9. Self-employed health insurance deduction		
10. Self-employed pension deduction		
11. QBI amount carried to Form 8995 / 8995-A		(78,380)
12. W-2 wages carried to Form 8995 / 8995-A		1,033,198
13. UBIA of qualified property carried to Form 8995 / 8995-A		
14. Section 199A REIT dividends		
15. 199(A)(g) deduction		
16. QBI allocable to cooperative payments		
17. W-2 wages allocable to cooperative payments		

The income amount from line 11 will show on one of the following lines, depending on circumstances:

- ☒ Form 8995, line 1
- ☐ Form 8995-A, line 2
- ☐ Form 8995-A, Schedule A, line 2
- ☐ Form 8995-A, Schedule A, line 16
- ☐ Form 8995-A, Schedule B, line 3
- ☐ Form 8995-A, Schedule C, line 1

Note: The Tax Cuts and Jobs Act and the related proposed regulations state that losses or deductions that were disallowed, suspended, limited, or carried over from taxable years ending before January 1, 2018 (including under sections 465, 469, 704(d), and 1366(d)), are not taken into account in a later taxable year for purposes of computing QBI.

Explanation of Pre-CARES Act vs. Post-CARES Act
For informational purposes and use by certain states

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

2023

Name(s) as shown on return

James F & Rachael N Cavin

Tax ID Number

XXX-XX-XXXX

Income

	Pre-CARES Act	Post-CARES Act	Difference
Wages, salaries, tips, etc.	146,287	146,287	
Taxable interest			
Ordinary dividends			
Taxable refunds			
Alimony received			
Business income or (loss)			
Capital gain or (loss)			
Other gains or (losses)			
Taxable IRA distributions			
Taxable pensions and annuities			
Schedule E income/loss	(82,498)	(78,380)	4,118
Farm income or (loss)			
Unemployment compensation			
Social security benefits			
Net Operating Loss (NOL)			
Limitation on business losses - Form 461 (ELA)			
Other income			
Totals	63,789	67,907	4,118

Adjustments

	Pre-CARES Act	Post-CARES Act	Difference
Educator expenses			
Employee business expenses			
Health savings account deduction			
Moving expenses			
Deductible part of self-employment tax			
Self-employed SEP, SIMPLE, and qualified plans			
Self-employed health insurance deduction			
Penalty on early withdrawal of savings			
Alimony paid			
IRA deduction			
Student loan interest deduction			
Tuition and fees			
Other adjustments			
Charitable contributions if taking standard deduction			
Totals			

Adjusted Gross Income

63,789	67,907	4,118
---------------	---------------	--------------

Carryover Worksheet
List of items that will carryover to the 2024 tax return

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

2023

Name(s) as shown on return

Tax ID Number

James F & Rachael N Cavin

XXX-XX-XXXX

Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations		
Contributions subject to 60% of AGI limitations		
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)		
Contributions subject to 30% of AGI limitations		
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)		
Taxable state and local refunds to Schedule 1 (Form 1040) line 1		
State/local taxes paid in 2024 to flow to the Schedule A		1,733
State donations and contributions carryover		
State overpayment applied to next year		

Expenses

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

Losses

Short-term capital loss	AMT	Reg. Tax
Long-term capital loss	AMT	Reg. Tax
Net operating loss	AMT	Reg. Tax
Excess business loss from Form 461 (becomes part of NOL next year)	AMT	Reg. Tax
Qualified REIT and PTP loss carryover		
QBI loss carryover		91,469
Nonrecaptured net section 1231 losses from WK_1231C	AMT	Reg. Tax

Credits

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

Other

Preparer Fee		
Overpayment applied to next year's estimates		
Estimated Tax Payment 1	Estimated Tax Payment 2	
Estimated Tax Payment 3	Estimated Tax Payment 4	
Federal tax liability for 2210 calculation		0
State tax liability for state 2210 calculation		1,870
IRA basis	Taxpayer	Spouse
Disaster distributions taxable in 2024	Taxpayer	Spouse
Disaster distributions taxable in 2025	Taxpayer	Spouse
Excess repayments from 8915-F	Taxpayer	Spouse

Passive Activity

At Risk Limitations

FOR TAX YEAR 2023

JAMES F & RACHAEL N CAVIN

Suggula and Associates LLC

4010 Moorpark Ave 115

San Jose, CA 95117

(844)472-8382

Suggula and Associates LLC

4010 Moorpark Ave 115
San Jose, CA 95117
mohanas@suggulatax.com
Phone: (844)472-8382 | Fax:

June 19, 2025

James F & Rachael N Cavin
33 Woodcreek Lane
Pryor, OK 74361

Subject: Preparation of Your 2023 Tax Returns

James F & Rachael N Cavin:

Thank you for choosing Suggula and Associates LLC to assist you with your 2023 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2023 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

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

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2023 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (844)472-8382.

Sincerely,

Mohana Suggula
Suggula and Associates LLC

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

Accepted By:

Taxpayer

Spouse

Date

Suggula and Associates LLC

4010 Moorpark Ave 115
San Jose, CA 95117
mohanas@suggulatax.com
Phone: (844)472-8382 | Fax:

June 19, 2025

James F & Rachael N Cavin
33 Woodcreek Lane
Pryor, OK 74361

James F & Rachael N Cavin:

Below is a summary of your 2023 tax year.

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$15,546 Refund	Receive a check
Arkansas Income Tax	\$32 Balance Due	Mail a check
Oklahoma Income Tax	\$2,236 Balance Due	Mail a check

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

- * Federal Income Tax
- * Arkansas Income Tax
- * Oklahoma Income Tax

Mail payment on or before due date to the following address:

Arkansas Income Tax

Department of Finance and Admin.
Arkansas State Income Tax
PO Box 8149
Little Rock, AR 72203-8149

Oklahoma Income Tax

Oklahoma Tax Commission
PO Box 26890
Oklahoma City, OK 73126-0890

Sincerely,

Mohana Suggula
Suggula and Associates LLC

Suggula and Associates LLC

4010 Moorpark Ave 115
San Jose, CA 95117
mohanas@suggulatax.com
Phone: (844)472-8382 | Fax:

Note to Drake Tax Preparer*

Use the Customized Supplemental Letter to create a document such as a customer survey, package or product offering sheet, generic letter, or client coupon. See the left column of the Client Communications Editor for the keywords that can be used in this document.

To generate the Customized Supplemental Letter with all client returns, go to Setup > Options > Client Communications. Under Additional Letter Options, select "Include customized supplemental letter with returns."

To generate the Customized Supplemental Letter for selected returns only, go to the COMM screen of the return. Under Letter Options Override, select "Yes" for Customized Supplemental Letter.

If you have selected to generate the Customized Supplemental Letter with all returns, you can suppress it for a selected return. To do so, go to the COMM screen of the return. Under Letter Options Override, select "No" for Customized Supplemental Letter.

*This note should be deleted before generating your Customized Supplemental Letter with any returns.

Suggula and Associates LLC

4010 Moorpark Ave 115
San Jose, CA 95117
mohanas@suggulatax.com
Phone: (844)472-8382 | Fax:

June 19, 2025

James F & Rachael N Cavin
33 Woodcreek Lane
Pryor, OK 74361

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

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

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

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

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

If you have any questions about our privacy policy, contact our office at (844)472-8382.

Sincerely,

Mohana Suggula
Suggula and Associates LLC

TAX RETURN COMPARISON
2021 / 2022 / 2023

2023

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

Name(s) as shown on return James F & Rachael N Cavin			Identifying number XXX-XX-XXXX	
	2021	2022	2023	Difference 2022-2023
Filing Status	Married Joint	Married Joint	Married Joint	
Number of Dependents	4	3	3	
Income				
Wages, salaries, tips, etc.		26,027	146,287	120,260
Taxable interest and dividends				
Taxable state and local refunds				
Alimony				
Business income (loss)				
Gains (losses)				
Pensions and IRA distributions		25,000		(25,000)
Rent and royalty income (loss)		735		(735)
Part, S-corps, trusts income (loss) . .	(42,594)	29,505	(78,380)	(107,885)
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)		(42,594)		42,594
Total Income	(42,594)	38,673	67,907	29,234
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction				
Other adjustments				
Total Adjusted Gross Income	(42,594)	38,673	67,907	29,234
Deductions				
Medical deductions				
State and local taxes			5,053	5,053
Interest			12,629	12,629
Contributions				
Other deductions				
Total itemized deductions			17,682	17,682
Standard deduction	25,100	25,900	27,700	1,800
Total deductions claimed	25,100	25,900	27,700	1,800
Qualified Business Income Deduction .				
Tax and Credits				
Taxable Income		12,773	40,207	27,434
Tax		1,278	4,387	3,109
Credits		1,278	4,387	3,109
Self-employment tax				
Other taxes		2,500		(2,500)
Total Tax		2,500		(2,500)
Payments				
Withholdings		3,450	12,262	8,812
Estimated tax payments				
Earned income credit		4,320		(4,320)
Other payments and credits		3,000	3,284	284
Estimated tax penalty				
Overpayment		8,270	15,546	7,276
Overpayment applied				
Refund		8,270	15,546	7,276
Balance Due				
Marginal tax rate	10.00	10.00	12.00	2.00
Effective tax rate		10.01	10.91	0.90

2023 AR1000NR



P1

ARKANSAS INDIVIDUAL
INCOME TAX RETURN

Nonresident and Part Year Resident

CHECK BOX IF
AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2023 or fiscal year ending _____, 20____ •

DRAKE

TAXPAYER INFORMATION	Primary's legal first name • James	MI • F	Last name • Cavin	• <input type="checkbox"/> Check if Deceased	Primary's social security number • XXX-XX-XXXX	
	Spouse's legal first name • Rachael	MI • N	Last name • Cavin	• <input type="checkbox"/> Check if Deceased	Spouse's social security number • XXX-XX-XXXX	
	Mailing address (number and street, P.O. box or rural route) • 33 Woodcreek Lane				<input type="checkbox"/> Check if address is outside U.S.	
	City • Pryor	State or province • OK	ZIP • 74361	Foreign country name		
	Primary email james.cavin@ai-vets.com		Secondary email rachcav@yahoo.com			
	ATTACH PAGE 1 AND 2 OF YOUR FEDERAL RETURN					
	Primary - Remote Worker <input type="checkbox"/>	•	Primary - Military Spouse <input type="checkbox"/>	•	<input checked="" type="checkbox"/> NONRESIDENT:	• <input type="checkbox"/> PART YEAR RESIDENT: Dates lived in AR:
	Spouse - Remote Worker <input type="checkbox"/>	•	Spouse - Military Spouse <input type="checkbox"/>	•	List state of residence: OK	From: _____ To: _____
	• <input type="checkbox"/> We no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.					
	• <input type="checkbox"/> Check here if you want a tax booklet mailed to you next year.			• <input checked="" type="checkbox"/> Check this box if you have filed a state extension or an automatic federal extension		
DL# / State ID _____		Your state _____	Issue date (mm/dd/yyyy) _____	Expiration date (mm/dd/yyyy) _____		
DL# / State ID _____		Spouse state _____	Issue date (mm/dd/yyyy) _____	Expiration date (mm/dd/yyyy) _____		
FILING STATUS	1. • <input type="checkbox"/> Single (Or widowed before 2023 or divorced at end of 2023)			4. • <input checked="" type="checkbox"/> Married filing separately on the same return		
	2. • <input type="checkbox"/> Married filing joint (Even if only one had income)			5. • <input type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above _____		
3. • <input type="checkbox"/> Head of household (See instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____			6. • <input type="checkbox"/> Surviving spouse with dependent child Year spouse died: (See instructions) _____			
PERSONAL TAX CREDITS	7A. <input checked="" type="checkbox"/> Yourself • <input type="checkbox"/> 65 or over • <input type="checkbox"/> 65 Special • <input type="checkbox"/> Blind • <input type="checkbox"/> Deaf • <input type="checkbox"/> Head of household/surviving spouse (Filing status 3 only) (Filing status 6 only)					
	<input checked="" type="checkbox"/> Spouse • <input type="checkbox"/> 65 or over • <input type="checkbox"/> 65 Special • <input type="checkbox"/> Blind • <input type="checkbox"/> Deaf					
	Multiply number of boxes checked 7A <input checked="" type="checkbox"/> X \$29 = 58 00					
	Dependents (Do not list yourself or spouse)					
	First name	Last name	Dependent's social security number	Dependent's relationship to you		
	1.Samantha	Cavin	XXXXXXXXXX	DAUGHTER		
	2.Alexis	Cavin	XXXXXXXXXX	DAUGHTER		
	3.Julianne	Cavin	XXXXXXXXXX	DAUGHTER		
	4.					
	5.					
6.						
7B. Multiply number of DEPENDENTS from above 7B • <input checked="" type="checkbox"/> X \$29 = 87 00						
7C. TOTAL PERSONAL TAX CREDITS: (Add lines 7A and 7B. Enter total here and on line 34) 7C 145 00						
Individuals with Developmental Disabilities Credit (AR1000-DD - formerly AR1000CR5) now on Form AR1000TC						

Primary SSN XXX-XX-XXXX

ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	(C) Arkansas Income Only
INCOME	8. Wages, salaries, tips, etc: (Attach W-2s) 8	• 128,149 00	• 17,719 00	• 3,500 00
	9. Military pay: Primary • 00 Spouse • 00			
	10. Interest income: (If over \$1,500, Attach AR4) 10	• 00	• 00	• 00
	11. Dividend income: (If over \$1,500, Attach AR4) 11	• 00	• 00	• 00
	12. Alimony and separate maintenance received: 12	• 00	• 00	• 00
	13. Business or professional income: (Attach federal Sch. C) 13	• 00	• 00	• 00
	14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D) . . . 14	• 00	• 00	• 00
	15. Other gains or (losses): (See instructions) 15	• 00	• 00	• 00
	16. Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs) . . . 16	• 00	• 00	• 00
	17. Military retirement: Primary • 00 Spouse • 00			
	18A. Primary employer pension plan(s)/qualified IRA(s): (Attach all 1099Rs) 18A	• 419 00		• 00
	Gross • 419 00 Taxable • 419 00 Less \$6,000			
	18B. Spouse employer pension plan(s)/qualified IRA(s): (Attach all 1099Rs) 18B	• 00	• 00	• 00
	Gross • 00 Taxable • 00 Less \$6,000			
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E) . . 19	• (78,380) 00	• 00	• 00
	20. Farm income: (Attach federal Sch. F) 20	• 00	• 00	• 00
	21. Unemployment: 21	• 00	• 00	• 00
	22. Other income/depreciation differences: (Attach Form AR-OI) 22	• 00	• 00	• 00
23. TOTAL INCOME: (Add lines 8 through 22) 23	• 50,188 00	• 17,719 00	• 3,500 00	
24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ) 24	• 0 00	• 0 00	• 0 00	
25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23) 25	• 50,188 00	• 17,719 00	• 3,500 00	
TAX COMPUTATION	26. Select tax table: (Select only one) 26			
	27. • <input type="checkbox"/> Low income table (\$0), See line 26 instructions			
	• <input type="checkbox"/> Standard deduction (See instructions)			
	• <input checked="" type="checkbox"/> Itemized deductions (Attach AR3) 27	• 12,223 00	• 4,294 00	
	28. NET TAXABLE INCOME: (Subtract line 27 from line 25) 28	• 37,965 00	• 13,425 00	
	29. TAX: (Enter tax from tax table) 29	1,186 00	192 00	
	30. Combined tax: (Add amounts from line 29, columns A and B) 30			1,378 00
	31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) 31			• 0 00
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (See Instructions) 32			• 0 00	
33. TOTAL TAX: (Add lines 30 through 32) 33			• 1,378 00	
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7C) 34			• 145 00
	35. Child care credit: (Attach AR2441) 35			• 0 00
	36. Other credits: (Attach AR1000TC) 36			• 0 00
	37. TOTAL CREDITS: (Add lines 34 through 36) 37			• 145 00
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) 38			• 1,233 00	
APPORTIONMENT	38A. Enter the amount from line 25, Column C: 38A			• 3,500 00
	38B. Enter the total amount from line 25, Columns A and B: 38B			• 67,907 00
	38C. Divide line 38A by 38B: (See instructions) 38C		0.051541	
	38D. APPORTIONED TAX LIABILITY: (Multiply line 38 by line 38C) 38D			• 64 00



P3

Primary SSN XXX-XX-XXXX

		PAYMENTS	
39.	Arkansa income tax withheld: (Attach copies of W-2, 1099R, W2-G, 1099-PT, and/or AR-K1)	39	• 32 00
40.	Estimated tax paid or credit brought forward from 2022:	40	• 00
41.	Payment made with extension: (See instructions)	41	• 00
42.	AMENDED RETURNS ONLY - Previous payments: (See instructions)	42	• 00
43.	Early childhood program: Certification number: _____ (Attach AR1000EC and AR2441)	43	• 00
44.	TOTAL PAYMENTS: (Add lines 39 through 43)	44	• 32 00
45.	AMENDED RETURNS ONLY - Previous refund: (See instructions)	45	• 0 00
46.	Adjusted total payments: (Subtract line 45 from line 44)	46	• 32 00

		REFUND OR TAX DUE	
47.	AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38D, enter difference)	47	• 0 00
48.	Amount to be applied to 2024 estimated tax:	48	• 00
49.	Amount of Check-Off contributions: (Attach Form AR1000CO)	49	• 00
50.	AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47)	REFUND 50	• 0 00
51.	AMOUNT DUE: (If line 46 is less than line 38D, enter difference; If over \$1000, continue to 52A)	TAX DUE 51	• 32 00
52A.	UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A	Penalty 52B	• 00
52C.	Add lines 51 and 52B: (See instructions)	TOTAL DUE 52C	• 32 00

		DIRECT DEPOSIT	
Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. • <input type="checkbox"/>			
Routing number 1	Account number 1 • <input type="checkbox"/> Checking or • <input type="checkbox"/> Savings	Direct deposit 1 amt.	
• XXXXXXXXXXXXXXXXXXXX	• X X X X X X X X X X X X X X X X X@	• 00	
Routing number 2	Account number 2 • <input type="checkbox"/> Checking or • <input type="checkbox"/> Savings	Direct deposit 2 amt.	
• XXXXXXXXXXXXXXXXXXXX	• X X X X X X X X X X X X X X X X X@	• 00	

PLEASE SIGN HERE			
PLEASE 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 taxpayer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Primary's signature	Date	Telephone	May the Arkansas Revenue Division discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Spouse's signature	Date	Telephone	
		918-864-6006	
		918-864-6007	

		PAID PREPARER	
Paid preparer's signature	PTIN/ID number	For Department Use Only	
	• XXXXXXXXXX	A •	
Preparer's name	Telephone		
Mohana Suggula	844-472-8382		
Address			
4010 Moorpark Ave 115			
City	State	ZIP	
San Jose	CA	95117	
E-mail			
mohanas@suggulatax.com			

PAY ONLINE:		Mail Return & Payment to:	
Please visit our secure website ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov . ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.		Refund: Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000	Tax Due/No Tax: Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144

ARKANSAS INDIVIDUAL INCOME TAX
ITEMIZED DEDUCTIONS

Primary's legal name James F & Rachael N Cavin		Primary's social security number XXX-XX-XXXX	
MEDICAL AND DENTAL EXPENSES: [Do not include expense(s) paid by others]. (See instructions)			
1. Medical and dental expenses:	1		00
2. Enter amount from Form AR1000F/AR1000NR, line 25A and 25B:	2		00
3. Multiply line 2 by 10% (.10), otherwise enter 0:	3		00
4. TOTAL MEDICAL EXPENSES: (Subtract line 3 from line 1; if more than line 1, enter 0)	4		00
TAXES: (See instructions)			
5. Real estate tax:	5	3,888	00
6. Personal property tax or other taxes: (List type and amount)	6		00
7. TOTAL TAXES: (Add lines 5 and 6)	7	3,888	00
INTEREST EXPENSES: (See instructions)			
8. Home mortgage interest paid to financial institutions:	8	12,629	00
9. Home mortgage interest paid to an individual: Name: _____ Address: _____	9		00
10. Deductible points:	10	0	00
11. Investment interest: (Attach federal Form 4952)	11		00
12. TOTAL INTEREST EXPENSE: (Add lines 8 through 11)	12	12,629	00
CONTRIBUTIONS: (See instructions)			
13. Cash contributions:	13		00
14. Art and literary contributions:	14		00
15. Other:	15		00
16. Carryover contributions: (List type and amount)	16		00
17. TOTAL CONTRIBUTIONS: (Add lines 13 through 16)	17		00
CASUALTY AND THEFT LOSSES: (See instructions)			
18. TOTAL CASUALTY AND THEFT LOSSES: (Attach Form AR4684)	18		00
POST-SECONDARY EDUCATION TUITION DEDUCTION(S): (See instructions)			
19. TOTAL POST-SECONDARY EDUCATION TUITION DEDUCTION(S): [Attach AR1075(s)]	19		00
MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% AGI LIMIT: (See instructions)			
20. Unreimbursed employee business expenses: (Attach Form AR2106)	20		00
21. Other expenses: (List type and amount)	21		00
22. Add the amounts on lines 20 and 21. Enter the total:	22		00
23. Enter amount from Form AR1000F/AR1000NR, line 25A and 25B:	23		00
24. Multiply line 23 above by 2% (.02):	24		00
25. TOTAL MISCELLANEOUS DEDUCTIONS: (Subtract line 24 from line 22; if line 24 is more than line 22, enter 0)	25		00
OTHER MISCELLANEOUS DEDUCTIONS: (See instructions)			
26. Volunteer firefighter expenses:	26		00
27. Gambling Losses:	27		00
28. Other miscellaneous deductions: (List type and amount)	28		00
29. TOTAL MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO THE 2% AGI LIMITATION: (Add lines 26 through 28)	29		00
TOTAL ITEMIZED DEDUCTIONS:			
30. Add amounts on lines 4, 7, 12, 17, 18, 19, 25, and 29 and enter the total here:	30	16,517	00
Complete lines 31 - 35 ONLY if Filing Status 4 or 5.			
		PRIMARY	SPOUSE'S
		Adjusted Gross Income	Adjusted Gross Income
31. Enter adjusted gross income from Form AR1000F/AR1000NR, line 25A and 25B:	31A	50,188	17,719
32. Total Arkansas adjusted gross income: (Add columns 31A and 31B from above)	32		67,907
33. Divide the amount on line 31A above by the amount on line 32. Enter the percentage here:	33		74
34. Multiply line 30 by the percentage on line 33. Enter here and on Form AR1000F/AR1000NR, line 27, col. (A):	34	(Primary)	12,223
35. Subtract line 34 from line 30. Enter here and on Form AR1000F/AR1000NR, line 27, column (B). If you and your spouse are using Filing Status 5, enter on line 27, col. (A) of your spouse's return:	35	(Spouse)	4,294

AR8453



2023

**ARKANSAS INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING**

Primary's Legal First Name and Middle Initial • James F		Last Name • Cavin		Primary's Social Security Number • XXX-XX-XXXX	
Spouse's Legal First Name and Middle Initial Rachael N		Last Name Cavin		Spouse's Social Security Number • XXX-XX-XXXX	
Mailing Address (Number and Street, P.O. Box or Rural Route) 33 Woodcreek Lane				Telephone • 918-864-6006	
City Pryor	State or Province OK	ZIP 74361	<input type="checkbox"/> Check if address is outside U.S. Foreign Country		

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

1. Total Income (Form AR1000F or AR1000NR, Line 23)	1	3,500	00
2. Net Tax (Form AR1000F or AR1000NR, Line 38)	2	1,233	00
3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39)	3	• 32	00
4. Refund (Form AR1000F or AR1000NR, Line 47)	4		00
5. Tax Due (Form AR1000F or AR1000NR, Line 51)	5	32	00

PART II - DECLARATION OF TAXPAYER

- 6a. ☐ I consent that my refund be direct deposited as designated in the electronic portion of my 2023 Arkansas 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. The refund will be direct deposited to the bank account(s) shown on page P3 of the Form AR1000F/AR1000NR.
- 6b. ☒ I do not want direct deposit of my refund or I am not receiving a refund.
- 6c. ☐ I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).
- 6d. ☐ I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2023 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

**Sign
Here**

Primary's Signature	Date	Spouse's Signature	Date
---------------------	------	--------------------	------

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

**ERO'S
Use
Only**

ERO's Signature	Date
Suggula and Associates LLC	
4010 Moorpark Ave 115 San Jose CA 95117	
Firm's name and address	

Check if paid preparer	<input checked="" type="checkbox"/>
------------------------	-------------------------------------

Check if self-employed	<input type="checkbox"/>
------------------------	--------------------------

XXXXXXXXXX
Your SSN or PTIN
81-0701612
FEIN

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

**Paid
Preparer's
Use Only**

Preparer's Signature	Date
Firm's name and address	

Check if self-employed	<input type="checkbox"/>
------------------------	--------------------------

Preparer's SSN or PTIN

FEIN

ARWK_A5

State / Local tax payments made after 12/31/2023 that
will be deductible on 2024 Federal Schedule A

2023

Name(s) as shown on return

James F & Rachael N Cavin

Your Social Security Number

XXX-XX-XXXX

A. 2023 Income taxes due that were paid after 12/31/2023

A1. 4th quarter estimate/extension (may be adj. by refund)
A2. Amount paid with return 32
A3. Total payments made in 2024 A. 32

B. Adjustments made to payments

B1. Interest & Penalty
B2. Contributions, Donations, Checkoffs
B3. Other Tax payments (Use Tax, property tax, tangible tax, etc)
B4. Total adjustments B.

C. Total tax payments potentially deductible in 2024 (Line A less line B) C. 32

Client Copy

ARKANSAS INCOME TAX DIAGNOSTIC SUMMARY

(Preparer's use only - do not file with return)

2023

Name(s) shown on return

James F & Rachael N Cavin

Taxpayer SSN

XXX-XX-XXXX

INCOME	AR1000/ AR1000NR Line #	TAXPAYER	SPOUSE	JOINT
Wages, salaries, tips, etc.	8	128,149	17,719	145,868
Gross Military Pay	9A			
Gross Military Pay	9B			
Reserved				
Interest	10			
Dividends	11			
Alimony & separate maintenance received	12			
Business/professional	13			
Capital gains and losses	14			
Other gains or losses	15			
IRA distributions and taxable annuities	16			
Gross employer sponsored pension plan	18	419		419
Taxable Employer sponsored pension plan	18	419		
Rents, royalties, etc.	19	(78,380)		(78,380)
Farm income	20			
Unemployment	21			
Other income/depreciation difference	22			
TOTAL INCOME	23	50,188	17,719	67,907
ADJUSTMENTS TO INCOME				
Reserved				
Reserved				
TOTAL ADJUSTMENTS	24			
ADJUSTED GROSS INCOME	26	50,188	17,719	67,907
TAX COMPUTATION				
Standard or itemized deductions	27	12,223	4,294	16,517
NET TAXABLE INCOME	28	37,965	13,425	51,390
TAX	29	1,186	192	1,816

☐ Table 1 - LOW INCOME TAX . . .

N/A

N/A

☒ Table 2 - REGULAR TAX

1,186

192

1,816

☒ Itemized ☐ Standard

SEPARATE COMBINED TAX TOTAL . . .

1,378

JOINT TAX TOTAL

1,816

FILING STATUS ON RETURN:

☐ Single

☐ Joint

☐ Head of Household

☒ Separate Combined

☐ Separate

☐ Qualified Widower

AR-COMP	Three-year State Tax Return Comparison			2023
Name(s) as shown on return James F & Rachael N Cavin			Taxpayer ID Number XXX-XX-XXXX	
[State] Income Tax Return	2021	2022	2023	Difference 2022-2023
Filing Status			MFSC	
Gross Income			3,500	3,500
Additions				
Subtractions				
Exemptions			145	145
Standard Deduction				
Itemized Deduction			16,517	16,517
Deductions				
Taxable Income			51,390	51,390
Actual State Income			2,649	2,649
State Income Tax			64	64
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld			32	32
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund				
Balance Due			32	32
Marginal tax rate			3.000000	3.000000
Effective tax rate			0.120000	0.120000



Oklahoma Individual Income Tax Declaration for Electronic Filing

NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511-NR.

See instructions on Page 2 to determine if you are required to send Form 511-EF to the OTC.

2023
Form 511-EF

Your first name and middle initial	Last name
JAMES F CAVIN	
If a joint return, spouse's first name and middle initial	Last name
RACHAEL N CAVIN	
Mailing address (number and street, including apartment number, rural route or PO Box)	
33 WOODCREEK LANE	
City, State, ZIP	
PRYOR OK 74361	

Your social security number:	XXX-XX-XXXX
Spouse's social security number:	XXX-XX-XXXX

Filing status: 2

Total number of exemptions: 0 5

PART ONE - TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

1	Oklahoma Adjusted Gross Income (511, Line 7) or Adjusted Gross Income: All Sources (511-NR, Line 8)	1	67488	00
2	Oklahoma Income Tax and Use Tax (511, Line 20 or 511-NR, Line 24)	2	1870	00
3	Oklahoma Income Tax Payments and Credits (511, Line 32 or 511-NR, Line 33)	3	169	00
4	Refund (511, Line 37 or 511-NR, Line 38)	4		00
5	Balance Due (511, Line 41 or 511-NR, Line 42)	5	2236	00

For a balance due return with an electronic payment, complete line 6b below. The due date for an electronic payment is April 20th. For a balance due return with a non-electronic payment, enclose a payment with the 511-V and submit on or before the due date of April 15th. If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely. If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.

PART TWO - DECLARATION OF TAXPAYER

6a ☐ I consent that my refund be directly deposited as designated in the electronic portion of my 2023 Oklahoma 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 authorize the Oklahoma State Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Oklahoma taxes owed on this return and/or a payment of estimated tax. 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 Oklahoma Tax Commission (OTC) does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare I have compared the information contained on my return, with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part One above, agree with the amounts shown on the corresponding lines of my 2023 Oklahoma income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be sent to the OTC by my ERO.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the Oklahoma Tax Commission of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign
Here:

Your Signature	Date	Spouse's Signature (If joint return, both must sign)	Date
----------------	------	--	------

PART THREE - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare I have reviewed the above taxpayer's return and the entries on Form 511-EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form 511-EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form 511-EF and I have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023). If I am also a Paid Preparer, under penalties of perjury I declare I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO Use
Only

ERO or Paid Preparer's Signature	06-19-2025	XXXXXXXXXX
	Date	PTIN

Paid Preparer
Use Only

MOHANA SUGGULA	06-19-2025	XXXXXXXXXX
Paid Preparer Signature	Date	PTIN

Firm name (or yours if self-employed): SUGGULA AND ASSOCIATES LLC

Address and ZIP: 4010 MOORPARK AVE 115 SAN JOSE CA 95117

Phone number: 844-472-8382

Oklahoma Resident Income Tax Return

Form 511
2023



Your Social Security Number

XXX-XX-XXXX

Place an 'X' in this box if this taxpayer is deceased →

Spouse's Social Security Number
(joint return only)

XXX-XX-XXXX

Place an 'X' in this box if this taxpayer is deceased →

AMENDED RETURN!

Place an 'X' in this box if this is an amended 511. See Schedule 511-I. →

Name and Address - Please Print or Type

Your First Name		Middle Initial	Last Name	If a Joint Return, Spouse's First Name		Middle Initial	Last Name
JAMES		F	CAVIN	RACHAEL		N	CAVIN
Mailing Address (Number and street, including apartment number, rural route or PO Box)				City	State	ZIP or Postal Code	Country
33 WOODCREEK LANE				PRYOR	OK	74361	

Filing Status	1	<input type="checkbox"/>	Single			
	2	<input checked="" type="checkbox"/>	Married filing joint return (even if only one had income)			
	3	<input type="checkbox"/>	Married filing separate (If spouse is also filing, list name and SSN in the boxes)			
	<table border="1"> <tr> <th>Name</th> <th>SSN</th> </tr> <tr> <td></td> <td></td> </tr> </table>		Name	SSN		
	Name	SSN				
4	<input type="checkbox"/>	Head of household with qualifying person				
5	<input type="checkbox"/>	Qualifying widow(er) with dependent child				
• Please list the year spouse died in box at right:						

* Note: If claiming Special Exemption, see instructions on page 9 of 511 Packet.

Exemptions	Regular		* Special		Blind		
	Yourself	1	+		+		= 1 (a)
	Spouse	1	+		+		= 1 (b)
	Number of dependents						= 03 (c)
	Add the Totals from boxes (a), (b) & (c). Enter the TOTAL here:						= 05
Note: If you may be claimed as a dependent on another return, enter "0" in the Total box for your regular exemption.							

Age 65 or Older? (Please see instructions) ☐ Yourself ☐ Spouse

Dependents - If more than four dependents, see instructions and place an 'X' here: ☐

1. First Name	2. Last Name	3. Social Security Number	4. Date of Birth	5. Relationship to You
SAMANTHA	CAVIN	XXXXXXXXXX	09/15/2004	DAUGHTER
ALEXIS	CAVIN	XXXXXXXXXX	02/12/2006	DAUGHTER
JULIANNE	CAVIN	XXXXXXXXXX	11/10/2009	DAUGHTER

PART ONE: TO ARRIVE AT OKLAHOMA ADJUSTED GROSS INCOME

Round to Nearest Whole Dollar

1	Federal adjusted gross income (from Federal 1040 or 1040-SR)	1	67907	00
2	Oklahoma Subtractions (provide Schedule 511-A)	2	419	00
3	Line 1 minus line 2	3	67488	00
4	Out-of-state income, except wages. Describe: (Provide Federal schedule with detailed description; see instructions)	4		00
5	Line 3 minus line 4	5	67488	00
6	Oklahoma Additions (provide Schedule 511-B)	6		00
7	Oklahoma adjusted gross income (line 5 plus line 6) (If line 7 is different than line 1, provide a copy of your Federal return.)	7	67488	00

PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS

8	Oklahoma Adjustments (provide Schedule 511-C)	8		00
9	Oklahoma income after adjustments (line 7 minus line 8)	9	67488	00



Name(s) Shown
on Form 511: JAMES F & RACHAEL N CAVIN

Your Social
Security Number: XXX-XX-XXXX

PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS continued

STOP AND READ: If line 4 on page 1 is zero, complete lines 10-11. If line 4 is more than zero, see Schedule 511-E and do not complete lines 10-11.

10	Oklahoma itemized deductions (from Schedule 511-D, line 11) or Oklahoma standard deduction (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350)	10	12700	00
11	Exemptions: Enter the total number of exemptions claimed on page 1 5 X \$1,000	11	5000	00
12	Total deductions and exemptions (add lines 10 and 11 or amount from Sch. 511-E, line 5)	12	17700	00
13	Oklahoma Taxable Income (line 9 minus line 12)	13	49788	00
14	(a) Oklahoma Income Tax from Tax Table (see pages 27-38 of instructions) or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 14 14a 2009 00			
	(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 14. If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "3" in box on line 14. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "4" in the box on line 14 14b 00			
	Oklahoma Income Tax (line 14a plus line 14b)	14	2009	00

STOP AND READ: If line 7 is equal to or larger than line 1, complete line 15. If line 7 is smaller than line 1, complete Schedules 511-F and 511-G.

15	Oklahoma child care/child tax credit (see instructions)	15	75	00
16	Credit for taxes paid to another state (provide Form 511TX)	16	64	00
17	Form 511CR - Other Credits Form. List 511CR line number claimed here:	17		00
18	Income Tax (line 14 minus lines 15-17) Do not enter less than zero DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 41.	18	1870	00

PART THREE: TAX, CREDITS AND PAYMENTS

19	Use tax due on Internet, mail order, or other out-of-state purchases (For use tax table, see page 14 of the Packet) If you certify that no use tax is due, place an 'X' here: X	19		00
20	Balance (add lines 18 and 19)	20	1870	00
21	Oklahoma withholding (provide all W-2s, 1099s or other withholding statements)	21	169	00
22	2023 estimated tax payments . . . (qualified farmer)	22		00
23	2023 payment with extension	23		00
24	Low Income Property Tax Credit (provide Form 538-H)	24		00
25	Sales Tax Relief Credit (provide Form 538-S)	25		00
26	Natural Disaster Tax Credit (provide Form 576)	26		00
27	Credit from Form 578	27		00
28	Oklahoma earned income credit (see instructions)	28		00
29	Amount paid with original return plus additional paid after it was filed (amended return only)	29		00

Name(s) shown
on Form 511: JAMES F & RACHAEL N CAVINYour Social
Security Number: XXX-XX-XXXX**PART THREE: TAX, CREDITS AND PAYMENTS continued**

30	Payments and credits (add lines 21-29 from page 2)	30	169	00
31	Overpayment, if any, as shown on original return and/or prior amended return(s) or as previously adjusted by Oklahoma (amended return only)	31		00
32	Total payments and credits (line 30 minus 31)	32	169	00

PART FOUR: REFUND

33	If line 32 is more than line 20, subtract line 20 from line 32. This is your overpayment	33		00
34	Amount of line 33 to be applied to 2024 estimated tax (original return only) (For further information regarding estimated tax, see pg. 5 of the 511 Packet.)	34		00

Schedule 511-H provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Please place the line number of the organization from Schedule 511-H in the box below. If you give to more than one organization, put a "99" in the box. Provide Schedule 511-H

35	Donations from your refund (total from Schedule 511-H)	35		00
36	Total deductions from refund (add lines 34 and 35)	36		00
37	Amount to be refunded to you (line 33 minus line 36)	37		00

Refund Note: For Direct Deposit, verify your account and routing numbers are correct. If your direct deposit fails to process, you will receive a debit card. You can also choose to receive either a debit card or a paper check by placing an 'X' in the appropriate box below. **Note:** A minimum refund of \$10.00 is required to receive a paper check. If you request a paper check for an amount less than \$10.00, a debit card will be issued. If no options are selected, you will receive a debit card. See the 511 Packet for direct deposit, debit card and paper check information. Due to electronic banking rules, the OTC will not allow direct deposits to or through foreign financial institutions. If you use a foreign financial institution you will be issued a paper check.

Send my refund as a:

☐ Debit Card
☐ Paper Check

Is this refund going to or through an account that is located outside of the United States? ☐ Yes ☐ No**Direct Deposit my refund in my:**

☐ Checking Account Routing Number:
☐ Savings Account Account Number:

PART FIVE: AMOUNT YOU OWE

38	If line 20 is more than line 32, subtract line 32 from line 20. This is your tax due	38	1701	00
39	Underpayment of estimated tax interest (annualized installment method (If you have an underpayment of estimated tax (line 39) & overpayment (line 33), see instructions.)	39	152	00
40	For delinquent payment add penalty of 5% \$ 85 plus interest of 1.25% per month \$ 298	40	383	00
41	Total tax, penalty and interest (add lines 38-40)	41	2236	00

Under penalty of perjury, I declare the information contained in this document, and all attachments and schedules, is true and correct to the best of my knowledge and belief.

Place an 'X' in this box if the Oklahoma Tax Commission may discuss this return with your tax preparer ☐

Taxpayer's Signature	Date
	06-19-2025
Taxpayer's Occupation	SECURITY IT DIRECT
Daytime Phone (optional)	918-864-6006

Spouse's Signature	Date
	06-19-2025
Spouse's Occupation	ECHO CARDIOLOGIST
Daytime Phone (optional)	

Paid Preparer's Signature	Date
	06-19-2025
Paid Preparer's Address and Phone Number	844-472-8382 4010 MOORPARK AVE 115 SAN JOSE CA 95117
Paid Preparer's PTIN	XXXXXXXXXX

Do not staple documentation to this form. To attach items, please use a paper clip.

Mailing Address for this form: PO Box 26800, Oklahoma City, OK 73126-0800

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

Note: Provide this page ONLY if you have an amount shown on a schedule.Name(s) Shown
on Form 511: JAMES F & RACHAEL N CAVINYour Social
Security Number: XXX-XX-XXXX**Schedule 511-A: Oklahoma Subtractions** See instructions on pages 16-19.

1	Interest on U.S. government obligations	1		00
2	Social Security benefits taxed on your Federal Form 1040 or 1040-SR	2		00
3	Federal civil service retirement in lieu of social security	3		00
	Retirement Claim Number: Taxpayer <input type="text"/> Spouse <input type="text"/>			
4	Military Retirement	4		00
5	Oklahoma government or Federal civil service retirement (see instructions for limitation)	5		00
6	Other retirement income (see instructions for limitation)	6	419	00
7	U.S. Railroad Retirement Board benefits	7		00
8	Oklahoma depletion	8		00
9	Oklahoma net operating loss (provide schedules) Loss Year(s) <input type="text"/>	9		00
10	Exempt tribal income (see instructions for qualifications)	10		00
11	Gains from the sale of exempt government obligations	11		00
12	Oklahoma Capital Gain Deduction (provide Form 561)	12		00
13	Income Tax Refund (Federal Form 1040 or 1040-SR, Schedule 1, line 1)	13		00
14	Oklahoma income distributed by an electing PTE	14		00
15	Miscellaneous: Other subtractions (enter number in box for type of deduction) <input type="text"/>	15		00
16	Total subtractions (add lines 1-15, enter total here and on line 2 of Form 511)	16	419	00

Schedule 511-B: Oklahoma Additions See instructions on pages 20-21.

1	State and municipal bond interest	1		00
2	Out-of-state losses (describe _____) Enter as a positive number	2		00
3	Lump sum distributions (not included in your Federal Adjusted Gross Income)	3		00
4	Federal net operating loss - Enter as a positive number	4		00
5	Recapture of depletion claimed on a lease bonus or add back of excess Federal depletion	5		00
6	Recapture of Contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s)	6		00
7	Oklahoma loss distributed by an electing PTE	7		00
8	Miscellaneous: Other additions (enter number in box for type of addition) <input type="text"/>	8		00
9	Total additions (add lines 1-8, enter total here and on line 6 of Form 511)	9		00

Note: Provide this page ONLY if you have an amount shown on a schedule.Name(s) Shown
on Form 511: JAMES F & RACHAEL N CAVINYour Social
Security Number: XXX-XX-XXXX**Schedule 511-E: Deductions and Exemptions** See instructions on page 24.

Use this schedule if you have income from out-of-state (Form 511, line 4). Your exemptions and deductions must be prorated on the ratio of Oklahoma Adjusted Gross Income to Federal Adjusted Gross Income reduced by allowable adjustments except out-of-state income. If you claimed itemized deductions on your federal return, complete Schedule 511-D before completing this schedule.

1	Oklahoma itemized deductions (Schedule 511-D, line 11) or Oklahoma standard deduction	1		00
2	Exemptions (\$1,000 x number of exemptions claimed at top of Form 511)	2		00
3	Total (add lines 1 and 2)	3		00
4	Divide the amount on line 7 of Form 511 by the amount on line 3 of Form 511 <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 150px; height: 25px; margin-right: 10px;"></div> <div style="font-size: 24px; margin: 0 10px;">÷</div> <div style="border: 1px solid black; width: 150px; height: 25px; margin-left: 10px;"></div> </div> Enter the percentage from the above calculation here (do not enter more than 100%)	4		%
5	Total allowable deductions and exemptions. Multiply line 3 by percentage on line 4, enter total here and on line 12 of Form 511. (Leave lines 10 - 11 of Form 511 blank.)	5		00

Schedule 511-F: Child Care/Child Tax Credit See instructions on page 25.

If your Federal Adjusted Gross Income is \$100,000 or less and you are allowed either a credit for child care expenses or the child tax credit on your Federal return, you are allowed a credit against your Oklahoma tax. Your Oklahoma credit is the **greater** of:

- 20% of the credit for child care expenses allowed by the IRS Code.

or

- 5% of the child tax credit allowed by the IRS Code.

This includes both the nonrefundable child tax credit and the refundable additional child tax credit.

The credit must be prorated based on the ratio of Oklahoma Adjusted Gross Income to Federal Adjusted Gross Income.

If your Federal Adjusted Gross Income is greater than \$100,000, no credit is allowed.

Provide a copy of your Federal return and, if applicable, the Federal child care credit schedule.

1	Enter your Federal child <u>care</u> credit	1		00
2	Multiply line 1 by 20%	2		00
3	Enter your Federal child <u>tax</u> credit (total of child tax credit & additional child tax credit)	3	1496	00
4	Multiply line 3 by 5%	4	75	00
5	Enter the larger of line 2 or line 4	5	75	00
6	Divide the amount on line 7 of Form 511 by the amount on line 1 of Form 511 <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 150px; height: 25px; margin-right: 10px; text-align: center;">67488</div> <div style="font-size: 24px; margin: 0 10px;">÷</div> <div style="border: 1px solid black; width: 150px; height: 25px; margin-left: 10px; text-align: center;">67907</div> </div> Enter the percentage from the above calculation here (do not enter more than 100%)	6	99.38	%
7	Multiply line 5 by line 6. This is your Oklahoma child care/child tax credit. Enter total here and on line 15 of Form 511	7	75	00



State Of Oklahoma

FORM

511-TX

2
0
2
3

Credit for Tax Paid to Another State

Name(s) - as shown on Form 511 or Form 511-NR	Social Security Number(s)
JAMES F & RACHAEL N CAVIN	XXX-XX-XXXX

If taxes were paid to more than one state, a separate 511-TX must be provided for each state and a complete copy of the other state's return, including W-2s, must be provided.

Who Qualifies?

A resident taxpayer who receives income for personal services performed in another state must report the full amount of such income on the Oklahoma return (Form 511). If another state taxes this income, the resident may qualify for this credit.

A part-year resident who receives income from personal services performed in another state while an Oklahoma resident must report the full amount of such income in the "Oklahoma Amount" column of Form 511-NR. If another state taxes this income, the part-year resident may qualify for this credit.

Who does not Qualify?

A nonresident taxpayer does not qualify for this credit.

A taxpayer who has claimed credit for taxes paid to another state on the other state's income tax return does not qualify to claim this credit based on the same income.

1	Income for personal services taxed by both the other state and also Oklahoma (See instructions on Page 2)	1	3500		
2	Oklahoma Adjusted Gross Income (Form 511, line 7 or Form 511-NR, line 6)	2	67488		
3	Percentage Limitation (divide line 1 by line 2) (cannot exceed 100%)	3	5.19	%	
4	Oklahoma Income Tax (Form 511, line 14 or Form 511-NR, line 19) (not amount withheld)	4	2009		
5	Limitation Amount (multiply line 4 by line 3)	5	104		
6	Income Tax paid to <u>AR</u> (Include only the amount of the tax paid to another state that is attributable to the income from personal services reported on line 1. See example. Do not use the withholding shown on your W-2 forms.)	6	64		
7	Other state tax credit: enter the lesser of line 5 or line 6 here and on Form 511, line 16 or Form 511-NR, line 20	7	64		

Provide a complete copy of:

- The other state's return, including W-2s, or
- Form W-2G if the taxing state (e.g. Mississippi) does not allow a return to be filed for gambling winnings.



State of Oklahoma Underpayment of Estimated Tax Worksheet

Name as shown on return	SSN or FEIN
JAMES F & RACHAEL N CAVIN	XXX-XX-XXXX

FORM **OW-8-P** 2023

Section One: Annualized Method

☐ Check the box to the left if you are using the **annualized income installment method**. If your income varied during the year because, for example, you operated your business on a seasonal basis, you may be able to lower or eliminate the amount of one or more required installments by using the annualized income installment method. If you checked the box, you must complete and **provide** with your return this form and Form OW-8-P-SUP-I for individuals or OW-8-P-SUP-C for corporations and trusts. These forms can be obtained from our website at tax.ok.gov.

Section Two: Worksheet

Part 1: Required Annual Payment

1. Income tax shown on your current year's tax return	1	2009	
2. Oklahoma credits (refundable and nonrefundable)	2	139	
3. Oklahoma tax liability. Subtract line 2 from line 1	3	1870	
If less than \$1,000, stop here; you do not owe the interest.			
4. Multiply line 3 by 70% (0.70)	4		1309
5. Withholding taxes	5	169	
Do not include any estimated tax payments on this line.			
6. Subtract line 5 from line 3	6	1701	
If less than \$500, stop here; you do not owe the interest.			
7. Tax liability shown on your previous year's tax return	7		2190
Previous year's return must be for 12 months. If you were not required to file an income tax return for the previous tax year, stop here; you do not owe the interest.			
8. Required annual payment. Enter the smaller of line 4 or line 7	8		1309
Note: If line 5 is equal to or more than line 8, stop here; you do not owe the interest.			

Part 2: Figure Your Underpayment

	Column A April 15th First Quarter	Column B June 15th Second Quarter	Column C Sept. 15th Third Quarter	Column D Jan. 15th Fourth Quarter
9. Required annual payment	327	327	327	328
Enter 1/4 of line 8 in each column unless you have checked the box in Section 1. If checked, enter the amounts from Form OW-8-P-SUP-I or OW-8-P-SUP-C.				
10. a. Tax withheld (see instructions)	42	42	42	43
b. Estimated tax paid (see instructions)				
c. Add lines 10a and 10b	42	42	42	43
If line 10c is equal to or more than line 9 for all payment periods stop here; you do not owe the interest.				
Complete lines 11 - 17 of one column before continuing...				
11. Enter amount, if any, from line 17 of previous column				
12. Add lines 10c and 11		42	42	43
13. Add amounts on lines 15 and 16 of the previous column		285	570	855
14. For Column A only, enter the amount from line 10c	42			
For Columns B, C and D, subtract line 13 from line 12. If zero or less, enter "0".				
15. If the amount on line 14 is zero, subtract line 12 from line 13. Otherwise, enter "0"		243	528	
16. Underpayment. If line 9 is equal to or more than line 14, subtract line 14 from 9. Then go to line 11 of next column	285	327	327	328
17. Overpayment. If line 14 is equal to or more than line 9, subtract line 9 from 14. Then go to line 11 of next column				
Complete lines 18 and 19 after completion of Part 3...				
18. Interest due for each quarter (from Part 3)	57	48	33	14
19. Total Interest. Add line 18, Columns A, B, C and D				152

Line 10: You are considered to have paid one-fourth of your withholding on each payment due date unless you can show otherwise. Estimated tax must be entered in the quarter in which it was paid (ie. Column A, payments made by 4/15; Column B, payments made 4/16 through 6/15; Column C, payments made 6/16 through 9/15; and Column D, payments made 9/16 through 1/15 of the following year). Payments made after the due date of the fourth quarter estimate shall not be included on this line as an estimated tax payment, but shall be used in the underpayment worksheet as a prepayment of tax (see instructions for Part 3). Include in the first quarter any overpayment of tax from your previous tax year's return that you elected to apply to this year's estimated tax.

Line 19: Enter total interest here and on your income tax return.



Name as shown on return JAMES F & RACHAEL N CAVIN	SSN or FEIN XXX-XX-XXXX
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Part 3: Computation of Interest	Column A	Column B	Column C	Column D	Column E
	Date of Payment	Amount of Payment	Balance Due After Payment	Number of Days	Interest
Complete each quarter before going to the next quarter.					
First Quarter • Due Date 4/15					
Enter required payment from Part 2, line 9, Column A.			327		
Enter any withholding.	4/15	42	285		
Enter amount to apply from previous year, if any.	4/15		285		
Enter any estimated tax payment.	4/15		285	366	57
Enter tax payment made after 4/15.	04-15	285			
Enter tax payment made after 4/15.					
Total interest due for first quarter.					57

Second Quarter • Due Date 6/15					
Enter required payment from Part 2, line 9, Column B.			327		
Enter any withholding not used in prior quarter.	6/15	42	285		
Enter any estimated tax not used in prior quarter.	6/15		285	305	48
Enter tax payment made after 6/15.	04-15	285			
Enter tax payment made after 6/15.					
Total interest due for second quarter.					48

Third Quarter • Due Date 9/15					
Enter required payment from Part 2, line 9, Column C.			327		
Enter any withholding not used in prior quarters.	9/15	42	285		
Enter any estimated tax not used in prior quarters.	9/15		285	213	33
Enter tax payment made after 9/15.	04-15	285			
Enter tax payment made after 9/15.					
Total interest due for third quarter.					33

Fourth Quarter • Due Date 1/15					
Enter required payment from Part 2, line 9, Column D.			328		
Enter any withholding not used in prior quarter.	1/15	43	285		
Enter any estimated tax not used in prior quarter.	1/15		285	91	14
Enter tax payment made after 1/15.	04-15	285			
Enter tax payment made after 1/15.					
Total interest due for fourth quarter.					14

Instructions to Part 3

In the first line of each quarter, Part 3, Column C, enter the required payment from Part 2, line 9. Then complete each line across before proceeding to the next line. Column C in each quarter must be brought to zero, unless all payments have already been applied, before proceeding to the next quarter.

Column A- Enter the date the estimated tax payment(s) was actually paid. Estimated tax payments and withholding payments that are paid on or before the quarterly due date are considered timely paid; therefore, the date is preprinted on the form. If the preprinted date falls on a weekend or holiday, adjust the date to the next business day. Any balance due, paid with your tax return, is considered a payment for this purpose and should be listed using the date you filed your return or the original due date, whichever is earlier.

Column B- Enter payments according to the date paid or deemed paid, the earliest date of payment being applied first. Only use the portion of a payment necessary to bring the balance due to zero.

Withholding payments are deemed paid on the quarterly due date(s). Enter on the withholding line tax(es) withheld, on or before the quarterly due date, that have not been applied to a previous quarter.

Enter on the estimated tax line estimated tax payments paid on or before the quarterly due date that have not been applied to a previous quarter.

Enter on the tax payment line(s) any payment made after the quarterly due date. If more lines are needed for tax payments, list each payment separately on an attached schedule using Columns A through E.

Column C- Compute the balance due after each payment. If there are no payments entered on the withholding and estimated tax lines, bring the required payment down to the estimated tax line in Column C and complete Columns D and E.

Column D- Column C balance, for each line, is considered past due until the next payment is made. Compute the number of days past due from the date of this payment until the date of the next payment or the original due date if no payment is made.

Column E- Column C x Number of days in Column D x 20%
divided by 365

State of Oklahoma

2023 Individual W-2 Data Sheet



This form must be attached as a schedule to the return without cutting into separate W-2s. It should be attached as the last page of the return. If you have more than 3 W-2s, please use as many copies of this form as needed to include all W-2s.

FORM **511-W**

NOTE: Only send Form 511-W with your return. DO NOT send your W-2s. Original W-2s must be kept with the taxpayer's copy of return.

W-2 Data First Employer

A) Employee's social security number XXX-XX-XXXX		For State, City, or Local Tax Department		1) Wages, tips, and other income 19803		2) Federal income tax withheld 1406	
C) Employer's name, address, and ZIP DFASIN 8899 E. 56TH STREET INDIANAPOLIS IN 46249		B) Employer ID number XXXXXXXXXX		3) Social security wages 20845		4) Social security tax withheld 1292	
		D) Control number		5) Medicare wages and tips 20845		6) Medicare tax withheld 302	
		7) Social security tips		8) Allocated tips		9)	
E) Employee's first, initial, and last name JAMES F CAVIN 33 WOODCREEK LANE PRYOR OK 74361		10) Dependent care benefits		11) Nonqualified plans		13) Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> 3rd party sick pay <input type="checkbox"/>	
		12a) Code - See instructions for box 12 D 1042		12b) Code		14) Other	
		12c) Code		12d) Code			
F) Employee's address and ZIP		15) State Employer's state ID no. OK WTH1008390902		16) State wages, tips, etc. 19803		17) State income tax	
				18) Local wages, tips, etc.		19) Local income tax	
						20) Locality name	

W-2 Data Second Employer

A) Employee's social security number XXX-XX-XXXX		For State, City, or Local Tax Department		1) Wages, tips, and other income 14219		2) Federal income tax withheld 1044	
C) Employer's name, address, and ZIP MOHAMED A MAHAYNI MD INC 3701 W BROADWAY ST MUSKOGEE OK 74401		B) Employer ID number XXXXXXXXXX		3) Social security wages 14219		4) Social security tax withheld 882	
		D) Control number		5) Medicare wages and tips 14219		6) Medicare tax withheld 206	
		7) Social security tips		8) Allocated tips		9)	
E) Employee's first, initial, and last name RACHAEL N CAVIN 33 WOODCREEK LANE PRYOR OK 74361		10) Dependent care benefits		11) Nonqualified plans		13) Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> 3rd party sick pay <input type="checkbox"/>	
		12a) Code - See instructions for box 12		12b) Code		14) Other	
		12c) Code		12d) Code			
F) Employee's address and ZIP		15) State Employer's state ID no. OK WTH10074896-05		16) State wages, tips, etc. 14219		17) State income tax 149	
				18) Local wages, tips, etc.		19) Local income tax	
						20) Locality name	

W-2 Data Third Employer

A) Employee's social security number XXX-XX-XXXX		For State, City, or Local Tax Department		1) Wages, tips, and other income 108346		2) Federal income tax withheld 9770	
C) Employer's name, address, and ZIP AMERIINFOVETS INC 33 WOODCREEK LANE PRYOR OK 74361		B) Employer ID number XXXXXXXXXX		3) Social security wages 120385		4) Social security tax withheld 7464	
		D) Control number		5) Medicare wages and tips 120385		6) Medicare tax withheld 1746	
		7) Social security tips		8) Allocated tips		9)	
E) Employee's first, initial, and last name JAMES F CAVIN 33 WOODCREEK LANE PRYOR OK 74361		10) Dependent care benefits		11) Nonqualified plans		13) Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> 3rd party sick pay <input type="checkbox"/>	
		12a) Code - See instructions for box 12 D 12039		12b) Code		14) Other	
		12c) Code		12d) Code			
F) Employee's address and ZIP		15) State Employer's state ID no. TX 82092834		16) State wages, tips, etc. 108346		17) State income tax	
				18) Local wages, tips, etc.		19) Local income tax	
						20) Locality name	

State of Oklahoma

2023 Individual W-2 Data Sheet



This form must be attached as a schedule to the return without cutting into separate W-2s. It should be attached as the last page of the return. If you have more than 3 W-2s, please use as many copies of this form as needed to include all W-2s.

FORM **511-W**

NOTE: Only send Form 511-W with your return. DO NOT send your W-2s. Original W-2s must be kept with the taxpayer's copy of return.

W-2 Data First Employer

A) Employee's social security number XXX-XX-XXXX		For State, City, or Local Tax Department		1) Wages, tips, and other income 3500		2) Federal income tax withheld	
C) Employer's name, address, and ZIP 1511 SILOAM SPRINGS REGIO 603 N PROGRESS SILOAM SPRINGS AR 72761		B) Employer ID number XXXXXXXXXX		3) Social security wages 3640		4) Social security tax withheld 226	
		D) Control number		5) Medicare wages and tips 3640		6) Medicare tax withheld 53	
		7) Social security tips		8) Allocated tips		9)	
E) Employee's first, initial, and last name RACHAEL N CAVIN 33 WOODCREEK LANE PRYOR OK 74361		10) Dependent care benefits		11) Nonqualified plans		13) Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> 3rd party sick pay <input type="checkbox"/>	
		12a) Code - See instructions for box 12 D 139		12b) Code		14) Other	
		12c) Code		12d) Code			
F) Employee's address and ZIP							
15) State AR	Employer's state ID no. 12353265-WHW	16) State wages, tips, etc. 3500	17) State income tax 32	18) Local wages, tips, etc.	19) Local income tax	20) Locality name	

W-2 Data Second Employer

A) Employee's social security number		For State, City, or Local Tax Department		1) Wages, tips, and other income		2) Federal income tax withheld	
C) Employer's name, address, and ZIP		B) Employer ID number		3) Social security wages		4) Social security tax withheld	
		D) Control number		5) Medicare wages and tips		6) Medicare tax withheld	
		7) Social security tips		8) Allocated tips		9)	
E) Employee's first, initial, and last name		10) Dependent care benefits		11) Nonqualified plans		13) Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> 3rd party sick pay <input type="checkbox"/>	
		12a) Code - See instructions for box 12		12b) Code		14) Other	
		12c) Code		12d) Code			
F) Employee's address and ZIP							
15) State	Employer's state ID no.	16) State wages, tips, etc.	17) State income tax	18) Local wages, tips, etc.	19) Local income tax	20) Locality name	

W-2 Data Third Employer

A) Employee's social security number		For State, City, or Local Tax Department		1) Wages, tips, and other income		2) Federal income tax withheld	
C) Employer's name, address, and ZIP		B) Employer ID number		3) Social security wages		4) Social security tax withheld	
		D) Control number		5) Medicare wages and tips		6) Medicare tax withheld	
		7) Social security tips		8) Allocated tips		9)	
E) Employee's first, initial, and last name		10) Dependent care benefits		11) Nonqualified plans		13) Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> 3rd party sick pay <input type="checkbox"/>	
		12a) Code - See instructions for box 12		12b) Code		14) Other	
		12c) Code		12d) Code			
F) Employee's address and ZIP							
15) State	Employer's state ID no.	16) State wages, tips, etc.	17) State income tax	18) Local wages, tips, etc.	19) Local income tax	20) Locality name	

OK RETIRE Worksheet
Schedule 511-A Line 6 / Schedule 511NR-B Line 6

2023

Name

James F & Rachael N Cavin

XXX-XX-XXXX

Other Retirement Income

Each individual may exclude their retirement benefits, up to \$10,000, but not to exceed the amount included in the Federal Adjusted Gross Income. For any individual who claims the exclusions for government retirees on Schedule 511-A, line 5, the amount of the exclusion on this line cannot exceed \$10,000 minus the amounts already claimed on Schedule 511-A, line 5 (if less than zero, enter zero),

The retirement benefits must be received from the following and satisfy the requirements of the Internal Revenue Code (IRC): and employee pension benefit plan under IRC section 401, an eligible deferred compensation plan under IRC section 457, an individual retirement account, annuity or trust or simplified employee pension under IRC section 403 (a) or (b), United States Retirement Bonds under IRC section 86, or lump-sum distributions from a retirement plan under IRC section 402(e). Enclose a copy of Form 1099-R or other documentation.

TAXPAYER

STEP 1. Sum of Taxpayer's taxable distributions (1099-R box 2)	419
STEP 2. Maximum exclusion (\$10,000)	10,000
STEP 3. GOVERNMENT Wrksht Step 3	
STEP 4. Subtract STEP 3 from STEP 2 (not less than zero)	10,000
STEP 5. Enter the SMALLER of STEP 1 or STEP 4	419

SPOUSE

STEP 6. Sum of Spouse's taxable distributions (1099-R box 2)	
STEP 7. Maximum exclusion (\$10,000)	
STEP 8. GOVERNMENT Wrksht Step 6	
STEP 9. Subtract STEP 8 from STEP 7 (not less than zero)	
STEP 10. Enter the SMALLER of STEP 6 or STEP 9	

STEP 11. Add STEP 5 and STEP 10. Enter here and on Line 6, Schedule 511-A or Schedule 511NR-B Column A	419
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PART-YEAR RESIDENT ONLY

TAXPAYER

STEP 12. Sum of OK-Sourced taxable distributions	
STEP 13. Maximum exclusion (\$10,000)	
STEP 14. GOVERNMENT Wrksht Step 10	
STEP 15. Subtract STEP 14 from STEP 13 (not less than zero)	
STEP 16. Enter the SMALLER of STEP 12 or STEP 15	

SPOUSE

STEP 17. Sum of OK-Sourced taxable distributions	
STEP 18. Maximum exclusion (\$10,000)	
STEP 19. GOVERNMENT Wrksht Step 13	
STEP 20. Subtract STEP 19 from STEP 18 (not less than zero)	
STEP 21. Enter the SMALLER of STEP 17 or STEP 20	

STEP 22. Add STEP 16 and STEP 21. Enter here and on Line 6, Schedule 511NR-B Column B	
--	--

Oklahoma

INCOME TAX PAID TO ANOTHER STATE WORKSHEET

2023

Name

JAMES F & RACHAEL N CAVIN

SSN or FEIN

XXX-XX-XXXX

INCOME TAX PAID TO ANOTHER STATE

AR

(Retain this worksheet for your records.)

A. Personal Service Income (PSI), 511TX line 1	3500
B. Total Other state Source Income	3500
C. Divide A by B (not more than 1.0000)	1.0000
D. Other State Tax Liability	64
E. Other State Tax on PSI (multiply D by C)	
And carry to 511TX line 6	64

OKWK_A5

State / Local tax payments made after 12/31/2023 that
will be deductible on 2024 Federal Schedule A

2023

Name(s) as shown on return

James F & Rachael N Cavin

Your Social Security Number

XXX-XX-XXXX

A. 2023 Income taxes due that were paid after 12/31/2023

A1. 4th quarter estimate/extension (may be adj. by refund)
A2. Amount paid with return 2,236
A3. Total payments made in 2024 A. 2,236

B. Adjustments made to payments

B1. Interest & Penalty 535
B2. Contributions, Donations, Checkoffs
B3. Other Tax payments (Use Tax, property tax, tangible tax, etc)
B4. Total adjustments B. 535

C. Total tax payments potentially deductible in 2024 (Line A less line B) C. 1,701

Client Copy

OK_PDF~	<div>(KEEP FOR YOUR RECORDS)</div> <div>State EF Attachments</div>		2023
<div>Names as shown on return</div> <div>James F & Rachael N Cavin</div>			<div>FEIN/SSN</div> <div>XXX-XX-XXXX</div>
<div>Reference</div> <div>AR Return</div>	<div>Description</div> <div>CREDIT FOR TAXES PAID</div>	<div>Filename:</div> <div>AR.PDF</div>	

OK-COMP	Three-year State Tax Return Comparison			2023
Name(s) as shown on return James F & Rachael N Cavin				Taxpayer ID Number XXX-XX-XXXX
[State] Income Tax Return	2021	2022	2023	Difference 2022-2023
Filing Status	MFJ	MFJ	MFJ	
Gross Income	(42,594)	71,267	67,488	(3,779)
Additions		42,594		(42,594)
Subtractions		10,000	419	(9,581)
Exemptions	6,000	5,000	5,000	
Standard Deduction	12,700	12,700	12,700	
Itemized Deduction				
Deductions	12,700	12,700		(12,700)
Taxable Income		53,567	49,788	(3,779)
Actual State Income		53,567	49,788	(3,779)
State Income Tax		2,190	2,009	(181)
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld		1,250	169	(1,081)
Estimates and Extension payments				
Underpayment Penalty		97	535	438
Overpayment Applied to Next Year				
Refund				
Balance Due		696	2,236	1,540
Marginal tax rate		4.750000	4.750000	
Effective tax rate		4.090000	4.040000	(0.050000)