

Form 1040

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2024

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20_____		See separate instructions.				
Your first name and middle initial Jennifer A.	Last name Schradie	Your social security number 2 9 2 5 0 4 9 9 1				
If joint return, spouse's first name and middle initial Christopher J.	Last name O'Brien	Spouse's social security number 5 0 9 8 8 9 8 1 1				
Home address (number and street). If you have a P.O. box, see instructions. 2 Square de Clignancourt, 6e etage		Apt. no.	Presidential Election Campaign			
City, town, or post office. If you have a foreign address, also complete spaces below. Paris		State	ZIP code			
Foreign country name France	Foreign province/state/county	Foreign postal code 75018				
Filing Status Check only one box.		<input type="checkbox"/> Single <input type="checkbox"/> Head of household (HOH) <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Qualifying surviving spouse (QSS) <input type="checkbox"/> Married filing separately (MFS)				
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: <input type="checkbox"/> If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):						
Digital Assets	At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)					
Standard Deduction	Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien					
Age/Blindness	You:	<input type="checkbox"/> Were born before January 2, 1960	<input type="checkbox"/> Are blind	Spouse:	<input type="checkbox"/> Was born before January 2, 1960	<input type="checkbox"/> Is blind
Dependents (see instructions): If more than four dependents, see instructions and check here . . . <input type="checkbox"/>	(1) First name Liam O.	Last name Schradie	(2) Social security number 6 2 4 3 7 9 3 1 0	(3) Relationship to you son	(4) Check the box if qualifies for (see instructions): Child tax credit <input type="checkbox"/> Credit for other dependents <input checked="" type="checkbox"/>	
	(1) First name Kalian O.	Last name Schradie	(2) Social security number 6 1 3 5 5 7 7 7 8	(3) Relationship to you daughter	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
Income	1a Total amount from Form(s) W-2, box 1 (see instructions) b Household employee wages not reported on Form(s) W-2 c Tip income not reported on line 1a (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) e Taxable dependent care benefits from Form 2441, line 26 f Employer-provided adoption benefits from Form 8839, line 29 g Wages from Form 8919, line 6 h Other earned income (see instructions) i Nontaxable combat pay election (see instructions) z Add lines 1a through 1h			1a 1b 1c 1d 1e 1f 1g 1h 1i 1z		
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.	2a Tax-exempt interest	2a	b Taxable interest	23		
Attach Sch. B if required.	3a Qualified dividends	3a	b Ordinary dividends	3b		
Standard Deduction for— • Single or Married filing separately, \$14,600 • Married filing jointly or Qualifying surviving spouse, \$29,200 • Head of household, \$21,900 • If you checked any box under Standard Deduction, see instructions.	4a IRA distributions	4a	b Taxable amount	4b		
	5a Pensions and annuities	5a	b Taxable amount	5b		
	6a Social security benefits	6a	b Taxable amount	6b		
	c If you elect to use the lump-sum election method, check here (see instructions)			7		
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here			8 96019		
	8 Additional income from Schedule 1, line 10			9 96042		
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			10		
	10 Adjustments to income from Schedule 1, line 26			11 96042		
	11 Subtract line 10 from line 9. This is your adjusted gross income			12 29200		
	12 Standard deduction or itemized deductions (from Schedule A)			13		
	13 Qualified business income deduction from Form 8995 or Form 8995-A			14 29200		
	14 Add lines 12 and 13			15 68842		
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income					

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	7555		
	17 Amount from Schedule 2, line 3 . . .	17			
	18 Add lines 16 and 17 . . .	18	7555		
	19 Child tax credit or credit for other dependents from Schedule 8812 . . .	19	0		
	20 Amount from Schedule 3, line 8 . . .	20	7555		
	21 Add lines 19 and 20 . . .	21	7555		
	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			
	b Form(s) 1099 . . .	25b			
	c Other forms (see instructions) . . .	25c			
	d Add lines 25a through 25c . . .	25d			
	26 2024 estimated tax payments and amount applied from 2023 return . . .	26			
	27 Earned income credit (EIC) . . .	27			
	28 Additional child tax credit from Schedule 8812 . . .	28			
	29 American opportunity credit from Form 8863, line 8 . . .	29			
	30 Reserved for future use . . .	30			
	31 Amount from Schedule 3, line 15 . . .	31			
	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits . . .	32	0		
	33 Add lines 25d, 26, and 32. These are your total payments . . .	33	0		
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid . . .	34			
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a			
Direct deposit? See instructions.	b Routing number 1 2 1 2 0 2 2 1 1 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings				
	d Account number 4 4 0 0 2 2 6 0 6 9 5 6				
	36 Amount of line 34 you want applied to your 2025 estimated tax . . .	36			
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions . . .	37	0		
	38 Estimated tax penalty (see instructions) . . .	38			
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions . . .	<input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
	Designee's name	Phone no.	Personal identification number (PIN)		
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Joint return? See instructions. Keep a copy for your records.	Your signature 	Date 10/15/25	Your occupation College Teacher	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text" value="_____"/>	
	Spouse's signature. If a joint return, both must sign. 	Date 10/15/25	Spouse's occupation Journalist	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text" value="_____"/>	
	Phone no.	Email address schradi@hotmail.com			
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's name				Phone no.
	Firm's address				Firm's EIN

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

Form 1040 (2024)

Passive Activity Loss Limitations

OMB No. 1545-1008

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

2024Attachment
Sequence No. 858

Name(s) shown on return

Identifying number

Jennifer A Schradie & Christopher J O'Brien**292-50-4991****Part I 2024 Passive Activity Loss****Caution:** Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a	Activities with net income (enter the amount from Part IV, column (a))	1a		
b	Activities with net loss (enter the amount from Part IV, column (b))	1b	(3869)	
c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()	
d	Combine lines 1a, 1b, and 1c	1d		-3869

All Other Passive Activities

2a	Activities with net income (enter the amount from Part V, column (a))	2a		
b	Activities with net loss (enter the amount from Part V, column (b))	2b	()	
c	Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()	
d	Combine lines 2a, 2b, and 2c	2d		-3869

3	Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3		
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- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the smaller of the loss on line 1d or the loss on line 3	4		-3869
5	Enter \$150,000. If married filing separately, see instructions	5	150000	
6	Enter modified adjusted gross income, but not less than zero. See instructions	6	99888	
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.			
7	Subtract line 6 from line 5	7	50112	
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	25000	
9	Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9		-3869

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	10	0	
11	Total losses allowed from all passive activities for 2024. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11		-3869

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

Name of activity	Current year		(c) Unallowed loss (line 1c)	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)		(d) Gain	(e) Loss
Rental of 631 62nd Street, Oakland, CA 94609		-3869			-3869
Total. Enter on Part I, lines 1a, 1b, and 1c					

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

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

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

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

Part VII Allocation of Unallowed Losses. See instructions.

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

Part VIII Allowed Losses. See instructions.

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

Part IX Activities With Losses Reported on Two or More Forms or Schedules. See instructions.

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . . .					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . . .					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . . .					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total			1.00		

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.

2024

Attachment
Sequence No. 47

Name(s) shown on return

Jennifer A Schradie & Christopher J O'Brien

Your social security number

292-50-4991

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	96042
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	96042
4	Number of qualifying children under age 17 with the required social security number	4	
5	Multiply line 4 by \$2,000	5	0
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	1000
8	Add lines 5 and 7	8	1000
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0
11	Multiply line 10 by 5% (0.05)	11	0
12	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> 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	1000
13	Enter the amount from Credit Limit Worksheet A	13	
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.	14	

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

Part II-A Additional Child Tax Credit for All Filers

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

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
b	Number of qualifying children under age 17 with the required social security number: _____ x \$1,700. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b
TIP: The number of children you use for this line is the same as the number of children you used for line 4.		17
17	Enter the smaller of line 16a or line 16b	
18a	Earned income (see instructions)	18a
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 type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$5,100 or more? <input 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

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	
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**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

2024Attachment
Sequence No. 01

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

Your social security number

Jennifer A Schradie & Christopher J O'Brien**292-50-4991**

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

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

1	
2a	
3	-1847
4	-3869
5	
6	
7	
8a	()
8b	
8c	
8d	()
8e	
8f	
8g	
8h	
8i	
8j	
8k	
8l	
8m	
8n	
8o	
8p	
8q	
8r	
8s	()
8t	
8u	
8v	
8z	101735
9	101735
10	96019

1 Taxable refunds, credits, or offsets of state and local income taxes

2a Alimony received

 b Date of original divorce or separation agreement (see instructions): _____

3 Business income or (loss). Attach Schedule C

4 Other gains or (losses). Attach Form 4797

5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

6 Farm income or (loss). Attach Schedule F

7 Unemployment compensation

8 Other income:

 a Net operating loss

 b Gambling

 c Cancellation of debt

 d Foreign earned income exclusion from Form 2555

 e Income from Form 8853

 f Income from Form 8889

 g Alaska Permanent Fund dividends

 h Jury duty pay

 i Prizes and awards

 j Activity not engaged in for profit income

 k Stock options

 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

 m Olympic and Paralympic medals and USOC prize money (see instructions)

 n Section 951(a) inclusion (see instructions)

 o Section 951A(a) inclusion (see instructions)

 p Section 461(l) excess business loss adjustment

 q Taxable distributions from an ABLE account (see instructions)

 r Scholarship and fellowship grants not reported on Form W-2

 s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d

 t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan

 u Wages earned while incarcerated

 v Digital assets received as ordinary income not reported elsewhere. See instructions

 z Other income. List type and amount: **Foreign Earned Income:**

Jennifer A. Schradie: \$57512 Christopher J. O'Brien: \$44223

9 Total other income. Add lines 8a through 8z

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

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

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

2024Attachment
Sequence No. 03

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

Jennifer A Schradie & Christopher J O'Brien

Your social security number

292-50-4991**Part I Nonrefundable Credits**

1 Foreign tax credit. Attach Form 1116 if required	1	7555
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	
4 Retirement savings contributions credit. Attach Form 8880	4	
5a Residential clean energy credit from Form 5695, line 15	5a	
b Energy efficient home improvement credit from Form 5695, line 32	5b	
6 Other nonrefundable credits:		
a General business credit. Attach Form 3800	6a	
b Credit for prior year minimum tax. Attach Form 8801	6b	
c Adoption credit. Attach Form 8839	6c	
d Credit for the elderly or disabled. Attach Schedule R	6d	
e Reserved for future use	6e	
f Clean vehicle credit. Attach Form 8936	6f	
g Mortgage interest credit. Attach Form 8396	6g	
h District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i Qualified electric vehicle credit. Attach Form 8834	6i	
j Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k Credit to holders of tax credit bonds. Attach Form 8912	6k	
l Amount on Form 8978, line 14. See instructions	6l	
m Credit for previously owned clean vehicles. Attach Form 8936	6m	
z Other nonrefundable credits. List type and amount: _____	6z	
7 Total other nonrefundable credits. Add lines 6a through 6z	7	
8 Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	7555

Part II Other Payments and Refundable Credits

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

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

Cat. No. 71480G

Schedule 3 (Form 1040) 2024

SCHEDULE B
(Form 1040)Department of the Treasury
Internal Revenue Service**Interest and Ordinary Dividends**Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2024Attachment
Sequence No. 08

Name(s) shown on return

Jennifer A Schradie & Christopher J O'Brien

Your social security number

292-50-4991**Part I****Interest**(See instructions
and the
Instructions for
Form 1040,
line 2b.)**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:
Charles Schwab Bank
- 2 Add the amounts on line 1
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

Note: If line 4 is over \$1,500, you must complete Part III.**Amount****23****1****23****3****23****4****23****Amount****Part II****Ordinary
Dividends**(See instructions
and the
Instructions for
Form 1040,
line 3b.)**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 5 List name of payer: _____
- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

5**6****Note:** If line 6 is over \$1,500, you must complete Part III.**Part III****Foreign
Accounts
and Trusts****Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

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

	Yes	No
7a At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions	✓	
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		✓
b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located: France		
8 During 2024, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		✓

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2024

Attachment
Sequence No. 09

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

Name of proprietor

Jennifer A Schradie & Christopher J O'Brien

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

Information Services

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

Social security number (SSN)

292-50-4991

B Enter code from instructions

7 | 1 | 1 | 5 | 1 | 0

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

.....

E Business address (including suite or room no.) _____

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

F Accounting method: **(1)** Cash **(2)** Accrual **(3)** Other (specify) _____

G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2024, check here

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions Yes No

J If "Yes," did you or will you file required Form(s) 1099? Yes No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	520
2	Returns and allowances	<input type="checkbox"/>	2	
3	Subtract line 2 from line 1	<input type="checkbox"/>	3	520
4	Cost of goods sold (from line 42)	<input type="checkbox"/>	4	
5	Gross profit. Subtract line 4 from line 3	<input type="checkbox"/>	5	520
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<input type="checkbox"/>	6	
7	Gross income. Add lines 5 and 6	<input type="checkbox"/>	7	520

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

8	Advertising	8	1190	18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	462
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17	715	25	Utilities	25	

28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	-1847

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.

31	Net profit or (loss). Subtract line 30 from line 29.	31	
	• If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 .		
	• If a loss, you must go to line 32.		

32	If you have a loss, check the box that describes your investment in this activity. See instructions.	32a	<input checked="" type="checkbox"/> All investment is at risk.
	• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 .	32b	<input type="checkbox"/> Some investment is not at risk.
	• If you checked 32b, you must attach Form 6198 . Your loss may be limited.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

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

43	When did you place your vehicle in service for business purposes? (month/day/year)	/	/
44 Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:			
a	Business	b Commuting (see instructions)	c Other
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30.

48	Total other expenses. Enter here and on line 27a	48
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SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

OMB No. 1545-0074

2024

Attachment
Sequence No. 13

Name(s) shown on return

Jennifer A Schradie & Christopher J O'Brien

Your social security number

292-59-4991

Part I Income or Loss From Rental Real Estate and Royalties

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

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

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

A	631 62nd Street, Oakland, CA 94609
B	
C	

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

Type of Property:

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

Income:	Properties:		
	A	B	C
3 Rents received	3	44990	
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7	300	
8 Commissions	8		
9 Insurance	9	1198	
10 Legal and other professional fees	10	295	
11 Management fees	11	619	
12 Mortgage interest paid to banks, etc. (see instructions)	12	10034	
13 Other interest	13		
14 Repairs	14	14935	
15 Supplies	15	190	
16 Taxes	16	8679	
17 Utilities	17	2427	
18 Depreciation expense or depletion	18	10182	
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20	48859	
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-3869	
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(3869) () ()	
23a Total of all amounts reported on line 3 for all rental properties	23a	44990	
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c	10034	
d Total of all amounts reported on line 18 for all properties	23d	10182	
e Total of all amounts reported on line 20 for all properties	23e	48859	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(3869)	
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26		-3869

Name(s) shown on return. Do not enter name and social security number if shown on other side.	Your social security number
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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			<input type="checkbox"/>		<input 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

	(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	(k) Nonpassive income from Schedule K-1
A					
B					
C					
D					

29a	Totals				
b	Totals				
30	Add columns (h) and (k) of line 29a				30
31	Add columns (g), (i), and (j) of line 29b				31 ()
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31				32

Part III Income or Loss From Estates and Trusts

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

Passive 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
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