

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 <b>SAM</b>		Last name <b>SINGLETARY</b>		Your social security number <b>867 53 0999</b>	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. <b>1 HYPERLOOP DRIVE</b>				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. <b>SAN JOSE</b>				State <b>CA</b>	
				ZIP code <b>91326</b>	
Foreign country name		Foreign province/state/county		Foreign postal code	

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

**Filing Status**

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

Check only one box.

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

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

**Digital Assets**

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

**Standard Deduction**

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

**Age/Blindness**

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

**Dependents** (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
SOLOMON	SINGLETARY	777 77 7777	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Income**

1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 190,000.

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

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

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

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

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

1g Wages from Form 8919, line 6 1g

1h Other earned income (see instructions) 1h

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

z Add lines 1a through 1h 1z 190,000.

2a Tax-exempt interest 2a 2,500.

2b Taxable interest 2b 30,300.

3a Qualified dividends 3a 6,000.

3b Ordinary dividends 3b 8,000.

4a IRA distributions 4a

4b Taxable amount 4b

5a Pensions and annuities 5a

5b Taxable amount 5b

6a Social security benefits 6a

6b Taxable amount 6b

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

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 7 30,000.

8 Additional income from Schedule 1, line 10 8 22,000.

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** 9 280,300.

10 Adjustments to income from Schedule 1, line 26 10 9,631.

11 Subtract line 10 from line 9. This is your **adjusted gross income** 11 270,669.

12 **Standard deduction or itemized deductions** (from Schedule A) 12 27,800.

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

14 Add lines 12 and 13 14 27,800.

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income** 15 242,869.

Attach Sch. B if required.

**Standard Deduction for—**

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

<b>Tax and Credits</b>		16 <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>		16	50,651.
17 Amount from Schedule 2, line 3				17	0.
18 Add lines 16 and 17				18	50,651.
19 Child tax credit or credit for other dependents from Schedule 8812				19	
20 Amount from Schedule 3, line 8				20	8,100.
21 Add lines 19 and 20				21	8,100.
22 Subtract line 21 from line 18. If zero or less, enter -0-				22	42,551.
23 Other taxes, including self-employment tax, from Schedule 2, line 21				23	4,946.
24 Add lines 22 and 23. This is your <b>total tax</b>				24	47,497.
<b>Payments</b>		25 Federal income tax withheld from:			
a Form(s) W-2		25a	45,000.		
b Form(s) 1099		25b			
c Other forms (see instructions)		25c			
d Add lines 25a through 25c				25d	45,000.
If you have a qualifying child, attach Sch. EIC.	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 <b>total other payments and refundable credits</b>				32	
33 Add lines 25d, 26, and 32. These are your <b>total payments</b>				33	45,000.
<b>Refund</b>		34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>		34	
35a Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>				35a	
Direct deposit? See instructions.	b Routing number XXXXX XXXX	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d Account number XXXXX XXXX XXXX XXXX XXXX XXXX				
36 Amount of line 34 you want <b>applied to your 2025 estimated tax</b>		36			
<b>Amount You Owe</b>		37 Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions		37	2,497.
38 Estimated tax penalty (see instructions)		38			
<b>Third Party Designee</b>		Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> <b>Yes</b> . Complete below. <input checked="" type="checkbox"/> <b>No</b>			
Designee's name		Phone no.		Personal identification number (PIN)	
<b>Sign Here</b>		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature		Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	
Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)	
Phone no.		Email address			
Preparer's name		Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name		SELF-PREPARED			
Firm's address				Phone no.	
Paid Preparer Use Only				Firm's EIN	

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

OMB No. 1545-0074

2024  
Attachment  
Sequence No. 01

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

SAM SINGLETARY

Your social security number

867-53-0999

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](http://www.irs.gov/1099k).

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	16,000.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	6,000.
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	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	22,000.

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

Cat. No. 71479F

Schedule 1 (Form 1040) 2024

**Part II Adjustments to Income**

<b>11</b>	Educator expenses		<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889		<b>13</b>	3,500.
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903		<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE		<b>15</b>	1,131.
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans		<b>16</b>	
<b>17</b>	Self-employed health insurance deduction		<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings		<b>18</b>	
<b>19a</b>	Alimony paid		<b>19a</b>	
<b>b</b>	Recipient's SSN			
<b>c</b>	Date of original divorce or separation agreement (see instructions):			
<b>20</b>	IRA deduction		<b>20</b>	5,000.
<b>21</b>	Student loan interest deduction		<b>21</b>	
<b>22</b>	Reserved for future use		<b>22</b>	
<b>23</b>	Archer MSA deduction		<b>23</b>	
<b>24</b>	Other adjustments:			
<b>a</b>	Jury duty pay (see instructions)	<b>24a</b>		
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	<b>24b</b>		
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	<b>24c</b>		
<b>d</b>	Reforestation amortization and expenses	<b>24d</b>		
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974	<b>24e</b>		
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans	<b>24f</b>		
<b>g</b>	Contributions by certain chaplains to section 403(b) plans	<b>24g</b>		
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	<b>24h</b>		
<b>i</b>	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	<b>24i</b>		
<b>j</b>	Housing deduction from Form 2555	<b>24j</b>		
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	<b>24k</b>		
<b>z</b>	Other adjustments. List type and amount:	<b>24z</b>		
<b>25</b>	Total other adjustments. Add lines 24a through 24z		<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		<b>26</b>	9,631.

**SCHEDULE 2**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2024**  
Attachment  
Sequence No. **02**

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

SAM SINGLETARY

Your social security number

867-53-0999

**Part I Tax**

**1** Additions to tax:

- a** Excess advance premium tax credit repayment. Attach Form 8962 . . . . .
- b** Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936) . . . . .
- c** Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936) . . . . .
- d** Recapture of net EPE from Form 4255, line 2a, column (l) . . . . .
- e** Excessive payments (EP) from Form 4255. Check applicable box and enter amount.  
**(i)** ☐ Line 1a, column (n) **(ii)** ☐ Line 1c, column (n)  
**(iii)** ☐ Line 1d, column (n) **(iv)** ☐ Line 2a, column (n) . . . . .
- f** 20% EP from Form 4255. Check applicable box and enter amount. See instructions.  
**(i)** ☐ Line 1a, column (o) **(ii)** ☐ Line 1c, column (o)  
**(iii)** ☐ Line 1d, column (o) **(iv)** ☐ Line 2a, column (o) . . . . .
- y** Other additions to tax (see instructions): \_\_\_\_\_

**1a**

**1b**

**1c**

**1d**

**1e**

**1f**

**1y**

**z** Add lines 1a through 1y . . . . .

**1z**

**2** Alternative minimum tax. Attach Form 6251 . . . . .

**2**

**3** Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . .

**3**

**Part II Other Taxes**

- 4** Self-employment tax. Attach Schedule SE . . . . . **4** 2,261.
- 5** Social security and Medicare tax on unreported tip income. Attach Form 4137 **5**
- 6** Uncollected social security and Medicare tax on wages. Attach Form 8919 **6**
- 7** Total additional social security and Medicare tax. Add lines 5 and 6 . . . . . **7**
- 8** Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.  
If not required, check here ☐ **8**
- 9** Household employment taxes. Attach Schedule H . . . . . **9**
- 10** Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . . **10**
- 11** Additional Medicare Tax. Attach Form 8959 . . . . . **11**
- 12** Net investment income tax. Attach Form 8960 . . . . . **12** 2,685.
- 13** Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . . **13**
- 14** Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . . **14**
- 15** Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . . **15**
- 16** Recapture of low-income housing credit. Attach Form 8611 . . . . . **16**

(continued on page 2)

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

4,946.



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

OMB No. 1545-0074

**2024**  
Attachment  
Sequence No. **03**

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

SAM SINGLETARY

Your social security number

867-53-0999

**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	600.
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	7,500.
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	8,100.

**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 A  
(Form 1040)**Department of the Treasury  
Internal Revenue Service**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2024**Attachment  
Sequence No. **07**

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

SAM SINGLETARY

Your social security number

867-53-0999

**Medical  
and  
Dental  
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- |   |   |   |  |
|---|---|---|--|
| 1 | Medical and dental expenses (see instructions)                        | 1 |  |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11                       | 2 |  |
| 3 | Multiply line 2 by 7.5% (0.075)                                       | 3 |  |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 |  |

**Taxes You  
Paid**

- |   |  |    |         |
|---|--|----|---------|
| 5 | State and local taxes.   |    |         |
| a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | 5a |         |
| b | State and local real estate taxes (see instructions)   | 5b | 10,000. |
| c | State and local personal property taxes  | 5c |         |
| d | Add lines 5a through 5c  | 5d | 10,000. |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)  | 5e | 10,000. |
| 6 | Other taxes. List type and amount: _____   | 6  |         |
| 7 | Add lines 5e and 6   | 7  | 10,000. |

**Interest  
You Paid****Caution:** Your mortgage interest deduction may be limited. See instructions.

- |    |   |    |         |
|----|---|----|---------|
| 8  | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>                                    |    |         |
| a  | Home mortgage interest and points reported to you on Form 1098. See instructions if limited   | 8a | 11,500. |
| b  | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address _____ | 8b |         |
| c  | Points not reported to you on Form 1098. See instructions for special rules   | 8c |         |
| d  | Reserved for future use   | 8d |         |
| e  | Add lines 8a through 8c   | 8e | 11,500. |
| 9  | Investment interest. Attach Form 4952 if required. See instructions   | 9  |         |
| 10 | Add lines 8e and 9  | 10 | 11,500. |

**Gifts to  
Charity****Caution:** If you made a gift and got a benefit for it, see instructions.

- |    |  |    |        |
|----|--|----|--------|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions  | 11 | 6,300. |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 | 12 |        |
| 13 | Carryover from prior year  | 13 |        |
| 14 | Add lines 11 through 13  | 14 | 6,300. |

**Casualty and  
Theft Losses**

- |    |  |    |  |
|----|--|----|--|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 15 |  |
|----|--|----|--|

**Other  
Itemized  
Deductions**

- |    |  |    |  |
|----|--|----|--|
| 16 | Other—from list in instructions. List type and amount: _____ | 16 |  |
|----|--|----|--|

**Total  
Itemized  
Deductions**

- |    |  |    |         |
|----|--|----|---------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12           | 17 | 27,800. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> |    |         |



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](http://www.irs.gov/ScheduleB) for instructions and the latest information.

OMB No. 1545-0074

2024  
Attachment  
Sequence No. 08

Name(s) shown on return

SAM SINGLETARY

Your social security number

867-53-0999

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:

WELLS FARGO BANKP  
MARCUS/GOLDMAN SACHS  
FIDELITY INVESTMENTS

Amount

1,500.  
8,800.  
20,000.

1

- 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

2 30,300.  
3  
4 30,300.

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

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:

FIDELITY INVESTMENTS

8,000.

5

- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

6 8,000.

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

Part III  
Foreign Accounts and Trusts

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

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

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

Yes	No
	X
	X

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Profit or Loss From Business**  
**(Sole Proprietorship)**

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

OMB No. 1545-0074

**2024**  
Attachment  
Sequence No. **09**

Name of proprietor <b>SAM SINGLETARY</b>		Social security number (SSN) <b>867-53-0999</b>
A Principal business or profession, including product or service (see instructions) <b>TUTORING</b>		B Enter code from instructions <b>611000</b>
C Business name. If no separate business name, leave blank. <b>MATH IS FUN TUTORING COMPANY</b>		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) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) .....		
G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2024, check here <input type="checkbox"/>		
I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> 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	16,000.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	16,000.
4 Cost of goods sold (from line 42)	4	
5 <b>Gross profit.</b> Subtract line 4 from line 3	5	16,000.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 <b>Gross income.</b> Add lines 5 and 6	7	16,000.

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

8 Advertising	8	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	
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	25 Utilities	25	
		26 Wages (less employment credits)	26	
		27a Other expenses (from line 48)	27a	
		b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27b	28			0.
29 Tentative profit or (loss). Subtract line 28 from line 7	29			16,000.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30			
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	31			16,000.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.				

32a ☐ All investment is at risk.  
32b ☐ Some investment is not at risk.

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

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

OMB No. 1545-0074

**2024**

Attachment  
Sequence No. **12**

Name(s) shown on return

SAM SINGLETARY

Your social security number

867-53-0999

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	20,000.	2,000.		18,000.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 18,000.

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	14,000.	2,000.		12,000.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b> 12,000.

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

Cat. No. 11338H

Schedule D (Form 1040) 2024

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	30,000.
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>			
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller of</b> : <div style="display: flex; align-items: center;"> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul> <div style="font-size: 3em; margin: 0 10px;">}</div> <div style="flex-grow: 1; border-bottom: 1px solid black;"></div> </div> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b>	( )
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		



Social security number or taxpayer identification number

867-53-0999



SCHEDULE E  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

SAM SINGLETARY

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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment  
Sequence No. 13

Your social security number

867-53-0999

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 123 AMERICAN WAY SACRAMENTO, CA 94203

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	2			366	0	<input type="checkbox"/>
B						<input type="checkbox"/>
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	48,000.	
4	Royalties received . . . . .	4		

Expenses:

5	Advertising . . . . .	5		
6	Auto and travel (see instructions) . . . . .	6		
7	Cleaning and maintenance . . . . .	7		
8	Commissions . . . . .	8		
9	Insurance . . . . .	9	5,000.	
10	Legal and other professional fees . . . . .	10		
11	Management fees . . . . .	11		
12	Mortgage interest paid to banks, etc. (see instructions) . . . . .	12	12,000.	
13	Other interest . . . . .	13		
14	Repairs . . . . .	14	8,000.	
15	Supplies . . . . .	15		
16	Taxes . . . . .	16	5,000.	
17	Utilities . . . . .	17	12,000.	
18	Depreciation expense or depletion . . . . .	18		
19	Other (list) _____	19		
20	Total expenses. Add lines 5 through 19 . . . . .	20	42,000.	
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	6,000.	
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	22	( ) ( ) ( )	

23a	Total of all amounts reported on line 3 for all rental properties . . . . .	23a	48,000.	
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	12,000.	
d	Total of all amounts reported on line 18 for all properties . . . . .	23d		
e	Total of all amounts reported on line 20 for all properties . . . . .	23e	42,000.	

24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses . . . . . 24 6,000.

25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 ( )

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 6,000.

**SCHEDULE SE**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Self-Employment Tax**

Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.  
Go to [www.irs.gov/ScheduleSE](https://www.irs.gov/ScheduleSE) for instructions and the latest information.

OMB No. 1545-0074

**2024**  
Attachment  
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

SAM SINGLETARY

Social security number of person  
with self-employment income

867-53-0999

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

- A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

**1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

**b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ **1b** ( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

**2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 16,000.

**3** Combine lines 1a, 1b, and 2 **3** 16,000.

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 14,776.

**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

**c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 14,776.

**5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b**

**6** Add lines 4c and 5b **6** 14,776.

**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2024 **7** 168,600.

**8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$168,600 or more, skip lines 8b through 10, and go to line 11 **8a**

**b** Unreported tips subject to social security tax from Form 4137, line 10 **8b**

**c** Wages subject to social security tax from Form 8919, line 10 **8c**

**d** Add lines 8a, 8b, and 8c **8d**

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 168,600.

**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 1,832.

**11** Multiply line 6 by 2.9% (0.029) **11** 429.

**12 Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**, or **Form 1040-SS, Part I, line 3** **12** 2,261.

**13 Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 1,131.

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

Cat. No. 11358Z

Schedule SE (Form 1040) 2024

**Part II**

**Optional Methods To Figure Net Earnings** (see instructions)

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income<sup>1</sup> wasn't more than \$10,380, **or (b)** your net farm profits<sup>2</sup> were less than \$7,493.

<b>14</b>	Maximum income for optional methods . . . . .	<b>14</b>	
<b>15</b>	Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross farm income <sup>1</sup> (not less than zero) <b>or</b> \$6,920. Also, include this amount on line 4b above . . . . .	<b>15</b>	

**Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits<sup>3</sup> were less than \$7,493 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

<b>16</b>	Subtract line 15 from line 14 . . . . .	<b>16</b>	
<b>17</b>	Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross nonfarm income <sup>4</sup> (not less than zero) <b>or</b> the amount on line 16. Also, include this amount on line 4b above . . . . .	<b>17</b>	

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

## Child and Dependent Care Expenses

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.2024  
Attachment  
Sequence No. 21

Name(s) shown on return

SAM SINGLETARY

Your social security number

867-53-0999

**A** You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under *Married Persons Filing Separately*. If you meet these requirements, check this box ☐

**B** If you or your spouse was a student or was disabled during 2024 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box ☐

**Part I** Persons or Organizations Who Provided the Care—You must complete this part.If you have more than three care providers, see the instructions and check this box ☐

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2024? For example, this generally includes nannies but not daycare centers. (see instructions)	(e) Amount paid (see instructions)
NANNY	145 LAUGHOUTLOUD LANE WHIMSYVILLE, CA 91326	TAX EXEMPT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12,000.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Did you receive  
dependent care benefits?

No Complete only Part II below.

Yes Complete Part III on page 2 next.

**Caution:** If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2024 but didn't pay them until 2025, or if you prepaid in 2024 for care to be provided in 2025, don't include these expenses in column (d) of line 2 for 2024. See the instructions.

**Part II** Credit for Child and Dependent Care Expenses**2** Information about your qualifying person(s). If you have more than three qualifying persons, see the instructions and check this box ☐

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2024 for the person listed in column (a)
First	Last			
SOLOMON	SINGLETARY	777-77-7777	<input type="checkbox"/>	12,000.
			<input type="checkbox"/>	
			<input type="checkbox"/>	

**3** Add the amounts in column (d) of line 2. **Don't** enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 **3** 3,000.

**4** Enter your **earned income**. See instructions **4** 204,869.

**5** If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4 **5** 204,869.

**6** Enter the **smallest** of line 3, 4, or 5 **6** 3,000.

**7** Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 **7** 270,669.

**8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7.

If line 7 is:			If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0—15,000		.35	\$25,000—27,000		.29	\$37,000—39,000		.23
15,000—17,000		.34	27,000—29,000		.28	39,000—41,000		.22
17,000—19,000		.33	29,000—31,000		.27	41,000—43,000		.21
19,000—21,000		.32	31,000—33,000		.26	43,000—No limit		.20
21,000—23,000		.31	33,000—35,000		.25			
23,000—25,000		.30	35,000—37,000		.24			

**9a** Multiply line 6 by the decimal amount on line 8 **9a** 600.

**b** If you paid 2023 expenses in 2024, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c **9b**

**c** Add lines 9a and 9b and enter the result **9c** 600.

**10** Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions **10** 50,651.

**11** **Credit for child and dependent care expenses.** Enter the **smaller** of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2 **11** 600.

**Health Savings Accounts (HSAs)**Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

OMB No. 1545-0074

**2024**  
Attachment  
Sequence No. **52**

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

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

SAM SINGLETARY

867-53-0999

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2024. See instructions . . . . .	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2024 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2024. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	2 3,500.
3	If you were under age 55 at the end of 2024 and, on the first day of <b>every</b> month during 2024, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$4,150 (\$8,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3 8,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2024 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2024, also include any amount contributed to your spouse's Archer MSAs . . . . .	4
5	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5 8,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2024, see the instructions for the amount to enter . . . . .	6 8,300.
7	If you were age 55 or older at the end of 2024, married, and you or your spouse had family coverage under an HDHP at any time during 2024, enter your additional contribution amount. See instructions . . . . .	7
8	Add lines 6 and 7 . . . . .	8 8,300.
9	Employer contributions made to your HSAs for 2024 . . . . .	9
10	Qualified HSA funding distributions . . . . .	10
11	Add lines 9 and 10 . . . . .	11
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12 8,300.
13	<b>HSA deduction</b> (see instructions). . . . .	13 3,500.

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

14a	Total distributions you received in 2024 from all HSAs (see instructions) . . . . .	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	14b
c	Subtract line 14b from line 14a . . . . .	14c
15	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .	16
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>	
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .	17b

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule . . . . .	18
19	Qualified HSA funding distribution . . . . .	19
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .	20
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	21



**Net Investment Income Tax—  
Individuals, Estates, and Trusts**

Attach to your tax return.

Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

OMB No. 1545-2227

**2024**  
Attachment  
Sequence No. **72**

Name(s) shown on your tax return

SAM SINGLETARY

Your social security number or EIN

867-53-0999

**Part I Investment Income**

- ☐ Section 6013(g) election (see instructions)  
☐ Section 6013(h) election (see instructions)  
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	30,300.
2	Ordinary dividends (see instructions)		2	8,000.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a 22,000.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b -16,000.		
c	Combine lines 4a and 4b		4c	6,000.
5a	Net gain or loss from disposition of property (see instructions)	5a 30,000.		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	30,000.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	74,300.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b		
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c		9d	
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	

**Part III Tax Computation**

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-	12	74,300.
13	Modified adjusted gross income (see instructions)	13 270,669.	
14	Threshold based on filing status (see instructions)	14 200,000.	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15 70,669.	
16	Enter the smaller of line 12 or line 15	16	70,669.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	2,685.
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

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

Cat. No. 59474M

Form **8960** (2024)



**Residential Energy Credits**

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

Go to [www.irs.gov/Form5695](http://www.irs.gov/Form5695) for instructions and the latest information.

SAM SINGLETARY

Your social security number

867-53-0999

**Part I Residential Clean Energy Credit** (See instructions before completing this part.)**Note:** Skip lines 1 through 11 if you only have a **credit carryforward from 2023**.Enter the complete address of the home where you installed the property and/or technology associated with lines 1 through 4 and 5b.  
For more than one home, see instructions.

Number and street	Unit no.	City or town	State	ZIP code
1 HYPERLOOP DRIVE		SAN JOSE	CA	91326
1	Qualified solar electric property costs		1	10,000.
2	Qualified solar water heating property costs		2	
3	Qualified small wind energy property costs		3	
4	Qualified geothermal heat pump property costs		4	
5a	Qualified battery storage technology. Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours? (See instructions.) If you checked the "No" box, you cannot claim a credit for qualified battery storage technology		5a	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If you checked the "Yes" box, enter the qualified battery technology costs		5b	15,000.
6a	Add lines 1 through 5b		6a	25,000.
b	Multiply line 6a by 30% (0.30)		6b	7,500.
7a	Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your <b>main home</b> located in the United States? (See instructions.) If you checked the "No" box, you cannot claim a credit for qualified fuel cell property. Skip lines 7b through 11.		7a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Enter the complete address of the main home where you installed the fuel cell property.			
	Number and street	Unit no.	City or town	State ZIP code
c	If the special rule for joint occupants applies, check here <input type="checkbox"/> and attach a statement. (See instructions.)			
8	Qualified fuel cell property costs		8	
9	Multiply line 8 by 30% (0.30)		9	
10	Kilowatt capacity of property on line 8 above		10	
11	Enter the smaller of line 9 or line 10		11	
12	Credit carryforward from 2023. Enter the amount, if any, from your 2023 Form 5695, line 16		12	
13	Add lines 6b, 11, and 12		13	7,500.
14	Limitation based on tax liability. Enter the amount from the Residential Clean Energy Credit Limit Worksheet. (See instructions.)		14	50,051.
15	<b>Residential clean energy credit.</b> Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5a		15	7,500.
16	Credit carryforward to 2025. If line 15 is less than line 13, subtract line 15 from line 13		16	

**Part II Energy Efficient Home Improvement Credit****Section A—Qualified Energy Efficiency Improvements**

<b>17a</b>	Are the qualified energy efficiency improvements installed in or on your main home located in the United States? (See instructions.) . . . . .	<b>17a</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	Are you the original user of the qualified energy efficiency improvements? . . . . .	<b>17b</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b>	Are the components reasonably expected to remain in use for at least 5 years? If you checked the "No" box for line 17a, 17b, or 17c, you cannot claim the energy efficient home improvement credit. Do not complete Part II, Section A.	<b>17c</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b>	Enter the complete address of the main home where you made the qualifying improvements. <b>Caution:</b> You can only have one main home at a time. (See instructions.)  Number and street . . . . . Unit no. . . . . City or town . . . . . State . . . . . ZIP code . . . . .		
<b>e</b>	Were any of these improvements related to the construction of this main home? . . . . . If you checked the "Yes" box, you can only claim the energy efficient home improvement credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.	<b>17e</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>18</b>	Insulation or air sealing material or system.		
<b>a</b>	Enter the cost of insulation material or system (include air sealing material or system) specifically and primarily designed to reduce heat loss or gain of your home that meets the criteria established by the IECC. (See instructions.) . . . . .	<b>18a</b>	
<b>b</b>	Multiply line 18a by 30% (0.30). Enter the results. Do <b>not</b> enter more than \$1,200 . . . . .	<b>18b</b>	
<b>19</b>	Exterior doors that meet the applicable Energy Star requirements.		
<b>a</b>	Enter the cost of the most expensive door you bought . . . . .	<b>19a</b>	
<b>b</b>	Multiply line 19a by 30% (0.30). Do <b>not</b> enter more than \$250 . . . . .	<b>19b</b>	
<b>c</b>	Enter the cost of all other qualifying exterior doors . . . . .	<b>19c</b>	
<b>d</b>	Multiply line 19c by 30% (0.30) . . . . .	<b>19d</b>	
<b>e</b>	Add lines 19b and 19d. Do <b>not</b> enter more than \$500 . . . . .	<b>19e</b>	
<b>20</b>	Windows and skylights that meet the Energy Star certification requirements.		
<b>a</b>	Enter the cost of exterior windows and skylights that meet the Energy Star certification requirements. (See instructions.) . . . . .	<b>20a</b>	
<b>b</b>	Multiply line 20a by 30% (0.30). Enter the results. Do <b>not</b> enter more than \$600 . . . . .	<b>20b</b>	

**Section B—Residential Energy Property Expenditures**

<b>21a</b>	Did you incur costs for qualified energy property installed on or in connection with a home located in the United States? . . . . .	<b>21a</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	Was the qualified energy property originally placed into service by you? . . . . . If you checked the "No" box for line 21a or 21b, you cannot claim the credit for your residential energy property costs. Skip lines 22 through 25 and line 29. Go to line 26.	<b>21b</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b>	Enter the complete address of each home where you installed qualified energy property.  Number and street . . . . . Unit no. . . . . City or town . . . . . State . . . . . ZIP code . . . . .  _____  _____  _____		
<b>22</b>	Residential energy property costs (include labor costs for onsite preparation, assembly, and original installation). (See instructions.)		
<b>a</b>	Enter the cost of central air conditioners . . . . .	<b>22a</b>	
<b>b</b>	Multiply line 22a by 30% (0.30). Enter the results. Do <b>not</b> enter more than \$600 . . . . .	<b>22b</b>	
<b>23a</b>	Enter the cost of natural gas, propane, or oil water heaters . . . . .	<b>23a</b>	
<b>b</b>	Multiply line 23a by 30% (0.30). Enter the results. Do <b>not</b> enter more than \$600 . . . . .	<b>23b</b>	
<b>24a</b>	Enter the cost of natural gas, propane, or oil furnace or hot water boilers . . . . .	<b>24a</b>	
<b>b</b>	Multiply line 24a by 30% (0.30). Enter the results. Do <b>not</b> enter more than \$600 . . . . .	<b>24b</b>	

**Section B—Residential Energy Property Expenditures** *(continued)*

<b>25a</b>	Enter the cost of improvements or replacement of panelboards, subpanelboards, branch circuits, or feeders . . . . .	<b>25a</b>		
<b>b</b>	Multiply line 25a by 30% (0.30). Enter the results. Do <b>not</b> enter more than \$600 . . . . .	<b>25b</b>		
<b>26</b>	Home energy audits.			
<b>a</b>	Did you incur costs for a home energy audit that included an inspection of your main home located in the United States and a written report prepared by a certified home energy auditor? (See instructions.) If you checked the "No" box, you cannot claim the home energy audit credit. Stop. Go to line 27.	<b>26a</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</b>	Enter the cost of the home energy audits . . . . .	<b>26b</b>		
<b>c</b>	Multiply line 26b by 30% (0.30). Enter the results. Do <b>not</b> enter more than \$150 . . . . .	<b>26c</b>		
<b>27</b>	Add lines 18b, 19e, 20b, 22b, 23b, 24b, 25b, and 26c . . . . .	<b>27</b>		
<b>28</b>	Enter the smaller of line 27 or \$1,200 . . . . .	<b>28</b>		
<b>29</b>	Heat pumps and heat pump water heaters; biomass stoves and biomass boilers.			
<b>a</b>	Enter the cost of electric or natural gas heat pumps . . . . .	<b>29a</b>		
<b>b</b>	Enter the cost of electric or natural gas heat pump water heaters . . . . .	<b>29b</b>		
<b>c</b>	Enter the cost of biomass stoves and biomass boilers . . . . .	<b>29c</b>		
<b>d</b>	Add lines 29a, 29b, and 29c . . . . .	<b>29d</b>		
<b>e</b>	Multiply line 29d by 30% (0.30). Enter the results. Do <b>not</b> enter more than \$2,000 . . . . .	<b>29e</b>		
<b>30</b>	Add lines 28 and 29e . . . . .	<b>30</b>		
<b>31</b>	Limitation based on tax liability. Enter the amount from the Energy Efficient Home Improvement Credit Limit Worksheet. (See instructions.) . . . . .	<b>31</b>		
<b>32</b>	<b>Energy efficient home improvement credit.</b> Enter the smaller of line 30 or line 31. Also include this amount on Schedule 3 (Form 1040), line 5b . . . . .	<b>32</b>		
<b>a</b>	If the special rule for joint occupants applies, check here <input type="checkbox"/> and attach a statement. (See instructions.)			

Form **5695** (2024)