

Form **1040**Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return**2025**

OMB No. 1545-0074

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

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning

, 2025, ending

, 20

See separate instructions.

 Filed pursuant to section 301.9100-2 Combat zone Deceased

Spouse

 Other

Your first name and middle initial

GEORGE

Last name

RODAFINOS

Your social security number

684 15 9310

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.

4846 ROSEWOOD AVEApt. no. **5**
Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025.

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

LOS ANGELES

State

CA

ZIP code

90004**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

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

Check only one box.

 Single Married filing jointly (even if only one had income) Head of household (HOH) Married filing separately (MFS). Enter spouse's SSN above and full name here: _____ Qualifying surviving spouse (QSS)

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 2025, 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**Dependents**

(see instructions)

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.
(6) Check if	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled
(7) Credits	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents

 Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.**Income**

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

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

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a
b	Household employee wages not reported on Form(s) W-2	1b
c	Tip income not reported on line 1a (see instructions)	1c
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d
e	Taxable dependent care benefits from Form 2441, line 26	1e
f	Employer-provided adoption benefits from Form 8839, line 31	1f
g	Wages from Form 8919, line 6	1g
h	Other earned income (see instructions). Enter type and amount: _____	1h
i	Nontaxable combat pay election (see instructions)	1i
z	Add lines 1a through 1h	1z
2a	Tax-exempt interest	2a
3a	Qualified dividends	3a
c	Check if your child's dividends are included in 1 <input type="checkbox"/> Line 3a	b
4a	IRA distributions	4a
c	Check if (see instructions)	2 <input type="checkbox"/> Line 3b
5a	Pensions and annuities	5a
c	Check if (see instructions)	2 <input type="checkbox"/> QCD 3 <input type="checkbox"/> _____
6a	Social security benefits	6a
c	If you elect to use the lump-sum election method, check here (see instructions)	b
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here <input type="checkbox"/>	Taxable amount
7a	Capital gain or (loss). Attach Schedule D if required	7a
b	Check if: <input type="checkbox"/> Schedule D not required <input type="checkbox"/> Includes child's capital gain or (loss)	0.
8	Additional income from Schedule 1, line 10	8 37,816.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	9 37,816.
10	Adjustments to income from Schedule 1, line 26	10 2,672.
11a	Subtract line 10 from line 9. This is your adjusted gross income	11a 35,144.

Tax and Credits	11b Amount from line 11a (adjusted gross income) 12a Someone can claim <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent b <input type="checkbox"/> Spouse itemizes on a separate return c <input type="checkbox"/> You were a dual-status alien d You: <input type="checkbox"/> Were born before January 2, 1961 <input type="checkbox"/> Are blind Spouse: <input type="checkbox"/> Was born before January 2, 1961 <input type="checkbox"/> Is blind	11b 35,144.																									
Standard deduction for—	e Standard deduction or itemized deductions (from Schedule A)	12e 15,750.																									
	13a Qualified business income deduction from Form 8995 or Form 8995-A b Additional deductions from Schedule 1-A, line 38	13a 3,879.																									
	14 Add lines 12e, 13a, and 13b	13b 19,629.																									
	15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15 15,515.																									
	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 1,625.																									
	17 Amount from Schedule 2, line 3	17 485.																									
	18 Add lines 16 and 17	18 2,110.																									
	19 Child tax credit or credit for other dependents from Schedule 8812	19 0.																									
	20 Amount from Schedule 3, line 8	20 0.																									
	21 Add lines 19 and 20	21 0.																									
	22 Subtract line 21 from line 18. If zero or less, enter -0-	22 2,110.																									
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23 5,343.																									
	24 Add lines 22 and 23. This is your total tax	24 7,453.																									
Payments and Refundable Credits	25 Federal income tax withheld from: a Form(s) W-2 b Form(s) 1099 c Other forms (see instructions) d Add lines 25a through 25c	25a 25b 25c 25d 26																									
If you have a qualifying child, you may need to attach Sch. EIC.	26 2025 estimated tax payments and amount applied from 2024 return If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions): _____																										
	27a Earned income credit (EIC) b Clergy filing Schedule SE (see instructions) c If you do not want to claim the EIC, check here <input type="checkbox"/>	27a 28 29 30 31 32 33 0.																									
	28 Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here <input type="checkbox"/>	28																									
	29 American opportunity credit from Form 8863, line 8	29																									
	30 Refundable adoption credit from Form 8839, line 13	30																									
	31 Amount from Schedule 3, line 15	31																									
	32 Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits	32																									
	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 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> b Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	34 35a
X	X	X	X	X	X	X	X	X																			
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X												
Direct deposit? See instructions.	36 Amount of line 34 you want applied to your 2026 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 38 Estimated tax penalty (see instructions)	37 7,453.																									
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions. <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No																										
	Designee's name _____	Phone no. _____	Personal identification number (PIN) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																								
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.																										
Joint return? See instructions. Keep a copy for your records.	Your signature _____	Date _____	Your occupation MASSAGE THERAPIST _____	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																							
	Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation _____	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																							
	Phone no. 952-250-0957	Email address _____																									
Paid Preparer Use Only	Preparer's name _____	Preparer's signature SELF-PREPARED _____	Date _____	PTIN _____	Check if: <input type="checkbox"/> Self-employed																						
	Firm's name _____			Phone no. _____																							
	Firm's address _____			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 for instructions and the latest information.

OMB No. 1545-0074

2025Attachment
Sequence No. 01

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

Your social security number

GEORGE RODAFINOS

684-15-9310

For 2025, 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	37,816.
4	
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	
9	
10	37,816.

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). Check if any from Form(s): 4797 4684

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

6 Farm income or (loss). Attach Schedule F

7 Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here and enter amount repaid: _____

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:

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

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

Cat. No. 71479F

Schedule 1 (Form 1040) 2025 Created 7/25/25

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. If claiming only storage fees (see instructions), check here <input type="checkbox"/>	14
15	Deductible part of self-employment tax. Attach Schedule SE	15 2,672.
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. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here <input type="checkbox"/>	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 2,672.

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**

OMB No. 1545-0074

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

Go to www.irs.gov/Form1040 for instructions and the latest information.**2025**Attachment
Sequence No. 02

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

GEORGE RODAFINOS

Your social security number

684-15-9310

Part I Tax

1 Additions to tax:		
a Excess advance premium tax credit repayment. Attach Form 8962	1a	485 .
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)	1b	
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)	1c	
d Recapture of net EPE from Form 4255, line 2a, column (l)	1d	
e Excessive payments (EPs) on gross EPE from Form 4255. Check applicable box and enter amount. See instructions. (i) <input type="checkbox"/> Line 1a (ii) <input type="checkbox"/> Line 1c (iii) <input type="checkbox"/> Line 1d (iv) <input type="checkbox"/> Line 2a	1e	
f 20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) <input type="checkbox"/> Line 1a (ii) <input type="checkbox"/> Line 1c (iii) <input type="checkbox"/> Line 1d (iv) <input type="checkbox"/> Line 2a	1f	
y Other additions to tax (see instructions): _____	1y	
z Add lines 1a through 1y	1z	485 .
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	485 .

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions): 1 <input type="checkbox"/> 4361 2 <input type="checkbox"/> 4029 3 <input type="checkbox"/> _____	4	5,343 .
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 <input type="checkbox"/>	8	
9 Household employment taxes. Attach Schedule H	9	
10 Reserved for future use	10	
11 Additional Medicare Tax. Attach Form 8959	11	
12 Net investment income tax. Attach Form 8960	12	
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	5 , 343 .

Schedule 2 (Form 1040) 2025

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2025

Attachment
Sequence No. 09

Name of proprietor GEORGE RODAFINOS	Social security number (SSN) 684-15-9310
A Principal business or profession, including product or service (see instructions) MASSAGE THERAPIST	B Enter code from instructions 6 2 1 3 9 9
C Business name. If no separate business name, leave blank. DEEPERLAYERS MASSAGE	D Employer ID number (EIN) (see instr.) 4 7 3 3 3 3 5 7 5
E Business address (including suite or room no.) STE 105, 1601 N. GOWER STREET	
City, town or post office, state, and ZIP code LOS ANGELES, CA 90028	
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 2025? 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 2025, check here <input type="checkbox"/>	
I Did you make any payments in 2025 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	52,580.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	52,580.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	52,580.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	52,580.

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

8 Advertising	8	1,878.	18 Office expense (see instructions)	18	694.
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	5,101.	a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	5,376.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	241.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	568.
15 Insurance (other than health)	15	204.	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	702.
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
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 Other expenses (from line 48)	27b	

Simplified method filers only: 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

31 **Net profit or (loss).** Subtract line 30 from line 29.

- 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.

- 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**.
- If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

31 37,816.

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

SCHEDULE SE
(Form 1040)Department of the Treasury
Internal Revenue Service**Self-Employment Tax**

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.
Go to www.irs.gov/ScheduleSE for instructions and the latest information.**2025**Attachment
Sequence No. **17**

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

Social security number of person
with **self-employment** income**GEORGE RODAFINOS****684-15-9310****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	
1b ()	
2	37,816.
3	37,816.
4a	34,923.
4b	
4c	34,923.
5a	
5b	
6	34,923.
7	176,100.
8a	
8b	
8c	
8d	
9	176,100.
10	4,330.
11	1,013.
12	5,343.
13	2,672.

5a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A

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

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

3 Combine lines 1a, 1b, and 2

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

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

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

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

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

6 Add lines 4c and 5b

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 2025

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 \$176,100 or more, skip lines 8b through 10, and go to line 11

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

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

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

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

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

11 Multiply line 6 by 2.9% (0.029)

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**

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**

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

Cat. No. 11358Z

Schedule SE (Form 1040) 2025 Created 5/7/25

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$10,860, or (b) your net farm profits² were less than \$7,840.

14	Maximum income for optional methods	14
15	Enter the smaller of: two-thirds ($\frac{2}{3}$) of gross farm income ¹ (not less than zero) or \$7,240. Also, include this amount on line 4b above	15
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$7,840 and also less than 72.189% of your gross nonfarm income, ⁴ 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.		16
16	Subtract line 15 from line 14	16
17	Enter the smaller of: two-thirds ($\frac{2}{3}$) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17

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

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

² 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.

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

Qualified Business Income Deduction
Simplified Computation

2025

Attachment
Sequence No. 55Attach to your tax return.
Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

GEORGE RODAFINOS

Your taxpayer identification number

684-15-9310

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$197,300 (\$394,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	DEEPERLAYERS MASSAGE	47-3333575	35,144.
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 35,144.	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 35,144.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 7,029.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 7,029.
11	Taxable income before qualified business income deduction (see instructions)	11 19,394.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 19,394.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 3,879.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15 3,879.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 ()
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 ()

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

Cat. No. 37806C

Form 8995 (2025) Created 9/12/25

2025

Attachment
Sequence No. 73**Form 8962**Department of the Treasury
Internal Revenue Service**Premium Tax Credit (PTC)**

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

Go to www.irs.gov/Form8962 for instructions and the latest information.

Name shown on your return

Your social security number

GEORGE RODAFINOS

684-15-9310

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box **Part I Annual and Monthly Contribution Amount**

1	Tax family size. Enter your tax family size. See instructions	1	1
2a	Modified AGI. Enter your modified AGI. See instructions	2a	35,144.
b	Enter the total of your dependents' modified AGI. See instructions	2b	
3	Household income. Add the amounts on lines 2a and 2b. See instructions	3	35,144.
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	15,060.
5	Household income as a percentage of federal poverty line (see instructions)	5	233%
6	Reserved for future use	6	
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0332
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	1,167.
		8b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount
		8b	97.

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.
 Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage.
 No. Continue to line 10.
- 10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
 Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.
 No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual PTC allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly PTC allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January	901.	900.	97.	803.	803.	900.
13 February	901.	900.	97.	803.	803.	900.
14 March	901.	900.	97.	803.	803.	900.
15 April	901.	900.	97.	803.	803.	900.
16 May	901.	900.	97.	803.	803.	900.
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						
24 Total PTC. Enter the amount from line 11, column (e), or add lines 12 through 23, column (e), and enter the total here					24	4,015.
25 Advance payment of PTC. Enter the amount from line 11, column (f), or add lines 12 through 23, column (f), and enter the total here					25	4,500.
26 Net PTC. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27					26	

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27 Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	485.
28 Repayment limitation (see instructions)	28	975.
29 Excess advance PTC repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 1a	29	485.