

Prepared by TaxSlayer

	☐ CORRE	ECTED (if checked))			
PAYER'S name, street address, city or foreign postal code, and telephone	or town, state or province, country, ZIP e no.			MB No. 1545-0116		
SCENE FACTORY				orm 1099-NEC		Nonemployee
14750 W CAPITOL WAUKESHA WI 5318			<u> </u>	Rev. January 2024) For calendar year	-	Compensation
DAVEDIO TIV	L DE OUDUENTIO TIM			2024_		05
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compen				Сору В
82-3055643	393-98-9607	\$ 260	00			For Recipient
RECIPIENT'S name		2 Payer made direct sal consumer products to		• •		This is important tax information and is being
MARK WEST		3				furnished to the IRS. If you are required to file a return, a negligence penalty or othe
Street address (including apt. no.)						sanction may be imposed or
W220 N2615 MAPLE	WOOD LANE	4 Federal income tax v	withheld			you if this income is taxable and the IRS determines that it
City or town, state or province, count	ry, and ZIP or foreign postal code	\$				has not been reported
WAUKESHA WI 5318	6	5 State tax withheld	6 State/	Payer's state no.		7 State income
Account number (see instructions)		\$	MI	0368888888	38880	\$ 2600
		\$				\$
Form 1099-NEC (Rev. 1-2024)	(keep for your records)	www.irs.gov/Form1099NE	EC	Department of the T	Freasury -	Internal Revenue Service

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

(keep for your records)

Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

internal nevertue Service						
Submission Identification Number (SID) 53003220251054621732						
Taxpayer's name	curity numb	per				
MARK G WEST	393-9	-98-9607				
Spouse's name	Spouse's	social seci	social security number			
CARLEY B WEST	395-8	2-2136				
Part I Tax Return Information — Tax Year Ending December 31, 2024 (E	nter year yo	u are au	thorizin	g.)		
Enter whole dollars only on lines 1 through 5.						
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1 Adjusted gross income		. 1		603'	78	
2 Total tax				157	57	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099						
4 Amount you want refunded to you						
5 Amount you owe		. 5		148		
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	nd keep a c	opy of y	our re	turn)	
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	he U.S. Treasurt indicated in the titution to debit inate the author requests must the processing the payment. I	ry and its one tax preparts the entry or	designate paration sto this action in the control of the control o	ed Firsoftwa coun e (car ater t paym ge th	nancial are for t. This ncel) a than 2 nent of lat the	
Taxpayer's PIN: check one box only			1 1	7		
	rata my DINI	2 2 0) 7 8		. m.	
Lauthorize to enter or gener	ate my Fin	Enter five		t	ıs my	
signature on the income tax return (original or amended) I am now authorizing.		don't ente	r all zeros	5		
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below.						
Your signature ▶ Date						
Spouse's PIN: check one box only				_		
☐ I authorize to enter or generation	ate my PIN	6 1 2	2 7 5	l a	ıs my	
ERO firm name	ate my i m	Enter five		_	.S IIIy	
signature on the income tax return (original or amended) I am now authorizing.		don't ente	· · ·			
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below.						
Spouse's signature ▶ Date	•					
Practitioner PIN Method Returns Only—continue be	low					
Part III Certification and Authentication — Practitioner PIN Method Only						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.						
ETTO 3 ET INVI INC. ETTER YOUR 31X-digit ET INVIOIIOWED BY YOUR INVE-digit 3ett-3etected 1 IIV.	Don't	enter all ze	eros			
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incor authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am srequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers	submitting this s of Individual Ir	return in a ncome Tax	accordan	ce w		
ERO's signature ► TAXSLAYER Date		/2025				
FRO Must Retain This Form — See Instruction	•					

Don't Submit This Form to the IRS Unless Requested To Do So

	Estimated Tax Voucher Filing Instructions	2025
Name(s) as shown on return		Your social security number
MARK & CARLEY WEST		393-98-9607
Date to file by:	04/15/2025	
Payment	4000	
Payment Method	Make your check Or money order payable to "United States Treasury". Do Not send cash. Enter "2025 Form 1040-ES" And your SSN on your check Or money order. To pay by credit card, go to https://www.irs.gov/payments.	
Address to file	Internal Revenue Service Internal Revenue Service P.O. BOX 931100 LOUISVILLE, KY 40293-1100	
Other Instructions	Detach the appropriate voucher along the dotted line And mail it with your payment. Enclose, but do Not staple Or attach, your payment with the voucher.	
Taxpayer Records		
Amount Paid		
Check Number		
Date Mailed		

Tear off here

1040-ES

Department of the Treasury Internal Revenue Service

2025 Estimated Tax

Payment Voucher

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check Or money order. Mail this voucher with your check Or money order payable to "United States Treasury." Write your social security number And "2025 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year--Due April 15, 2025 Amount of estimated tax you are paying by check or money order. 4000

7038

MARK & CARLEY WEST W220 N2615 MAPLEWOOD LANE MAUKEZHA WI 53786

Internal Revenue Service P.O. BOX 931100 LOUISVILLE, KY 40293-1700

	Estimated Tax Voucher Filing Instructions	2025
Name(s) as shown on return		Your social security number
MARK & CARLEY WEST		393-98-9607
Date to file by:	06/16/2025	
Payment	4000	
Payment Method	Make your check Or money order payable to "United States Treasury". Do Not send cash. Enter "2025 Form 1040-ES" And your SSN on your check Or money order. To pay by credit card, go to https://www.irs.gov/payments.	
Address to file	Internal Revenue Service Internal Revenue Service P.O. BOX 931100 LOUISVILLE, KY 40293-1100	
Other Instructions	Detach the appropriate voucher along the dotted line And mail it with your payment. Enclose, but do Not staple Or attach, your payment with the voucher.	
Taxpayer Records		
Amount Paid		
Check Number		
Date Mailed		

Tear off here

E 1040-ES
Department of the

Department of the Treasury Internal Revenue Service

2025 Estimated Tax

Payment 2

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check Or money order. Mail this voucher with your check Or money order payable to "United States Treasury." Write your social security number And "2025 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year--Due June 16, 2025
Amount of estimated tax you are paying by check or money order.

1038

MARK & CARLEY WEST
W220 N2615 MAPLEWOOD LANE
WAUKESHA WI 53186

Internal Revenue Service P.O. BOX 931100 LOUISVILLE, KY 40293-1100

	Estimated Tax Voucher Filing Instructions	2025
Name(s) as shown on return		Your social security number
MARK & CARLEY WEST		393-98-9607
Date to file by:	09/15/2025	
Payment:	4000	
^p ayment Method:	Make your check Or money order payable to "United States Treasury". Do Not send cash. Enter "2025 Form 1040-ES" and your SSN on your check or money order. To pay by credit card, go to https://www.irs.gov/payments.	
Address to file:	Internal Revenue Service Internal Revenue Service P.O. BOX 931100 LOUISVILLE, KY 40293-1100	
Other Instructions:	Detach the appropriate voucher along the dotted line and mail it with your payment. Enclose, but do not staple or attach, your payment with the voucher.	
Taxpayer Records:		
Amount Paid		
Check Number		
Date Mailed		

1040-ES

2025 Estimated Tax

Payment 3

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check Or money order payable to "United States Treasury." Write your social security number And "2025 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year--Due September 15, 2025
Amount of estimated tax you are paying by check or money order.

7038

MARK & CARLEY WEST
W220 N2615 MAPLEWOOD LANE
WAUKESHA WI 53186

Department of the Treasury

Internal Revenue Service

Internal Revenue Service P.O. BOX 931100 LOUISVILLE, KY 40293-1100

	Estimated Tax Voucher Filing Instructions	2025
Name(s) as shown on return		Your social security number
MARK & CARLEY WEST		393-98-9607
Date to file by:	01/15/2026	
Payment:	4000	
Payment Method:	Make your check Or money order payable to "United States Treasury". Do Not send cash. Enter "2025 Form 1040-ES" and your SSN on your check or money order. To pay by credit card, go to https://www.irs.gov/payments.	
Address to file:	Internal Revenue Service Internal Revenue Service P.O. BOX 931100 LOUISVILLE, KY 40293-1100	
Other Instructions:	Detach the appropriate voucher along the dotted line and mail it with your payment. Enclose, but do not staple or attach, your payment with the voucher.	
Taxpayer Records:		
Amount Paid		
Check Number		
Date Mailed		

Tear off here

1040-ES
Department of the

Department of the Treasury Internal Revenue Service

2025 Estimated Tax

Payment 4

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check Or money order payable to "United States Treasury." Write your social security number And "2025 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year--Due January 15, 2026
Amount of estimated tax you are paying by check or money order.

7038

MARK & CARLEY WEST
W220 N2615 MAPLEWOOD LANE
WAUKESHA WI 53186

Internal Revenue Service P.O. BOX 931100 LOUISVILLE, KY 40293-1100

E1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2024

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jar	n. 1–Dec	c. 31, 2024, or other tax year beginning		, 2024, end	ling			, 20	See se	parate inst	ructions.
Your first name	and m	iddle initial	Last na	ame					Your so	cial securit	y number
MARK G			WEST	ŗ					39	3-98-96	07
	pouse's	s first name and middle initial	Last na								urity number
CARLEY B			WEST	ŗ					39!	5-82-21	36
		er and street). If you have a P.O. box, see					Α	pt. no.			n Campaign
W220 N26	15 M	MAPLEWOOD LANE							Check	here if you,	or your
		ce. If you have a foreign address, also co	mplete	spaces below.	Sta	te	ZIP co	de		if filing join	
WAUKESHA					WI	:	5318	36	-	this fund. (low will not	•
Foreign country	y name			Foreign province/state/o	count	у	Foreign	n postal code		x or refund.	onango
										You	Spouse
Filing Status	s [Single				☐ Head o	of hous	sehold (HC	 ЭН)		
Check only		Married filing jointly (even if only or	ne had	income)							
one box. Married filing separately (MFS) Qualifying surviving sp							rviving spo	ouse (QS	S)		
	lf y	you checked the MFS box, enter the	name	of your spouse. If you	u che						if the
	qu	ıalifying person is a child but not you	ır depe	ndent:							
		If treating a nonresident alien or du	ual-stat	us alien spouse as a	U.S.	resident for the	e entir	e tax year,	check th	e box and	enter
		their name (see instructions and at	tach st	atement if required):							
	^+ ~-	ou time during 2004 did you (a) room	-iva (aa	o remark of order		nont for proper	+	i\.	المم (ط) س		
Digital Assets		ny time during 2024, did you: (a) rece nange, or otherwise dispose of a digi								Yes	X No
		neone can claim: You as a de		_			i): (OC	C IIISti dotte	3113.)		<u> </u>
Standard Deduction	_	Spouse itemizes on a separate return		•		•					
Deddetion	Ш,		11 O1 yO		anen						
Age/Blindness	you:	: Were born before January 2, 1	960	Are blind Spo	ouse	: Was bor	n befo	re January	2, 1960	☐ Is bli	nd
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationshi	p (4)			, ,	instructions):
If more	(1) F	(1) First name Last name		number		to you		Child tax credit			ner dependents
than four		NORAH E WEST		389-27-0267		DAUGHTER					X
dependents, see instruction	s DE	ECLAN T WEST		389-29-2338 SON		SON		<u> </u>			X
and check	, —							<u> </u>		L	
here L]									<u> </u>	
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions)					. 18	1	
Attach Form(s)	b	Household employee wages not re	•	` '					. 1k)	
W-2 here. Also	С	Tip income not reported on line 1a	•	•					. 10		
attach Forms W-2G and	d	Medicaid waiver payments not rep		` , ` `	nstru	ictions)			. 10		
1099-R if tax	е	Taxable dependent care benefits f		•					. 16		
was withheld.	f	Employer-provided adoption bene	fits fror	n Form 8839, line 29	•				. 11		
If you did not get a Form	g	Wages from Form 8919, line 6 .							. 10		
W-2, see	h	Other earned income (see instructi	,				i .		. 11	1	
instructions.	į	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>					
	<u>z</u>	Add lines 1a through 1h	 . i						. 12		
Attach Sch. B if required.	2a	· —	2a			axable interest			. 2k		
	3a		3a			rdinary divider			. 3k		
Standard	4a		4a 5a			axable amount axable amount			. 4k		
Deduction for—	5а 6а		6a			axable amount			. 6k		
Single or Married filing	C	If you elect to use the lump-sum el	_							,	
separately, \$14,600	7	Capital gain or (loss). Attach Sched		· ·	`	,			☐ 7		
Married filing	8	Additional income from Schedule							. 8		67769
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							. 9		67769
surviving spouse, \$29,200	10	Adjustments to income from Sche		•					. 10		7391
Head of household,	11	Subtract line 10 from line 9. This is							. 11		60378
\$21,900	12	Standard deduction or itemized	•	-					. 12		29200
If you checked any box under	13	Qualified business income deducti		•	,	5-A			. 13		
Standard Deduction,	14	Add lines 12 and 13							. 14		29200
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss. enter -0 This is v	our t	axable incom	 e .		. 15		31178
	-			,			•		,	1	0

393-98-9607	
	Page 2

Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16		3277
Credits	17	Amount from Schedule 2, lin	ne 3						17		
	18	Add lines 16 and 17							18		3277
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19		1000
	20	Amount from Schedule 3, lir	ne 8						20		1301
	21	Add lines 19 and 20							21		2301
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					22		976
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .				23		14781
	24	Add lines 22 and 23. This is							24		15757
Payments	25	Federal income tax withheld									
•	а	Form(s) W-2				25a					
	b	Form(s) 1099				25b					
	С	Other forms (see instruction				25c					
	d	Add lines 25a through 25c							25d		
If you have a	26	2024 estimated tax paymen	ts and amount a	pplied from 20	23 return				26		
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812			28					
	29	American opportunity credit	from Form 8863	3, line 8		29		86	57		
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir				31					
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							32	1	867
	33	Add lines 25d, 26, and 32. T							33		867
Refund	34	If line 33 is more than line 24							34		
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, che	eck here		🗆	35a		
Direct deposit?	b	Routing number X X X	$X \mid X \mid X \mid X$	XX	c Type:	Chec	king 🗌	Savings	,		
See instructions.	d	Account number X X X	XXXXX	XXXX	$X \mid X \mid X \mid X \mid X$	XX	X				
	36	Amount of line 34 you want	applied to your	2025 estimate	ed 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 <i>www.irs.gov/Payments</i> or see instructions						37		14890	
	38	Estimated tax penalty (see in				38					
Third Party Designee		you want to allow another	person to disc	cuss this retu	rn with the IRS		Yes. C	omplete	below.	□No	
Doolgiloo	De	signee's		Phone				•	ntification		
	naı	me		no.			WAIVER	ber (PIN)			
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com									•
пеге	Yo	ur signature		Date	Your occupation					ent you an PIN, enter i	
Joint return?					OWNED					III, enter i	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	OWNER Spouse's occupa	tion		If t	he IRS se	nt your sp	ouse an
Keep a copy for	·	, ,	J					Ide	entity Prot		I, enter it here
your records.					HOME MAKER			(se	e inst.)	\coprod	
		one no. (262) 278-833		Email address	HOMERWEST		IL.COM				
Paid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if	
Preparer								<u> </u>		Self	f-employed
Use Only	Fire	m's name						Ph	one no.		
Jac Only	Fir	m's address						Fir	m's EIN		

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

Form **1040** (2024)

QNA

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

MARK & CARLEY WEST

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

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

2024
Attachment Sequence No. 01

Your social security number 393-98-9607

	24, enter the amount reported to you on Form(s) 1099-K that was included in old at a loss	error or for personal		
Note: 7	The remaining amounts reported to you on Form(s) 1099-K should be reported eleof the transaction. See www.irs.gov/1099k .	sewhere on your return	deper	nding on the
Part	Additional Income			
	Taxable refunds, credits, or offsets of state and local income taxes		1	
	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Sch	edule E	5	67769
	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
	Prizes and awards	8i		
	Activity not engaged in for profit income	8j		
	Stock options	8k		
	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	81		
	Olympic and Paralympic medals and USOC prize money (see instructions) .	8m	_	
	Section 951(a) inclusion (see instructions)	8n	_	
	Section 951A(a) inclusion (see instructions)	80	_	
_	Section 461(I) excess business loss adjustment	8p	_	
-	Taxable distributions from an ABLE account (see instructions)	8q	-	
	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 (4	
	Pension or annuity from a nonqualifed deferred compensation plan or a			
	nongovernmental section 457 plan	8t	-	
	Wages earned while incarcerated	8u	-	
	Digital assets received as ordinary income not reported elsewhere. See instructions	8v		
Z	Other income. List type and amount:			
_		8z		
	Total other income. Add lines 8a through 8z		9	
	Combine lines 1 through 7 and 9. This is your additional income . Enter here 1040-SR, or 1040-NR, line 8	·	10	67769

Schedule 1 (Form 1040) 2024 Page **2**

Par	Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach		1
	Form 2106	12	1
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	7391
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		
С	Date of original divorce or separation agreement (see instructions):		1
20	IRA deduction	20	1
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		1
b	Deductible expenses related to income reported on line 8I from the rental of		1
	personal property engaged in for profit		1
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC		1
	prize money reported on line 8m		1
d	Reforestation amortization and expenses		1
е	Repayment of supplemental unemployment benefits under the Trade Act of		1
	1974		1
f	Contributions to section 501(c)(18)(D) pension plans 24f		1
g	Contributions by certain chaplains to section 403(b) plans		1
h	Attorney fees and court costs for actions involving certain unlawful		1
	discrimination claims (see instructions)		1
i	Attorney fees and court costs you paid in connection with an award from the		1
	IRS for information you provided that helped the IRS detect tax law violations 24i		1
j	Housing deduction from Form 2555		1
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k		1
z	Other adjustments. List type and amount:		1
	24z		1
25	Total other adjustments. Add lines 24a through 24z	25	1
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	7391

QNA

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

MARK & CARLEY WEST

Additional Taxes

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

2024
Attachment
Sequence No. 02

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

393-98-9607

Your social security number

Par	tl Tax		
1	Additions to tax:		
а	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)		
С	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)		
е	Excessive payments (EP) from Form 4255. Check applicable box and enter amount. (i) Line 1a, column (n) (ii) Line 1c, column (n) (iii) Line 2a, column (n) 1e		
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 2a, column (o)		
у	Other additions to tax (see instructions):		
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	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	14781
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	3 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	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	n 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	
		(cc	ontinued on page 2)

Page 2

Part II Other Taxes (continued)

17	Other additional taxes:			
а	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		
С	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		
е	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		
I	Tax on accumulation distribution of trusts	171		
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		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
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 he or 1040-SR, line 23, or Form 1040-NR, line 23b		21	14781

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

Your social security number

Department of the Treasury Internal Revenue Service

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

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. 03

OMB No. 1545-0074

MARK & CARLEY WEST 393-98-9607 Part I Nonrefundable Credits 2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . 2 3 3 1301 4 Retirement savings contributions credit. Attach Form 8880 4 5a 5a Energy efficient home improvement credit from Form 5695, line 32 5b 6 Other nonrefundable credits: 6a General business credit. Attach Form 3800 а Credit for prior year minimum tax. Attach Form 8801 6b Credit for the elderly or disabled. Attach Schedule R 6d d 6e Clean vehicle credit. Attach Form 8936 6f f Mortgage interest credit. Attach Form 8396 g District of Columbia first-time homebuyer credit. Attach Form 8859 . . . 6h h i Qualified electric vehicle credit. Attach Form 8834 Alternative fuel vehicle refueling property credit. Attach Form 8911 6j Credit to holders of tax credit bonds. Attach Form 8912 6k Amount on Form 8978, line 14. See instructions 61 Credit for previously owned clean vehicles. Attach Form 8936 6m Other nonrefundable credits. List type and amount: 7 7 Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 8 1301 Part II Other Payments and Refundable Credits 9 10 Amount paid with request for extension to file (see instructions) 10 Excess social security and tier 1 RRTA tax withheld 11 11 12 Credit for federal tax on fuels. Attach Form 4136 12 13 Other payments or refundable credits: 13a Section 1341 credit for repayment of amounts included in income from earlier 13b Net elective payment election amount from Form 3800, Part III, line 6, column (j) 13c Deferred amount of net 965 tax liability (see instructions) 13d Other refundable credits (see instructions): 13z Total other payments or refundable credits. Add lines 13a through 13z 14 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.

Schedule 3 (Form 1040) 2024

QNA

2210

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0140

2024

Attachment Sequence No. **06**

393-98-9607

Name(s) shown on tax return
MARK & CARLEY WEST

Department of the Treasury

Internal Revenue Service

Go to www.irs.gov/Form2210 for instructions and the latest information.

| Sec | Identifying number | Ide

Do You Have To File Form 2210? Yes Complete lines 1 through 7 below. Is line 4 or line 7 less than Don't file Form 2210. You don't owe a penalty. \$1,000? No Yes Complete lines 8 and 9 below. Is line 6 equal to or more than You don't owe a penalty. Don't file Form 2210 unless box E in Part II applies, then file page 1 of Form 2210. You must file Form 2210. Does box B, C, or D in Part II Yes You may owe a penalty. Does any box in Part II below apply? apply? No No Yes You must figure your penalty. Don't file Form 2210. You aren't required to figure You aren't required to figure your penalty because the IRS your penalty because the IRS will figure it and send will figure it and send you a bill for any unpaid amount. If you you a bill for any unpaid amount. If you want to figure want to figure it, you may use Part III as a worksheet and it, you may use Part III as a worksheet and enter your enter your penalty amount on your tax return, but file only penalty amount on your tax return, but don't file Form page 1 of Form 2210. 2210. Part I Required Annual Payment 1 Enter your 2024 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the 976 2 Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net 14781 **3** Other payments and refundable credits (see instructions) 3 867 Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop; you don't owe a penalty. 4 14890 **5** Multiply line 4 by 90% (0.90) 6 Withholding taxes. **Don't** include estimated tax payments. See instructions 6 7 Subtract line 6 from line 4. If less than \$1,000, stop; you don't owe a penalty. Don't file Form 2210 7 14890 8 Maximum required annual payment based on prior year's tax (see instructions) . . . 8 1 **9 Required annual payment.** Enter the **smaller** of line 5 or line 8 . . . Next: Is line 9 more than line 6? No. You don't owe a penalty. Don't file Form 2210 unless box E below applies. X Yes. You may owe a penalty, but don't file Form 2210 unless one or more boxes in Part II below applies. • If box **B**, **C**, or **D** applies, you must figure your penalty and file Form 2210. • If box A or E applies (but not B, C, or D), file only page 1 of Form 2210. You aren't required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but file only page 1 of Form 2210. Part II Reasons for Filing. Check applicable boxes. If none apply, don't file Form 2210. A 🔯 You request a waiver (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty. You request a waiver (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form

C Your income varied during the year and your penalty is reduced or eliminated when figured using the annualized income

Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
 You filed or are filing a joint return for either 2023 or 2024, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you aren't required to figure your penalty (unless box B, C, or D applies).

installment method. You must figure the penalty using Schedule Al and file Form 2210.

2210.

Form 2210 (2024) Page 2

Dar	t III Penalty Computation (See the instructions	e if	vou're filing Form	10/0-NR)			
ı aı	r charty computation (See the instructions	11			Due Dates		
Sec	Required installments. If box C in Part II apple enter the amounts from Schedule AI, line Otherwise, enter 25% (0.25) of line 9, Form 2210 each column. For fiscal year filers, see instructions. For column (a) only, also enter amount from line 11 on line 15, column (a). If line is equal to or more than line 10 for all paym periods, stop here; you don't owe a penalty. Do file Form 2210 unless you checked a box in Part Complete lines 12 through 18 of one column be 12 Enter the amount, if any, from line 18 in the previous Add lines 11 and 12		(a) 4/15/24	(b) 6/15/24	(c)	ļ	(d) 1/15/25
10	Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions	10					
11	Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II	4/15/24 6/15/24 9/15/24 1/15/25 C in Part II applies, edule AI, line 27. ne 9, Form 2210, in s, see instructions withheld (see the nly, also enter the olumn (a). If line 11 10 for all payment we a penalty. Don't ted a box in Part II 11 If one column before going to line 12 of the next column. 12					
	Complete lines 12 through 18 of one column before	e go	oing to line 12 of t	he next column.			
13	Enter the amount, if any, from line 18 in the previous column	-					
14	·	14					
	If line 15 is zero, subtract line 13 from line 14.						
17	Underpayment. If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of						
18	Overpayment. If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column	18					
Sec	tion B-Figure the Penalty (Use the Worksheet for	Fo	rm 2210, Part III,	Section B—Figu	re the Penal	ty in t	he instructions.)
19	the Penalty. Include this amount on Form 1040, 104	0-S	R, or 1040-NR, lin	e 38; or Form 104	11, line 27.	19	0
QNA							Form 2210 (2024)

Form 2210 (2024) Page **3**

Sch	edule Al—Annualized Income Installment Meth	hod	(See the instruc	tions.)		
	es and trusts, don't use the period ending dates shown to the right. ad, use the following: 2/29/24, 4/30/24, 7/31/24, and 11/30/24.		(a) 1/1/24–3/31/24	(b) 1/1/24–5/31/24	(c) 1/1/24–8/31/24	(d) 1/1/24–12/31/24
Pa	rt I Annualized Income Installments					
	Enter your adjusted gross income for each period. See instructions. (Estates and trusts, enter your taxable income without your exemption for each period.) Annualization amounts. (Estates and trusts, see instructions.)	1 2	4	2.4	1.5	60378 1
3	Annualized income. Multiply line 1 by line 2	3				60378
	If you itemize, enter itemized deductions for the period shown in each column. All others, enter -0-, and skip to line 7. Exception: Estates and trusts, skip to line 9. Annualization amounts	4 5	4	2.4	1.5	1
6	Multiply line 4 by line 5	6				
7	In each column, enter the amount of your standard deduction from Form 1040 or 1040-SR. (Form 1040-NR filers, enter -0 Exception: Indian students and business apprentices, see instructions.) Enter the larger of line 6 or line 7	7	29200 29200	29200 29200	29200 29200	29200 29200
9	Deduction for qualified business income. Estates and					
	trusts: Subtract this amount from the amount on line 3, skip line 10, and enter the result on line 11	9				
	Add lines 8 and 9	10	29200	29200	29200	29200
11	Subtract line 10 from line 3	11	-29200	-29200	-29200	31178
12	Form 1040, 1040-SR, or 1040-NR filers, enter -0- in each column. (Estates and trusts, see instructions.)	12				
13		13				31178
14		14				3277
15		15				
16	Enter other taxes for each payment period including, if applicable, Additional Medicare Tax and/or Net Investment Income Tax. See instructions	16				
17	Total tax. Add lines 14, 15, and 16	17				3277
18	For each period, enter the same type of credits as allowed on Form 2210, Part I, lines 1 and 3. See instructions	18				
19		19				3277
	Applicable percentage	20	22.5%	45%	67.5%	90%
21	Multiply line 19 by line 20	21				2949
22	Complete lines 22–27 of one column before going at Enter the total of the amounts in all previous columns of line 27		ne 22 of the next	column.		
23		23				2949
24		-				
25	Subtract line 27 of the previous column from line 26 of that column					
26	Add lines 24 and 25	26				
27	Form 2210, Part III, line 10	27				
	Annualized Self-Employment Tax (Form 1	_	ປ, 1040-SR, or 1	U4U-NR tilers on	ly)	I
28 29	Prorated social security tax limit	28 29	\$42,150	\$70,250	\$112,400	\$168,600
30	· · · · · · · · · · · · · · · · · · ·	30				
31	•	31				
	Annualization amounts	32	0.496	0.2976	0.186	0.124
33	Multiply line 32 by the smaller of line 28 or line 31 .	33	0116	0.0606	00475	0.000
34 35	Annualization amounts	34 35	0.116	0.0696	0.0435	0.029
	Add lines 33 and 35. Enter here and on line 15 above	-				

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 09

Name o	of proprietor			Link:1	Social	security number (SSN)
MARK						98-9607
Α	Principal business or profession	on, including product or service (se	e instr	uctions)	B Ente	r code from instructions
	Principal business or profession, including product or service (see instructions) PRODUCER - DIRECTOR Business name. If no separate business name, leave blank. Business address (including suite or room no.)					
С	•	,			D Emp	loyer ID number (EIN) (see instr.)
E						
F				OH('f')		
ï						
J						
Part		(1)				
1	•				1	2600
2	Returns and allowances				2	
3	Subtract line 2 from line 1 .					2600
4						2553
5						2600
6						2600
7	Gross income. Add lines 5 an	nd 6			7	2600
		<u> </u>	1	<u> </u>		1200
8	ŭ	8	-	. , ,		1200
9	•		1		19	
40			1	, ,	00-	
			1			
			1			
	•	12	+			
	expense deduction (not					
	, ,	13	1		20	
1/	,	10	1 - '		24a	
14	. ,	14	1			
15	,		25			1200
16	,		26	Wages (less employment credits)	26	
а	Mortgage (paid to banks, etc.)	16a	27a		27a	
b	Other	16b	b	Energy efficient commercial bldgs		
E Business arame. If no separate business name, leave blank. D Employer ID numb Business arame, If no separate business name, leave blank. D Employer ID numb Business address (including suite or room no.) WAZUNZ615. MAPLEWOOD LANE City, town or post office, state, and ZiP code WAZUKESHA WI 53186 F Accounting method: (i) ☑ Cash (2) □ Accrual (3) □ Other (specify) Did you "materally participate" in the operation of this business during 2024? If "No," see instructions for limit on losses □ 0 if "ves," (3d you or will) could be suiting 2024, check here. □ Did you make any payments in 2024 that would require you to file Form(s) (3999' Sae instructions □ If "ves," (3d you or will) could be required Form(s) (1999' Part □ 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. □ Returns and allowances □ Cast of goods sold (from line 42) □ Gross receipts of 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. □ Returns and allowances □ Cast of goods sold (from line 42) □ Gross receipts. Subtract line 4 from line 3 □ Gross receipts. Subtract line 4 from line 3 □ Gross income. Add lines 5 and 6 □ Part □ Expenses. Enter expenses for business use of your home only on line 30. ■ Advertising □ Grant and truck expenses □ Gree instructions) □ Gommissions and fees □ Grant of truck expenses □ Gree instructions) □ Gommissions and fees □ Grant of truck expenses see instructions and profit-sharing plans. □ Separate (lefter than health) □ Gommissions and fees □ Grant of truck expenses see instructions and profit-sharing plans. □ Separate (lefter than health) □ Gommissions and fees □ Grant of truck expenses see instructions and profit-sharing plans. □ Separate (lefter than health) □ Gommissions and fees □ Grant of truck expenses see instructions and profit-sharing						
28	Total expenses before expen	ses for business use of home. Add	d lines	8 through 27b	28	2400
29	Tentative profit or (loss). Subtr	ract line 28 from line 7			29	200
Business name. If no separate business name, leave blank. Business address (including suite or room no.) W220N2615 MAPLEWOOD LANE						
			ter on	 line 30	30	200
E Business name. If no separation of the city, town or post office, stock of the city, town or post office, stock of the city	line 30 from line 29.					
		,		, , ,	31	
		•				
32			t in this	activity. See instructions.		
	SE, line 2. (If you checked the Form 1041, line 3.	box on line 1, see the line 31 instruc	ctions.)	Estates and trusts, enter on		☐ All investment is at risk.☐ Some investment is not at risk.

Schedule E (Form 1040) 2024 Attachment Sequence No. 13

Name(s)	(s) shown on return. Do not enter name and social security number if shown on other side.						Your social security number					
MARK	K & CARLEY WEST						3	393-98-9	607			
Cautio	on: The IRS compares amounts reported or	n your ta	x retu	ırn with a	mount	s show	vn on S	Schedule(s) K-	·1.			
Part		hips an bution, di	d S (spose uired	Corpora of stock, basis com	tions or recei putation	ve a loa	an repay	yment from an S a loss from an	S corpo at-risk a			
27	Are you reporting any loss not allowed in passive activity (if that loss was not report	rted on I	Form	8582), o	r unreir	mburse	ed par	tnership expe	nses?	If you answ	wered "Yes,"	
28	see instructions before completing this sec (a) Name	ction .	(b) E parti	Enter P for nership; S corporation	(c) Ch	eck if ign	(d) Employer ification number	(e)	. Check if computation required	Yes X No (f) Check if any amount is not at risk	
Α	SCENE FACTORY LLC			P			82-3	055643				
В	UPE-SCENE FACTORY LLC			P			82-3	055643				
С	GUARANTEED PAYMENTS FOR SERV	ICES		P			82-3	055643				
D												
	Passive Income and Loss					N	onpas	sive Income	and Lo	SS		
		ive income		(i) Nonpa				(j) Section 179 ex			assive income	
	(attach Form 8582 if required) from Sch	hedule K-		(see	Schedul	6 K-1) 5837	- 0	eduction from Fo	rm 4562	Trom So	chedule K-1	
A B						9394				+		
C						7394				+	114000	
D										+	114000	
29a	Totals										114000	
29a b	Totals				16	5231					114000	
30	A 1 1				-10	1431			. 30		114000	
31									. 31		46231)	
32	Total partnership and S corporation inc			 I Combir	 ne lines	 :30 an	 d.31		. 32	,	67769	
Part). Oombii	10 111100	, 00 an	u 0 1		. 02	1	01105	
33										(b) Emp	oloyer	
		(a) N	lame							identificatio	n number	
Α												
В												
	Passive Income and		D					Nonpassive Ir	ncome	ome and Loss		
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	٠,		e income dule K-1		,	. ,	hedule K-1	(f) Other income from Schedule K-1			
Α												
В												
34a	Totals											
b	Totals											
35	Add columns (d) and (f) of line 34a								. 35	5		
36	Add columns (c) and (e) of line 34b								. 36	()	
37	Total estate and trust income or (loss).	Combine	e lines	s 35 and	36				. 37			
Part	V Income or Loss From Real Esta	ate Mor	tgag	je Inves	tment	Cond	duits (REMICs) — I	Residu	ıal Holde	r	
38	(a) Name	(b) E identifica	Employ ation n	EI .		s inclusi ıles Q , li nstructio	ine 2c	(d) Taxable in (net loss) f Schedules Q	rom		come from les Q , line 3b	
39	Combine columns (d) and (e) only. Enter the	ne result	here	and inclu	ıde in t	he tota	al on lir	ne 41 below	. 39)		
Part	V Summary											
40	Net farm rental income or (loss) from Form	n 4835. /	Also,	complete	line 42	2 belov	Ν		. 40)		
41	Total income or (loss). Combine lines 26, 1 (Form 1040), line 5					result l	here ar	nd on Schedul	e . 41		67769	
42 43	Reconciliation of farming and fishing farming and fishing income reported on Fo (Form 1065), box 14, code B; Schedule K-1 AN; and Schedule K-1 (Form 1041), box 14 Reconciliation for real estate profession	orm 4835 1 (Form I, code F	i, line 1120- . See	7; Scheces), box 1 instruction	dule K-17, code ons	1 42	!					
	professional (see instructions), enter the reported anywhere on Form 1040, Form	e net i	ncom	e or (los	ss) you	ı						

43

from all rental real estate activities in which you materially participated

SCHEDULE SE (Form 1040)

Self-Employment Tax

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

OMB No. 1545-0074 Attachment Sequence No. 17

Department of the Treasury Internal Revenue Service

MARK G WEST

Go to www.irs.gov/ScheduleSE for instructions and the latest information. 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 393-98-9607

Part	Self-Employment Tax		
	If your only income subject to self-employment tax is church employee income , see instructions for house definition of church employee income.	w to rep	oort your income
A	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form \$400 or more of other net earnings from self-employment, check here and continue with Part I		
Skip li	nes 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 li	ne 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	104606
3	Combine lines 1a, 1b, and 2	3	104606
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	96604
Ta	Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	74	70001
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	96604
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	5b	
6	Add lines 4c and 5b	6	96604
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		
b	Unreported tips subject to social security tax from Form 4137, line 10 8b		
С	Wages subject to social security tax from Form 8919, line 10		
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	168600
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	11979
11	Multiply line 6 by 2.9% (0.029)	11	2802
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	14781
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. QNA

Schedule SE (Form 1040) 2024

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

2024

OMB No. 1545-0074

Attachment Sequence No. **47**

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return Your social security number MARK & CARLEY WEST 393-98-9607 Child Tax Credit and Credit for Other Dependents 1 Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . 1 60378 Enter income from Puerto Rico that you excluded 2a Enter the amounts from lines 45 and 50 of your Form 2555 . . . b 2b c Enter the amount from line 15 of your Form 4563 Add lines 2a through 2c 2d3 3 60378 4 Number of qualifying children under age 17 with the required social security number 5 5 Number of other dependents, including any qualifying children who are not under age 6 17 or who do not have the required social security number Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. 7 7 1000 Add lines 5 and 7 8 8 1000 Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 9 400000 Subtract line 9 from line 3. 10 • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. 10 11 11 Is the amount on line 8 more than the amount on line 11? . . . 12 1000 No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. X Yes. Subtract line 11 from line 8. Enter the result. 13 Enter the amount from Credit Limit Worksheet A 13 1976 Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents 1000 Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

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

For Paperwork Reduction Act Notice, see your tax return instructions. $\ensuremath{\mathtt{QNA}}$

Schedule 8812 (Form 1040) 2024

MARK & CARLEY WEST 393-98-9607

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	e 27 .	[
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	
b	Number of qualifying children under age 17 with the required social security number: x \$1,700.		
	Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	20	
	Next. On line 16b, is the amount \$5,100 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of F	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or		
	if you are a bona fide resident of Puerto Rico, see instructions	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-	
23	Add lines 21 and 22	-	
24	1040 SD Glarge Francisco de Astrola falsa consensa francisco Francisco 1040 SD Francisco SD Fran		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	

QNA

Schedule 8812 (Form 1040) 2024

Schedule 8812 (Form 1040) 2024

Page 2

Form **8863**

Education Credits (American Opportunity and Lifetime Learning Credits)

Department of the Treasury Internal Revenue Service

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2024

Attachment Sequence No. 50

Name(s) shown on return

MARK & CARLEY WEST

Your social security number 393-98-9607



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	• • • • • • • • • • • • • • • • • • • •		
1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	2168
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse		
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead		
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit		
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse		
6	If line 4 is:		
	• Equal to or more than line 5, enter 1.000 on line 6		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the		
	conditions described in the instructions, you can't take the refundable American opportunity credit;		
	skip line 8, enter the amount from line 7 on line 9, and check this box	7	2168
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and		
Doub	on Form 1040 or 1040-SR, line 29. Then go to line 9 below	8	867
Part		9	1201
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) .	9	1301
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	
11	Enter the smaller of line 10 or \$10,000	11	
12	Multiply line 11 by 20% (0.20)	12	
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse		
17	If line 15 is:		
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18		
	Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) .	18	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see		
	instructions) here and on Schedule 3 (Form 1040), line 3	19	1301

Name(s) shown on return

MARK & CARLEY WEST

393-98-9607



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part	Student and Educational Institution Information	n. See instructions.	
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as s	hown on page 1 of
1	NORAH WEST	your tax return) 389-27-0267	
22	Educational institution information (see instructions)		
	Name of first educational institution ARROLL UNIVERSITY	b. Name of second educational institut	ion (if any)
(1	Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.	(1) Address. Number and street (or P. post office, state, and ZIP code. If instructions.	
	100 N EAST STREET WAUKESHA WI 53186		
(2	2) Did the student receive Form 1098-T from this institution for 2024? ✓ Yes ✓ No	(2) Did the student receive Form 1098 from this institution for 2024?	-T Yes No
(3	B) Did the student receive Form 1098-T from this institution for 2023 with box ☐ Yes ☒ No 7 checked?	(3) Did the student receive Form 1098 from this institution for 2023 with b 7 checked?	oox
(4	I) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(4) Enter the institution's employer ide if you're claiming the American opposite checked "Yes" in (2) or (3). You can 1098-T or from the institution.	portunity credit or if you
	3 9 - 0 8 0 6 3 2 5		
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	Yes — Stop! Go to line 31 for this student. X	— Go to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2024 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		— Stop! Go to line 31 this student.
25	Did the student complete the first 4 years of postsecondary education before 2024? See instructions.	☐ Yes — Stop! Go to line 31 for this student. X No	— Go to line 26.
26	Was the student convicted, before the end of 2024, of a felony for possession or distribution of a controlled substance?	Yes — Stop! Go to line 31 for this student. X thro	Complete lines 27 bugh 30 for this student.
CAUT	You can't take the American opportunity credit and year. If you complete lines 27 through 30 for this st		e student in the same
	American Opportunity Credit		
27	Adjusted qualified education expenses (see instructions). Dor		27 2671
28 29	Subtract \$2,000 from line 27. If zero or less, enter -0		28 671 29 168
30	If line 28 is zero, enter the amount from line 27. Otherwise,		23 100
-	enter the result. Skip line 31. Include the total of all amounts f		30 2168
	Lifetime Learning Credit		
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10	ude the total of all amounts from all Parts	31

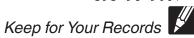
Supporting Statement for Form 2210 Client: MARK & CARLEY WEST

393-98-9607

Waiver Request Explanation Form 2210

SINCE I HAD ZERO TAXES THE PREVIOUS 2 FILING YEARS, IT WAS DIFFICULT FOR ME TO ESTIMATE HOW MUCH I MAY OR MAY NOT OWE THROUGHOUT THE 2024 YEAR.

Worksheet To Figure the Deduction for Business Use of Your Home



Use this worksheet if you file Schedule F (Form 1040) or you are a partner, and you are using actual expenses to figure your deduction for business use of the home. Use a separate worksheet for each qualified business use of your home.

	1—Part of Your Home Used for Business: Area of home used for business				1)	400	
2)	Total area of home				, —		
,	Percentage of home used for business (divide line 1 by line 2 and s				2)		0/
-		now result as p	етсетна	ge)	3)	18.180	%
	2—Figure Your Allowable Deduction					26025	
4)	Gross income from business (see instructions)				4)	<u>-36837</u>	
		(a) Direct		(b) Indirect			
		Expenses		Expenses			
5)		5)	_				
6)		3)	_	14421			
7)		7)	_	4084			
8)	Total of lines 5 through 7	3)	_	18505			
9)	Multiply line 8, column (b), by line 3		-, —				
10)	Add line 8, column (a), and line 9		10) _	3364			
11)	Business expenses not from business use of home (see instruction	ns)	11) _				
12)	Add lines 10 and 11				12)	3364	
13)	Deduction limit. Subtract line 12 from line 4				13)		
14)	Excess mortgage interest	1)					
15)		5)	_				
16)		S)	_	2362			
17)		7)	_				
18)		3)	_	10000			
19)		,	_	4404			
20)		9)	_	4404			
21)))	_	16766			
)	_				
22)	Multiply line 21, column (b), by line 3						
23)	Carryover of operating expenses from prior year (see instructions)						
24)	Add line 21, column (a), line 22, and line 23				24)	3048	
25)	Allowable operating expenses. Enter the smaller of line 13 or line 2				25)		
26)	Limit on excess casualty losses and depreciation. Subtract line 25				26)		
27)	Excess casualty losses (see instructions)						
28)	Depreciation of your home from line 40 below		28) _				
29)	Carryover of excess casualty losses and depreciation from prior ye	ar (see	20)				
30)	instructions)				20/		
	Allowable excess casualty losses and depreciation. Enter the sma				30)		
	Add lines 10, 25, and 31					3364	
	Casualty losses included on lines 10 and 31 (see instructions)				32)		
33)	Allowable expenses for business use of your home. (Subtract line 3				33)		
J4)	for where to enter on your return				34)	3364	
PART	3—Depreciation of Your Home				,		
35)		ions)			35)		
,	Basis of land	•			,		
37)	Basis of building (subtract line 36 from line 35)				,		
38)	Business basis of building (multiply line 37 by line 3)				,		
39)	Depreciation percentage (from applicable table or method)						
,	Depreciation allowable (multiply line 38 by line 39)				,		
,					40)		
	4—Carryover of Unallowed Expenses to Next Year	ontor O			4.1	2040	
	Operating expenses. Subtract line 25 from line 24. If less than zero Excess casualty losses and depreciation. Subtract line 31 from line				41)	3048	
42)	Exercise regularly income and depreciation. Subtract line 31 from line	SIL IT LOCK TOON					

Keep for Your Records

Simplified Method Worksheet



1.	Enter the amount of the gross income limitation. See the Instructions for the Simplified Method Worksheet	1.	200
2.	Allowable square footage for the qualified business use. Do not enter more than 300 square feet. See the Instructions for the Simplified Method Worksheet	2.	300
3.	Simplified method amount		
	a. Maximum allowable amount	3a.	\$5
	b. For daycare facilities not used exclusively for business, enter the decimal amount from the Daycare Facility Worksheet; otherwise, enter 1.0	3b.	1.00
	c. Multiply line 3a by line 3b and enter the result to 2 decimal places	3c.	5.00
4.	Multiply line 2 by line 3c	4.	1500
5.	Allowable expenses using the simplified method. Enter the smaller of line 1 or line 4 here and include that amount on Schedule C, line 30. If zero or less, enter -0-	5.	200
6.	Carryover of unallowed expenses from a prior year that are not allowed in 2021.		
	a. Operating expenses. Enter the amount from your last Form 8829, line 43 (line 42 if before 2018). See the Instructions for the Simplified Method Worksheet	6a.	
	b. Excess casualty losses and depreciation. Enter the amount from your last Form 8829, line 44 (line 43 if before 2018). See the Instructions for the Simplified Method Worksheet	6b.	
1			

393-98-9607

Worksheet for Form 2210, Part III, Section B—Figure the Penalty (Penalty Worksheet)



Complete Rate Period 1 of each column before going to the next column; then go to Rate Periods 2, 3, and 4 in the same manner. If multiple estimated tax payments are applied to the underpayment amount in a column of line 1a, you'll need to make more than one computation for that column.

				Payment	Due Dates	
			(a) 04/15/24	(b) 06/15/24	(c) 09/15/24	(d) 01/15/25
1a	Enter your underpayment from Part III, Section A, line 17	1a				
1b	Date and amount of each payment applied to the underpayment in the same column. Don't enter more than the underpayment amount on line 1a for each column (see instructions). Note. Your payments are applied in the order made first to any underpayment balance in an earlier column until that underpayment is fully paid.	1b				
Rate	e Period 1: April 16, 2024–June 30, 2024					
2	Computation starting dates for this period	2	04/15/24	06/15/24		
			Days:	Days:		
3	Number of days from the date on line 2 to the date the amount on line 1a was paid or 06/30/24, whichever is earlier	3	76	15		
4	Underpayment Number of days on line 1a ×on line 3_ × 0.08					
	366	4	\$	\$		_
	e Period 2: July 1, 2024–September 30, 2024	F	06/00/04	06/00/04	00/45/04	
5	Computation starting dates for this period	5	06/30/24	06/30/24	09/15/24	
_			Days:	Days:	Days:	
6	Number of days from the date on line 5 to the date the amount on line 1a was paid or 09/30/24, whichever is earlier	6	92	92	15	
7	Underpayment Number of days on line 1a × on line 6 × 0.08	7	\$	\$	\$	
Rate	e Period 3: October 1, 2024–December 31, 2024					
8	Computation starting dates for this period	8	09/30/24	09/30/24	09/30/24	
			Days:	Days:	Days:	
9	Number of days from the date on line 8 to the date the amount on line 1a was paid or 12/31/24, whichever is earlier	9	92	92	92	
10	Underpayment Number of days on line 1a × on line 9 × X.XX					
	366	10	\$	\$	\$	
Rate	e Period 4: January 1, 2025–April 15, 2025					
11	Computation starting dates for this period	11	12/31/24	12/31/24	12/31/24	01/15/25
			Days:	Days:	Days:	Days:
12	Number of days from the date on line 11 to the date the amount on line 1a was paid or 04/15/25, whichever is earlier	12	105	105	105	90
13	Underpayment Number of days on line 1a × on line 12 × X.XX 365	13	\$	\$	\$	\$

Credit Limit Worksheet A

Add the following amounts	(if applicable) from:		
Schedule 3, line 1.	+		
Schedule 3 , line 2.	+		
Schedule 3 , line 3.		1301	
Schedule 3 , line 4.			
Schedule 3, line 6d			
Schedule 3, line 6e			
Schedule 3, line 6f			
Schedule 3, line 61			
Form 5695 , line 30			
	Enter the total. 2	1301	
	X 1 1 . D 1 'C		
You are claiming one or a. Mortgage interest crec b. Adoption credit, Form c. Residential clean ener	18839. gy credit, Form 5695, Part I. irst-time homebuyer credit, Form 8859.	<u> </u>	
You are claiming one or a. Mortgage interest cred b. Adoption credit, Form c. Residential clean ener d. District of Columbia f	more of the following credits. lit, Form 8396. 18839. gy credit, Form 5695, Part I. hirst-time homebuyer credit, Form 8859.	<u></u>	
1. You are claiming one or a. Mortgage interest cred b. Adoption credit, Form c. Residential clean ener d. District of Columbia f 2. You are not filing Form 2 3. Line 4 of Schedule 8812	more of the following credits. lit, Form 8396. 18839. gy credit, Form 5695, Part I. irst-time homebuyer credit, Form 8859. 2555. is more than zero. Credit Limit Worksheet B, enter -0-; otherwise, en		
1. You are claiming one or a. Mortgage interest cred b. Adoption credit, Form c. Residential clean ener d. District of Columbia f. 2. You are not filing Form 2. 3. Line 4 of Schedule 8812 If you are not completing the amount from the Credit	more of the following credits. lit, Form 8396. 18839. gy credit, Form 5695, Part I. irst-time homebuyer credit, Form 8859. 2555. is more than zero. Credit Limit Worksheet B, enter -0-; otherwise, en	nter	

Enter the amount from Part III, line 31. If you're claiming the lifetime learning credit for more than one student, add the amounts from each student's Part III, line 31, and enter the total for all those students on line 10.

Line 14

Generally, your MAGI is the amount on your Form 1040 or 1040-SR, line 11. However, if you're filing Form 2555, or Form 4563, or are excluding income from Puerto Rico, you must include on line 14 the amount of income you excluded. For details, see Pub. 970.

Line 18

Enter the amount from line 18 on the Credit Limit Worksheet, line 1, later.

Line 19

Enter the amount from line 7 of the Credit Limit Worksheet here and on Schedule 3 (Form 1040), line 3.

omplete this worksheet to figure the amo	ount to ente	r on
Enter the amount from Form 8863, line 18	1	
line 9	2	1301
	3	1301
Form 1040 or 1040-SR, line 18	4	3277
Schedule 3 (Form 1040), lines 1, 2, 6d,	_	
		3277
	7	1301
	Enter the amount from Form 8863, line 18 Enter the amount from Form 8863, line 9 Add lines 1 and 2 Enter the amount from: Form 1040 or 1040-SR, line 18 Enter the total of your credits from: Schedule 3 (Form 1040), lines 1, 2, 6d, and 6l Subtract line 5 from line 4 Enter the smaller of line 3 or line 6 here	Enter the amount from Form 8863, line 18



You must complete Part III for each student for whom you're claiming either the American opportunity credit or Ilifetime learning credit before you complete either Part I

or Part II. Use additional copies of page 2 as needed for each

Part III—Student and Educational Institution Information

Line 20

Enter the student's name as shown on page 1 of your tax return.

Line 21

Enter the student's social security number (or other TIN, if applicable) as shown on page 1 of your tax return.

Line 22

If the student attended only one educational institution, enter the information about the institution and answer the questions about Form 1098-T in column (a). If the student attended a second educational institution, enter the information and answers for the second educational institution in column (b). If the student attended more than two educational institutions, attach an additional page 2 completed only through line 22.

If the educational institution has a foreign address, enter the $0.7\,$ foreign address here and don't abbreviate the country name. Follow the country's practice for entering the postal code and name of the province, county, or state.

The educational institution's EIN must be provided on line 22(4) if the American opportunity credit is claimed for this student.

Line 23

If the American opportunity credit has been claimed for this student for any 4 tax years before 2024, the American opportunity credit cannot be claimed for this student for 2024. Check "Yes" and go to line 31.

If the American opportunity credit has been claimed for this student for 3 or fewer prior tax years, check "No." See Student qualifications, earlier.

Line 24

Check "Yes" if the student enrolled at least half-time for at least one academic period that began or is treated as having begun (see below) in 2024 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential. Otherwise, check "No."

If any qualified education expenses for the student were paid in 2024 for an academic period beginning in the first 3 months of 2025, treat that academic period as if it began in 2024. See Student qualifications and Prepaid Expenses, earlier.

If you checked "Yes," go to line 25. If you checked "No." the student isn't eligible for the American opportunity credit; skip lines 25 through 30 and go to line 31.

Line 25

Check "Yes" if the student completed the first 4 years of postsecondary education before 2024. Otherwise, check "No."

A student has completed the first 4 years of postsecondary education before 2024 if the educational institution has awarded the student 4 years of academic credit at that institution for postsecondary coursework the student completed before 2024. Disregard any academic credit awarded solely on the basis of the student's performance on proficiency examinations.

If you checked "No," go to line 26. If you checked "Yes," the student isn't eligible for the American opportunity credit; skip lines 26 through 30 and go to line 31.

Line 26

Check "Yes" if the student was convicted, before the end of 2024, of a federal or state felony for possession or distribution of a controlled substance.

If you checked "No," complete lines 27 through 30 for this student. If you checked "Yes," the student isn't eligible for the American opportunity credit; skip lines 27 through 30 and go to line 31.



You cannot claim the American opportunity credit and the lifetime learning credit for the same student in the CAUTION same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

Line 27

Enter the student's adjusted qualified education expenses for line 27. See Qualified Education Expenses, earlier. Use the Adjusted Qualified Education Expenses Worksheet, later, to

**** SUPPORTING NOTES FOR FORM 1065 UPE 393-98-9607 MARK & CARLEY WEST SCENE FACTORY LLC 14380 W CAPITOL DRIVE SUITE 4 BROOKFIELD WI 53005	
Schedule of SE Unreimbursed Expenses:	
Description BUSINESS USE OF HOME WORKSHEET BUSINESS MILEAGE	<u>Amount</u> 3,364 6,030
Total SE Unreimbursed Expenses:	9,394

Į
payment here
CLIP
PAPER

	_	income tax		Fo	or the ye	ear Jan.	1-Dec.	. 31, 20	24, (or other tax	(year	
6	Ch	eck here if an amended return	.	be	ginning]		, 20	24	ending		, 20
쁴	Your	legal last name	Legal first na	ame			M.I.	Your soci	ial se	curity number		
STAPLE	WE	ST	MARK				G	393	98	9607		
S		pint return, spouse's legal last name	Spouse's leg	gal first na	me					al security nun	nber	
NOT	WE	ST	CARLE	Y			В	395	82	2136		
00	Hom	e address (number and street). If you have	a PO Box, se	e page 12		Apt. no.		Tax dis	stric	et .		
	W2	20 N2615 MAPLEWOOD	LANE								in either	the name of the
u.		or post office		State	Zip cod	le		city, vil	lage	, or town ar	nd the co	unty in which you
tui	WA	UKESHA		WI	531	86		lived a	t the	end of 202	24.	
assembling return	Fil	ing status Check ✓ below								X City	Vi	illage Town
blir		_ Single						City, vill				
em	X	Married filing joint return						or town		PEWAUKE	E	
SS		warned ming joint return	Legal last n	ame				0				
		_ Married filing separate return.						County	y or	WAUKES	HA	
before		Fill in spouse's SSN above and full name here	Legal first r	name			M.I.	Schoo	l dis	strict numb	er See pa	ge 45 <u>6 1 7 4</u>
page 5		→ Head of household, NOT married (see page 13).	d			\bigcirc		Specia condit				
See		☐ Head of household, married (see page 13).		ried, fill in above and				Fo	rm 8	04 filed with	return (se	ee page 10)
	Us	e BLACK Ink Print numbers	like this →	0123	4567	789 1	Not like	this >	Ø1	47 •	NO COM	IMAS; NO CENTS
						•					_	<u>—</u>
	1	Federal adjusted gross income fr	om Form 1	1040, lin	e 11					1		60378.00
	2	Adjustments to federal adjusted of	gross incor	ne from	Schedu	<i>ıle I</i> , line	3 (see	page 1	3) .	2		.00
	3	Add lines 1 and 2. This is your fe	deral adjus	sted gros	ss incor	ne for W	'isconsi	in purpo	ses	3		60378.00
		Form W-2 wages included in line	3)				.00		
	4	Total additions to income from So	chedule AD), line 33	3. Inclu	de Sche	dule A	ND (see	pag	e 14) . 4		.00
	5	Add lines 3 and 4								5		60378.00
	6	Total subtractions from income from Enter as a positive number										.00.
	7	Subtract line 6 from line 5. This is	s your Wiso	consin ir	ncome.					7		60378.00
Ø	8	Standard deduction. See table of If someone else can claim you (or y	on page 35, our spouse	, OR ▼) as a de	 pendent	 ., see pag	 ge 15 ar	nd check	her	8 e •		18017.00
ere	9	Subtract line 8 from line 7. If line	8 is larger	than line	e 7, fill ir	າ 0				9		42361 .00
ent h	10	Exemptions (Caution: See pag	e 15)									
CLIP payment here		a Fill in exemptions allowed			4	x \$700	10	a		2800.00		
SLIP		b Check if 65 or older You	+ Sp	ouse =		x \$250	10	b		.00		
PER C		c Add lines 10a and 10b								10c		2800 .00
-												





Nam	e(s) shown on Form 1	Your soc	cial sec	urity number
MA	RK G & CARLEY B WEST	393	98	9607
		N	<u>o</u> co	MMAS; <u>NO</u> CENTS
35	Refundable credits from Schedule CR, line 40. Include Schedule CR 35	00		
36	AMENDED RETURN ONLY-Amounts previously paid (see page 31) 36	00		
37	Add lines 28 through 36	00		
38	AMENDED RETURN ONLY—Amounts previously refunded (see page 31) 38	00		
39	Subtract line 38 from line 37	39		.00
40	If line 39 is larger than line 27, subtract line 27 from line 39. This is the AMOUNT YOU OVERPAID	40		.00
41	Amount of line 40 you want REFUNDED TO YOU	41		.00
42	Amount of line 40 you want APPLIED TO YOUR 2025 ESTIMATED TAX	00		
43	If line 39 is smaller than line 27, subtract line 39 from line 27. This is the AMOUNT YOU UNDERPAID	43		1581 .00
44	Underpayment interest. Fill in exception code-See Sch. U	44		.00
45	Add lines 43 and 44. This is the AMOUNT YOU OWE . Paper clip payment to front of return	45		1581 .00
46	Interest (see page 33)	46		.00
Thii Par Des	Porner			e following. X No

Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-5) and withholding statements in the order listed on page 5 of the instructions.

Sign here

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief. Your signature Wisconsin Identity Protection PIN (7 characters) Date Daytime Phone 09 11 25 (262) 278-8338 Spouse's signature (if filing jointly, BOTH must sign) Date Daytime Phone Wisconsin Identity Protection PIN (7 characters) 09 11 25 (262) 278-8338 I-010ai Caution: Only enter a Wisconsin Identity Protection PIN if you received one from the department (see page 34). Mail your return to: Wisconsin Department of Revenue If payment enclosed......PO Box 268, Madison WI 53790-0001 If refund or no payment enclosed PO Box 59, Madison WI 53785-0001

Do Not Submit Photocopies

If homestead credit claimed......PO Box 34, Madison WI 53786-0001



| Fage 4 01 3

Schedule 1 – Itemized Deduction Credit (see page 16)

1	Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions.	1	.00
2	Interest paid from federal Schedule A (Form 1040). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction	2	.00
<u>3</u>	Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions	3	.00
<u>4</u>	Casualty losses from federal Schedule A (Form 1040)	4	.00
<u>5</u>	Add lines 1 through 4	5	.00
6	Fill in your standard deduction from line 8 on page 1 of Form 1	6	.00.
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0	7	.00
8	Rate of credit is .05 (5%)	8	x .05
9	Multiply line 7 by line 8. Fill in here and on line 13 on page 2 of Form 1	9	.00

You must submit this page with Form 1 if you claim either of these credits



Schedule 2 - Married Couple Credit When Both Spouses Are Employed (see page 20)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

		(A) YOURSELF	(B) SPOUSE
1	Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income 1	.00	.00
2	Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income 2	228000 .00	.00
3	Combine lines 1 and 2. This is earned income	228000 .00	.00
4	Add the amounts from federal Schedule 1 (Form 1040), lines 12, 16, 20, 24e, 24f, and 24g, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income	.00	.00
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	228000 .00	.00
6	Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000.	6	.00
7	Rate of credit is .03 (3%).	7	x .03
8	Multiply line 6 by line 7. Fill in here and on line 18 on page 2 of Form	1	Do not fill in .00 more than \$480.



Schedule 3 – Financial Donations and Anatomical Gift Registration

Part I - Financial Donations

1 Donations (decreases refund or increases amount owed)

a Endangered resources .00 **b** Cancer research00 **c** Veterans trust fund00

d Multiple sclerosis

e Military family relief fund **f** Second Harvest/Feeding America00

g American Red Cross Badger Chapter

.00 h Special Olympics Wisconsin00

2 Total Donations (add lines 1a through 1h). Fill in here and on line 24 on page 2 of Form 1

.00

▶.		2	

.00

Part II - Anatomical Gift (Organ & Tissue Donor) Registration

You are not required to complete this schedule in order to file this income tax return and pay taxes or receive a refund.

By completing the information below, you and/or your spouse are authorizing the gift of your organs and tissues upon your death according to sec. 157.06, Wis. Stats., and your name will be added to the Wisconsin Donor Registry. Your gift will be used to help others through transplantation, therapy, research, or education. You may also become a donor, update your registration information, or remove your name from the registry at https://health.wisconsin.gov/donorRegistry/public/donate.html.

You must be a resident who is at least 15 years of age or an emancipated minor to authorize your name to be included in the Wisconsin Donor Registry. For more information about the Wisconsin Donor Registry, visit donatelifewisconsin.org.

Do <u>not</u> complete the information below if any of the following apply:

- You are already registered in the Wisconsin Donor Registry; or
- You are a nonresident or a part-year resident who left Wisconsin. Instead go to donatelife.net to add your name to the donor registry for your current state of residence.
- 1 Do you wish to include your name as a potential donor of an anatomical gift in the Wisconsin Donor Registry?

If you complete the information below, the Department of Revenue will transmit your authorization to the Department of Transportation along with the other information that the Department of Health Services determines necessary to add you to the registry.

a	Filer:
	Yes, I wish to be included in the registry of potential donor

Yes, I wish to be included in the registry of potential donors.

Filer's Date of Birth (mm-dd-yyyy)

b Spouse: (Only if joint return)

Spouse's Date of Birth (mm-dd-yyyy

Form PV voucher at the bottom

2024 Form PV

Use of the personalized Form PV voucher below will ensure that your tax payment will be posted timely and to the correct account.

- Use Form PV to pay the tax due from an electronically filed return. Use Form 1-ES to pay estimated tax.
- Do not print a blank voucher to complete by hand. Enter your data on this voucher online. The numeric string of numbers at the bottom of the voucher will then change to reflect your personal information (identifying number and amount).
- Be sure to fill in your (and your spouse's, if applicable) social security number in the space provided. Do not use hyphens. Estates fill in the decedent's social security number. Trusts must fill in their 9-digit FEIN.
- Cut on the dotted line only. Do not cut off the string of numbers at the bottom of the voucher.
- Use the correct year voucher. This voucher is for 2024. Do not use this voucher for a different year by crossing out 2024 and writing in a different year. This will cause your payment to be credited to the wrong year.
- Send your payment to the address shown on the voucher. Do not attach any other forms or instruction sheets to the voucher.

File	only	if	submittina	paymen	ıt.
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cut here

2024 Form **PV**

Wisconsin Payment Voucher

- ▶ Use this form only if your taxable year begins in 2024
- ▶ Do not staple or attach this voucher to your payment or return.
- ► Go to <u>www.revenue.wi.gov/pay</u> for electronic payment options.

Make check payable to and mail to: Wisconsin Department of Revenue Box 3028 Milwaukee WI 53201-3028

Milwaukee Wi 53201-3028

Your legal last name	Your legal first name and initial	Your soc	cial security number	Check the box below which applies to you.
WEST	MARK G	393	98 9607	X Individual
Spouse's legal last name	Spouses's legal first name and initial	Spouse'	's social security numbe	☐ Individual - Amended
WEST	CARLEY B	395	82 2136	☐ Trust
Legal name of trust		FEIN		Trust - Amended
				Estate (Enter decedent's social security number)
Home address (number and street or rural route)			ne number	Estate - Amended
W220 N2615 MAI	PLEWOOD LANE			
City or post office		State	Zip Code	Amount of Payment
WAUKESHA		WI	53186	\$ 1581 •

D-102 (R. 11-21)