

Municipality of Dublin
 Address Division of Taxation
 P.O. Box 9062
 Dublin OH 43017-0962
 Ph# 614-410-4460
 Web <http://www.dublintax.com>
 Email

INDIVIDUAL INCOME TAX RETURN
 2024

1242-

| | |
|--------------------------------------------------|----------------------------------------|
| Refund <input type="checkbox"/> | Credit <input type="checkbox"/> |
| Amended Tax Return Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Resident Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

TML

CITY OF DUBLIN

MAR 25 2025

DIVISION OF TAXATION

Account# 117839
 Name David W Cleveland
 Joint Filer Kelly A Cleveland
 Address 6988 Post Preserve Blvd
 Dublin OH 43016

Your SSN or Alt Id 273-78-2738

Spouse SSN or Id 316-92-0136

Telephone # _____

Do you own this property? Y Name and Address of Landlord _____

Will you have 2025 taxable income? Y If not, please explain _____

List change of address since 1/1/24. Date moved into City _____ Date moved out _____

Previous Address _____

Present Address _____

Part A TAX CALCULATION

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|------|---------|
| 1. Total Qualifying wages (Attach W-2 forms) For multiple W-2s complete Worksheet A on page 2 | 1. | 148,613 |
| 2. Other income. From Federal Schedule C, E, F, K-1, 1099-MISC (SEE WORKSHEET B, Line 6C) (ATTACH COPIES OF ALL FEDERAL SCHEDULES) | 2. | 51,638 |
| 3. Total income. ADD LINES 1 AND 2 (losses on line 2 may not be used to offset W-2 income from line 1) | 3. | 200,251 |
| 4. Adjustments (COMPLETE WORKSHEET C ON PAGE 2) | 4. | |
| 5. Taxable Income. (ADD LINES 3 AND 4) | 5. | 200,251 |
| 6. Multiply Taxable income (Line 5) by <u>2.000 % (.02000)</u> | 6. | 4,005 |
| 7. Credits | | |
| 7a. <u>Dublin</u> City Tax Withheld (Worksheet A, Line 1E) | 7a. | |
| 7b. Other city withholding credit not to exceed <u>2.000 % (.02000)</u> of taxed income (Worksheet A, Line 1F) | 7b. | 2,229 |
| 7c. Other Local taxes Paid (Worksheet B, Line 6D) (Attach Copies of Other City Returns) | 7c. | 623 |
| 7d. Total Credits Allowable (Add Lines 7a thru 7c) | 7d. | 2,852 |
| 8. TAX DUE (SUBTRACT LINE 7d FROM LINE 6) | 8. | 1,153 |
| 9. Estimated Tax Paid <u>201</u> Prior year overpayment _____ | 9. | 201 |
| 10. TAX DUE AFTER PAYMENTS (SUBTRACT LINE 9 FROM LINE 8) No payment required if tax due is <u>\$10</u> or less | 10. | 952 |
| 11. Fees | | |
| 11a. Late Filing Fee | 11a. | |
| 11b. Penalty <u>%</u> Interest <u>0.833 %</u> Per Month | 11b. | |
| 12. Total Amount Due add Lines 10, 11a, and 11b. (Make check payable to <u>City of Dublin</u>) | 12. | 952 |
| 13. OVERPAYMENT | 13. | |
| 14. Amount from line 13 to be refunded (Amounts of <u>\$10</u> or less will not be refunded) | 14. | |
| 15. Amount from line 13 to be credited to Next Year | 15. | |

Part B DECLARATION OF ESTIMATED TAX FOR Dublin

| | | |
|-------------------------------------------------------------------------------------------------|------|---------|
| 16. Total estimated income subject to tax | 16. | 200,250 |
| 17. <u>Dublin</u> Income Tax (Multiply line 16 by <u>2.000 % (.02000)</u> .) | 17. | 4,005 |
| 18. Less expected tax credits | 18. | 2,852 |
| 19a. Net Tax due for (line 17 minus line 18) | 19a. | 1,153 |
| 19b. Overpayment credited from prior year (from line 15 above) | 19b. | |
| 20. Amount due with this declaration (not less than 1/4 of line 19a, minus line 19b) | 20. | 290 |
| 21. Total of this payment (line 12 Plus line 20) (Make check payable to <u>City of Dublin</u>) | 21. | 1,242 |

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated. Check the box next to your signature to

authorize us to speak directly to your preparer regarding your return.

David W. Clark 3/21/25
 Signature of Taxpayer or Agent Title
Jill Clark 3/21/25
 Signature of Spouse Date

William B Heinrich W.B.H. 03/15/25
 Paid Preparer Name
 Heinrich & Associates CPA, Inc.
 3376 Sunnybrook Dr
 Columbus OH 43221 614-454-3424
 Address of above Phone #

WORKSHEET A-QUALIFYING WAGES, TIPS, AND OTHER COMPENSATION
ATTACH COPIES OF ALL W-2'S

Enter your TOTAL wages, salaries, bonuses, incentive payments and other compensation BEFORE ANY PAYROLL DEDUCTIONS received from January 1 to December 31, 2024 from each employer or source. INCLUDE Sick Pay paid by employer, Federal Tax Sheltered Annuities and all forms of Deferred Compensation. Attach schedule if necessary.

| A Employer | B Municipality Where Wages Earned | C City that tax was withheld to | D Other City Tax Withheld | E <u>Dublin</u> Tax Withheld | F Tax Credit allowed for other cities | G Qualifying Wages |
|---------------------------|------------------------------------------------|----------------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------------------|------------------------------|
| Darby Creek Dental | Marysville | Marysville | 2,229.19 | | 2,229 | 148,613 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTALS | | | | 1E | 1F | 2,229 |
| | | | | 1G | 148,613 | |

Show the number of FULL WORK DAYS you spend outside of your city of employment on behalf of your employer. _____ FOR MORE INFORMATION SEE GENERAL INSTRUCTIONS

WORKSHEET B-BUSINESS INCOME OR LOSS

ATTACH COPIES OF ALL FEDERAL FORMS AND SCHEDULES USED TO COMPUTE YOUR LOCAL INCOME, ALONG WITH VERIFICATION OF TAX PAID DIRECTLY TO OTHER CITIES

| A SCHEDULES | B INCOME/(LOSS) FROM FEDERAL SCHEDULES | C <u>Dublin</u> PERCENTAGE | D TAX CREDIT ALLOWED FOR TAX PAID TO OTHER CITIES |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------|-------------------------------------------------------------------|
| 1. SCHEDULE C-BUSINESS INCOME (A separate allocation *schedule is required for each Schedule C) | | | |
| 2. SCHEDULE E-RENTAL INCOME (Residents enter profit/loss from all properties. Nonresidents enter only profit/loss from Dublin properties) | 51,638 | 51,638 | 623 |
| 3. SCHEDULE K-1 INCOME (Residents enter profit/loss from entities that do not pay Dublin tax on entire distributive share) | 0 | 0.00 | 0 |
| 4. MISCELLANEOUS INCOME-1099-MISC, W-2G, SCHEDULE F, ETC | | | |
| 5. NET OPERATING LOSS CARRYFORWARD (Attach worksheet and enter as a loss) | | | |
| 6. TOTAL INCOME (LOSS) (Combine Lines 1 through 5 and enter this amount on Page 1, Line 2) | 6A. 51,638 | 6C. 51,638 | 6D. 623 |

WORKSHEET C-ADJUSTMENT TO INCOME

| Explanation | Column 1 Adjustments |
|----------------|-------------------------|
| | |
| | |
| | |
| Net Adjustment | |

Enter on Page 1 Line 4

SCHEDULE Y-BUSINESS ALLOCATION FORMULA FOR NON-RESIDENTS

| | a. Located Everywhere | b. Located in this Municipality | c. Percentage (b/a) |
|---------|--------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|
| STEP 1. | Average Original Cost of Real and Tangible Personal Property | | |
| | Gross Annual Rent Paid Multiplied by 8 | | |
| STEP 2. | TOTAL STEP 1 | | % |
| STEP 3. | Wages, Salaries and other Compensation Paid | | % |
| STEP 4. | Gross Receipts from Sales Made and/or Work or Services performed | | % |
| STEP 5. | Total Percentages. (Add Percentages from Steps 1-3) | | % |
| | Average Percentage (divide total percentage by number of percentages used-carry to Worksheet B, Column B) | | % |

**Copy 2 -- To Be Filed With Employee's State,
City, or Local Income Tax Return.**

| | | |
|-------------------------------------------------|------------------------------------------------|--------------------------------------------------|
| a Employee's soc. sec. no 273-78-2738 | 1 Wages, tips, other comp. 132613.17 | 2 Federal income tax withheld 20489.66 |
| | 3 Social security wages 148613.13 | 4 Social security tax withheld 9214.01 |
| b Employer ID number (EIN) 20-1659674 | 5 Medicare wages and tips 148613.13 | 6 Medicare tax withheld 2154.89 |
| | | |

c Employer's name, address and ZIP code

Darby Creek Dental Inc David W Cleveland DDS
137 Damascus Road
Marysville OH 43040

d Control number

WA-98106477

e Employee's name, address, and ZIP code

David W Cleveland
6988 Post Preserve B
Dublin, OH 43016

| | | |
|------------------------------------------------------------------|------------------------------------------------|---------------------------------------|
| 7 Social security tips | 8 Allocated tips | 9 |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a S 15999.96 |
| 13 Statutory employee <input type="checkbox"/> | 14 Other | 12b |
| 13 Retirement plan <input checked="" type="checkbox"/> | | 12c |
| 13 Third-party sick pay <input type="checkbox"/> | | 12d |
| 15 State Employer's state ID number OH 52-655442 | 16 State wages, tips, etc. 132613.17 | 17 State income tax 4735.45 |
| 18 Local wages, tips, etc. 148613.13 | 19 Local income tax 2229.19 | 20 Locality name Marysville |

Future developments. For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to www.irs.gov/omni/W2.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income tax credit (ETC). You may be able to take the ETC for 2024 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the ETC if your investment income is more than the specified amount for 2024 or if income is earned for services provided while you were an inmate at a penal institution. For 2024 income limits and more information, visit www.irs.gov/ETC. See also Pub. 596, Any ETC that is more than your tax liability is refunded to you, but only if you file a tax return.

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, contact Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to get any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.ssa.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2024 and more than \$10,453.20 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$6,129.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the instructions for Form 843.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8859. See the Form 1040 instructions to determine if you are required to complete Form 8859.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount, even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 cafeteria plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferral amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$23,000 (\$16,000 if you only have SIMPLE plans, \$26,000 for section 403(b) plans) if you qualify for the 15-year rule explained in Pub. 571. Deferrals under code G are limited to \$23,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2024, your employer may have allowed an additional deferral of up to \$7,500 (\$3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 up to the social security wage base), and S.

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) savings reduction agreement.

F—Elective deferrals under a section 408(k)(6) salary reduction SEP.

G—Elective deferrals and employer contributions (including nonvested deferrals) to a section 457(b) deferred compensation plan.

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5).

K—20% excess tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable).

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces not included in box 1, 3, or 5.

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan.

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock options (included in boxes 1, 3 up to the social security wage base), and S; See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 cafeteria plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan.

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan.

DD—Cost of employer sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. The amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement.

GG—Income from qualified equity grants under section 83(e).

HH—Aggregate deferrals under section 1031 sections as of the close of the calendar year.

II—Medicaid waiver payments excluded from gross income under Notice 2014-7.

JJ—If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowances and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation. Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax, include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep **Copy C** until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Form 1040

Ohio Cities Wages Worksheet
Dublin
2024

Name

Taxpayer Identification Number

David W & Kelly A Cleveland**273-78-2738**Wage Income For ResidentOf Dublin Tax Rate 2.000 %

| Employer Name | Municipality Name | Local Wages | Dublin Tax Withheld | Other City Tax Withheld |
|--------------------------------|-------------------|----------------|------------------------|----------------------------|
| 1. <u>Darby Creek Dental I</u> | <u>Marysville</u> | <u>148,613</u> | | <u>2,229.19</u> |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |
| 15. | | | | |
| 16. | | | | |
| 17. | | | | |
| 18. | | | | |
| 19. | | | | |
| 20. | | | | |
| Totals | | 148,613 | | 2,229.19 |

Part-Year Residents Only

Part-Year Resident of _____ from _____ to _____

| Municipality Name | Dates Worked | Resident Portion % | Apportioned Local Wages | Apportioned Local Tax Withheld |
|-------------------|--------------|-----------------------|----------------------------|-----------------------------------|
| Earned From | Earned To | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |
| 15. | | | | |
| 16. | | | | |
| 17. | | | | |
| 18. | | | | |
| 19. | | | | |
| 20. | | | | |
| Totals | | | | |

| Dublin City - 2.0% | | David & Kelly Cleveland | | | 33.33% | 50.00% | 50.00% | | City Tax Paid by Partner/ |
|--------------------------------------------------|---------------|-------------------------|------------------|--|---------------|--------|--------|------------------|---------------------------------|
| Dublin City Income: | Ordinary | Guarantee Payment | City Adjustments | | Monarch Plaza | PWEC | PWP | Total | |
| Monarch Plaza, LLC | | | | | | | | | |
| City Taxable Income | 123,959 | 0 | 697 | | 41,548 | | | 41,548 | 1.50% |
| Periminer West Eye Care, LLC | | | | | | | | | |
| City Taxable Income | 47,750 | 77,389 | 22,719 | | 112,624 | | | 112,624 | 2.00% |
| | 50.00% | 23,875 | 77,389 | | | | | | 2,252 |
| Periminer West Properties Partnershi, LLC | | | | | | | | | |
| City Taxable Income | 10,090 | 0 | 0 | | 10,090 | | | 10,090 | 201 |
| Page 2 , Line 3 Schedule K-1 Income | | | | | | | | | |
| Wages | | | | | | | | \$148,613 | \$2,229 |
| CIT | 3,465 | | | | | | | | |
| Deferred GP | 17,000 | | | | | | | | |
| SEP March | 2,254 | | | | | | | <u>\$312,874</u> | |
| | <u>22,719</u> | | | | | | | <u>\$200,251</u> | |

Dublin City

Tax Due

/Taxpayer:

* 207 * Paid to Marysville 1.5%

! 0

! 0 2,453 ! Paid to Dublin by PS

* 743 * Paid to Marysville 1.5%

950

Partner# 1

OH Cities Partner's Share of Income and Tax Paid Worksheet

2024

**Form OH Cities
Schedule K-1**

For calendar year 2024, or other taxable year beginning _____, and ending _____

, and ending

Partner's identifying number

273-78-2738

Partnership's identifying number

85-2878343

Partner's name, address, and ZIP Code

Partnership's name, address, and ZIP code

David W Cleveland
6988 Post Preserve Blvd
Dublin OH 43016

Monarch Plaza, LLC
137 Damascus Road
Marysville OH 43040

Partner's percentage of:

Beginning of year

End of Year

Profit sharing

33.333340%

3.333340%

Loss sharing

33.333340%

3.333340%

| <u>City Name</u> | <u>Amount Taxable</u> | <u>Tax Rate</u> | <u>Tax Paid</u> | <u>Amended</u> | <u>Final</u> |
|-------------------------------|-----------------------|-----------------|-----------------|----------------|--------------|
| Generic Municipalities | | | | | |
| Marysville | 41,552 | 1.500 | 623 | | |

Form 1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return
2024

OMB No. 1545-0074

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

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For the year Jan. 1–Dec. 31, 2024, or other tax year beginning | | 2024, ending | 20 | See separate instructions. |
| Your first name and middle initial David W | Last name Cleveland | | | Your social security number 273-78-2738 |
| If joint return, spouse's first name and middle initial Kelly A | Last name Cleveland | | | Spouse's social security number 316-92-0136 |
| Home address (number and street). If you have a P.O. box, see instructions. 6988 Post Preserve Blvd | | | Apt. no. | 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. |
| City, town, or post office. If you have a foreign address, also complete spaces below. Dublin | | State OH | ZIP code 43016 | |
| Foreign country name | Foreign province/state/county | | Foreign postal code | |
| Filing Status | <input type="checkbox"/> Single | | <input type="checkbox"/> Head of household (HOH) | |
| Check only one box. | <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) | | <input type="checkbox"/> Qualifying surviving spouse (QSS) | |
| | <input type="checkbox"/> Married filing separately (MFS) | | | |
| If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: | | | | |
| <input type="checkbox"/> If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): | | | | |

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

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

Age/Blindness You: Were born before January 2, 1960 Are blind Spouse: Was born before January 2, 1960 Is blind

| Dependents (see instructions): | | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): | |
|---------------------------------------------------------|----------------------------|----------------------------|-------------------------|--------------------------------------------------------|-----------------------------|
| If more than four dependents, see instr. and check here | (1) First name Last name | | | Child tax credit | Credit for other dependents |
| | Brandon W Cleveland | 284-08-8552 | Son | | |
| | Ella K Cleveland | 273-11-4036 | Daughter | | |
| | Dylan M Cleveland | 302-15-0903 | Son | <input checked="" type="checkbox"/> | |

| | | |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------|
| Income | 1a Total amount from Form(s) W-2, box 1 (see instructions) | 1a 132,613 |
| Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. | b Household employee wages not reported on Form(s) W-2 | 1b |
| If you did not get a Form W-2, see instructions. | c Tip income not reported on line 1a (see instructions) | 1c |
| | d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | 1d |
| | e Taxable dependent care benefits from Form 2441, line 26 | 1e |
| | f Employer-provided adoption benefits from Form 8839, line 29 | 1f |
| | g Wages from Form 8919, line 6 | 1g |
| | h Other earned income (see instructions) | 1h |
| | i Nontaxable combat pay election (see instructions) | 1i |
| z Add lines 1a through 1h | | 1z 132,613 |

| | | | | |
|----------------------------|----------------------------------|------------------------|-----------------------------|-------------------------|
| Attach Sch. B if required. | 2a Tax-exempt interest | 2a | b Taxable interest | 2b |
| | 3a Qualified dividends | 3a 7,315 | b Ordinary dividends | 3b 13,015 |
| | 4a IRA distributions | 4a | b Taxable amount | 4b |
| | 5a Pensions and annuities | 5a | b Taxable amount | 5b |
| | 6a Soc. sec. ben. | 6a | b Taxable amount | 6b |

| | | |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------|
| Standard Deduction for— | c If you elect to use the lump-sum election method, check here (see instructions) | 7 |
| • Single or Married filing separately, \$14,600 | | |
| • Married filing jointly or Qualifying surviving spouse, \$29,200 | | |
| • Head of household, \$21,900 | | |
| • If you checked any box under Standard Deduction, see instructions. | | |
| 8 Additional income from Schedule 1, line 10 | | 8 322,123 |
| 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | 9 467,751 |
| 10 Adjustments to income from Schedule 1, line 26 | | 10 31,860 |
| 11 Subtract line 10 from line 9. This is your adjusted gross income | | 11 435,891 |
| 12 Standard deduction or itemized deductions (from Schedule A) | | 12 29,200 |
| 13 Qualified business income deduction from Form 8995 or Form 8995-A | | 13 68,321 |
| 14 Add lines 12 and 13 | | 14 97,521 |
| 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | | 15 338,370 |

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

Form **1040** (2024)

| | | | | |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------|-----------------------------------------------------|
| Tax and Credits | 16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> | 16 | 66,635 | |
| | 17 Amount from Schedule 2, line 3 | 17 | | |
| | 18 Add lines 16 and 17 | 18 | 66,635 | |
| | 19 Child tax credit or credit for other dependents from Schedule 8812 | 19 | 200 | |
| | 20 Amount from Schedule 3, line 8 | 20 | 395 | |
| | 21 Add lines 19 and 20 | 21 | 595 | |
| | 22 Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 66,040 | |
| | 23 Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 13,058 | |
| | 24 Add lines 22 and 23. This is your total tax | 24 | 79,098 | |
| Payments | 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 | 20,490 | |
| | 26 2024 estimated tax payments and amount applied from 2023 return | 25d | 20,490 | |
| | 27 Earned income credit (EIC) | 26 | 35,760 | |
| If you have a qualifying child, attach Sch. EIC. | 28 Additional child tax credit from Schedule 8812 | 27 28 | | |
| | 29 American opportunity credit from Form 8863, line 8 | 29 | | |
| | 30 Reserved for future use | 30 | | |
| | 31 Amount from Schedule 3, line 15 | 31 | | |
| | 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | | |
| | 33 Add lines 25d, 26, and 32. These are your total payments | 33 | 56,250 | |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | | |
| Direct deposit? See instructions. | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> b Routing number c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number | 35a | | |
| | 36 Amount of line 34 you want applied to your 2025 estimated tax | 36 | | |
| Amount You Owe | 37 Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 | 22,967 | |
| | 38 Estimated tax penalty (see instructions) | 38 | 119 | |
| Third Party Designee | Do you want to allow another person to discuss this return with the IRS? See instructions Designee's name William B Heinrich | Phone no. 614-454-3424 | Personal identification number (PIN) 00425 | |
| 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 | |
| | | | Dentist | |
| | Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | |
| | | | Optometrist | |
| | Phone no. | Email address | | |
| Paid Preparer Use Only | Preparer's name William B Heinrich | Preparer's signature | Date 03/15/25 | PTIN P00000425 |
| | Firm's name Heinrich & Associates CPA, Inc. | | Phone no. 614-454-3424 | Check if: <input type="checkbox"/> Self-employed |
| | Firm's address 3376 Sunnybrook Dr | OH 43221 | Firm's EIN 26-3858125 | |

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

Form 1040 (2024)

SCHEDULE 1
(Form 1040)

 Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2024Attachment
Sequence No. 01

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

David W & Kelly A ClevelandYour social security number
273-78-2738

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

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

| | |
|----|----------------|
| 1 | |
| 2a | |
| 3 | |
| 4 | |
| 5 | 322,123 |
| 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 | 322,123 |

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

2a Alimony received

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

3 Business income or (loss). Attach Schedule C

4 Other gains or (losses). Attach Form 4797

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

6 Farm income or (loss). Attach Schedule F

7 Unemployment compensation

8 Other income:

a Net operating loss

b Gambling

c Cancellation of debt

d Foreign earned income exclusion from Form 2555

e Income from Form 8853

f Income from Form 8889

g Alaska Permanent Fund dividends

h Jury duty pay

i Prizes and awards

j Activity not engaged in for profit income

k Stock options

l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property

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

n Section 951(a) inclusion (see instructions)

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

p Section 461(l) excess business loss adjustment

q Taxable distributions from an ABLE account (see instructions)

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

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

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

u Wages earned while incarcerated

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

z Other income. List type and amount:

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.

Schedule 1 (Form 1040) 2024

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 | 8,300 |
| 14 Moving expenses for members of the Armed Forces. Attach Form 3903 | 14 | |
| 15 Deductible part of self-employment tax. Attach Schedule SE | 15 | 5,306 |
| 16 Self-employed SEP, SIMPLE, and qualified plans | 16 | 18,254 |
| 17 Self-employed health insurance deduction | 17 | |
| 18 Penalty on early withdrawal of savings | 18 | |
| 19a Alimony paid | 19a | |
| b Recipient's SSN | | |
| c Date of original divorce or separation agreement (see instructions): _____ | | |
| 20 IRA deduction | 20 | |
| 21 Student loan interest deduction | 21 | |
| 22 Reserved for future use | 22 | |
| 23 Archer MSA deduction | 23 | |
| 24 Other adjustments: | | |
| a Jury duty pay (see instructions) | 24a | |
| b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | |
| c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | |
| d Reforestation amortization and expenses | 24d | |
| e Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | |
| f Contributions to section 501(c)(18)(D) pension plans | 24f | |
| g Contributions by certain chaplains to section 403(b) plans | 24g | |
| h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | |
| i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | 24i | |
| j Housing deduction from Form 2555 | 24j | |
| k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | |
| z Other adjustments. List type and amount: _____ | 24z | |
| 25 Total other adjustments. Add lines 24a through 24z | 25 | |
| 26 Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 | 26 | 31,860 |

Schedule 1 (Form 1040) 2024

SCHEDULE 2
 (Form 1040)

 Department of the Treasury
 Internal Revenue Service

Additional Taxes

OMB No. 1545-0074

2024Attachment
Sequence No. **02**

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

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

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

Your social security number

273-78-2738**David W & Kelly A Cleveland****Part I Tax**

1 Additions to tax:

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

y Other additions to tax (see instructions): _____

z Add lines 1a through 1y

2 Alternative minimum tax. Attach Form 6251

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

| | |
|-----------|--|
| 1a | |
| 1b | |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
| 1y | |

| | |
|-----------|--|
| 1z | |
| 2 | |
| 3 | |

Part II Other Taxes

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

| | |
|-----------|---------------|
| 4 | 10,611 |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | 2,447 |
| 13 | |
| 14 | |
| 15 | |
| 16 | |

(continued on page 2)

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

Schedule 2 (Form 1040) 2024

Part II Other Taxes (continued)**17 Other additional taxes:**

a Recapture of other credits. List type, form number, and amount:

- b Recapture of federal mortgage subsidy, if you sold your home see instructions
- c Additional tax on HSA distributions. Attach Form 8889
- d Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889
- e Additional tax on Archer MSA distributions. Attach Form 8853
- f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853
- g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property
- h Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A
- i Compensation you received from a nonqualified deferred compensation plan described in section 457A
- j Section 72(m)(5) excess benefits tax
- k Golden parachute payments
- l Tax on accumulation distribution of trusts
- m Excise tax on insider stock compensation from an expatriated corporation
- n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866
- o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR
- p Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund
- q Any interest from Form 8621, line 24
- z Any other taxes. List type and amount:

| | |
|-----|--|
| 17a | |
| 17b | |
| 17c | |
| 17d | |
| 17e | |
| 17f | |
| 17g | |
| 17h | |
| 17i | |
| 17j | |
| 17k | |
| 17l | |
| 17m | |
| 17n | |
| 17o | |
| 17p | |
| 17q | |
| 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 | 13,058 |

SCHEDULE 3
(Form 1040)

 Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2024Attachment
Sequence No. **03**

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

David W & Kelly A Cleveland

Your social security number

273-78-2738
Part I Nonrefundable Credits

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

| | |
|----|-----|
| 1 | 395 |
| 2 | |
| 3 | |
| 4 | |
| 5a | |
| 5b | |
| 6a | |
| 6b | |
| 6c | |
| 6d | |
| 6e | |
| 6f | |
| 6g | |
| 6h | |
| 6i | |
| 6j | |
| 6k | |
| 6l | |
| 6m | |
| 6z | |

- 7 Total other nonrefundable credits. Add lines 6a through 6z
- 8 Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20

| | |
|---|-----|
| 7 | |
| 8 | 395 |

Part II Other Payments and Refundable Credits

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

| | |
|-----|--|
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13a | |
| 13b | |
| 13c | |
| 13d | |
| 13z | |

- 14 Total other payments or refundable credits. Add lines 13a through 13z
- 15 Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31

| | |
|----|--|
| 14 | |
| 15 | |

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

Schedule 3 (Form 1040) 2024

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

Your social security number

273-78-2738**David W & Kelly A Cleveland**

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

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

- 27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section

| | | |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|

Yes **No**

| 28 | (a) Name | (b) Enter P for partnership; S for S corporation | (c) Check if foreign partnership | (d) Employer identification number | (e) Check if basis computation is required | (f) Check if any amount is not at risk |
|----|-----------------|--------------------------------------------------|----------------------------------|------------------------------------|--------------------------------------------|----------------------------------------|
| A | See Statement 1 | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |

| Passive Income and Loss | | Nonpassive Income and Loss | | | |
|----------------------------------------------------------------------------------|----------------------------------|--------------------------------------------|----------------------------------------------|-------------------------------------|---------|
| (g) | (h) | (i) | (j) | (k) | |
| (attach Form 8582 if required) | Passive income from Schedule K-1 | Nonpassive loss allowed (see Schedule K-1) | Section 179 expense deduction from Form 4562 | Nonpassive income from Schedule K-1 | |
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| 29a Totals | 51,373 | | | | 270,785 |
| b Totals | | 35 | | | |
| 30 Add columns (h) and (k) of line 29a | | | 30 | 322,158 | |
| 31 Add columns (g), (i), and (j) of line 29b | | | 31 | (35) | |
| 32 Total partnership and S corporation income or (loss). Combine lines 30 and 31 | | | 32 | 322,123 | |

Part III Income or Loss From Estates and Trusts

| 33 | (a) Name | (b) Employer identification number |
|----------------------------------------------------------------------|----------|-----------------------------------------|
| A | | |
| B | | |
| Passive Income and Loss | | Nonpassive Income and Loss |
| (c) Passive deduction or loss allowed (attach Form 8582 if required) | | (d) Passive income from Schedule K-1 |
| | | (e) Deduction or loss from Schedule K-1 |
| | | (f) Other income from Schedule K-1 |
| A | | |
| B | | |
| 34a Totals | | |
| b Totals | | |
| 35 Add columns (d) and (f) of line 34a | | 35 |
| 36 Add columns (c) and (e) of line 34b | | 36 () |
| 37 Total estate and trust income or (loss). Combine lines 35 and 36 | | 37 |

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

| 38 | (a) Name | (b) Employer identification number | (c) Excess inclusion from Schedules Q, line 2c (see instructions) | (d) Taxable income (net loss) from Schedules Q, line 1b | (e) Income from Schedules Q, line 3b |
|----|----------|------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------|
| | | | | | |

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below

39

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below | 40 |
| 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 | 41 322,123 |
| 42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions | 42 |
| 43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules | 43 |

PARTNERSHIP INCOME TAX RETURN

Calendar Year 2024 or Tax Year Beginning _____ And Ending _____
 Municipality of Marysville

Federal EIN 85-2878343

Name and Address

Monarch Plaza, LLC
137 Damascus Road
Marysville OH 43040

Account number
 Account type
 Principal business activity
 Local phone number

Partnershi
Rental
937-644-3087

PART A**TAX CALCULATION**

| | | |
|------|--------------------------------------------------------------------------|-------------------------------------------|
| 1. | Adjusted Federal Taxable Income (from Page 2) | <u>123,959</u> |
| 2 a. | Items not deductible (From Page 2, Line g) | ADD <u>697</u> |
| b. | Items not taxable (From Page 2, Line l) | DEDUCT _____ |
| c. | Difference between lines 2a and b | <u>697</u> |
| 3 a. | Adjusted Net Income (Line 1 plus or minus Line 2c) | <u>124,656</u> |
| b. | Less: Allocated federal rental income | <u>123,959</u> |
| c. | Less: Pre-apportioned losses from tax years beginning on or after 1/1/17 | <u>123,959</u> |
| d. | Net Profit (Line 3a minus Line 3b minus Line 3c) | <u>697</u> |
| e. | Taxable Income | (100.0000 %from Line 5 Sch. Y) <u>697</u> |
| f. | Add: Allocated city rental income | <u>123,959</u> |
| g. | Less: Post apportioned losses for tax years beginning prior to 1/1/17 | <u>123,959</u> |
| 4. | Amount subject to income tax | <u>124,656</u> |
| 5. | Multiply taxable income (Line 4) by <u>1.500%</u> | <u>1,870</u> |
| 6. | CREDITS(a) Overpayment applied from prior year's return | <u>23</u> |
| | (b) Payments on 2024 Declaration of Estimated Tax | <u>697</u> |
| | (c) TOTAL CREDITS ALLOWABLE | <u>720</u> |
| 7. | Balance of Tax Due (Line 5 less Line 6c) | <u>1,150</u> |
| 8. | Overpayment (Enter difference if Line 6c exceeds Line 5) | <u> </u> |
| | Amount of Line 8 You Want: Credited to | Estimated tax _____ |
| | | Refunded _____ |

PART B**DECLARATION OF ESTIMATED TAX FOR YEAR 2025**

| | | | | | |
|-----|------------------------------------------------------------------|----------------------|------------------------|------------------|--------------|
| 9. | Income subject to tax | <u>125,333</u> | Multiplied by tax rate | <u>1.500%</u> | <u>1,880</u> |
| 10. | Less: Overpayment from prior year(s) | <u> </u> | | | <u>1,880</u> |
| 11. | Net Tax Due (Line 9 Less Line 10) | <u> </u> | | | <u>470</u> |
| 12. | Amount paid with this declaration (Not less than 1/4 of Line 11) | <u> </u> | | | <u> </u> |
| 13. | Amount enclosed: | <u>1,150</u> (Ln. 7) | <u>470</u> (Ln. 12) | TOTAL AMOUNT DUE | <u>1,620</u> |

Make Remittance Payable to City of Marysville

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated, and that the figures used are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S.

Check box if City may discuss your return with tax preparer.

03/05/25

Signature of Person Preparing Return, if other than taxpayer

Heinrich & Associates CPA, Inc.
3376 Sunnybrook Dr
Columbus OH 43221

Date

Signature of Taxpayer or Agent

Date

Partner

Title

Address or Name and Address of Firm or Employer

Monarch Plaza, LLC

85-2878343

ALL APPROPRIATE FEDERAL SCHEDULES MUST BE ATTACHED

PAGE 2

ADDITIONAL INFORMATIONIndicate method of accounting: Cash Accrual Other (Describe) _____Did you file a tax return last year? Yes NoHas the Internal Revenue Service increased your income tax liability for any prior year? Yes NoIf so, has an amended city income tax return been filed? Yes NoWORKSHEET X - RECONCILIATION WITH FEDERAL INCOME TAX

SEE INSTRUCTIONS BEFORE MAKING ENTRIES BELOW.

Net profit (or loss) from business or profession **123,959**ITEMS NOT DEDUCTIBLE

| | | |
|---------------------------------------------------------------------------------------------|--------|------------|
| a. Capital losses (Excluding ordinary losses) | Stmt 1 | 697 |
| b. Expenses attributable to non-taxable income | | |
| c. Taxes on or measured by net income | | |
| d. Guaranteed Payments to partners, retired partners, members or other owners | | |
| e. Contributions to a retirement plan by a self-employed individual or by an employee | | |
| f. Other (Explain) | | |
| g. Total Additions (enter on Page 1, Line 2a) | | 697 |

ITEMS NOT TAXABLE

| | | |
|------------------------------------------------------|--|--|
| h. Capital gains (Excluding ordinary gains) | | |
| i. Interest income | | |
| j. Dividends | | |
| k. Other exempt income (Explain) | | |
| l. Total Deductions (enter on Page 1, Line 2b) | | |

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

| | | |
|-----------------------|--------------------|--------------------------|
| a. Located Everywhere | b. Located in City | c. Percentage (b / a) |
|-----------------------|--------------------|--------------------------|

| | | |
|----------------------------------------------------------------------------------------------------------------------|--|---|
| STEP 1. Average value of real and tangible personal property | | |
| Gross annual rentals paid multiplied by 8 | | |
| TOTAL STEP 1 | | % |
| STEP 2. Wages, salaries, and other compensation paid | | % |
| STEP 3. Gross receipts from sales made and services preformed | | % |
| STEP 4. Total percentages (Add percentages from Steps 1-3) | | % |
| STEP 5. Average percentage (Divide total percentages by number of percentages used - Carry to Page 1, Line 3e) | | % |

SCHEDULE Z - PARTNERS' DISTRIBUTIVE SHARES OF NET INCOME

Attach a schedule of each partner's/shareholder's name, social security number, distributive share,
guaranteed payments (if applicable) and taxable percentage.

Form **1065**
Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership Income

For calendar year 2024, or tax year beginning _____, ending _____
Go to www.irs.gov/Form1065 for instructions and the latest information.

OMB No. 1545-0123

2024

| | | |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| A Principal business activity Optometry | Name of partnership Perimeter West Eye Care LLC | D Employer identification number 20-5360877 |
| B Principal product or service Eye Care | Number, street, and room or suite no. If a P.O. box, see instructions. 6850 Perimeter Drive, Suite A | E Date business started 10/19/2006 |
| C Business code number 621320 | City or town, state or province, country, and ZIP or foreign postal code Dublin OH 43016 | F Total assets (see instructions) \$ 190,404 |

- G Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return
 H Check accounting method: (1) Cash (2) Accrual (3) Other (specify): _____
 I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year: **2**
 J Check if Schedules C and M-3 are attached
 K Check if partnership: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 469 passive activity purposes

Caution: Include only trade or business income and expenses on lines 1a through 23 below. See instructions for more information.

| Income | a Gross receipts or sales 668,150 | b Less returns and allowances | c Balance |
|----------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------|----------------|
| 2 Cost of goods sold (attach Form 1125-A) | | | 192,166 |
| 3 Gross profit. Subtract line 2 from line 1c | | | 475,984 |
| 4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) | | | |
| 5 Net farm profit (loss) (attach Schedule F (Form 1040)) | | | |
| 6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) | | | |
| 7 Other income (loss) (attach statement) | | | |
| 8 Total income (loss). Combine lines 3 through 7 | | See Statement 1 | 33 |
| 9 Salaries and wages (other than to partners) (less employment credits) | | | 476,017 |
| 10 Guaranteed payments to partners | | | 117,471 |
| 11 Repairs and maintenance | | | 154,198 |
| 12 Bad debts | | | 495 |
| 13 Rent | | | |
| 14 Taxes and licenses | | | 58,800 |
| 15 Interest (see instructions) | | | 12,929 |
| 16a Depreciation (if required, attach Form 4562) | 16a | 16,430 | |
| b Less depreciation reported on Form 1125-A and elsewhere on return | 16b | | |
| 17 Depletion (Do not deduct oil and gas depletion.) | | | 16,430 |
| 18 Retirement plans, etc. | | | 1,436 |
| 19 Employee benefit programs | | | |
| 20 Energy efficient commercial buildings deduction (attach Form 7205) | | | |
| 21 Other deductions (attach statement) | | | 66,508 |
| 22 Total deductions. Add the amounts shown in the far right column for lines 9 through 21 | | See Statement 2 | 428,267 |
| 23 Ordinary business income (loss). Subtract line 22 from line 8 | | | 47,750 |
| 24 Interest due under the look-back method—completed long-term contracts (attach Form 8697) | | | 24 |
| 25 Interest due under the look-back method—income forecast method (attach Form 8866) | | | 25 |
| 26 BBA AAR imputed underpayment (see instructions) | | | 26 |
| 27 Other taxes (see instructions) | | | 27 |
| 28 Total balance due. Add lines 24 through 27 | | | 28 |
| 29 Elective payment election amount from Form 3800 | | | 29 |
| 30 Payment (see instructions) | | | 30 |
| 31 Amount owed. If the sum of line 29 and line 30 is smaller than line 28, enter amount owed | | | 31 |
| 32 Overpayment. If the sum of line 29 and line 30 is larger than line 28, enter overpayment | | | 32 |

| | | | |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information which preparer has any knowledge. | | |
| | Signature of partner or limited liability company member _____ Date _____ | | |
| Paid | Print/Type preparer's name William B Heinrich | Preparer's signature | Date 02/28/25 |
| Preparer | Heinrich & Associates CPA, Inc. | | Date _____ |
| Use Only | Firm's name Heinrich & Associates CPA, Inc. | Firm's EIN 26-3858125 | Date _____ |
| | Firm's address 3376 Sunnybrook Dr Columbus, OH 43221 | Phone no. 614-454-3424 | Date _____ |

For Paperwork Reduction Act Notice, see separate instructions.

May the IRS discuss this return with the preparer shown below?
See instructions. Yes No

| Form Z | | Generic Schedule Z - Partner's Distributive Shares of Net Income | | | | 2024 |
|--------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------|----------------------------------------|----------------------|------|
| | | For calendar year 2024, or taxable year beginning _____, and ending _____ | | | | |
| Name Perimeter West Eye Care LLC | | | City Dublin | Federal ID Number 20-5360877 | | |
| Ptr Num | Partner's Name and Address | SSN or FEIN | Distributive Amount | Other Payments | Ownership Percent | |
| 1 | Kelly A Cleveland 6988 Post Preserve Blvd Dublin OH 43016 | 316-92-0136 | 89,610 | | 50.0000 | |
| 2 | Simone P Blake 8190 Crossgate Ct N Dublin OH 43017 | 236-29-5330 | 89,610 | | 50.0000 | |
| | | | | | | |
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