

CITY OF DUBLIN

OCT 09 2025

DIVISION OF TAXATION

THIS SPACE IS FOR OFFICIAL USE ONLY

DUBLIN

## Individual Tax Return

## 2024 Form R

Tax Return is due by  
04/15/2025

PLEASE CHECK IF

REFUND

CREDIT TO 2025

BALANCE DUE

AMENDED

EXTENSION FILED

ATHLETE OR ENTERTAINER

ACCOUNT NO.ACCOUNT TYPESOCIAL SECURITY #/F.I.D #  
**746-15-6277**

DAISUKE HAYASHI

HDMA 750 W 7TH ST #812148  
LOS ANGELES, CA 90081

E-Mail: DAISUKE.HAYASHI@NA Phone 9375534796

Your Name, Address &amp; Social Security # / F.I.D. # Are Printed above As They Appear On Our Records. Make Corrections Where Necessary. Add Social Security # / F.I.D. # If Missing. Attach Copy of Federal Return And Schedules. Otherwise Returns Will Be Questioned if all Lines Applicable to Taxpayer Are Not Completed.

## TAX CALCULATION

1a. Total Qualifying Wages and Other Compensation- Worksheet A, Column 3, Totals

b. Adjustments to Wages and Other Compensation- Worksheet A-1, Totals

c. Taxable Qualified Wages and Other Compensation- Line 1a plus line 1b

2a. Business Income- Worksheet B, line 5

b. Adjustments to Business Income- Schedule X, line M less line Z

c. Adjusted Business Income- Line 2a plus line 2b. If less than ZERO this is the amount of current year NOL to carryforward

d. Taxable Business Income- Line 2c. If less than ZERO enter ZERO

3. Net Operating Loss Carryforward- Worksheet NOL-1, line 4c (Cannot exceed line 2d)

4. Total Taxable Income- Line 1c plus line 2d minus line 3

5. **INCOME TAX -****TOTAL OF WORKSHEETS D, LINE 5****245,695.****245,695.****245,695.****4,914.****4,914.****4,914.****4,914.**

6a. City Tax Withheld- Worksheet A, Column 4: Totals, Worksheet B, Column 2, line 4, and Worksheet E, Column 5, line 7

b. Estimated Tax Payments \_\_\_\_\_ Overpayment Applied \_\_\_\_\_

c. Extension Payment \_\_\_\_\_ Paid (Refunded) on Original Return \_\_\_\_\_

d. Credit for Taxes Paid to Other Cities- Worksheet CR, line 21 (if applicable)

e. Other Credits

f. Total Payments and Credits- Add line 6a through line 6e

7. Balance of Tax After Payments and Credits- Line 5 less line 6f. If positive continue to line 8. If negative continue to line 10

8. If line 7 is greater than \$10, calculate interest and penalties due and total.

Interest \_\_\_\_\_ + Payment Penalty \_\_\_\_\_ + Filing Penalty \_\_\_\_\_ = \_\_\_\_\_

9. **BALANCE DUE**- Line 7 plus line 8. If \$10 or less enter ZERO. Continue to line 1110. a. **OVERPAYMENT**- Enter line 7 as a positive. If \$10 or less enter ZEROb. **CREDIT TO NEXT YEAR** \_\_\_\_\_c. **AMOUNT REFUNDED** \_\_\_\_\_

## DECLARATION OF ESTIMATED TAX FOR 2025

11. Total Estimated Income Subject to Tax

12. \_\_\_\_\_

13. Estimated Taxes Withheld from Wages and Other Credits

14. Estimated Tax Due After Withholding and Other Credits- Line 12 less line 13. If this amount is less than \$200, STOP

15. Quarter One Estimated Tax Due Before Credits- 25% of line 14

16. Less Credits- Line 10b above- and Amounts Already Paid on this Year's Liability

17. Net Estimated Tax Due- Line 15 less line 16. If less than ZERO enter ZERO

18. **TOTAL AMOUNT DUE**- Line 9 plus line 17

CITY OF DUBLIN

OCT 09 2025

I CERTIFY 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 AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX PURPOSES.

If this return was prepared by a tax preparer, may we contact him/her with questions regarding the preparation of the return?

 Yes  NoDIVYA PRABHAKAR  
SIGNATURE OF PERSON PREPARING IF OTHER THAN TAX PAYER04/04/2025  
DATEDaisuke Hayashi  
SIGNATURE OF TAXPAYER OR AGENT8-12-2025  
DATEKazumi Hayashi  
SIGNATURE OF SPOUSE (IF JOINT)8-12-2025  
DATE

495301 04-01-24

ERNST & YOUNG LLP  
K R PURAM, BANGALORE 560016 INDIA  
806-681-3000

ADDRESS OR NAME, ADDRESS AND TELEPHONE NUMBER OF FIRM OR EMPLOYER

WORKSHEET A		SALARIES, WAGES, TIPS, AND OTHER COMPENSATION				
W 2 G	Column 1  Employer/Payor	Column 2  City Where Employed/ Winning	Column 3  Qualifying Wages/ Winning	Column 4  City Tax Withheld	Column 5  Other City Tax Withheld	Dates Earned  From/Win MM/DD      Thru MM/DD
HONDA DEV AND MFG						
OF AM LLC	DUBLIN		245,695.	4,914.		1/1 12/31
Totals			245,695.	4,914.		

WORKSHEET A-1		ADJUSTMENTS TO WAGES AND OTHER COMPENSATION	
		Description	Adjustment Amount
Totals			

WORKSHEET B		BUSINESS, RENTAL, PASSTHROUGH, AND MISCELLANEOUS INCOME			
	Schedules	Column 1 Profit (Loss) from Federal Schedules	Column 2 City withholding from 1099-MISC	Column 3 Schedule Y Reduction Amount	Column 4 City Taxable Income Column 1 - Column 3
1.	Schedule C- Business Income (Net profit (loss) from Schedule C's)				
2.	Schedule E- Rental Income (Net profit (loss) from rental properties)				
3.	Schedule E- Partnership/Shareholder K-1 (Net profit (loss) from K-1's)				
4.	Miscellaneous Income (1099-MISC, Schedule F, Form 4797)				
5.	<b>Total Business Income-</b> Add Column 4, line 1 through line 4 and enter this amount on Page 1, line 2a				

SCHEDULE Y		BUSINESS APPORTIONMENT FORMULA				
BUSINESS NAME / DESCRIPTION	Worksheet B	<input type="checkbox"/> Line 1	<input type="checkbox"/> Line 4	Column 1 Located Everywhere	Column 2 Located in City	Column 3 Percentage (2+1)
Step 1. Average Original Cost of Real & Tangible Personal Property						
Gross Annual Rentals Multiplied by 8						
Total Step 1						
Step 2. Total wages, salaries, commissions and other compensation of all employees						
Step 3. Gross receipts from sales made and work or services performed						
Step 4. Total percentages (Total Steps 1 through 3)						
Step 5. Average percentage (Divide Step 4 by the number of percentages used)						
Step 6. Business income						
Step 7. Apportioned business income (Step 6 multiplied by Step 5)						
Step 8. Business income reduction amount (Step 6 less Step 7)						

SCHEDULE X		RECONCILIATION WITH FEDERAL INCOME TAX RETURN		
ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital losses			n. Capital Gains	
b. Expenses incurred in the production of non-taxable income			o. Interest Income	
c. City or state income taxes			p. Dividends	
d. Net operating loss deduction per Federal Return			q. Employee Stock Options	
e. Payments to partners			r. Other (Explain)	
f. Contributions to Retirement (401K, SERP)				
g. Stock Options				
h. Other (Explain)				
m. Total Additions			z. Total Deductions	

**NON-RESIDENT**

<b>WORKSHEET C</b>		INCOME FOR CREDIT FOR TAXES PAID AND ALTERNATE TAX CALCULATION					
<b>EARNING PERIOD</b> <b>01/01 - 03/30</b>		<b>Column 1</b>	<b>Column 2</b> Non-Taxing	<b>Column 3</b> Location 3	<b>Column 4</b> Location 4	<b>Column 5</b> Location 5	<b>Column 6</b> Total
Print the name of each location where income was earned in Columns 1-5		DUBLIN	NON-TAXING				
A. Municipality tax rate		2.000					
1. Total wages and other compensation included in Page 1, line 1a, less adjustments specifically allocated to the municipality							
2. Adjustment to wages and other compensation included in Page 1, line 1b, less adjustments specifically allocated to municipalities							
3. Divide line 1 by the total in Column 6, line 1							
4. If line 2 is a gain enter in Column 1, otherwise multiply Column 6, line 2 by line 3							
5. Add line 1 and line 4							
6. Total passthrough income (loss) included in Worksheet B, Column 4, line 3							
7. Multiply line 6 by line A.							
8. Tax paid by passthroughs							
9. If line 8 is less than line 7, divide line 8 by line A, otherwise enter line 8							
10. Subtract line 9 from line 6							
11. Enter the total from Column 6, line 10							
12. Column 1: Enter line 6 Column 2: Total lines 5 and 11 Columns 3-5: Enter line 9							
13. Total business income (loss) included in Worksheet B, Column 4, line 1							
14. Total rental income (loss) included in Worksheet B, Column 4, line 2							
15. Total miscellaneous income (loss) included in Worksheet B, Column 4, line 4							
16. Add lines 12, 13, 14, and 15							
17. If line 16 is a gain, enter it here							
18. If line 16 is a loss, enter it here							
19. Enter the adjustment to income from Page 1, line 2b							
20. Enter the prior year net operating loss from Page 1, line 3							
21. Add lines 18, 19, and 20							
22. Divide line 17 by the total in Column 6, line 17							
23. If line 21 is a gain enter in Column 1, otherwise multiply line 21 by line 22							
24. Add line 17 and line 23							

<b>WORKSHEET D</b>		ALTERNATE TAX CALCULATION FOR PART-YEAR RESIDENTS AND SPLIT RATE RETURNS					
<b>EARNING PERIOD</b> <b>01/01 - 03/30</b>							
1. Enter Worksheet C, Col. 6, line 5							
2. If Worksheet C, Column 6, line 24 is a gain, enter it here							
3. Add line 1 and line 2							
4. Enter the tax rate for the resident municipality							
5. Multiply line 3 by line 4. Enter here and include on Page 1, line 5							
							2.000

## RESIDENT

INCOME FOR CREDIT FOR TAXES PAID AND ALTERNATE TAX CALCULATION						
EARNING PERIOD 03/31 - 12/31	Column 1	Column 2 Non-Taxing	Column 3 Location 3	Column 4 Location 4	Column 5 Location 5	Column 6 Total
Print the name of each location where income was earned in Columns 1-5	DUBLIN	NON-TAXING				
A. Municipality tax rate	2.000					
1. Total wages and other compensation included in Page 1, line 1a, less adjustments specifically allocated to the municipality	245,695.					245,695.
2. Adjustment to wages and other compensation included in Page 1, line 1b, less adjustments specifically allocated to municipalities						
3. Divide line 1 by the total in Column 6, line 1	100%					
4. If line 2 is a gain enter in Column 1, otherwise multiply Column 6, line 2 by line 3						
5. Add line 1 and line 4	245,695.					245,695.
6. Total passthrough income (loss) included in Worksheet B, Column 4, line 3						
7. Multiply line 6 by line A						
8. Tax paid by passthroughs						
9. If line 8 is less than line 7, divide line 8 by line A, otherwise enter line 6						
10. Subtract line 9 from line 6						
11. Enter the total from Column 6, line 10						
12. Column 1 Enter line 6 Column 2 Total lines 6 and 11 Columns 3-5 Enter line 9						
13. Total business income (loss) included in Worksheet B, Column 4, line 1						
14. Total rental income (loss) included in Worksheet B, Column 4, line 2						
15. Total miscellaneous income (loss) included in Worksheet B, Column 4, line 4						
16. Add lines 12, 13, 14, and 15						
17. If line 16 is a gain, enter it here						
18. If line 16 is a loss, enter it here						
19. Enter the adjustment to income from Page 1, line 2b						
20. Enter the prior year net operating loss from Page 1, line 3						
21. Add lines 18, 19, and 20						
22. Divide line 17 by the total in Column 6, line 17						
23. If line 21 is a gain enter in Column 1, otherwise multiply line 21 by line 22						
24. Add line 17 and line 23						

WORKSHEET D		ALTERNATE TAX CALCULATION FOR PART-YEAR RESIDENTS AND SPLIT RATE RETURNS
EARNING PERIOD 03/31 - 12/31		
1. Enter Worksheet C, Col. 6, line 5		245,695.
2. If Worksheet C, Column 6, line 24 is a gain, enter it here		
3. Add line 1 and line 2		245,695.
4. Enter the tax rate for the resident municipality		2.000
5. Multiply line 3 by line 4. Enter here and include on Page 1, line 5		4,914.

	<b>a</b> Employee's social security number <b>746-15-6277</b>	OMB No. 1545-0008				
<b>b</b> Employer identification number (EIN) <b>31-0925242</b>		1 Wages, tips, other compensation <b>245,695.</b>			2 Federal income tax withheld <b>34,444.</b>	
<b>c</b> Employer's name, address, and ZIP code HONDA DEV AND MFG OF AM LLC 24000 HONDA PKWY MARYSVILLE OH 43040-8612		3 Social security wages <b>0.</b>			4 Social security tax withheld <b>0.00</b>	
		5 Medicare wages and tips <b>0.</b>			6 Medicare tax withheld <b>0.00</b>	
		7 Social security tips <b>0.</b>			8 Allocated tips <b>0.</b>	
<b>d</b> Control number		9			10 Dependent care benefits <b>0.</b>	
<b>e</b> Employee's first name and initial DAISUKE HAYASHI HDMA 750 W 7TH ST #812148 DUBLIN OH 43017-3808		Suff.	11 Nonqualified plans <b>0.</b>	12a DD	<b>14,412.</b>	
			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b <b>0.</b>
			14 Other		12c <b>0.</b>	12d <b>0.</b>
<b>f</b> Employee's address and ZIP code						
15 State OH	Employer's state ID number 51-498373	16 State wages, tips, etc. <b>245,695.</b>	17 State income tax <b>7,297.00</b>	18 Local wages, tips, etc. <b>245,695.</b>	19 Local income tax <b>4,913.89</b>	20 Locality name <b>DUBLIN</b>
		0.	0.00	0.	0.00	

Form **W-2** Wage and Tax Statement  
Copy 1 - For State, City, or Local Tax Department

**2024**

Department of the Treasury - Internal Revenue Service

## DUBLIN

## EXTENSION PAYMENT VOUCHER

2024  
TAX YEAR

12/31/2024  
TAX YEAR END DATE

07/15/2025  
RETURN DUE DATE

Enter your name and address here

DAISUKE HAYASHI

HDMA 750 W 7TH ST #812148  
LOS ANGELES CA 90081

TAXPAYER SOCIAL SECURITY # 746-15-6277  
SPOUSE SOCIAL SECURITY #  
ACCOUNT #  
FED ID #  
AMOUNT ENCLOSED: 0.  
PAYABLE TO:  
CITY OF DUBLIN, OH

DATE 8.12.2025 PHONE 9375534796SIGNATURE Daisuke Hayashi TITLE Division Lead495371  
04-01-24

02120404 143254 JBGLA18736

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2024.03020 HAYASHI, DAISUKE

JBGLA181

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 _____, ending _____		See separate instructions.	
Your first name and middle initial <b>DAISUKE</b>	Last name <b>HAYASHI</b>	Your social security number <b>746 15 6277</b>	
If joint return, spouse's first name and middle initial <b>KAZUMI</b>	Last name <b>HAYASHI</b>	Spouse's social security number <b>159 55 2081</b>	
Home address (number and street). If you have a P.O. box, see instructions. <b>HDMA 750 W 7TH ST #812148</b>		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. <b>LOS ANGELES</b>		State <b>CA</b>	ZIP code <b>90081</b>
Foreign country name	Foreign province/state/county	Foreign postal code	<input type="checkbox"/> You <input type="checkbox"/> Spouse

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: <b>      </b>
	<input checked="" 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): <b>      </b>	
Digital Assets	At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)	
Standard Deduction	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent	
	<input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien	

Age/Blindness	You: <input type="checkbox"/> Were born before January 2, 1960	<input type="checkbox"/> Are blind	Spouse: <input type="checkbox"/> Was born before January 2, 1960	<input type="checkbox"/> Is blind
Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instr.) Child tax credit    Credit for other dependents
If more than four dependents, see instr. and check here	(1) First name <b>SOKI HAYASHI</b>	Last name <b>ARIN HAYASHI</b>	APPLIED FOR SON	<input type="checkbox"/>
		APPLIED FOR DAUGHTER		<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Income	1a Total amount from Form(s) W-2, box 1 (see instructions) ..... 1b Household employee wages not reported on Form(s) W-2 ..... 1c Tip income not reported on line 1a (see instructions) ..... 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) ..... 1e Taxable dependent care benefits from Form 2441, line 26 ..... 1f Employer-provided adoption benefits from Form 8839, line 29 ..... 1g Wages from Form 8919, line 6 ..... 1h Other earned income (see instructions) ..... 1i Nontaxable combat pay election (see instructions) ..... 1z Add lines 1a through 1h ..... 2a Tax-exempt interest ..... 3a Qualified dividends ..... 4a IRA distributions ..... 5a Pensions and annuities ..... 6a Social security benefits ..... 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ..... 8 Additional income from Schedule 1, line 10 ..... 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> ..... 10 Adjustments to income from Schedule 1, line 26 ..... 11 Subtract line 10 from line 9. This is your <b>adjusted gross income</b> ..... 12 Standard deduction or itemized deductions (from Schedule A) ..... 13 Qualified business income deduction from Form 8995 or Form 8995-A ..... 14 Add lines 12 and 13 ..... 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> .....	STMT 1 1a    245,695. 1b 1c 1d 1e 1f 1g 1h    13,165. 1i 1z    258,860. 2b    29. 3b 4b 5b 6b 7 8 9    258,889. 10 11    258,889. 12    29,200. 13 14    29,200. 15    229,689.
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.		
If you did not get a Form W-2, see instructions.		
Standard Deduction for -		
● Single or Married filing separately, \$14,600		
● Married filing jointly or Qualifying surviving spouse, \$29,200		
● Head of household, \$21,900		
● If you checked any box under Standard Deduction, see instructions.		

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

Form 1040 (2024)

LHA 413921 12-30-24

02120404 143254 JBGLA18736

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2024.03020 HAYASHI, DAISUKE

JBGLA181

<b>Tax and Credits</b>	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	41,210.
	17 Amount from Schedule 2, line 3	17	
	18 Add lines 16 and 17	18	41,210.
	19 Child tax credit or credit for other dependents from Schedule 8812	19	1,000.
	20 Amount from Schedule 3, line 8	20	5,759.
	21 Add lines 19 and 20	21	6,759.
	22 Subtract line 21 from line 18. If zero or less, enter -0-	22	34,451.
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23	1.
	24 Add lines 22 and 23. This is your <b>total tax</b>	24	34,452.
<b>Payments</b>	25 Federal income tax withheld from: a Form(s) W-2 SEE STATEMENT 3 b Form(s) 1099 c Other forms (see instructions) d Add lines 25a through 25c	25a 25b 25c	34,444.    25d 26
	26 2024 estimated tax payments and amount applied from 2023 return	26	
	27 Earned income credit (EIC)	27	
	28 Additional child tax credit from Schedule 8812	28	
	29 American opportunity credit from Form 8863, line 8	29	
	30 Reserved for future use	30	
	31 Amount from Schedule 3, line 15	31	2.
	32 Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	32	2.
	33 Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	34,446.
<b>Refund</b>	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	
	35a Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
	b Routing number _____ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number _____		
	36 Amount of line 34 you want <b>applied to your 2025 estimated tax</b>	36	
<b>Amount You Owe</b>	37 Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	37	6.
	38 Estimated tax penalty (see instructions)	38	
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions	<input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No	
	Designee's name <b>GOWSIK C GANESHAN</b> Phone no. <b>1-646-699-2190</b> Personal identification number (PIN) <b>54905</b>		
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
<b>Sign Here</b>	Your signature <b>Daisuke Hayashi</b> Date <b>8-12-2025</b> Your occupation <b>OFFICE WORKER</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="checkbox"/>	
Joint return? See instructions. Keep a copy for your records.	Spouse's signature, if a joint return. <b>both</b> must sign. <b>Kazumi Hayashi</b> Date <b>8-12-2025</b> Spouse's occupation <b>HOMEMAKER</b>	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="checkbox"/>	
	Phone no. <b>9375534796</b> Email address <b>DAISUKE_HAYASHI@NA.HONDA.COM</b>		
<b>Paid Preparer Use Only</b>	Preparer's name <b>DIVYA PRABHAKAR</b> Preparer's signature <b>DIVYA PRABHAKAR</b> Date <b>04/04/25</b> PTIN <b>P00732512</b>	Check if: <input type="checkbox"/> Self-employed	
	Phone no. <b>806-681-3000</b>		
Firm's name <b>ERNST &amp; YOUNG LLP</b>	Firm's EIN <b>98-0605490</b>		
Firm's address <b>RMZ INFINITY, TWR C, OLD MADRAS RD</b>			
<b>K R PURAM, BANGALORE 560016 INDIA</b>			

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

Form 1040 (2024)

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

OMB No. 1545-0074

**2024**  
Attachment  
Sequence No. 02

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

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

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

**DAISUKE & KAZUMI HAYASHI**Your social security number  
**746-15-6277****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		0.

**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

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

Schedule 2 (Form 1040) 2024

**SCHEDULE 3**  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

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

OMB No. 1545-0074

**2024**  
Attachment  
Sequence No. 03

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

**DAISUKE & KAZUMI HAYASHI**

Your social security number  
**746-15-6277**

**Part I Nonrefundable Credits**

1 Foreign tax credit. Attach Form 1116 if required .....	1	5,759.
2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 .....	2	
3 Education credits from Form 8863, line 19 .....	3	
4 Retirement savings contributions credit. Attach Form 8880 .....	4	
5a Residential clean energy credit from Form 5695, line 15 .....	5a	
b Energy efficient home improvement credit from Form 5695, line 32 .....	5b	
6 Other nonrefundable credits:		
a General business credit. Attach Form 3800 .....	6a	
b Credit for prior year minimum tax. Attach Form 8801 .....	6b	
c Adoption credit. Attach Form 8839 .....	6c	
d Credit for the elderly or disabled. Attach Schedule R .....	6d	
e Reserved for future use .....	6e	
f Clean vehicle credit. Attach Form 8936 .....	6f	
g Mortgage interest credit. Attach Form 8396 .....	6g	
h District of Columbia first-time homebuyer credit. Attach Form 8859 .....	6h	
i Qualified electric vehicle credit. Attach Form 8834 .....	6i	
j Alternative fuel vehicle refueling property credit. Attach Form 8911 .....	6j	
k Credit to holders of tax credit bonds. Attach Form 8912 .....	6k	
l Amount on Form 8978, line 14. See instructions .....	6l	
m Credit for previously owned clean vehicles. Attach Form 8936 .....	6m	
z Other nonrefundable credits. List type and amount: .....	6z	
7 Total other nonrefundable credits. Add lines 6a through 6z .....	7	
8 Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 .....	8	5,759.

**Part II Other Payments and Refundable Credits**

9 Net premium tax credit. Attach Form 8962 .....	9	
10 Amount paid with request for extension to file (see instructions) .....	10	2.
11 Excess social security and tier 1 RRTA tax withheld .....	11	
12 Credit for federal tax on fuels. Attach Form 4136 .....	12	
13 Other payments or refundable credits:		
a Form 2439 .....	13a	
b Section 1341 credit for repayment of amounts included in income from earlier years .....	13b	
c Net elective payment election amount from Form 3800, Part III, line 6, column (j) .....	13c	
d Deferred amount of net 965 tax liability (see instructions) .....	13d	
z Other refundable credits (see instructions): .....	13z	
14 Total other payments or refundable credits. Add lines 13a through 13z .....	14	
15 Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 .....	15	2.

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

Schedule 3 (Form 1040) 2024

DAISUKE &amp; KAZUMI HAYASHI

746-15-6277

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 1

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T HONDA DEV AND MFG OF AM LLC	245,695.	34,444.	7,297.	4,914.		
<b>TOTALS</b>	<b>245,695.</b>	<b>34,444.</b>	<b>7,297.</b>	<b>4,914.</b>		

FORM 1040

OTHER EARNED INCOME

STATEMENT 2

T S DESCRIPTION	AMOUNT
T HONDA-JAPAN	13,165.
<b>TOTAL TO FORM 1040, LINE 1H</b>	<b>13,165.</b>

FORM 1040

FEDERAL INCOME TAX WITHHELD - FORM(S) W-2

STATEMENT 3

T S DESCRIPTION	AMOUNT
T HONDA DEV AND MFG OF AM LLC	34,444.
<b>TOTAL TO FORM 1040, LINE 25A</b>	<b>34,444.</b>