

CITY OF DUBLIN

OCT 9 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 TYPE

SOCIAL 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 & 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.

<input type="checkbox"/>	Single	Enter spouse's information for married-separate
<input type="checkbox"/>	Married - Joint	Soc. Sec. # _____
<input checked="" type="checkbox"/>	Married - Separate	Name _____
<input type="checkbox"/>	Resident	Date Moved In 03/31/2024
<input type="checkbox"/>	Non-Resident	Date Moved Out _____
<input checked="" type="checkbox"/>	Part-Year	Prior Address _____
Did you file a return for 2023? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Should your Tax account be inactivated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Reason _____		

TAX CALCULATION

1a. Total Qualifying Wages and Other Compensation-- Worksheet A, Column 3, Totals	245,695.
b. Adjustments to Wages and Other Compensation-- Worksheet A-1, Totals	
c. Taxable Qualified Wages and Other Compensation-- Line 1a plus line 1b	245,695.
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	245,695.
5. INCOME TAX - TOTAL OF WORKSHEETS D, LINE 5	4,914.
6a. City Tax Withheld-- Worksheet A, Column 4, Totals, Worksheet B, Column 2, line 4, and Worksheet E, Column 5, line 7	4,914.
b. Estimated Tax Payments	
c. Extension Payment	
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	4,914.
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 11	
10. a. OVERPAYMENT-- Enter line 7 as a positive. If \$10 or less enter ZERO	
b. 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	

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 ☐ No

DIVYA PRABHAKAR

04/04/2025

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAX PAYER

DATE

Daisuke Hayashi

8-12-2025

SIGNATURE OF TAXPAYER OR AGENT

DATE

Kazumi Hayashi

8-12-2025

SIGNATURE OF SPOUSE (IF JOINT)

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	Column 2	Column 3	Column 4	Column 5	Dates Earned	
	Employer/Payor	City Where Employed/ Winning	Qualifying Wages/ Winning	City Tax Withheld	Other City Tax Withheld	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.	Total Business Income- 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

WORKSHEET C		INCOME FOR CREDIT FOR TAXES PAID AND ALTERNATE TAX CALCULATION				
EARNING PERIOD 01/01 - 03/30	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						
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 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 01/01 - 03/30			
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

WORKSHEET C		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 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 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.

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

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 9375534796

SIGNATURE

Daisuke Hayashi

TITLE

Division Lead

For the year Jan. 1 - Dec. 31, 2024, or other tax year beginning , ending		See separate instructions.
Your first name and middle initial DAISUKE		Last name HAYASHI
If joint return, spouse's first name and middle initial KAZUMI		Last name HAYASHI
Home address (number and street). If you have a P.O. box, see instructions. HDMA 750 W 7TH ST #812148		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. LOS ANGELES		State ZIP code CA 90081
Foreign country name		Foreign province/state/county Foreign postal code
Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Head of household (HOH) <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Married filing separately (MFS) <input type="checkbox"/> Qualifying surviving spouse (QSS)		Your social security number 746 15 6277 Spouse's social security number 159 55 2081
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: <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):		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
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.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Standard Deduction 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 <input type="checkbox"/>	(1) First name Last name SOKI HAYASHI ARIN HAYASHI	APPLIED FOR APPLIED FOR	SON DAUGHTER	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a Total amount from Form(s) W-2, box 1 (see instructions) STMT 1	1a	245,695.
	b Household employee wages not reported on Form(s) W-2	1b	
	c Tip income not reported on line 1a (see instructions)	1c	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e Taxable dependent care benefits from Form 2441, line 26	1e	
	f Employer-provided adoption benefits from Form 8839, line 29	1f	
	g Wages from Form 8919, line 6	1g	
	h Other earned income (see instructions) STMT 2	1h	13,165.
	i Nontaxable combat pay election (see instructions) 1i		
	z Add lines 1a through 1h	1z	258,860.
	2a Tax-exempt interest 2a	2b Taxable interest 2b	29.
	3a Qualified dividends 3a	b Ordinary dividends 3b	
	4a IRA distributions 4a	b Taxable amount 4b	
	5a Pensions and annuities 5a	b Taxable amount 5b	
	6a Social security benefits 6a	b Taxable amount 6b	
c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>			
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7		
8 Additional income from Schedule 1, line 10	8		
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	258,889.	
10 Adjustments to income from Schedule 1, line 26	10		
11 Subtract line 10 from line 9. This is your adjusted gross income	11	258,889.	
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		
14 Add lines 12 and 13	14	29,200.	
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	229,689.	

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

Form 1040 (2024)

LHA 413921 12-30-24

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	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 total tax	24	34,452.	
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 SEE STATEMENT 3	25a	34,444.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	34,444.
	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 total other payments and refundable credits	32	2.	
33	Add lines 25d, 26, and 32. These are your total payments	33	34,446.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
	b	Routing number <input type="text"/>	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number <input type="text"/>		
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	6.
	38	Estimated tax penalty (see instructions)	38	
Third Party Designee	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 GOWSIK C GANESHAN	Phone no. 1-646-699-2190	Personal identification number (PIN) 54905	
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.			
	Your signature <i>Daisuke Hayashi</i>	Date 8-12-2025	Your occupation OFFICE WORKER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
	Spouse's signature. If a joint return, both must sign. <i>Kazumi Hayashi</i>	Date 8-12-2025	Spouse's occupation HOMEMAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
	Phone no. 9375534796	Email address DAISUKE_HAYASHI@NA.HONDA.COM		
Paid Preparer Use Only	Preparer's name DIVYA PRABHAKAR	Preparer's signature DIVYA PRABHAKAR	Date 04/04/25	PTIN P00732512
	Check if: <input type="checkbox"/> Self-employed			
Firm's name	ERNST & YOUNG LLP			Phone no. 806-681-3000
Firm's address	RMZ INFINITY, TWR C, OLD MADRAS RD K R PURAM, BANGALORE 560016 INDIA			Firm's EIN 98-0605490

Go to 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

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

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **02**

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

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	1a		
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b		
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c		
d	Recapture of net EPE from Form 4255, line 2a, column (l)	1d		
e	Excessive payments (EP) from Form 4255. Check applicable box and enter amount. (i) <input type="checkbox"/> Line 1a, column (n) (ii) <input type="checkbox"/> Line 1c, column (n) (iii) <input type="checkbox"/> Line 1d, column (n) (iv) <input type="checkbox"/> Line 2a, column (n)	1e		
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions (i) <input type="checkbox"/> Line 1a, column (o) (ii) <input type="checkbox"/> Line 1c, column (o) (iii) <input type="checkbox"/> Line 1d, column (o) (iv) <input type="checkbox"/> Line 2a, column (o)	1f		
y	Other additions to tax (see instructions):	1y		
z	Add lines 1a through 1y	1z		
2	Alternative minimum tax. Attach Form 6251	2		
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3		0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	1.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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 (I)		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
			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 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

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.		
TOTALS	245,695.	34,444.	7,297.	4,914.		

FORM 1040

OTHER EARNED INCOME

STATEMENT 2

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

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.
TOTAL TO FORM 1040, LINE 25A	34,444.