

GOLDEN STATE ACCOUNTING INC.  
1221 BRIDGEWAY SUITE 2  
SAUSALITO, CA 94965  
415-331-9900

May 31, 2024

Brady Hero  
153 Lakeside Drive  
Corte Madera, CA 94925

Dear Brady,

Your 2023 Federal Individual Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879 - IRS e-file Signature Authorization. There is a balance due of \$11,401.

Make your check payable to the "United States Treasury" and mail your Form 1040-V payment voucher on or before April 15, 2024 to:

INTERNAL REVENUE SERVICE  
P.O. BOX 802501  
CINCINNATI, OH 45280-2501

Your 2023 California Individual Income Tax Return will be electronically filed with the Franchise Tax Board upon receipt of a signed Form 8879 - California e-file Signature Authorization. No tax is payable with the filing of this return. The refund of \$3,582 will be directly deposited into your checking account.

As an alternative to paying by paper check, federal income tax payments can be made using the IRS Direct Pay electronic payment method. This service is free and can be used to pay your individual tax bill or estimated tax payment directly from your checking or savings account. To access online, visit [www.irs.gov/payments](http://www.irs.gov/payments) for more information.

Please be sure to call if you have any questions.

Sincerely,

David Haase, CPA

**2023****FEDERAL INCOME TAX SUMMARY****PAGE 1****BRADY HERO****477-84-2326**

	<b>2023</b>	<b>2022</b>	<b>DIFF</b>
<b>INCOME</b>			
WAGES, SALARIES, TIPS, ETC.....	220,820	236,728	-15,908
INTEREST INCOME.....	1,056	3,029	-1,973
DIVIDEND INCOME.....	104	85	19
TAXABLE IRA DISTRIBUTIONS.....	14,044	0	14,044
RENT, ROYALTY, PARTNERSHIP, SCORP, TRUST	0	16,963	-16,963
TOTAL INCOME.....	236,024	256,805	-20,781
<b>ADJUSTMENTS TO INCOME</b>			
TOTAL ADJUSTMENTS.....	0	0	0
ADJUSTED GROSS INCOME.....	236,024	256,805	-20,781
<b>ITEMIZED DEDUCTIONS</b>			
TAXES.....	10,000	10,000	0
CONTRIBUTIONS.....	162	1,025	-863
TOTAL ITEMIZED DEDUCTIONS.....	10,162	11,025	-863
<b>TAX COMPUTATION</b>			
STANDARD DEDUCTION.....	20,800	25,900	-5,100
LARGER OF ITEMIZED OR STANDARD DEDUCTION	20,800	25,900	-5,100
QUALIFIED BUSINESS INCOME DEDUCTION.....	2	3,911	-3,909
TAXABLE INCOME.....	215,222	226,994	-11,772
TAX BEFORE CREDITS.....	46,083	42,142	3,941
<b>CREDITS</b>			
CHILD TAX CREDIT & OTHER DEPENDENT CR....	150	4,000	-3,850
TOTAL CREDITS.....	150	4,000	-3,850
TAX AFTER CREDITS.....	45,933	38,142	7,791
<b>OTHER TAXES</b>			
OTHER TAXES.....	231	118	113
TOTAL TAX.....	46,164	38,260	7,904
<b>PAYMENTS &amp; REFUNDABLE CREDITS</b>			
FEDERAL INCOME TAX WITHHELD.....	34,972	29,049	5,923
TOTAL PAYMENTS.....	34,972	29,049	5,923
<b>REFUND OR AMOUNT DUE</b>			
UNDERPAYMENT PENALTY.....	209	216	-7
AMOUNT YOU OWE.....	11,401	9,427	1,974
<b>TAX RATES</b>			
ORDINARY INCOME TAX BRACKET.....	32.0%	24.0%	8.0%
EFFECTIVE TAX RATE.....	21.4%	16.9%	4.5%

BRADY HERO

477-84-2326

	2023	2022	DIFF
<b>FEDERAL ADJUSTED GROSS INCOME</b>			
FEDERAL ADJUSTED GROSS INCOME.....	236,024	256,805	-20,781
<b>CALIFORNIA ADDITIONS</b>			
RENTS, ROYALTIES, PARTNERSHIPS, TRUSTS.....	0	2,793	-2,793
TOTAL ADDITIONS TO FEDERAL AGI.....	0	2,793	-2,793
<b>ADJUSTED GROSS INCOME</b>			
ADJUSTED GROSS INCOME.....	236,024	259,598	-23,574
<b>ITEMIZED DEDUCTIONS</b>			
ITEMIZED DEDUCTION BEFORE LIMITATION.....	162	1,025	-863
CALIFORNIA ITEMIZED DEDUCTIONS.....	162	1,025	-863
CALIFORNIA STANDARD DEDUCTION.....	10,726	10,404	322
<b>TAX COMPUTATION</b>			
TOTAL TAXABLE INCOME.....	225,298	249,194	-23,896
TAX.....	15,699	16,682	-983
EXEMPTION CREDITS.....	590	1,146	-556
NET TAX.....	15,109	15,536	-427
<b>PAYMENTS</b>			
CALIFORNIA INCOME TAX WITHHELD.....	18,691	19,313	-622
TOTAL PAYMENTS.....	18,691	19,313	-622
<b>REFUND OR AMOUNT DUE</b>			
AMOUNT OVERPAID.....	3,582	3,777	-195
AMOUNT YOU OWE.....	0	0	0
AMOUNT REFUNDED TO YOU.....	3,582	3,777	-195
<b>TAX RATES</b>			
MARGINAL TAX RATE.....	9.3%	9.3%	0.0%
EFFECTIVE TAX RATE.....	6.7%	6.2%	0.5%

2023

FINANCIAL TRANSACTION SUMMARY

PAGE 1

BRADY HERO

477-84-2326

**CALIFORNIA**

**2023 CALIFORNIA FORM 540 ELECTRONIC FINANCIAL TRANSACTION INFORMATION.**

THE TAXPAYER WILL RECEIVE A REFUND OF \$3,582 WHICH WILL BE DEPOSITED  
DIRECTLY INTO THE FOLLOWING ACCOUNT.

NAME OF BANK: FIRST REPUBLIC BANK

ROUTING TRANSIT NUMBER: 321081669

ACCOUNT NUMBER: \*\*\*\*\*5023

ACCOUNT TYPE: CHECKING

**California Disclosure Statements****Statement: Use of information**

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the California Franchise Tax Board, as applicable by law.

An ERO shall not disclose or use any tax return information for a purpose other than preparing, assisting in preparing, obtaining or providing services in connection with the preparation of tax returns. Disclosure among accepted participants in California's e-file Program for preparing and transmitting the return information is permissible.

**Statement: Refund Expectations**

California Franchise Tax Board is providing a URL about refund processing. Industry partners must use this URL or other method prescribed by the jurisdiction in all products. The messages must be shown to end-users within the software in a way to maximize the likelihood the message is read. For more information, please visit

<https://www.ftb.ca.gov/refund/index.asp>

**Statement: Driver's License/ID Card Expectations**

California driver's license or state ID card information is not required to e-file a California tax return and tax returns will not be rejected if this information isn't provided. Providing this information will help expedite the tax return process time, as well as combat stolen identity tax fraud. For more information, please visit

<https://www.ftb.ca.gov/file/ways-to-file/online/help-with-filing-online.html>

2023

## GENERAL INFORMATION

PAGE 1

BRADY HERO

477-84-2326

## FORMS NEEDED FOR THIS RETURN

FEDERAL: 1040, SCH 2, 1040-V, 1116, 1116 SCH B, 2210, 8812, 8867, 8879, 8959  
8960, 8995-A  
CALIFORNIA: 540, 3532, E-FILE INSTRUCTIONS, E-FILE CONSENT, E-FILE FORM 8879

## TAX RATES

	<u>MARGINAL</u>	<u>EFFECTIVE</u>
FEDERAL	32.0%	21.4%
CALIFORNIA	9.3%	6.7%

## UNDERPAYMENT PENALTY

FEDERAL	209.
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## CARRYOVERS TO 2024

FEDERAL CARRYOVERS

FOREIGN TAX CREDIT	4.
AMT FOREIGN TAX CREDIT	15.

THE TAXPAYER'S 2023 FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

## PRIOR TO TRANSMISSION OF THE RETURN

### FORM 1040

THE TAXPAYER(S) SHOULD REVIEW THEIR 2023 FEDERAL INDIVIDUAL INCOME TAX RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

### PAPERLESS E-FILE

THE TAXPAYER(S) SHOULD READ, SIGN AND DATE THE FORM 8879.

### BALANCE DUE

THERE IS A BALANCE DUE IN THE AMOUNT OF \$11,401.

## AFTER TRANSMISSION OF THE RETURN

### RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, ACCESS PROCONNECT TAX ONLINE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT PROCONNECT TAX ONLINE HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS PROCONNECT TAX ONLINE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKNOWLEDGEMENTS.

**KEEP A SIGNED COPY OF FORM 8879 IN YOUR FILES FOR 3 YEARS.**

### DO NOT MAIL:

FORM 8879

### MAIL FORM 1040-V AND PAYMENT TO:

INTERNAL REVENUE SERVICE  
P.O. BOX 802501  
CINCINNATI, OH 45280-2501

### CAUTION

DO NOT MAIL FORM 1040-V UNTIL THE INTERNAL REVENUE SERVICE HAS ACCEPTED FORM 1040.

EXCEPTION: MAIL FORM 1040-V WITH PAYMENT BY THE DUE DATE, EVEN IF THE RETURN IS STILL PENDING, TO AVOID LATE PAYMENT PENALTIES AND INTEREST CHARGES.

THE TAXPAYER'S 2023 CALIFORNIA TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

## PRIOR TO TRANSMISSION OF THE RETURN

### FORM 540

THE TAXPAYER(S) SHOULD REVIEW THEIR 2023 CALIFORNIA INDIVIDUAL INCOME TAX RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

### CA FORM 8453

IT IS NOT NECESSARY FOR THE TAXPAYER(S) TO SIGN CA FORM 8453 WHEN USING A PAPERLESS E-FILE PIN.

### PAPERLESS E-FILE

THE TAXPAYER(S) SHOULD READ AND, IF APPLICABLE, SIGN THE E-FILE SIGNATURE/CONSENT AUTHORIZATION.  
THE TAXPAYER(S) SHOULD READ, SIGN AND DATE THE FORM 8879.

### OVERPAYMENT

THE TAXPAYER(S) WILL RECEIVE A REFUND OF \$3,582.

THE CALIFORNIA FRANCHISE TAX BOARD WILL DEPOSIT THE REFUND OF \$3,582 DIRECTLY INTO THE FOLLOWING ACCOUNT:

NAME OF BANK: FIRST REPUBLIC BANK  
ROUTING TRANSIT NUMBER: \*\*\*\*\*1669  
ACCOUNT NUMBER: \*\*\*\*\*5023  
ACCOUNT TYPE: CHECKING

THE TAXPAYER(S) SHOULD DOUBLE CHECK THE BANK INFORMATION.

## AFTER TRANSMISSION OF THE RETURN

### RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, ACCESS PROCONNECT TAX ONLINE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT PROCONNECT TAX ONLINE HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS PROCONNECT TAX ONLINE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR CALIFORNIA ACKNOWLEDGEMENTS.

KEEP A SIGNED COPY OF FORM 8879 IN YOUR FILES FOR 4 YEARS.

### DO NOT MAIL:

E-FILE SIGNATURE/CONSENT AUTHORIZATION  
FORM 8879



## WAGE SCHEDULE

<u>TAXPAYER - EMPLOYER</u>	<u>WAGES</u>	<u>FEDERAL W/H</u>	<u>FICA</u>	<u>MEDI- CARE</u>	<u>STATE W/H</u>	<u>SDI</u>
GEOGRAPHIC EXPEDITIONS	220,820.	30,291.	9,932.	3,389.	18,691.	1,378.
GRAND TOTAL	220,820.	30,291.	9,932.	3,389.	18,691.	1,378.

## IRA DISTRIBUTION SCHEDULE

TAXPAYER - PAYER		TOTAL RECEIVED	TAXABLE AMOUNT	FEDERAL W/H	STATE W/H
PERSHING LLC		14,044.	14,044.	4,494.	
	GRAND TOTAL	14,044.	14,044.	4,494.	0.

**FORM 1040, 1040-SR, OR 1040-NR, LINE 2B**  
**INTEREST INCOME**

EDWARD JONES -3572	
TOTAL	<u>1,056.</u> <u>1,056.</u>

**FORM 1040, 1040-SR, OR 1040-NR, LINE 3B  
DIVIDEND INCOME**

VANGUARD -2469		104.
	TOTAL	<u>104.</u>

**FORM 1040, 1040-SR, OR 1040-NR, LINE 3A  
QUALIFIED DIVIDENDS**

VANGUARD -2469	<u>85.</u> <b>TOTAL    85.</b>
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**TAX BRACKET WORKSHEET (FORM 1040, 1040-SR, OR 1040-NR, LINE 16)**

CAPITAL GAIN RATES (CAPITAL GAIN/SCH. D TAX WORKSHEET)	INCOME	TAX
10% ORDINARY TAX BRACKET (\$0 - \$15,700).....	\$ 15,700.	\$ 1,570.
12% ORDINARY TAX BRACKET (\$15,701 - \$59,850) .....	44,150.	5,298.
22% ORDINARY TAX BRACKET (\$59,851 - \$95,350) .....	35,500.	7,810.
24% ORDINARY TAX BRACKET (\$95,351 - \$182,100).....	86,750.	20,820.
32% ORDINARY TAX BRACKET (\$182,101 - \$231,250) .....	33,037.	10,572.
TAXABLE ORDINARY INCOME	<u>\$ 215,137.</u>	
15% CAPITAL GAIN BRACKET.....	85.	13.
TOTAL USING CAPITAL GAIN RATES	<u>\$ 215,222.</u>	<u>\$ 46,083.</u>

\* ORDINARY INCOME WOULD HAVE TO INCREASE BY OVER \$16,113  
TO BEGIN BEING TAXED IN THE NEXT 35% TAX BRACKET (\$231,251 - \$578,100)

**QUALIFIED DIVIDENDS AND CAPITAL GAIN TAX WORKSHEET (FORM 1040, 1040-SR, OR 1040-NR, LINE 16)**

1. ENTER THE AMOUNT FROM FORM 1040, 1040-SR, OR 1040-NR, LINE 15	215,222.
2. ENTER AMOUNT FROM FORM 1040, 1040-SR, OR 1040-NR, LINE 3A	85.
3. ARE YOU FILING SCHEDULE D? [ ] YES. ENTER THE SMALLER OF LINE 15 OR 16 OF SCHEDULE D, BUT DO NOT ENTER LESS THAN ZERO [X] NO. ENTER AMOUNT FROM FORM 1040, 1040-SR, OR 1040-NR, LINE 7	0.
4. ADD LINES 2 AND 3	85.
5. SUBTRACT LINE 4 FROM LINE 1. IF 0 OR LESS, ENTER 0.	215,137.
6. ENTER: \$44,625 IF SINGLE OR MARRIED FILING SEPARATELY, \$89,250 IF MARRIED FILING JOINTLY OR QUALIFYING SURVIVING SPOUSE, \$59,750 IF HEAD OF HOUSEHOLD	59,750.
7. ENTER THE SMALLER OF LINE 1 OR LINE 6	59,750.
8. ENTER THE SMALLER OF LINE 5 OR LINE 7	59,750.
9. SUBTRACT LINE 8 FROM LINE 7. THIS AMOUNT IS TAXED AT 0%	0.
10. ENTER THE SMALLER OF LINE 1 OR LINE 4	85.
11. ENTER THE AMOUNT FROM LINE 9	0.
12. SUBTRACT LINE 11 FROM LINE 10	85.
13. ENTER: \$492,300 IF SINGLE, \$276,900 IF MARRIED FILING SEPARATELY, \$553,850 IF MARRIED FILING JOINTLY OR QUALIFYING SURVIVING SPOUSE, \$523,050 IF HEAD OF HOUSEHOLD.	523,050.
14. ENTER THE SMALLER OF LINE 1 OR LINE 13	215,222.
15. ADD LINES 5 AND 9	215,137.
16. SUBTRACT LINE 15 FROM LINE 14. IF 0 OR LESS, ENTER 0.	85.
17. ENTER THE SMALLER OF LINE 12 OR LINE 16	85.
18. MULTIPLY LINE 17 BY 15% (.15)	13.
19. ADD LINES 9 AND 17	85.
20. SUBTRACT LINE 19 FROM LINE 10	0.
21. MULTIPLY LINE 20 BY 20% (.20)	0.
22. FIGURE THE TAX ON THE AMOUNT ON LINE 5. (USE THE TAX TABLE OR TAX COMPUTATION WORKSHEET)	46,070.
23. ADD LINES 18, 21, AND 22	46,083.
24. FIGURE THE TAX ON THE AMOUNT ON LINE 1. (USE THE TAX TABLE OR TAX COMPUTATION WORKSHEET)	46,097.

**QUALIFIED DIVIDENDS AND CAPITAL GAIN TAX WORKSHEET (FORM 1040, 1040-SR, OR 1040-NR, LINE 16) (CONTINUED)**

25. TAX ON ALL TAXABLE INCOME (INCLUDING CAPITAL GAIN DISTRIBUTIONS). ENTER THE SMALLER OF LINE 23 OR LINE 24 HERE AND ON FORM 1040, 1040-SR, OR 1040-NR, LINE 16

46,083.

**CREDIT LIMIT WORKSHEET A (SCHEDULE 8812)**

1. ENTER THE AMOUNT FROM FORM 1040, 1040-SR, OR 1040-NR, LINE 18. 46,083.
2. ADD THE AMOUNTS FROM:
- |                     |    |
|---------------------|----|
| SCHEDULE 3, LINE 1  | 0. |
| SCHEDULE 3, LINE 2  | 0. |
| SCHEDULE 3, LINE 3  | 0. |
| SCHEDULE 3, LINE 4  | 0. |
| SCHEDULE 3, LINE 5B | 0. |
| SCHEDULE 3, LINE 6D | 0. |
| SCHEDULE 3, LINE 6F | 0. |
| SCHEDULE 3, LINE 6L | 0. |
| SCHEDULE 3, LINE 6M | 0. |
| ENTER THE TOTAL.    | 0. |
3. SUBTRACT LINE 2 FROM LINE 1. 46,083.
- COMPLETE CREDIT LIMIT WORKSHEET B ONLY IF YOU MEET ALL OF THE FOLLOWING:
1. YOU ARE CLAIMING ONE OR MORE OF THE FOLLOWING CREDITS.
- A. MORTGAGE INTEREST CREDIT, FORM 8396.
- B. ADOPTION CREDIT, FORM 8839.
- C. RESIDENTIAL CLEAN ENERGY CREDIT, FORM 5695, PART I.
- D. DISTRICT OF COLUMBIA FIRST-TIME HOMEBUYER CREDIT, FORM 8859.
2. YOU ARE NOT FILING FORM 2555.
3. LINE 4 OF SCHEDULE 8812 IS MORE THAN ZERO.
4. IF YOU ARE NOT COMPLETING CREDIT LIMIT WORKSHEET B, ENTER 0; OTHERWISE, ENTER THE AMOUNT FROM CREDIT LIMIT WORKSHEET B 0.
5. SUBTRACT LINE 4 FROM LINE 3. ENTER HERE AND ON SCHEDULE 8812, LINE 13. 46,083.

**FEDERAL INCOME TAX WITHHELD**

GEOGRAPHIC EXPEDITIONS	30,291.
PERSHING LLC	4,494.
ADDITIONAL MEDICARE TAX WITHHOLDING (FORM 8959)	187.
<b>TOTAL</b>	<b>34,972.</b>

**FORM 1116, PAGE 1, LINE 3E  
GROSS INCOME FROM ALL SOURCES**

WAGES, SALARIES, TIPS, ETC.....	220,820.
TAXABLE INTEREST.....	1,056.
ORDINARY DIVIDENDS.....	104.
TAXABLE IRA DISTRIBUTIONS.....	14,044.
<b>TOTAL</b>	<b>\$ 236,024.</b>

**FOREIGN TAX CREDIT CARRYOVER UTILIZATION WORKSHEET**  
**(FORM 1116 - TAXPAYERS CLAIMING A CARRYOVER OF FOREIGN TAX CREDIT)**

**PASSIVE INCOME**

**STEP 1 - CALCULATE YOUR CREDITABLE TAXES FOR THE CURRENT YEAR**

1. ENTER THE TOTAL FOREIGN TAXES  
PAID/ACCRUED (FORM 1116, LN. 9) 0.
2. LESS: REDUCTION IN FOREIGN TAXES (FORM  
1116, LN. 12) 0.
3. SUBTRACT LN. 2 FROM LN. 1. THESE ARE  
YOUR 2023 TAXES AVAILABLE FOR CREDIT. 0.

**STEP 2 - FIGURE YOUR DEDUCTION FOR THE CURRENT YEAR AND CARRYOVER(S) TO THE NEXT YEAR**

4. ENTER THE ALLOWABLE DEDUCTION (FORM  
1116, LN. 24) 0.

	REMAINDER	DEDUCT THIS YEAR	CARRYOVER TO NEXT YEAR
<u>2023</u>			
5. ENTER THE SMALLER OF LN. 3 OR LN. 4		0.	
6. SUBTRACT LN. 5 FROM LN. 3			0.
7. SUBTRACT LN. 5 FROM LN. 4	0.		
** AMOUNT MAY BE SUBJECT TO CARRYBACK			
<u>2013</u>			
8. ENTER THE CARRYOVER FROM 2013	0.		
9. ENTER THE SMALLER OF LN. 7 OR LN. 8		0.	
10. SUBTRACT LN. 9 FROM LN. 8			EXPIRED
11. SUBTRACT LN. 9 FROM LN. 7	0.		
<u>2014</u>			
12. ENTER THE CARRYOVER FROM 2014	4.		
13. ENTER THE SMALLER OF LN. 11 OR LN. 12		0.	
14. SUBTRACT LN. 13 FROM LN. 12			4.
15. SUBTRACT LN. 13 FROM LN. 11	0.		
<u>2015</u>			
16. ENTER THE CARRYOVER FROM 2015	0.		
17. ENTER THE SMALLER OF LN. 15 OR LN. 16		0.	
18. SUBTRACT LN. 17 FROM LN. 16			0.
19. SUBTRACT LN. 17 FROM LN. 15	0.		
<u>2016</u>			
20. ENTER THE CARRYOVER FROM 2016	0.		
21. ENTER THE SMALLER OF LN. 19 OR LN. 20		0.	
22. SUBTRACT LN. 21 FROM LN. 20			0.
23. SUBTRACT LN. 21 FROM LN. 19	0.		
<u>2017</u>			
24. ENTER THE CARRYOVER FROM 2017	0.		
25. ENTER THE SMALLER OF LN. 23 OR LN. 24		0.	
26. SUBTRACT LN. 25 FROM LN. 24			0.
27. SUBTRACT LN. 25 FROM LN. 23	0.		
<u>2018</u>			
28. ENTER THE CARRYOVER FROM 2018	0.		
29. ENTER THE SMALLER OF LN. 27 OR LN. 28		0.	
30. SUBTRACT LN. 29 FROM LN. 28			0.
31. SUBTRACT LN. 29 FROM LN. 27	0.		
<u>2019</u>			
32. ENTER THE CARRYOVER FROM 2019	0.		
33. ENTER THE SMALLER OF LN. 31 OR LN. 32		0.	
34. SUBTRACT LN. 33 FROM LN. 32			0.
35. SUBTRACT LN. 33 FROM LN. 31	0.		

**FOREIGN TAX CREDIT CARRYOVER UTILIZATION WORKSHEET (CONTINUED)**  
**(FORM 1116 - TAXPAYERS CLAIMING A CARRYOVER OF FOREIGN TAX CREDIT)**

2020

36. ENTER THE CARRYOVER FROM 2020	0.		
37. ENTER THE SMALLER OF LN. 35 OR LN. 36		0.	
38. SUBTRACT LN. 37 FROM LN. 36			0.
39. SUBTRACT LN. 37 FROM LN. 35	0.		

2021

40. ENTER THE CARRYOVER FROM 2021	0.		
41. ENTER THE SMALLER OF LN. 39 OR LN. 40		0.	
42. SUBTRACT LN. 41 FROM LN. 40			0.
43. SUBTRACT LN. 41 FROM LN. 39	0.		

2022

44. ENTER THE CARRYOVER FROM 2022	0.		
45. ENTER THE SMALLER OF LN. 43 OR LN. 44		0.	
46. SUBTRACT LN. 45 FROM LN. 44			0.

**FOREIGN TAX CREDIT CARRYOVER UTILIZATION WORKSHEET**  
**(FORM 1116 - TAXPAYERS CLAIMING A CARRYOVER OF FOREIGN TAX CREDIT)**
**PASSIVE INCOME - AMT****STEP 1 - CALCULATE YOUR CREDITABLE TAXES FOR THE CURRENT YEAR**

1. ENTER THE TOTAL FOREIGN TAXES PAID/ACCRUED (FORM 1116, LN. 9)		0.
2. LESS: REDUCTION IN FOREIGN TAXES (FORM 1116, LN. 12)		0.
3. SUBTRACT LN. 2 FROM LN. 1. THESE ARE YOUR 2023 TAXES AVAILABLE FOR CREDIT.		0.

**STEP 2 - FIGURE YOUR DEDUCTION FOR THE CURRENT YEAR AND CARRYOVER(S) TO THE NEXT YEAR**

4. ENTER THE ALLOWABLE DEDUCTION (FORM 1116, LN. 24)		0.
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2023

	<u>REMAINDER</u>	<u>DEDUCT THIS YEAR</u>	<u>CARRYOVER TO NEXT YEAR</u>
5. ENTER THE SMALLER OF LN. 3 OR LN. 4		0.	
6. SUBTRACT LN. 5 FROM LN. 3			0.
7. SUBTRACT LN. 5 FROM LN. 4	0.		
** AMOUNT MAY BE SUBJECT TO CARRYBACK			

2013

8. ENTER THE CARRYOVER FROM 2013	16.		
9. ENTER THE SMALLER OF LN. 7 OR LN. 8		0.	
10. SUBTRACT LN. 9 FROM LN. 8			EXPIRED
11. SUBTRACT LN. 9 FROM LN. 7	0.		

2014

12. ENTER THE CARRYOVER FROM 2014	14.		
13. ENTER THE SMALLER OF LN. 11 OR LN. 12		0.	
14. SUBTRACT LN. 13 FROM LN. 12			14.
15. SUBTRACT LN. 13 FROM LN. 11	0.		

2015

16. ENTER THE CARRYOVER FROM 2015	0.		
17. ENTER THE SMALLER OF LN. 15 OR LN. 16		0.	
18. SUBTRACT LN. 17 FROM LN. 16			0.
19. SUBTRACT LN. 17 FROM LN. 15	0.		

2016

20. ENTER THE CARRYOVER FROM 2016	0.		
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**FOREIGN TAX CREDIT CARRYOVER UTILIZATION WORKSHEET (CONTINUED)**  
**(FORM 1116 - TAXPAYERS CLAIMING A CARRYOVER OF FOREIGN TAX CREDIT)**

21. ENTER THE SMALLER OF LN. 19 OR LN. 20		0.	
22. SUBTRACT LN. 21 FROM LN. 20			0.
23. SUBTRACT LN. 21 FROM LN. 19	0.		
<u>2017</u>			
24. ENTER THE CARRYOVER FROM 2017	0.		
25. ENTER THE SMALLER OF LN. 23 OR LN. 24		0.	
26. SUBTRACT LN. 25 FROM LN. 24			0.
27. SUBTRACT LN. 25 FROM LN. 23	0.		
<u>2018</u>			
28. ENTER THE CARRYOVER FROM 2018	1.		
29. ENTER THE SMALLER OF LN. 27 OR LN. 28		0.	
30. SUBTRACT LN. 29 FROM LN. 28			1.
31. SUBTRACT LN. 29 FROM LN. 27	0.		
<u>2019</u>			
32. ENTER THE CARRYOVER FROM 2019	0.		
33. ENTER THE SMALLER OF LN. 31 OR LN. 32		0.	
34. SUBTRACT LN. 33 FROM LN. 32			0.
35. SUBTRACT LN. 33 FROM LN. 31	0.		
<u>2020</u>			
36. ENTER THE CARRYOVER FROM 2020	0.		
37. ENTER THE SMALLER OF LN. 35 OR LN. 36		0.	
38. SUBTRACT LN. 37 FROM LN. 36			0.
39. SUBTRACT LN. 37 FROM LN. 35	0.		
<u>2021</u>			
40. ENTER THE CARRYOVER FROM 2021	0.		
41. ENTER THE SMALLER OF LN. 39 OR LN. 40		0.	
42. SUBTRACT LN. 41 FROM LN. 40			0.
43. SUBTRACT LN. 41 FROM LN. 39	0.		
<u>2022</u>			
44. ENTER THE CARRYOVER FROM 2022	0.		
45. ENTER THE SMALLER OF LN. 43 OR LN. 44		0.	
46. SUBTRACT LN. 45 FROM LN. 44			0.

**FOREIGN TAX CREDIT CARRYOVER SUMMARY**  
**(FORM 1116 - FOREIGN TAX CREDIT CARRYOVERS TO 2024)**
**PASSIVE INCOME**

	FOREIGN TAXES PAID	FOREIGN TAXES DISALLOWED	FOREIGN TAXES CLAIMED	FOREIGN TAX CREDIT CARRYOVER
CARRYOVER FROM 2023 **	0.	0.	0.	0.
CARRYOVER FROM 2022	0.	0.	0.	0.
CARRYOVER FROM 2021	0.	0.	0.	0.
CARRYOVER FROM 2020	0.	0.	0.	0.
CARRYOVER FROM 2019	0.	0.	0.	0.
CARRYOVER FROM 2018	1.	0.	1.	0.
CARRYOVER FROM 2017	0.	0.	0.	0.
CARRYOVER FROM 2016	0.	0.	0.	0.
CARRYOVER FROM 2015	2.	0.	2.	0.
CARRYOVER FROM 2014	14.	0.	10.	4.

\*\*AMOUNT MAY BE SUBJECT TO CARRYBACK

**PASSIVE INCOME - AMT**

	FOREIGN TAXES PAID	FOREIGN TAXES DISALLOWED	FOREIGN TAXES CLAIMED	FOREIGN TAX CREDIT CARRYOVER
CARRYOVER FROM 2023 **	0.	0.	0.	0.
CARRYOVER FROM 2022	0.	0.	0.	0.
CARRYOVER FROM 2021	0.	0.	0.	0.
CARRYOVER FROM 2020	0.	0.	0.	0.
CARRYOVER FROM 2019	0.	0.	0.	0.
CARRYOVER FROM 2018	1.	0.	0.	1.
CARRYOVER FROM 2017	0.	0.	0.	0.
CARRYOVER FROM 2016	0.	0.	0.	0.
CARRYOVER FROM 2015	2.	0.	2.	0.
CARRYOVER FROM 2014	14.	0.	0.	14.

\*\*AMOUNT MAY BE SUBJECT TO CARRYBACK

**FORM 8960, LINE 13**  
**MODIFIED ADJUSTED GROSS INCOME WORKSHEET**

1. ENTER YOUR ADJUSTED GROSS INCOME.....	\$	236,024.
2A. FOREIGN EARNED INCOME EXCLUSION (FORM 2555, LINE 42).....		0.
2B. DEDUCTIONS REPORTED ON FORM 2555, LINE 44 ALLOCABLE TO YOUR FOREIGN EARNED INCOME EXCLUSION.....		0.
3. ADJUSTMENTS FOR CERTAIN CFCS AND CERTAIN PFICS.....		0.
3A. ADJUSTMENT FROM FORM 1041, K-1, CODE H (IF POSITIVE AMOUNT).....		0.
4. SUM OF LINES 1, 2A, 2B, 3, AND 3A.....	\$	<u>236,024.</u>

**INDIVIDUAL SHARED RESPONSIBILITY PENALTY**STEP 1 ALL FILERS

1. CAN SOMEONE CLAIM YOU AS A DEPENDENT?
  - NO. CONTINUE.
2. DID YOU, AND EVERYONE IN YOUR APPLICABLE HOUSEHOLD, HAVE MEC FOR EVERY MONTH OF THIS TAX YEAR?
  - YES. STOP. YOU DO NOT OWE AN INDIVIDUAL SHARED RESPONSIBILITY PENALTY.



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**FTB e-file  
Tax Return Signature / Consent to Disclosure**

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**ERO Declaration**

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was prepared by a paid preparer, I declare that the paid preparer manually signed the return and that I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

I have provided the taxpayer(s) with a copy of all forms and information that I will file with the FTB and I have followed all other requirements described in FTB Pub. 1345, *2023 e-file Handbook for Authorized e-file Providers*.

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**ERO Signature**

I am signing this Tax Return by entering my PIN below.

ERO's PIN 68474294965  
(enter EFIN plus 5 Self-Selected numerics)

2023

## 2024 FEDERAL ESTIMATED TAX WORKSHEET

PAGE 1

477-84-2326

## 2024 Estimated Tax Worksheet

BRADY HERO

Keep for Your Records

1	Adjusted gross income you expect in 2024 (see instructions).....	1	236,024.
2a	Deductions.....	2a	21,900.
	<ul style="list-style-type: none"> <li>• If you plan to itemize deductions, enter the estimated total of your itemized deductions.</li> <li>• If you don't plan to itemize deductions, enter your standard deduction.</li> </ul>		
b	If you can take the qualified business income deduction, enter the estimated amount of the deduction.....	2b	2.
c	Add lines 2a and 2b.....	2c	21,902.
3	Subtract line 2c from line 1.....	3	214,122.
4	<b>Tax.</b> Figure your tax on the amount on line 3 by using the <b>2024 Tax Rate Schedules</b> .		
	<b>Caution:</b> If you will have qualified dividends or a net capital gain, or expect to exclude or deduct foreign earned income or housing, see Worksheets 2-5 and 2-6 in Pub. 505 to figure the tax.....	4	44,498.
5	Alternative minimum tax from <b>Form 6251</b> .....	5	
6	Add lines 4 and 5. Add to this amount any other taxes you expect to include in the total on Form 1040 or 1040-SR, line 16.....	6	44,498.
7	Credits (see instructions). <b>Do not</b> include any income tax withholding on this line.....	7	150.
8	Subtract line 7 from line 6. If zero or less, enter -0-.....	8	44,348.
9	Self-employment tax (see instructions).....	9	
10	Other taxes (see instructions).....	10	231.
11a	Add lines 8 through 10.....	11a	44,579.
b	Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and section 1341 credit.....	11b	
c	<b>Total 2024 estimated tax.</b> Subtract line 11b from line 11a. If zero or less, enter -0-.....	11c	44,579.
12a	Multiply line 11c by 90% (66-2/3% for farmers and fishermen).....	12a	40,121.
b	Required annual payment based on prior year's tax (see instructions).....	12b	50,780.
c	<b>Required annual payment to avoid a penalty.</b> Enter the <b>smaller</b> of line 12a or 12b.....	12c	50,780.
	<b>Caution:</b> Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the amount on line 12c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimate on line 11c is as accurate as possible. Even if you pay the required annual payment, you may still owe tax when you file your return. If you prefer, you can pay the amount shown on line 11c. For details, see chapter 2 of Pub. 505.		
13	Income tax withheld and estimated to be withheld during 2024 (including income tax withholding on pensions, annuities, certain deferred income, and Additional Medicare Tax withholding).....	13	34,972.
14a	Subtract line 13 from line 12c.....	14a	15,808.
	Is the result zero or less?		
	<input type="checkbox"/> <b>Yes.</b> Stop here. You are not required to make estimated tax payments.		
	<input checked="" type="checkbox"/> <b>No.</b> Go to line 14b.		
b	Subtract line 13 from line 11c.....	14b	9,607.
	Is the result less than \$1,000?		
	<input type="checkbox"/> <b>Yes.</b> Stop here. You are not required to make estimated tax payments.		
	<input checked="" type="checkbox"/> <b>No.</b> Go to line 15 to figure your required payment.		
15	Rounded balance.....	15	
16	Overpayment of estimated tax applied to next tax year.....	16	
17	Total of estimated tax payments to be mailed with vouchers.....	17	
18	If the first payment you are required to make is due April 15, 2024, enter 1/4 of line 14a (minus any 2023 overpayment that you are applying to this installment) here, and on your estimated tax payment voucher(s) if you are paying by check or money order.....	18	

**2024 ESTIMATED TAX WORKSHEET - ADJUSTED GROSS INCOME**

<u>INCOME</u>	<u>THIS YEAR</u>	<u>DIFFERENCE</u>	<u>NEXT YEAR</u>
WAGES	220,820.	0.	220,820.
INTEREST	1,056.	0.	1,056.
ORDINARY DIVIDENDS	104.	0.	104.
TAXABLE IRA	14,044.	0.	14,044.
TOTAL INCOME	236,024.	0.	236,024.

<u>ADDITIONAL CAPITAL GAIN INFORMATION</u>	<u>THIS YEAR</u>	<u>DIFFERENCE</u>	<u>NEXT YEAR</u>
QUALIFIED DIVIDENDS	85.	0.	85.

ESTIMATED ADJUSTED GROSS INCOME	<u><u>236,024.</u></u>
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BRADY HERO

477-84-2326

**2024 ESTIMATED TAX MAXIMUM CAPITAL GAINS RATE TAX COMPUTATION**  
**(LINE NUMBERS ARE FROM SCHEDULE D TAX WORKSHEET)**

1. ENTER YOUR TAXABLE INCOME FOR NEXT YEAR		214,122.
2. ENTER YOUR QUALIFIED DIVIDENDS FOR NEXT YEAR	85.	
3. FORM 4952, LINE 4G AMOUNT	0.	
4. FORM 4952, LINE 4E AMOUNT	0.	
5. SUBTRACT LINE 4 FROM LINE 3 (NOT LESS THAN ZERO)	0.	
6. SUBTRACT LINE 5 FROM LINE 2 (NOT LESS THAN ZERO)	85.	
7. ENTER THE SMALLER OF LINE 15 OR 16 OF SCH D	0.	
8. ENTER THE SMALLER OF LINE 3 OR LINE 4	0.	
9. SUBTRACT LINE 8 FROM LINE 7 (NOT LESS THAN ZERO)	0.	
10. ADD LINES 6 AND 9	85.	
11. ADD LINES 18 AND 19 OF SCH D	0.	
12. ENTER THE SMALLER OF LINE 9 OR LINE 11	0.	
13. SUBTRACT LINE 12 FROM LINE 10		85.
14. SUBTRACT LINE 13 FROM LINE 1 (NOT LESS THAN ZERO)		214,037.
15. ENTER THE TAX BRACKET LIMIT	63,000.	
16. ENTER THE SMALLER OF LINE 1 OR LINE 15	63,000.	
17. ENTER THE SMALLER OF LINE 14 OR LINE 16	63,000.	
18. SUBTRACT LINE 10 FROM LINE 1 (NOT LESS THAN ZERO)	214,037.	
19. ENTER THE SMALLER OF LINE 1 OR THRESHOLD	191,950.	
20. ENTER THE SMALLER OF LINE 14 OR LINE 19	191,950.	
21. ENTER THE LARGER OF LINE 18 OR LINE 20	214,037.	
22. SUBTRACT LINE 17 FROM LINE 16. THIS IS TAXED AT 0%	0.	
23. ENTER THE SMALLER OF LINE 1 OR LINE 13	85.	
24. ENTER THE AMOUNT FROM LINE 22	0.	
25. SUBTRACT LINE 24 FROM LINE 23 (NOT LESS THAN ZERO)	85.	
26. ENTER THE HIGH INCOME THRESHOLD	551,350.	
27. ENTER THE SMALLER OF LINE 1 OR LINE 26	214,122.	
28. ADD LINES 21 AND 22	214,037.	
29. SUBTRACT LINES 28 FROM LINE 27 (NOT LESS THAN ZERO)	85.	
30. ENTER THE SMALLER OF LINE 25 OR LINE 29	85.	
31. MULTIPLY LINE 30 BY 15% (.15)		13.
32. ADD LINES 24 AND 30	85.	
33. SUBTRACT LINE 32 FROM LINE 23	0.	
34. MULTIPLY LINE 33 BY 20% (.20)		0.
44. FIGURE THE TAX ON THE AMOUNT ON LINE 21		44,485.
45. ADD LINES 31, 34, 40, 43, AND 44		44,498.
46. FIGURE THE TAX ON THE AMOUNT ON LINE 1		44,512.
47. TAX (ENTER THE SMALLER OF LINE 45 OR LINE 46)		<u>44,498.</u>

**2024 ESTIMATED TAX WORKSHEET - ALTERNATIVE MINIMUM TAX**
ALTERNATIVE MINIMUM TAXABLE INCOME

1. ENTER AMOUNT FROM 1040ES WORKSHEET LINE 3 (IF NOT ITEMIZING, ENTER ES WORKSHEET LINE 1 AND GO TO LINE 3 BELOW)	236,022.
3. TAX REFUND	0.
4. DISPOSITIONS, SMALL BUS. STOCK, AND INCENTIVE STOCK OPTIONS ADJ.	0.
5. OTHER ADJUSTMENTS	0.
6. ALTERNATIVE MINIMUM TAXABLE INCOME	<u><u>236,022.</u></u>

**2024 ESTIMATED TAX WORKSHEET - ALTERNATIVE MINIMUM TAX (CONTINUED)**ALTERNATIVE MINIMUM TAX

7. EXEMPTION	85,700.
8. SUBTRACT LINE 7 FROM LINE 6	150,322.
9. TAX	39,075.
10. ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT	0.
11. TENTATIVE MINIMUM TAX	39,075.
12. TAX FROM ES WORKSHEET	44,498.
13. ALTERNATIVE MINIMUM TAX (LINE 11 MINUS LINE 12)	<u>0.</u>

TAX COMPUTATION USING MAXIMUM CAPITAL GAIN RATES

14. ALTERNATIVE MINIMUM TAXABLE INCOME LESS EXEMPTION	150,322.
15. AMT LONG-TERM CAP. GAIN, SECTION 1250, AND QUALIFIED DIVIDENDS	85.
16. INCOME SUBJECT TO 26%/28% AMT RATES (LINE 14 MINUS LINE 15)	150,237.
17. TAX ON 26% RATE INCOME (28% AND SUBTRACT \$4652 IF HIGH INCOME)	39,062.
18. CAPITAL GAIN INCOME SUBJECT TO 0% RATE	0.
19. TAX ON 0% CAPITAL GAIN INCOME	0.
20. CAPITAL GAIN INCOME SUBJECT TO 15% RATE	85.
21. TAX ON 15% CAPITAL GAIN INCOME	13.
22. CAPITAL GAIN INCOME SUBJECT TO 20% RATE	0.
23. TAX ON 20% CAPITAL GAIN INCOME	0.
24. CAPITAL GAIN INCOME SUBJECT TO 25% RATE	0.
25. TAX ON 25% CAPITAL GAIN INCOME	0.
26. ADD LINES 17, 19, 21, 23, AND 25	39,075.
27. MULTIPLY LINE 14 BY 26% (28% AND SUBTRACT \$4652 IF HIGH INCOME)	39,084.
28. TOTAL TAX (SMALLER OF LINE 26 OR LINE 27)	<u>39,075.</u>

**2024 ESTIMATED TAX WORKSHEET - NONREFUNDABLE CREDITS**

CHILD TAX CREDIT AND CREDIT FOR OTHER DEPENDENTS.....	\$ 150.
TOTAL	<u>\$ 150.</u>

**2024 ESTIMATED TAX - OTHER TAXES WORKSHEET**ADDITIONAL MEDICARE TAX ON WAGES AND SE INCOME

1. WAGES & TIPS SUBJECT TO MEDICARE TAX	220,820.
2. THRESHOLD FOR FILING STATUS	200,000.
3. WAGES AND TIPS SUBJECT TO ADDITIONAL MEDICARE TAX (SUBTRACT LINE 2 FROM LINE 1)	20,820.
4. ADDITIONAL MEDICARE TAX ON WAGES (LINE 3 X .9%)	187.
5. SE MEDICARE INCOME	0.
6. THRESHOLD FOR FILING STATUS	200,000.
7. AMOUNT FROM LINE 1	220,820.
8. REMAINING THRESHOLD (SUBTRACT LINE 7 FROM LINE 6)	0.
9. SE INCOME SUBJECT TO ADDITIONAL MEDICARE TAX (SUBTRACT LINE 8 FROM LINE 5)	0.
10. ADDITIONAL MEDICARE TAX ON SE INCOME (LINE 9 X .9%)	0.
11. ADDITIONAL MEDICARE TAX ON RRTA COMPENSATION	0.
12. TOTAL ADDITIONAL MEDICARE TAX (ADD LINES 4, 10, AND 11)	187.

**2024 ESTIMATED TAX - OTHER TAXES WORKSHEET (CONTINUED)**NET INVESTMENT INCOME TAX

1. INTEREST		1,056.
2. DIVIDENDS		104.
3. ANNUITIES FROM NONQUALIFIED PLANS		0.
4A. RENTS, ROYALTIES, K-1, SCH C	0.	
4B. RENTS, ROYALTIES, K-1, SCH C NOT SUBJECT TO NIIT	0.	
4C. RENTS, ROYALTIES, K-1, SCH C SUBJECT TO NIIT		0.
5A. NET GAIN (LOSS) FROM DISPOSITIONS	0.	
5B. NET GAIN (LOSS) FROM DISPOSITIONS NOT SUBJ. TO NIIT	0.	
5C. ADJUSTMENT FROM DISPOSITION OF PASS-THROUGH	0.	
5D. NET DISPOSITION GAIN (LOSS) SUBJECT TO NIIT		0.
6. ADJUSTMENT FOR CERTAIN CFCS AND PFICS		0.
7. OTHER MODIFICATIONS TO INVESTMENT INCOME		0.
8. TOTAL INVESTMENT INCOME		1,160.
9. TOTAL DEDUCTIONS AND MODIFICATIONS		0.
10. NET INVESTMENT INCOME		1,160.
11. MODIFIED ADJUSTED GROSS INCOME		236,024.
12. THRESHOLD FOR FILING STATUS		200,000.
13. MAGI IN EXCESS OF THRESHOLD		36,024.
14. LESSER OF MAGI OVER EXCESS OR NET INVESTMENT INCOME		1,160.
15. NET INVESTMENT INCOME TAX (3.8% RATE)		44.

OTHER TAXES

ADDITIONAL MEDICARE TAX ON WAGES		187.
NET INVESTMENT INCOME TAX		44.
TOTAL	\$	<u><u>231.</u></u>

BRADY HERO

477-84-2326

Keep this worksheet for your records.

A	2024 Estimated Federal AGI.....		236,024.
B	Additions.....		
C	Subtractions.....		
1	<b>Residents:</b> Enter your estimated 2024 California AGI. <b>Nonresidents and part-year residents:</b> Enter your estimated 2024 total AGI from all sources (Line A + Line B - Line C). <b>If you are a military service member not domiciled in California, do not include your military pay</b> .....		
		1	236,024.
2	a If you plan to itemize deductions, enter the estimated total of your itemized deductions.....	2a	162.
	b If you do not plan to itemize deductions, enter the standard deduction for your filing status: <b>\$5,363</b> if you are single or married/RDP filing a separate return <b>\$10,726</b> if you are married/RDP filing a joint return, head of household, or a qualifying surviving spouse/RDP.....	2b	10,726.
	c Enter the amount from line 2a or line 2b, whichever applies.....	2c	10,726.
3	Subtract line 2c from line 1.....	3	225,298.
4	Tax. Figure your tax on the amount on line 3 using the 2023 tax table for Form 540 or Form 540NR. Also include any tax from form FTB 3800, Tax Computation for Children with Unearned Income; or form FTB 3803, Parents' Election to Report Child's Interest and Dividends.....	4	15,699.
5	<b>Residents:</b> Skip to line 6a. <b>Nonresidents and part-year residents:</b>		
	a Enter your estimated California taxable income from Schedule CA (540NR), Part IV, line 5.....	5a	
	b Compute the CA Tax Rate: Tax on total taxable income from line 4.....	5b	
	Total taxable income from line 3		
	c Multiply the amount on line 5a by the CA Tax Rate on line 5b.....	5c	
6	a <b>Residents:</b> Enter the exemption credit amount from the 2023 instructions for Form 540.....	6a	590.
	b <b>Nonresidents or part-year residents:</b> Enter the CA credit proration percentage. Divide line 5a by line 3. If more than 1 enter 1.0000.....	6b	
7	<b>Nonresidents:</b> CA prorated Exemption credits. Multiply the total exemption credit amount by line 6b.....	7	
8	<b>Residents:</b> Subtract line 6a from line 4. <b>Nonresidents or part-year residents:</b> subtract line 7 from line 5c. ...	8	15,109.
9	Tax on accumulation distribution of trusts. See instructions for form FTB 5870A, Tax on Accumulation Distribution of Trusts.....	9	
10	Add line 8 and line 9.....	10	15,109.
11	Credits for joint custody head of household, dependent parent, senior head of household, child and dependent care expenses..... <b>Nonresidents and part-year residents:</b> For the child and dependent care expenses credit, use the amount from your 2021 Form 540NR, line 50. For the other credits listed on line 11, multiply the total 2022 credit amount by the ratio on line 6b.	11	
12	Subtract line 11 from line 10.....	12	15,109.
13	Other credits (such as other state tax credit). See the 2023 instructions for Forms 540, or Form 540NR.....	13	
14	Subtract line 13 from line 12.....	14	15,109.
15	Interest on deferred tax from installment obligations under IRC Sections 453 or 453A.....	15	
16	Alternative Minimum Tax. See Schedule P (540 or 540NR).....	16	
17	Mental Health Services Tax Worksheet, line E, from page 16.....	17	
18	2024 Estimated Tax. Add line 14 through line 17. Enter the result, but not less than zero.....	18	15,109.
19a	Estimate Option #3 (90% of 2023 tax) — Multiply line 18 by 90%.....	19a	
	(Farmers and fisherman 66-2/3%)		
	b Estimate Option #1 (100% of 2024 tax) — Multiply line 18 by 100%.....	19b	
	c Estimate Option #6 (100/110% of 2022 tax)		
	1 Enter your 2023 tax.....	19c1	
	2 Enter your 2023 CA AGI.....	19c2	
	If line 19c2 is more than \$150,000 (\$75,000 if married/RDP filing separately), multiply line 19c1 by 110% <b>OR</b>		
	If line 19c2 is less than or equal to \$150,000 (\$75,000 if married/RDP filing separately), multiply line 19c1 by 100%.....		
		19c	
d	2023 Estimated Tax after estimate option applied.....	19d	15,109.
20	California income tax withheld and estimated to be withheld during 2024 (include withholding on pensions, annuities, etc.).....	20	18,691.
21	<b>Balance.</b> Subtract line 20 from line 19d. If less than \$500 (or less than \$250, if married/RDP filing separately), you do not have to make payment at this time.....	21	
22	Rounded balance.....	22	
23	2023 overpayment applied to 2024.....	23	
24	Estimated balance due (line 22 less line 23).....	24	

Form **8879**

(Rev. January 2021)

Department of the Treasury  
Internal Revenue Service**IRS e-file Signature Authorization**

- **ERO must obtain and retain completed Form 8879.**
- **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ►

Taxpayer's name

BRADY HERO

Spouse's name

Social security number

477-84-2326

Spouse's social security number

**Part I Tax Return Information – Tax Year Ending December 31, 2023** (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income .....	1	236,024.
2	Total tax .....	2	46,164.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 .....	3	34,972.
4	Amount you want refunded to you .....	4	
5	Amount you owe .....	5	11,401.

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

☒ I authorize GOLDEN STATE ACCOUNTING INC. to enter or generate my PIN 71472 as my  
ERO firm name Enter five digits, but don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ►

Date ► 2/15/2024**Spouse's PIN: check one box only**

☐ I authorize \_\_\_\_\_ to enter or generate my PIN \_\_\_\_\_ as my  
ERO firm name Enter five digits, but don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

Date ►

**Practitioner PIN Method Returns Only – continue below****Part III Certification and Authentication – Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

68474294965

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► DAVID HAASE, CPADate ► 2/15/2024

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

**BAA For Paperwork Reduction Act Notice, see your tax return instructions.**Form **8879** (Rev. 01-2021)



FILE ONLY IF YOU ARE MAKING A PAYMENT WITH FORM 1040. RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO THE "UNITED STATES TREASURY." PLEASE WRITE YOUR SOCIAL SECURITY NUMBER, DAYTIME PHONE NUMBER, AND " 2023 FORM 1040" ON YOUR CHECK OR MONEY ORDER. PLEASE DO NOT SEND CASH. ENCLOSE, BUT DO NOT STAPLE OR ATTACH, YOUR PAYMENT WITH THIS VOUCHER.

MAKE YOUR CHECK PAYABLE TO THE "UNITED STATES TREASURY" AND  
MAIL FORM 1040-V PAYMENTS TO:

INTERNAL REVENUE SERVICE  
P.O. BOX 802501  
CINCINNATI, OH 45280-2501

Form 1040-V (2023)

Separate here and mail with your payment and return.

Department of the Treasury  
Internal Revenue Service

2023

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment . . . . . ▶	11,401.
---	---------

FDIA8601L 07/26/23 1032



BRADY HERO  
153 LAKESIDE DRIVE  
CORTE MADERA CA 94925

INTERNAL REVENUE SERVICE  
P.O. BOX 802501  
CINCINNATI OH 45280-2501

477842326 WN HERO 30 0 202312 610

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

See separate instructions.

Your first name and middle initial  
**BRADY HERO**

Last name

Your social security number  
**477-84-2326**

If joint return, spouse's first name and middle initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.  
**153 LAKESIDE DRIVE**

Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below.  
**CORTE MADERA, CA 94925**

State

ZIP code

Foreign country name

Foreign province/state/county

Foreign postal code

☐ You ☐ Spouse

**Filing Status**

☐ Single ☒ Head of household (HOH)

Check only one box.

☐ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

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: \_\_\_\_\_

**Digital Assets**

At any time during 2023, 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, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ 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 instructions and check here. . . . <input type="checkbox"/>	(1) First name Last name			Child tax credit	Credit for other dependents
	<b>OLIVER JAMES BINSTADT</b>	<b>621-81-1553</b>	<b>SON</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Income**

1 a Total amount from Form(s) W-2, box 1 (see instructions) . . . . . **1a** 220,820.

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) . . . . . **1h**

i Nontaxable combat pay election (see instructions) . . . . . **1i**

z Add lines 1a through 1h . . . . . **1z** 220,820.

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

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

Attach Sch. B if required.

2 a Tax-exempt interest . . . . . **2a**

b Taxable interest . . . . . **2b** 1,056.

3 a Qualified dividends . . . . . **3a** 85.

b Ordinary dividends . . . . . **3b** 104.

4 a IRA distributions . . . . . **4a**

b Taxable amount . . . . . **4b** 14,044.

5 a Pensions and annuities . . . . . **5a**

b Taxable amount . . . . . **5b**

6 a Social security benefits . . . . . **6a**

b Taxable amount . . . . . **6b**

c If you elect to use the lump-sum election method, check here (see instructions) . . . . . ☐

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ☐ **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** 236,024.

10 Adjustments to income from Schedule 1, line 26 . . . . . **10**

11 Subtract line 10 from line 9. This is your **adjusted gross income** . . . . . **11** 236,024.

12 **Standard deduction or itemized deductions** (from Schedule A) . . . . . **12** 20,800.

13 Qualified business income deduction from Form 8995 or Form 8995-A . . . . . **13** 2.

14 Add lines 12 and 13 . . . . . **14** 20,802.

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income** . . . . . **15** 215,222.

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

FDIA0112L 08/30/23

Form **1040** (2023)

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814	<b>16</b>	
	<b>2</b>	<input type="checkbox"/> 4972	<b>3</b>	<input type="checkbox"/>
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	46,083.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	150.
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	150.
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	45,933.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	231.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	46,164.	

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	30,291.
	<b>b</b>	Form(s) 1099	<b>25b</b>	4,494.
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	187.
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	34,972.
	<b>26</b>	2023 estimated tax payments and amount applied from 2022 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC)	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	34,972.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	
	<b>b</b>	Routing number	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	<b>d</b>	Account number		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	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.	<b>37</b>	11,401.
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	209.

<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"/> <b>Yes</b> . Complete below. <input type="checkbox"/> <b>No</b>		
	Designee's name	Phone no.	Personal identification number (PIN)
	DAVID HAASE, CPA	(415)-331-9900	94965

<b>Sign Here</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.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. 415 962-3647	Email address		

<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	DAVID HAASE, CPA	DAVID HAASE, CPA		P02153415	
	Firm's name	GOLDEN STATE ACCOUNTING INC.			Phone no. 415-331-9900
	Firm's address	1221 BRIDGEWAY SUITE 2 SAUSALITO, CA 94965			Firm's EIN 20-5664372

**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](https://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **02**

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

BRADY HERO

Your social security number

477-84-2326

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251.....	<b>1</b>	0.
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962.....	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.....	<b>3</b>	0.

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE.....	<b>4</b>	
<b>5</b>	Social security and Medicare tax on unreported tip income. Attach Form 4137.....	<b>5</b>	
<b>6</b>	Uncollected social security and Medicare tax on wages. Attach Form 8919.....	<b>6</b>	
<b>7</b>	Total additional social security and Medicare tax. Add lines 5 and 6.....	<b>7</b>	
<b>8</b>	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here. <input type="checkbox"/>	<b>8</b>	
<b>9</b>	Household employment taxes. Attach Schedule H.....	<b>9</b>	
<b>10</b>	Repayment of first-time homebuyer credit. Attach Form 5405 if required.....	<b>10</b>	
<b>11</b>	Additional Medicare Tax. Attach Form 8959.....	<b>11</b>	187.
<b>12</b>	Net investment income tax. Attach Form 8960.....	<b>12</b>	44.
<b>13</b>	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12.....	<b>13</b>	
<b>14</b>	Interest on tax due on installment income from the sale of certain residential lots and timeshares.....	<b>14</b>	
<b>15</b>	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.....	<b>15</b>	
<b>16</b>	Recapture of low-income housing credit. Attach Form 8611.....	<b>16</b>	

(continued on page 2)

**BAA For Paperwork Reduction Act Notice, see your tax return instructions.****Schedule 2 (Form 1040) 2023**

**Part II Other Taxes** (continued)

<b>17</b>	Other additional taxes:		
<b>a</b>	Recapture of other credits. List type, form number, and amount:		
		<b>17a</b>	
<b>b</b>	Recapture of federal mortgage subsidy, if you sold your home see instructions.	<b>17b</b>	
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889.	<b>17c</b>	
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889.	<b>17d</b>	
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853.	<b>17e</b>	
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853.	<b>17f</b>	
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property.	<b>17g</b>	
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A.	<b>17h</b>	
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A.	<b>17i</b>	
<b>j</b>	Section 72(m)(5) excess benefits tax.	<b>17j</b>	
<b>k</b>	Golden parachute payments.	<b>17k</b>	
<b>l</b>	Tax on accumulation distribution of trusts.	<b>17l</b>	
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation.	<b>17m</b>	
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866.	<b>17n</b>	
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR.	<b>17o</b>	
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund.	<b>17p</b>	
<b>q</b>	Any interest from Form 8621, line 24.	<b>17q</b>	
<b>z</b>	Any other taxes. List type and amount:	<b>17z</b>	
<b>18</b>	Total additional taxes. Add lines 17a through 17z.	<b>18</b>	
<b>19</b>	Reserved for future use.	<b>19</b>	
<b>20</b>	Section 965 net tax liability installment from Form 965-A.	<b>20</b>	
<b>21</b>	Add lines 4, 7 through 16, and 18. 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.	<b>21</b>	231.

Schedule 2 (Form 1040) 2023

**Underpayment of Estimated Tax by  
Individuals, Estates, and Trusts**

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

Go to [www.irs.gov/Form2210](http://www.irs.gov/Form2210) for instructions and the latest information.

BRADY HERO

Identifying number

477-84-2326

**Do You Have To File Form 2210?**

Complete lines 1 through 7 below. Is line 4 or line 7 less than \$1,000? **Yes** → **Don't file Form 2210.** You don't owe a penalty.

**No** ↓

Complete lines 8 and 9 below. Is line 6 equal to or more than line 9? **Yes** → You **don't** owe a penalty. **Don't** file Form 2210 unless **box E** in Part II applies, then file page 1 of Form 2210.

**No** ↓

You may owe a penalty. Does any box in Part II below apply? **Yes** → You **must** file Form 2210. Does box **B, C,** or **D** in Part II apply?

**No** ↓

**Yes** → You must figure your penalty.

**Don't file Form 2210.** You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but **don't file Form 2210.**

You **aren't** required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but **file only page 1 of Form 2210.**

**Part I Required Annual Payment**

1	Enter your 2023 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	45,933.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	231.
3	Other payments and refundable credits (see instructions)	3	( 0.)
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, <b>stop</b> ; you don't owe a penalty. <b>Don't</b> file Form 2210	4	46,164.
5	Multiply line 4 by 90% (0.90)	5	41,548.
6	Withholding taxes. <b>Don't</b> include estimated tax payments. See instructions	6	34,972.
7	Subtract line 6 from line 4. If less than \$1,000, <b>stop</b> ; you don't owe a penalty. <b>Don't</b> file Form 2210	7	11,192.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	39,036.
9	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 5 or line 8	9	39,036.

**Next:** Is line 9 more than line 6?

- ☐ **No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.
- ☒ **Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.
- If box **B, C,** or **D** applies, you must figure your penalty and file Form 2210.
  - If box **A** or **E** applies (but not **B, C,** or **D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

**Part II Reasons for Filing.** Check applicable boxes. If none apply, **don't** file Form 2210.

- A** ☐ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B** ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** ☒ You filed or are filing a joint return for either 2022 or 2023, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B, C,** or **D** applies).

**Part III Penalty Computation** (See the instructions if you're filing Form 1040-NR.)

Section A – Figure Your Underpayment		Payment Due Dates			
		(a) 4/15/23	(b) 6/15/23	(c) 9/15/23	(d) 1/15/24
<b>10 Required installments.</b> If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions . . .	<b>10</b>	9,759.	9,759.	9,759.	9,759.
<b>11</b> Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. <b>Don't file Form 2210 unless you checked a box in Part II.</b> . . . . .	<b>11</b>	8,743.	8,743.	8,743.	8,743.

**Complete lines 12 through 18 of one column before going to line 12 of the next column.**

<b>12</b> Enter the amount, if any, from line 18 in the previous column. . . . .	<b>12</b>				
<b>13</b> Add lines 11 and 12 . . . . .	<b>13</b>		8,743.	8,743.	8,743.
<b>14</b> Add the amounts on lines 16 and 17 in the previous column. . . . .	<b>14</b>		1,016.	2,032.	3,048.
<b>15</b> Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11. . .	<b>15</b>	8,743.	7,727.	6,711.	5,695.
<b>16</b> If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-. . . . .	<b>16</b>		0.	0.	
<b>17 Underpayment.</b> If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18. . .	<b>17</b>	1,016.	2,032.	3,048.	4,064.
<b>18 Overpayment.</b> If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column. . . . .	<b>18</b>				

**Section B – Figure the Penalty** (Use the Worksheet for Form 2210, Part III, Section B – Figure the Penalty in the instructions.)

<b>19 Penalty.</b> Enter the total penalty from line 14 of the Worksheet for Form 2210, Part III, Section B – Figure the Penalty. Include this amount on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. . . . .	<b>19</b>	209.
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Form **2210** (2023)

2023

## UNDERPAYMENT PENALTY WORKSHEET

BRADY HERO

477-84-2326

Required Installment	Payment			Penalty				
	Date	Type *	Amount	Underpayment	Days Late	Rate	Amount of Penalty **	Penalty per Period
FIRST QTR 9,759.	4/15/23	2	8,743.	1,016.	61	0.070	11.89	
	6/15/23	2	1,016.					
TOTAL								11.89
SECOND QTR 9,759.	6/15/23	2	7,727.	2,032.	92	0.070	35.85	
	9/15/23	2	2,032.					
TOTAL								35.85
THIRD QTR 9,759.	9/15/23	2	6,711.	3,048.	15	0.070	8.77	
TOTAL								8.77
RATE CHANGE	9/30/23			3,048.	92	0.080	61.46	
TOTAL								61.46
RATE CHANGE	12/31/23			3,048.	15	0.080	9.99	
	1/15/24	2	3,048.					
TOTAL								9.99
FOURTH QTR 9,759.	1/15/24	2	5,695.	4,064.	91	0.080	80.84	
	4/15/24	5	4,064.					
TOTAL								80.84

TOTAL UNDERPAYMENT PENALTY .....

209.

- \* 1 = Overpayment  
 2 = Withholding  
 3 = Estimate  
 4 = Extension  
 5 = Paid with return

\*\* Underpayment  $\times \frac{\text{Days Late}}{365} \times \text{Rate}$



## Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

2023

Attachment  
Sequence No. 19

Name

BRADY HERO

ID no. as shown on page 1 of your tax return

477-84-2326

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Section 951A category income    c ☒ Passive category income    e ☐ Section 901(j) income    g ☐ Lump-sum distributions  
b ☐ Foreign branch category income    d ☐ General category income    f ☐ Certain income re-sourced by treaty

h Resident of (name of country)

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

	Foreign Country or U.S. Possession			Total (Add columns A, B, and C.)
	A	B	C	
<b>i Enter the name of the foreign country or U.S. possession.</b> .....	MEXICO			
<b>1 a</b> Gross income from sources within country shown above and of the type checked above (see instructions): ----- -----				<b>1 a</b>
<b>b</b> Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions. <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
<b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement) .....				
<b>3</b> Pro rata share of other deductions <b>not definitely related:</b>				
<b>a</b> Certain itemized deductions or standard deduction (see instructions) .....	20,800.			
<b>b</b> Other deductions (attach statement) .....				
<b>c</b> Add lines 3a and 3b .....	20,800.			
<b>d</b> Gross foreign source income (see instructions) .....				
<b>e</b> Gross income from all sources (see instructions) .....	236,024.			
<b>f</b> Divide line 3d by line 3e (see instructions) .....				
<b>g</b> Multiply line 3c by line 3f .....				
<b>4</b> Pro rata share of interest expense (see instructions):				
<b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) .....				
<b>b</b> Other interest expense .....				
<b>5</b> Losses from foreign sources .....				
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5 .....				<b>6</b>
<b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 .....				<b>7</b>

**Part II Foreign Taxes Paid or Accrued** (see instructions)

C O U N T R Y	Credit is claimed for taxes (you must check one) (i) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add columns (q) through (t))
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties		(o) Interest	(q) Dividends	(r) Rents and royalties		
A										
B										
C										

**8** Add lines A through C, column (u). Enter the total here and on line 9, page 2 .....**8**

**Part III Figuring the Credit**

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I. ....	9		
10	Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions). .... <b>SEE STMT 1</b> <input type="checkbox"/> (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10	4.	
11	Add lines 9 and 10. ....	11	4.	
12	Reduction in foreign taxes (see instructions). ....	12	( )	
13	Taxes reclassified under high tax kickout (see instructions). ....	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit. ....	14		4.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions. ....	15		
16	Adjustments to line 15 (see instructions). ....	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17		
18	<b>Individuals:</b> Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption. .... <b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18		
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1". ....	19		
20	<b>Individuals:</b> Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions. .... <b>Caution:</b> If you are completing line 20 for separate category <b>g</b> (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.	20		
21	Multiply line 20 by line 19 (maximum amount of credit). ....	21		
22	Increase in limitation (section 960(c)) (see instructions). ....	22		
23	Add lines 21 and 22. ....	23		
24	Enter the <b>smaller</b> of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV. See instructions. ....	24		

**Part IV Summary of Credits From Separate Parts III** (see instructions)

25	Credit for taxes on section 951A category income. ....	25		
26	Credit for taxes on foreign branch category income. ....	26		
27	Credit for taxes on passive category income. ....	27		
28	Credit for taxes on general category income. ....	28		
29	Credit for taxes on section 901(j) income. ....	29		
30	Credit for taxes on certain income re-sourced by treaty. ....	30		
31	Credit for taxes on lump-sum distributions. ....	31		
32	Add lines 25 through 31. ....	32		
33	Enter the <b>smaller</b> of line 20 or line 32. ....	33		
34	Reduction of credit for international boycott operations. See instructions for line 12. ....	34		
35	Subtract line 34 from line 33. This is your <b>foreign tax credit</b> . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a. ....	35		

## Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

2023

Attachment  
Sequence No. 19Department of the Treasury  
Internal Revenue Service

Name

BRADY HERO

ID no. as shown on page 1 of your tax return

477-84-2326

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Section 951A category income    c ☒ Passive category income    e ☐ Section 901(j) income    g ☐ Lump-sum distributions  
b ☐ Foreign branch category income    d ☐ General category income    f ☐ Certain income re-sourced by treaty

h Resident of (name of country)

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

	Foreign Country or U.S. Possession			Total (Add columns A, B, and C.)
	A	B	C	
<b>i Enter the name of the foreign country or U.S. possession.</b> .....	MEXICO			
<b>1 a</b> Gross income from sources within country shown above and of the type checked above (see instructions): ----- ----- -----				<b>1 a</b>
<b>b</b> Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions. <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
<b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement) .....				
<b>3</b> Pro rata share of other deductions <b>not definitely related:</b>				
<b>a</b> Certain itemized deductions or standard deduction (see instructions) .....				
<b>b</b> Other deductions (attach statement) .....				
<b>c</b> Add lines 3a and 3b .....				
<b>d</b> Gross foreign source income (see instructions) .....				
<b>e</b> Gross income from all sources (see instructions) .....	236,024.			
<b>f</b> Divide line 3d by line 3e (see instructions) .....				
<b>g</b> Multiply line 3c by line 3f .....				
<b>4</b> Pro rata share of interest expense (see instructions):				
<b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) .....				
<b>b</b> Other interest expense .....				
<b>5</b> Losses from foreign sources .....				
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5 .....				<b>6</b>
<b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 .....				<b>7</b>

**Part II Foreign Taxes Paid or Accrued** (see instructions)

C O U N T R Y	Credit is claimed for taxes (you must check one) (i) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add columns (q) through (t))
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties		(o) Interest	(q) Dividends	(r) Rents and royalties		
A										
B										
C										

**8** Add lines A through C, column (u). Enter the total here and on line 9, page 2 .....**8**

## ALTERNATIVE MINIMUM TAX

Form 1116 (2023) BRADY HERO

477-84-2326

Page 2

**Part III Figuring the Credit**

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I. ....	9		
10	Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions). <b>SEE STMT 2</b> <input type="checkbox"/> (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10	31.	
11	Add lines 9 and 10. ....	11	31.	
12	Reduction in foreign taxes (see instructions). ....	12	( )	
13	Taxes reclassified under high tax kickout (see instructions). ....	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit. ....	14		31.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions. ....	15		
16	Adjustments to line 15 (see instructions). ....	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17		
18	<b>Individuals:</b> Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption. .... <b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18		
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1". ....	19		
20	<b>Individuals:</b> Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions. .... <b>Caution:</b> If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.	20		
21	Multiply line 20 by line 19 (maximum amount of credit). ....	21		
22	Increase in limitation (section 960(c)) (see instructions). ....	22		
23	Add lines 21 and 22. ....	23		
24	Enter the <b>smaller</b> of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV. See instructions. ....	24		

**Part IV Summary of Credits From Separate Parts III** (see instructions)

25	Credit for taxes on section 951A category income. ....	25		
26	Credit for taxes on foreign branch category income. ....	26		
27	Credit for taxes on passive category income. ....	27		
28	Credit for taxes on general category income. ....	28		
29	Credit for taxes on section 901(j) income. ....	29		
30	Credit for taxes on certain income re-sourced by treaty. ....	30		
31	Credit for taxes on lump-sum distributions. ....	31		
32	Add lines 25 through 31. ....	32		
33	Enter the <b>smaller</b> of line 20 or line 32. ....	33		
34	Reduction of credit for international boycott operations. See instructions for line 12. ....	34		
35	Subtract line 34 from line 33. This is your <b>foreign tax credit</b> . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a. ....	35		

**SCHEDULE B  
(Form 1116)**

(Rev. December 2022)

Department of the Treasury  
Internal Revenue Service

**Foreign Tax Carryover Reconciliation Schedule**

For calendar year 2023, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**See separate instructions.**

**Attach to Form 1116.**

**Go to [www.irs.gov/Form1116](https://www.irs.gov/Form1116) for instructions and the latest information.**

OMB No. 1545-0121

Name

Identifying number as shown  
on page 1 of your tax return

BRADY HERO

477-84-2326

Use a separate Schedule B (Form 1116) for each applicable category of income listed below. See instructions. Check only one box on each schedule.

Check the box for the same separate category code as that shown on the Form 1116 to which this Schedule B is attached.

- a** ☐ Reserved for future use      **c** ☒ Passive category income      **e** ☐ Section 901(j) income      **g** ☐ Lump-sum distributions  
**b** ☐ Foreign branch category income      **d** ☐ General category income      **f** ☐ Certain income re-sourced by treaty  
**h** If box e is checked, enter the country code for the sanctioned country. See instructions. ....  
**i** If box f is checked, enter the country code for the treaty country. See instructions. ....

Foreign Tax Carryover Reconciliation	(i) 10th Preceding Tax Year	(ii) 9th Preceding Tax Year	(iii) 8th Preceding Tax Year	(iv) 7th Preceding Tax Year	(v) 6th Preceding Tax Year	(vi) 5th Preceding Tax Year	(vii) Subtotal (add columns (i) through (vi))
<b>1</b> Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions))		4.					4.
<b>2</b> Adjustments to line 1 (enter description—see instructions):							
<b>a</b> Carryback adjustment (see instr.)							
<b>b</b> Adjustments for section 905(c) redeterminations (see instructions)							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>							
<b>g</b>							
<b>3</b> Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2)		4.					4.
<b>4</b> Foreign tax carryover used in current tax year (enter as a negative number)							
<b>5</b> Foreign tax carryover expired unused in current tax year (enter as a negative number)							
<b>6</b> Foreign tax carryover generated in current tax year							
<b>7</b> Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
<b>8</b> Foreign tax carryover to the following tax year. Combine lines 3 through 7.	-0-	4.					4.

Foreign Tax Carryover Reconciliation ( <i>continued</i> )	(viii) Subtotal from page 1 (enter the amounts from column (vii) on page 1)	(ix) 4th Preceding Tax Year	(x) 3rd Preceding Tax Year	(xi) 2nd Preceding Tax Year	(xii) 1st Preceding Tax Year	(xiii) Current Tax Year	(xiv) Totals (add columns (viii) through (xiii))
<b>1</b> Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions))	4 .						4 .
<b>2</b> Adjustments to line 1 (enter description—see instructions):							
<b>a</b> Carryback adjustment (see instr.)							
<b>b</b> Adjustments for section 905(c) redeterminations (see instructions)							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>							
<b>g</b>							
<b>3</b> Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2). Include the column (xiv) total on the current year Form 1116, Part III, line 10.	4 .						4 .
<b>4</b> Foreign tax carryover used in current tax year (enter as a negative number)							
<b>5</b> Foreign tax carryover expired unused in current tax year (enter as a negative number)							
<b>6</b> Foreign tax carryover generated in current tax year							
<b>7</b> Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
<b>8</b> Foreign tax carryover to the following tax year. Combine lines 3 through 7.	4 .						4 .

BAA

Schedule B (Form 1116) (Rev. 12-2022)

**SCHEDULE B  
(Form 1116)**

(Rev. December 2022)

Department of the Treasury  
Internal Revenue Service**Foreign Tax Carryover Reconciliation Schedule**For calendar year 2023, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.**See separate instructions.****Attach to Form 1116.****Go to [www.irs.gov/Form1116](https://www.irs.gov/Form1116) for instructions and the latest information.**

OMB No. 1545-0121

Name

**ALTERNATIVE MINIMUM TAX**Identifying number as shown  
on page 1 of your tax return**BRADY HERO****477-84-2326**

Use a separate Schedule B (Form 1116) for each applicable category of income listed below. See instructions. Check only one box on each schedule.

Check the box for the same separate category code as that shown on the Form 1116 to which this Schedule B is attached.

- a** ☐ Reserved for future use      **c** ☒ Passive category income      **e** ☐ Section 901(j) income      **g** ☐ Lump-sum distributions  
**b** ☐ Foreign branch category income      **d** ☐ General category income      **f** ☐ Certain income re-sourced by treaty
- h** If box e is checked, enter the country code for the sanctioned country. See instructions. ....  
**i** If box f is checked, enter the country code for the treaty country. See instructions. ....

Foreign Tax Carryover Reconciliation	(i) 10th Preceding Tax Year	(ii) 9th Preceding Tax Year	(iii) 8th Preceding Tax Year	(iv) 7th Preceding Tax Year	(v) 6th Preceding Tax Year	(vi) 5th Preceding Tax Year	(vii) Subtotal (add columns (i) through (vi))
<b>1</b> Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions))	16.	14.				1.	31.
<b>2</b> Adjustments to line 1 (enter description—see instructions):							
<b>a</b> Carryback adjustment (see instr.)							
<b>b</b> Adjustments for section 905(c) redeterminations (see instructions)							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>							
<b>g</b>							
<b>3</b> Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2)	16.	14.				1.	31.
<b>4</b> Foreign tax carryover used in current tax year (enter as a negative number)							
<b>5</b> Foreign tax carryover expired unused in current tax year (enter as a negative number)	-16.						-16.
<b>6</b> Foreign tax carryover generated in current tax year							
<b>7</b> Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
<b>8</b> Foreign tax carryover to the following tax year. Combine lines 3 through 7.	-0-	14.				1.	15.

## ALTERNATIVE MINIMUM TAX

Foreign Tax Carryover Reconciliation ( <i>continued</i> )	(viii) Subtotal from page 1 (enter the amounts from column (vii) on page 1)	(ix) 4th Preceding Tax Year	(x) 3rd Preceding Tax Year	(xi) 2nd Preceding Tax Year	(xii) 1st Preceding Tax Year	(xiii) Current Tax Year	(xiv) Totals (add columns (viii) through (xiii))
<b>1</b> Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions))	31.						31.
<b>2</b> Adjustments to line 1 (enter description—see instructions):							
<b>a</b> Carryback adjustment (see instr.)							
<b>b</b> Adjustments for section 905(c) redeterminations (see instructions)							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>							
<b>g</b>							
<b>3</b> Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2). Include the column (xiv) total on the current year Form 1116, Part III, line 10.	31.						31.
<b>4</b> Foreign tax carryover used in current tax year (enter as a negative number)							
<b>5</b> Foreign tax carryover expired unused in current tax year (enter as a negative number)	-16.						-16.
<b>6</b> Foreign tax carryover generated in current tax year							
<b>7</b> Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
<b>8</b> Foreign tax carryover to the following tax year. Combine lines 3 through 7.	15.						15.

BAA

Schedule B (Form 1116) (Rev. 12-2022)



**SCHEDULE 8812**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Credits for Qualifying Children  
and Other Dependents**

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

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **47**

BRADY HERO

Your social security number

477-84-2326

**Part I Child Tax Credit and Credit for Other Dependents**

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR .....	1	236,024.
2a	Enter income from Puerto Rico that you excluded. ....	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555. ....	2b	
c	Enter the amount from line 15 of your Form 4563. ....	2c	
d	Add lines 2a through 2c. ....	2d	
3	Add lines 1 and 2d. ....	3	236,024.
4	Number of qualifying children under age 17 with the required social security number .....	4	1
5	Multiply line 4 by \$2,000. ....	5	2,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number .....	6	
<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500. ....	7	
8	Add lines 5 and 7. ....	8	2,000.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 ] .....	9	200,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. ] .....	10	37,000.
11	Multiply line 10 by 5% (0.05). ....	11	1,850.
12	Is the amount on line 8 more than the amount on line 11? .....	12	150.
<input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
<input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from <b>Credit Limit Worksheet A</b> . ....	13	46,083.
14	Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents</b> .....	14	150.
<b>Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.</b>			

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

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

**Schedule 8812 (Form 1040) 2023**

**Part II-A Additional Child Tax Credit for All Filers****Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

15 Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 .....		<input type="checkbox"/>
16a Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 .....		16a 0.
b Number of qualifying children under 17 with the required social security number: _____ X \$1,600. Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 .....		16b
<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
17 Enter the <b>smaller</b> of line 16a or line 16b .....		17
18a Earned income (see instructions) .....		18a
b Nontaxable combat pay (see instructions) .....		18b
19 Is the amount on line 18a more than \$2,500?		19
<input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20.		
<input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result .....		
20 Multiply the amount on line 19 by 15% (0.15) and enter the result. .... <b>Next.</b> On line 16b, is the amount \$4,800 or more?		20
<input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27.		
<input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.		

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions .....		21
22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .....		22
23 Add lines 21 and 22 .....		23
24 <b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. ....		24
25 Subtract line 24 from line 23. If zero or less, enter -0- .....		25
26 Enter the <b>larger</b> of line 20 or line 25 .....		26
<b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.		

**Part II-C Additional Child Tax Credit**

27 This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28. ....	27	0.
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Schedule 8812 (Form 1040) 2023

**Qualified Business Income Deduction**

OMB No. 1545-2294

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form8995A](http://www.irs.gov/Form8995A) for instructions and the latest information.**2023**Attachment  
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

BRADY HERO

477-84-2326

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

Use this form if your taxable income, before your qualified business income deduction, is above \$182,100 (\$364,200 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

**Part I Trade, Business, or Aggregation Information**

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
B		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

**Part II Determine Your Adjusted Qualified Business Income**

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions. ....	2		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$182,100 or less (\$364,200 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13. ....	3		
4 Allocable share of W-2 wages from the trade, business, or aggregation. ....	4		
5 Multiply line 4 by 50% (0.50). ....	5		
6 Multiply line 4 by 25% (0.25). ....	6		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property. ....	7		
8 Multiply line 7 by 2.5% (0.025). ....	8		
9 Add lines 6 and 8. ....	9		
10 Enter the greater of line 5 or line 9. ....	10		
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10. ....	11		
12 Phased-in reduction. Enter the amount from line 26, if any. ....	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12. ....	13		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions. ....	14		
15 Qualified business income component. Subtract line 14 from line 13. ....	15		
16 Total qualified business income component. Add all amounts reported on line 15. ....	16		

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

Form **8995-A** (2023)

**Part III Phased-in Reduction**

Complete Part III only if your taxable income is more than \$182,100 but not \$232,100 (\$364,200 and \$464,200 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

			A	B	C
17	Enter the amounts from line 3.....	17			
18	Enter the amounts from line 10.....	18			
19	Subtract line 18 from line 17.....	19			
20	Taxable income before qualified business income deduction.....	20			
21	Threshold. Enter \$182,100 (\$364,200 if married filing jointly).....	21			
22	Subtract line 21 from line 20.....	22			
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly).....	23			
24	Phase-in percentage. Divide line 22 by line 23.....	24	%		
25	Total phase-in reduction. Multiply line 19 by line 24.....	25			
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business.....	26			

**Part IV Determine Your Qualified Business Income Deduction**

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16.....	27			
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions.....	28	11.		
29	Qualified REIT dividends and PTP (loss) carryforward from prior years.....	29	( )		
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-.....	30	11.		
31	REIT and PTP component. Multiply line 30 by 20% (0.20).....	31	2.		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31.....	32			2.
33	Taxable income before qualified business income deduction.....	33	215,224.		
34	Enter your net capital gain, if any, increased by any qualified dividends (see instructions).....	34	85.		
35	Subtract line 34 from line 33. If zero or less, enter -0-.....	35			215,139.
36	Income limitation. Multiply line 35 by 20% (0.20).....	36			43,028.
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36.....	37			2.
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37.....	38			
39	Total qualified business income deduction. Add lines 37 and 38.....	39			2.
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-.....	40	( )		

Form 8995-A (2023)

Form **8867**

(Rev. November 2023)

Department of the Treasury  
Internal Revenue Service**Paid Preparer's Due Diligence Checklist**

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),  
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and  
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

OMB No. 1545-0074

For tax year

20 23Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return

BRADY HERO

Taxpayer identification number

477-84-2326

Preparer's name

DAVID HAASE, CPA

Preparer tax identification number

P02153415

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply).

☐ EIC☒ CTC/ACTC/ODC☐ AOTC☒ HOH

1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? .....

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	

2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? .....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.

- Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.
- Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) .....

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

4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) .....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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- a Did you make reasonable inquiries to determine the correct, complete, and consistent information? .....
- b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) .....

<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) .....

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

List those documents provided by the taxpayer, if any, that you relied on:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? .....

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

7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? .....

**(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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a Did you complete the required recertification Form 8862? .....

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

8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? .....

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**BAA For Paperwork Reduction Act Notice, see separate instructions.**Form **8867** (Rev. 11-2023)

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
<b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	Yes	No
<b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
<b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part VI Eligibility Certification**

**You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; **and**
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  - A copy of this Form 8867.
  - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

**If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

	Yes	No
<b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Form **8959**Department of the Treasury  
Internal Revenue Service**Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions.  
Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.  
Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **71**

Name(s) shown on return

BRADY HERO

Your social security number

477-84-2326

**Part I Additional Medicare Tax on Medicare Wages**

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . .	1	220,820.	
2	Unreported tips from Form 4137, line 6 . . . . .	2		
3	Wages from Form 8919, line 6 . . . . .	3		
4	Add lines 1 through 3 . . . . .	4	220,820.	
5	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	5	200,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	6		20,820.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .	7		187.

**Part II Additional Medicare Tax on Self-Employment Income**

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- . . . . .	8		
9	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	9		
10	Enter the amount from line 4 . . . . .	10		
11	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	11		
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .	13		

**Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation**

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .	14		
15	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . .	17		

**Part IV Total Additional Medicare Tax**

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V . . . . .	18		187.
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**Part V Withholding Reconciliation**

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	19	3,389.	
20	Enter the amount from line 1 . . . . .	20	220,820.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	21	3,202.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	22		187.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	23		
24	<b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions) . . . . .	24		187.

Form **8960**Department of the Treasury  
Internal Revenue Service**Net Investment Income Tax –  
Individuals, Estates, and Trusts**

Attach to your tax return.

Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

OMB No. 1545-2227

**2023**Attachment  
Sequence No. **72**

Name(s) shown on your tax return

BRADY HERO

Your social security number or EIN

477-84-2326

**Part I Investment Income**

- ☐ Section 6013(g) election (see instructions)
- ☐ Section 6013(h) election (see instructions)
- ☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions) .....	1	1,056.
2	Ordinary dividends (see instructions) .....	2	104.
3	Annuities (see instructions) .....	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions) .....	4a	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) .....	4b	
c	Combine lines 4a and 4b .....	4c	
5a	Net gain or loss from disposition of property (see instructions) .....	5a	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) .....	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions) .....	5c	
d	Combine lines 5a through 5c .....	5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions) .....	6	
7	Other modifications to investment income (see instructions) .....	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 .....	8	1,160.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

9a	Investment interest expenses (see instructions) .....	9a	
b	State, local, and foreign income tax (see instructions) .....	9b	
c	Miscellaneous investment expenses (see instructions) .....	9c	
d	Add lines 9a, 9b, and 9c .....	9d	
10	Additional modifications (see instructions) .....	10	
11	Total deductions and modifications. Add lines 9d and 10 .....	11	

**Part III Tax Computation**

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0- .....	12	1,160.
<b>Individuals:</b>			
13	Modified adjusted gross income (see instructions) .....	13	236,024.
14	Threshold based on filing status (see instructions) .....	14	200,000.
15	Subtract line 14 from line 13. If zero or less, enter -0- .....	15	36,024.
16	Enter the smaller of line 12 or line 15 .....	16	1,160.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions) .....	17	44.
<b>Estates and Trusts:</b>			
18a	Net investment income (line 12 above) .....	18a	
b	Deductions for distributions of net investment income and charitable deductions (see instructions) .....	18b	
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0- .....	18c	
19a	Adjusted gross income (see instructions) .....	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions) .....	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0- .....	19c	
20	Enter the smaller of line 18c or line 19c .....	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions) .....	21	



BRADY HERO

477-84-2326

**STATEMENT 1**  
**FORM 1116, LINE 10**  
**FOREIGN TAX CREDIT CARRYOVERS**

**PASSIVE INCOME**

	FOREIGN TAXES PAID	FOREIGN TAXES DISALLOWED	FOREIGN TAXES CLAIMED	FOREIGN TAX CREDIT CARRYOVER
2022 FOREIGN TAX CREDIT	0.	0.	0.	0.
2021 FOREIGN TAX CREDIT	0.	0.	0.	0.
2020 FOREIGN TAX CREDIT	0.	0.	0.	0.
2019 FOREIGN TAX CREDIT	0.	0.	0.	0.
2018 FOREIGN TAX CREDIT	1.	0.	1.	0.
2017 FOREIGN TAX CREDIT	0.	0.	0.	0.
2016 FOREIGN TAX CREDIT	0.	0.	0.	0.
2015 FOREIGN TAX CREDIT	2.	0.	2.	0.
2014 FOREIGN TAX CREDIT	14.	0.	10.	4.
2013 FOREIGN TAX CREDIT	16.	0.	16.	0.

TOTAL FOREIGN TAX CREDIT CARRYOVER - FORM 1116, LINE 10				\$ 4.
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**STATEMENT 2**  
**FORM 1116, LINE 10**  
**FOREIGN TAX CREDIT CARRYOVERS**

**PASSIVE INCOME - AMT**

	FOREIGN TAXES PAID	FOREIGN TAXES DISALLOWED	FOREIGN TAXES CLAIMED	FOREIGN TAX CREDIT CARRYOVER
2022 FOREIGN TAX CREDIT	0.	0.	0.	0.
2021 FOREIGN TAX CREDIT	0.	0.	0.	0.
2020 FOREIGN TAX CREDIT	0.	0.	0.	0.
2019 FOREIGN TAX CREDIT	0.	0.	0.	0.
2018 FOREIGN TAX CREDIT	1.	0.	0.	1.
2017 FOREIGN TAX CREDIT	0.	0.	0.	0.
2016 FOREIGN TAX CREDIT	0.	0.	0.	0.
2015 FOREIGN TAX CREDIT	2.	0.	2.	0.
2014 FOREIGN TAX CREDIT	14.	0.	0.	14.
2013 FOREIGN TAX CREDIT	16.	0.	0.	16.

TOTAL FOREIGN TAX CREDIT CARRYOVER - FORM 1116, LINE 10				\$ 31.
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TAXABLE YEAR

FORM

**2023****California e-file Signature Authorization for Individuals****8879**

Your name

**BRADY HERO**

Spouse's/RDP's name

Your SSN or ITIN

**477-84-2326**

Spouse's/RDP's SSN or ITIN

**Part I Tax Return Information** (whole dollars only)

- 1 California adjusted gross income (AGI). See instructions ..... 1 **236,024.**
- 2 Amount you owe. See instructions ..... 2
- 3 Refund or no amount due. See instructions ..... 3 **3,582.**

**Part II Taxpayer Declaration and Signature Authorization** (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

☒ I authorize **GOLDEN STATE ACCOUNTING INC.** to enter my PIN **71472**  
ERO firm name Do not enter all zeros

as my signature on my 2023 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶

Date ▶ **2/15/2024****Spouse's/RDP's PIN: check one box only**

☐ I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_  
ERO firm name Do not enter all zeros

as my signature on my 2023 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's  
signature ▶

Date ▶

Practitioner PIN Method Returns Only – continue below

**Part III Certification and Authentication – Practitioner PIN Method Only****ERO's Electronic Filer Identification Number (EFIN)/PIN.**

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

**68474294965**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers.

ERO's signature ▶ **DAVID HAASE, CPA**Date ▶ **2/15/2024**

2023

California Resident  
Income Tax Return

540

APE

ATTACH FEDERAL RETURN

477-84-2326 HERO  
BRADY HERO

23

153 LAKESIDE DR  
CORTE MADERA CA 94925

06-28-1974

## Principal Residence

Enter your county at time of filing (see instructions)

☒ MARINIf your address above is the same as your principal/physical residence address at the time of filing, check this box. ☒

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

City

State

ZIP code

Filing  
StatusIf your California filing status is different from your federal filing status, check the box here. ☐1 ☐ Single4 ☒ Head of household (with qualifying person). See instructions.2 ☐ Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died. \_\_\_\_\_

See instructions. \_\_\_\_\_

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. \_\_\_\_\_6 ☐ If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. ☐

## Exemptions

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ☒ 7 ☐ 1 x \$144 = ☒ \$ 144.8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. ☒ 8 ☐ x \$144 = ☒ \$9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. ☒ 9 ☐ x \$144 = ☒ \$

**Exemptions**Your name: **BRADY HERO**Your SSN or ITIN: **477-84-2326****10 Dependents: Do not include yourself or your spouse/RDP.**

	Dependent 1	Dependent 2	Dependent 3
First Name	<input checked="" type="radio"/> OLIVER JAMES	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Last Name	<input checked="" type="radio"/> BINSTADT	<input checked="" type="radio"/>	<input checked="" type="radio"/>
SSN. See instr.	<input checked="" type="radio"/> 621811553	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Dependent's relationship to you	<input checked="" type="radio"/> SON	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Total dependent exemptions ..... • 10  x \$446 = ☒ \$ 446.**11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. .... ☒ 11 \$ 590.**Taxable Income**

**12** State wages from your federal Form(s) W-2, box 16. .... • 12 220,820.

**13** Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11. .... ☒ 13 236,024.

**14** California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. .... • 14 \_\_\_\_\_

**15** Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. .... 15 236,024.

**16** California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. .... • 16 \_\_\_\_\_

**17** California adjusted gross income. Combine line 15 and line 16. .... • 17 236,024.

**18** Enter the larger of Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status:  
• Single or Married/RDP filing separately. .... \$5,363  
• Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. .... \$10,726  
If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions. .... • 18 10,726.

**19** Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0-. .... ☒ 19 225,298.

**Tax**

☐ Tax Table ☒ Tax Rate Schedule

**31** Tax. Check the box if from: ☐ FTB 3800 • ☐ FTB 3803. .... • 31 15,699.

**32** Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions. .... ☒ 32 590.

**33** Subtract line 32 from line 31. If less than zero, enter -0-. .... ☒ 33 15,109.

**34** Tax. See instructions. Check the box if from: • ☐ Schedule G-1 • ☐ FTB 5870A .... • 34 \_\_\_\_\_

**35** Add line 33 and line 34. .... ☒ 35 15,109.

**Special Credits**

**40** Nonrefundable Child and Dependent Care Expenses Credit. See instructions. .... • 40 \_\_\_\_\_

**43** Enter credit name ..... code • \_\_\_\_\_ and amount. .... • 43 \_\_\_\_\_

**44** Enter credit name ..... code • \_\_\_\_\_ and amount. .... • 44 \_\_\_\_\_

Your name: **BRADY HERO**Your SSN or ITIN: **477-84-2326****Special Credits**

- 45 To claim more than two credits, see instructions. Attach Schedule P (540) ..... ● 45 \_\_\_\_\_
- 46 Nonrefundable Renter's Credit. See instructions ..... ● 46 \_\_\_\_\_
- 47 Add line 40 through line 46. These are your total credits ..... ● 47 \_\_\_\_\_
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ..... ● 48 15,109.

**Other Taxes**

- 61 Alternative Minimum Tax. Attach Schedule P (540) ..... ● 61 \_\_\_\_\_
- 62 Mental Health Services Tax. See instructions ..... ● 62 \_\_\_\_\_
- 63 Other taxes and credit recapture. See instructions ..... ● 63 \_\_\_\_\_
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax ..... ● 64 15,109.

**Payments**

- 71 California income tax withheld. See instructions ..... ● 71 18,691.
- 72 2023 California estimated tax and other payments. See instructions ..... ● 72 \_\_\_\_\_
- 73 Withholding (Form 592-B and/or Form 593). See instructions ..... ● 73 \_\_\_\_\_
- 74 Excess SDI (or VPDI) withheld. See instructions ..... ● 74 0.
- 75 Earned Income Tax Credit (EITC). See instructions ..... ● 75 \_\_\_\_\_
- 76 Young Child Tax Credit (YCTC). See instructions ..... ● 76 \_\_\_\_\_
- 77 Foster Youth Tax Credit (FYTC). See instructions ..... ● 77 \_\_\_\_\_
- 78 Add line 71 through line 77. These are your total payments.  
See instructions ..... ● 78 18,691.

**Use Tax**

- 91 **Use Tax.** Do not leave blank. See instructions ..... ● 91 0.
- If line 91 is zero, check if: ☒ No use tax is owed. ☐ You paid your use tax obligation directly to CDTFA.

**ISR Penalty**

- 92 If you and your household had full-year health care coverage, check the box.  
See instructions. Medicare Part A or C coverage is qualifying health care coverage  
If you did not check the box, see instructions. .... ● ☒
- Individual Shared Responsibility (ISR) Penalty. See instructions ..... ● 92 \_\_\_\_\_

**Overpaid Tax/Tax Due**

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78. .... ● 93 18,691.
- 94 **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91. .... ● 94 \_\_\_\_\_
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,  
subtract line 92 from line 93. .... ● 95 18,691.
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93,  
subtract line 93 from line 92. .... ● 96 \_\_\_\_\_
- 97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95. .... ● 97 3,582.

Your name: **BRADY HERO**

Your SSN or ITIN: **477-84-2326**

**Overpaid Tax/Tax Due**

- 98** Amount of line 97 you want applied to your **2024** estimated tax. ● **98** \_\_\_\_\_
- 99** Overpaid tax available this year. Subtract line 98 from line 97. ● **99** 3,582.
- 100** Tax due. If line 95 is less than line 64, subtract line 95 from line 64. ● **100** \_\_\_\_\_

**Contributions**

**Code Amount**

- California Seniors Special Fund. See instructions. ● **400** \_\_\_\_\_
- Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund. ● **401** \_\_\_\_\_
- Rare and Endangered Species Preservation Voluntary Tax Contribution Program. ● **403** \_\_\_\_\_
- California Breast Cancer Research Voluntary Tax Contribution Fund. ● **405** \_\_\_\_\_
- California Firefighters' Memorial Voluntary Tax Contribution Fund. ● **406** \_\_\_\_\_
- Emergency Food for Families Voluntary Tax Contribution Fund. ● **407** \_\_\_\_\_
- California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. ● **408** \_\_\_\_\_
- California Sea Otter Voluntary Tax Contribution Fund. ● **410** \_\_\_\_\_
- California Cancer Research Voluntary Tax Contribution Fund. ● **413** \_\_\_\_\_
- School Supplies for Homeless Children Voluntary Tax Contribution Fund. ● **422** \_\_\_\_\_
- State Parks Protection Fund/Parks Pass Purchase. ● **423** \_\_\_\_\_
- Protect Our Coast and Oceans Voluntary Tax Contribution Fund. ● **424** \_\_\_\_\_
- Keep Arts in Schools Voluntary Tax Contribution Fund. ● **425** \_\_\_\_\_
- California Senior Citizen Advocacy Voluntary Tax Contribution Fund. ● **438** \_\_\_\_\_
- Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund. ● **439** \_\_\_\_\_
- Rape Kit Backlog Voluntary Tax Contribution Fund. ● **440** \_\_\_\_\_
- Suicide Prevention Voluntary Tax Contribution Fund. ● **444** \_\_\_\_\_
- Mental Health Crisis Prevention Voluntary Tax Contribution Fund. ● **445** \_\_\_\_\_
- 110** Add amounts in code 400 through code 445. This is your total contribution. ● **110** \_\_\_\_\_

Your name: **BRADY HERO**

Your SSN or ITIN: **477-84-2326**

**Amount  
You  
Owe**

**111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** • **111**

Pay Online — Go to [ftb.ca.gov/pay](https://ftb.ca.gov/pay) for more information.

**Interest  
and  
Penalties**

**112** Interest, late return penalties, and late payment penalties • **112**

**113** Underpayment of estimated tax.

Check the box: • ☐ **FTB 5805 attached** • ☐ **FTB 5805F attached** • **113**

**114** Total amount due. See instructions. Enclose, but **do not** staple, any payment. • **114**

**Refund  
and  
Direct  
Deposit**

**115 REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** • **115** **3,582.**

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions.

**Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

• Type		• Account number	• <b>116</b> Direct deposit amount
• Routing number	<input checked="" type="checkbox"/> Checking	• <b>80009475023</b>	• <b>3,582.</b>
<b>321081669</b>	<input type="checkbox"/> Savings		

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

• Type		• Account number	• <b>117</b> Direct deposit amount
• Routing number	<input type="checkbox"/> Checking		
	<input type="checkbox"/> Savings		

**Voter  
Info.**

For voter registration information, check the box and go to [sos.ca.gov/elections](https://sos.ca.gov/elections). See instructions. • ☐

**Health  
Care  
Coverage  
Info.**

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions • ☒ ☐ Yes ☒ No

**Sign your tax return on Page 6**

Your name: **BRADY HERO**

Your SSN or ITIN: **477-84-2326**

**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

☒ Your email address. Enter only one email address.

☒ Preferred phone number

**415 962-3647**

**Sign  
Here**

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

**DAVID HAASE, CPA**

It is unlawful  
to forge a  
spouse's/  
RDP's  
signature.

Firm's name (or yours, if self-employed)

**GOLDEN STATE ACCOUNTING INC.**

● PTIN

**P02153415**

Firm's address

**1221 BRIDGEWAY SUITE 2  
SAUSALITO, CA 94965**

● Firm's FEIN

**205664372**

Joint tax  
return? See  
instructions.

Do you want to allow another person to discuss this tax return with us? See instructions. . . . . ● ☒ Yes

● ☐ No

Print Third Party Designee's Name

**DAVID HAASE CPA**

Telephone Number

**(415)-331-9900**



**2023****Head of Household Filing Status Schedule****3532**

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on tax return

SSN or ITIN

**BRADY HERO****477-84-2326****Part I – Marital Status****1** Check one box below to identify your marital status. See instructions.

- a** Not legally married/RDP during 2023 ..... ☐ **1a** ☐
- b** Surviving spouse/RDP (my spouse/RDP died before 01/01/2023) ..... ☐ **1b** ☐
- c** Marriage/RDP was annulled ..... ☐ **1c** ☐
- d** Received final decree of divorce, legal separation, dissolution, or termination of marriage/RDP by 12/31/2023 ..... ☒ **1d** ☐
- e** Legally married/RDP and did not live with spouse/RDP during 2023. .... ☐ **1e** ☐
- f** Legally married/RDP and lived with spouse/RDP during 2023. List the beginning and ending dates for each period when you lived together. .... ☐ **1f** ☐

(mm/dd/yyyy)

(mm/dd/yyyy)

(mm/dd/yyyy)

(mm/dd/yyyy)

From: ☐ \_\_\_\_\_ To: ☐ \_\_\_\_\_ From: ☐ \_\_\_\_\_ To: ☐ \_\_\_\_\_**Part II – Qualifying Person****2** Check one box below to identify the relationship of the person that qualifies you for the head of household filing status. See instructions.

- a** Son, daughter, stepson, or stepdaughter ..... ☒ **2a** ☐
- b** Grandchild, brother, sister, half brother, half sister, stepbrother, stepsister, nephew, or niece ..... ☐ **2b** ☐
- c** Eligible foster child ..... ☐ **2c** ☐
- d** Father, mother, stepfather, or stepmother ..... ☐ **2d** ☐
- e** Grandfather, grandmother, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, uncle, or aunt ..... ☐ **2e** ☐

**Part III – Qualifying Person Information****3** Information about your qualifying person. See instructions.First Name ..... ☒ **OLIVER**Last Name ..... ☒ **BINSTADT**SSN ..... ☒ **621-81-1553**DOB (mm/dd/yyyy) If your qualifying person is age 19 or older in 2023, go to line 3a. If not, go to line 4. .... ☒ **5/29/2010****a** Was your qualifying person a full time student under age 24 in 2023? ..... ☒ **3a** ☐ Yes ☐ No**b** Was your qualifying person permanently and totally disabled in 2023? ..... ☒ **3b** ☐ Yes ☐ No**4** Enter qualifying person's gross income in 2023. See instructions. .... ☒ **0.****5** Number of days your qualifying person lived with you during 2023. See instructions ..... ☒ **200**

When calculating the total number of days your qualifying person lived with you, you may include any days your qualifying person was temporarily absent from your home. For example, illness, education, business, vacations, military service, and incarceration. In the event of a birth or death of your qualifying person during the year, enter 365 days. See instructions.