

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

Filed pursuant to section 301.9100-2 Combat zone Deceased Spouse Other

Your first name and middle initial Last name Your social security number Guy Focal 444 55 6666

If joint return, spouse's first name and middle initial Last name Spouse's social security number Mary Focal 555 66 7777

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025.

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS). Enter spouse's SSN above and full name here: Head of household (HOH) Qualifying surviving spouse (QSS) If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets At any time during 2025, 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

Table with 5 columns: Dependents (1-5), (6) Check if, (7) Credits. Rows include First name, Last name, SSN, Relationship, and various credit options like Child tax credit and Credit for other dependents.

Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income section table with rows 1a through 11a. Includes sub-rows for interest, dividends, pensions, and social security benefits. Total income is 112,471 and adjusted gross income is 112,312.

Tax and Credits

Table with 2 columns: Description and Amount. Rows include 11b (112,312), 12a (Someone can claim), 12b (Spouse itemizes), 12c (Dual-status alien), 12d (Born before 1961/Blind), 12e (Standard deduction 31,500), 13a (0), 13b (Additional deductions), 14 (31,500), 15 (80,812), 16 (9,162), 17 (Amount from Schedule 2), 18 (9,162), 19 (Child tax credit), 20 (Amount from Schedule 3), 21 (Add lines 19 and 20), 22 (9,162), 23 (317), 24 (9,479).

Standard deduction for—
• Single or Married filing separately, \$15,750
• Married filing jointly or Qualifying surviving spouse, \$31,500
• Head of household, \$23,625
• If you checked a box on line 12a, 12b, 12c, or 12d, see inst.

Payments and Refundable Credits

Table with 2 columns: Description and Amount. Rows include 25 (Federal income tax withheld from: 25a 10,988, 25b, 25c, 25d 10,988), 26 (2025 estimated tax payments), 27a (Earned income credit), 27b (Clergy filing Schedule SE), 27c (If you do not want to claim the EIC), 28 (Additional child tax credit), 29 (American opportunity credit), 30 (Refundable adoption credit), 31 (Amount from Schedule 3), 32 (Total other payments and refundable credits), 33 (Total payments 10,988).

If you have a qualifying child, you may need to attach Sch. EIC.

Refund

Table with 2 columns: Description and Amount. Rows include 34 (1,509), 35a (1,509), 35b (Routing number), 35c (Type: Checking/Savings), 35d (Account number), 36 (Amount of line 34 applied to 2026 estimated tax).

Amount You Owe

Table with 2 columns: Description and Amount. Rows include 37 (Amount you owe), 38 (Estimated tax penalty).

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. [] Yes. Complete below. [X] No
Designee's name, Phone no., Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature, Date, Your occupation (Writer), If the IRS sent you an Identity Protection PIN, enter it here.
Spouse's signature, Date, Spouse's occupation (Teacher), If the IRS sent your spouse an Identity Protection PIN, enter it here.
Phone no., Email address

Paid Preparer Use Only

Preparer's name: Peter Jason Riley CPA, Preparer's signature: Peter Jason Riley CPA, Date: 01/28/2026, PTIN: P00413102, Check if: [] Self-employed
Firm's name: Riley Business Services Inc, Phone no.: (978) 270-9260
Firm's address: 5 Perry Way Newburyport MA 01950, Firm's EIN: 93-4700750

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2025
Attachment
Sequence No. **01**

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

Guy & Mary Focal

Your social security number

444-55-6666

For 2025, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	2,246.
4	Other gains or (losses). Check if any from Form(s): <input type="checkbox"/> 4797 <input type="checkbox"/> 4684	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here <input type="checkbox"/> and enter amount repaid: _____	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABL account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount: _____ _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	2,246.

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here <input type="checkbox"/>	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	159 .
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): _____		
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here <input type="checkbox"/>	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount: _____ _____	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	159 .

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2025
Attachment
Sequence No. **02**

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

Guy & Mary Focal

Your social security number

444-55-6666

Part I Tax

1	Additions to tax:		
a	Excess advance premium tax credit repayment. Attach Form 8962	1a	
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b	
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c	
d	Recapture of net EPE from Form 4255, line 2a, column (l)	1d	
e	Excessive payments (EPs) on gross EPE from Form 4255. Check applicable box and enter amount. See instructions. (i) <input type="checkbox"/> Line 1a (ii) <input type="checkbox"/> Line 1c (iii) <input type="checkbox"/> Line 1d (iv) <input type="checkbox"/> Line 2a	1e	
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) <input type="checkbox"/> Line 1a (ii) <input type="checkbox"/> Line 1c (iii) <input type="checkbox"/> Line 1d (iv) <input type="checkbox"/> Line 2a	1f	
y	Other additions to tax (see instructions): _____	1y	
z	Add lines 1a through 1y		1z
2	Alternative minimum tax. Attach Form 6251		2
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17		3

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions): 1 <input type="checkbox"/> 4361 2 <input type="checkbox"/> 4029 3 <input type="checkbox"/> _____	4	317.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Reserved for future use	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes *(continued)*

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

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

**Profit or Loss From Business
(Sole Proprietorship)**

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

OMB No. 1545-0074

2025
Attachment
Sequence No. **09**

Name of proprietor Guy Focal		Social security number (SSN) 444-55-6666
A Principal business or profession, including product or service (see instructions) Writer	B Enter code from instructions 7 1 1 5 1 0	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) Camp Place City, town or post office, state, and ZIP code New Orleans, LA 70130		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2025, check here <input type="checkbox"/>		
I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	22,744.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	22,744.
4	Cost of goods sold (from line 42)	4	2,757.
5	Gross profit. Subtract line 4 from line 3	5	19,987.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	19,987.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	187.
9	Car and truck expenses (see instructions)	9	1,775.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20b	
12	Depletion	12		b	Other business property		
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	1,464.	21	Repairs and maintenance	21	120.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	288.
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	3,940.
b	Other	16b		b	Deductible meals (see instructions)	24b	634.
17	Legal and professional services	17	625.	25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27b			26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7			27a	Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			27b	Other expenses (from line 48)	27b	3,106.
31	Net profit or (loss). Subtract line 30 from line 29.			28	28		12,139.
	<ul style="list-style-type: none"> If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32. 			29	29		7,848.
32	If you have a loss, check the box that describes your investment in this activity. See instructions.			30	30		5,602.
	<ul style="list-style-type: none"> If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited. 			31	31		2,246.
				32a	<input checked="" type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	35 _____
36	Purchases less cost of items withdrawn for personal use	36 1,307.
37	Cost of labor. Do not include any amounts paid to yourself	37 1,450.
38	Materials and supplies	38 _____
39	Other costs	39 _____
40	Add lines 35 through 39	40 2,757.
41	Inventory at end of year	41 _____
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42 2,757.

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year) <u>01/01/2011</u>
44	Of the total number of miles you drove your vehicle during 2025, enter the number of miles you used your vehicle for:
a	Business <u>2,481</u> b Commuting (see instructions) _____ c Other <u>9,332</u>
45	Was your vehicle available for personal use during off-duty hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-27a, or line 30.

AMORTIZATION	308.
Merchant/Paypal Fees	143.
Image Scanning	395.
ISP	205.
Publications	877.
Research - Streaming Video/DVD	204.
Dues and Subscriptions	305.
Communications	287.
Postage	382.
48 Total other expenses. Enter here and on line 27b	48 3,106.

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

2025
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)
Guy Focal

Social security number of person
with **self-employment** income 444-55-6666

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ **1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 2,246.

3 Combine lines 1a, 1b, and 2 **3** 2,246.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 2,074.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 2,074.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

6 Add lines 4c and 5b **6** 2,074.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2025 **7** \$176,100

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$176,100 or more, skip lines 8b through 10, and go to line 11 **8a** 69,512.

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d** 69,512.

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 106,588.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 257.

11 Multiply line 6 by 2.9% (0.029) **11** 60.

12 Self-employment tax. Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3** **12** 317.

13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 159.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$10,860, or (b) your net farm profits² were less than \$7,840.

14 Maximum income for optional methods	14	\$7,240
15 Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$7,240. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$7,840 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (² / ₃) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

Attachment
Sequence No. **55**

Name(s) shown on return

Guy & Mary Focal

Your taxpayer identification number

444-55-6666

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 at or below \$197,300 (\$394,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Guy Focal	444-55-6666	2,087.
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	2,087.
3	Qualified business net (loss) carryforward from the prior year	3	(2,393.)
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0.
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	0.
11	Taxable income before qualified business income deduction (see instructions)	11	80,812.
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	503.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	80,309.
14	Income limitation. Multiply line 13 by 20% (0.20)	14	16,062.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	15	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(306.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)

Expenses for Business Use of Your Home
 File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used
 for business during the year.
 Go to www.irs.gov/Form8829 for instructions and the latest information.

Name(s) of proprietor(s) **Guy Focal** Your social security number **444-55-6666**

Part I Part of Your Home Used for Business <small>Writer</small>	
1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1 236
2 Total area of home	2 1,688
3 Divide line 1 by line 2. Enter the result as a percentage	3 13.98 %
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.	
4 Multiply days used for daycare during year by hours used per day	4 hr.
5 If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5 8,760 hr.
6 Divide line 4 by line 5. Enter the result as a decimal amount	6
7 Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7 13.98 %

Part II Figure Your Allowable Deduction	
8 Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home. See instructions.	8 7,848.
See instructions for columns (a) and (b) before completing lines 9-22.	
9 Casualty losses (see instructions)	9
10 Deductible mortgage interest (see instructions)	10 6,784.
11 Real estate taxes (see instructions)	11 3,477.
12 Add lines 9, 10, and 11	12 10,261.
13 Multiply line 12, column (b), by line 7	13 1,434.
14 Add line 12, column (a), and line 13	14 1,434.
15 Subtract line 14 from line 8. If zero or less, enter -0-	15 6,414.
16 Excess mortgage interest (see instructions)	16
17 Excess real estate taxes (see instructions)	17
18 Insurance	18 8,966.
19 Rent	19
20 Repairs and maintenance	20 888.
21 Utilities	21 4,104.
22 Other expenses (see instructions)	22
23 Add lines 16 through 22	23 13,958.
24 Multiply line 23, column (b), by line 7	24 1,951.
25 Carryover of prior year operating expenses (see instructions)	25
26 Add line 23, column (a), line 24, and line 25	26 1,951.
27 Allowable operating expenses. Enter the smaller of line 15 or line 26	27 1,951.
28 Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28 4,463.
29 Excess casualty losses (see instructions)	29
30 Depreciation of your home from line 42 below	30 1,109.
31 Carryover of prior year excess casualty losses and depreciation (see instructions)	31 1,108.
32 Add lines 29 through 31	32 2,217.
33 Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33 2,217.
34 Add lines 14, 27, and 33	34 5,602.
35 Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684 . See instructions	35
36 Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	36 5,602.

Part III Depreciation of Your Home	
37 Enter the smaller of your home's adjusted basis or its fair market value. See instructions	37 370,000.
38 Value of land included on line 37	38 65,000.
39 Basis of building. Subtract line 38 from line 37	39 305,000.
40 Business basis of building. Multiply line 39 by line 7	40 42,639.
41 Depreciation percentage (see instructions)	41 2.5641 %
42 Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above	42 1,109.

Part IV Carryover of Unallowed Expenses to 2026	
43 Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43 0.
44 Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44 0.

Car and Truck Expenses Worksheet

2025

▶ Keep for your records

Sch C Writer

Name(s) Shown on Return
Guy & Mary Focal

Social Security Number
444-55-6666

Vehicle Information Complete for all vehicles	Vehicle 1	Vehicle 2	Vehicle 3
1 Make and model of vehicle	Vehicle		
2 Date acquired			
3 Date placed in service	01/01/2011		
4 Type of vehicle	Al - Auto		
5 a Ending mileage reading			
b Beginning mileage reading			
c Total miles for the year	11,813		
6 Business miles for the year	2,481		
7 Commuting miles for the year			
8 Other personal miles for the year	9,332		
9 Percent of business use	21.00 %		
10 Months for special allocation. See Tax Help			
11 Is another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Was the vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13 Was the vehicle used primarily by a more than 5% owner or related person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14 a Is there evidence to support the business use claimed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b If 'Yes,' is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Standard Mileage Rate

15 Does vehicle qualify for standard mileage rate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16 Was the vehicle leased?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17 Standard mileage deduction	1,737.		

Actual Expenses

18 Expenses:			
a Gasoline, oil, repairs, insurance, etc			
b Vehicle registration, license (excluding property taxes)			
c Vehicle lease or rental fees:			
1 30 days or more			
2 29 days or less			
3 Total vehicle lease/rental fees			
d Leased vehicle inclusion amount:			
1 Year lease began			
2 FMV of leased vehicle			
3 Number of lease days in year			
4 Inclusion amount			
19 Expenses subtotal	0.	0.	0.
20 Expenses applicable to business	0.		
21 Vehicle depreciation and Sec 179 (from page 2)			
22 Total actual expenses	0.		

Standard Mileage vs Actual Expenses

Check box to force a method

23 Standard mileage	<input type="checkbox"/> 1,737.	<input type="checkbox"/>	<input type="checkbox"/>
24 Actual expenses			

Total Car and Truck Expenses Complete for all vehicles		Vehicle 1 Vehicle	Vehicle 2	Vehicle 3
25	Line 23 or line 24	1,737.		
26	Additional expenses:			
a	Business-related parking fees, tolls, etc	38.		
b	Property taxes (including property tax portion of registration)			
c	Less personal portion of property taxes			
d	Interest on vehicle			
e	Less personal portion of vehicle interest			
27	Total expenses	1,775.		
28	Less business portion of lease or rental fees less inclusion amount (if actual expenses)			
29	Less business portion of depreciation (if actual expenses)			
30	Total car and truck expenses	1,775.		

Vehicle Depreciation Information – Complete for Actual Expenses only

31	Cost or basis			
32	Section 179 expense elected			
33	Depreciation and Sec 179 limit for automobiles			
34 a	Economic Stimulus - Qualified Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1	If yes, and if placed in service after 9/27/17 and before 1/20/25, was this property acquired after 9/27/17?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2	For eligible post 9/27/17 property, elect 50% in place of 100% Special Depreciation Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3	If qualified, and if placed in service after 1/19/25, was this property acquired after 1/19/25?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4	For post 1/19/25 property, elect bonus phasedown in place of 100% Special Depreciation Allowance (** See Tax Help)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b	Qualified Disaster Area - Qualified Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	Kansas Disaster Zone - Qualified Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d	Gulf Opportunity Zone - Qualified Property	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> No	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> No	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> No
e	Percentage for Special Depr Allowance	<input type="checkbox"/> 100% & 50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A	<input type="checkbox"/> 100% & 50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A	<input type="checkbox"/> 100% & 50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A
f	Elect OUT of Special Depr Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g	Elect 30% in place of 50% Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h	QuickZoom to Election Strmts ▶			
i	Special Depreciation Allowance			
j	AMT Special Depreciation Allowance			
35	Prior depreciation			
36	Depreciation deduction ▶			
37	Alternative minimum tax prior depreciation			
38	AMT depreciation deduction			
39	AMT adjustment/preference			
40	QuickZoom to Asset Life History ▶			
MACRS Property Involved in a Like-Kind Exchange or Involuntary Conversion				
41	Elect OUT of regs under Sec 1.168(i)-6(i)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
42	If asset represents entire basis of replacement property, enter excess basis			
43	Asset ID (Enter same ID on all related assets)			
44	Check if asset represents exchanged basis of replacement property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Total basis of all related parts			

State Depreciation — Complete for Actual Expenses only

- 46 **QuickZoom** to select or delete states ▶ _____
- 47 a State (CA info must be entered in CA state return, do not enter here) _____
- b Asset status _____
- c Vehicle description _____
- d Vehicle number _____
- e State cost or basis _____
- f State Section 179 deduction _____
- g State Section 179 deduction allowed (enter for dispositions only) _____
- h State Special Depreciation Allowance _____
- i State asset class _____
- j State depreciation method _____
- k State MACRS convention _____
- l State recovery period _____
- m State depreciable basis _____
- n State prior depreciation _____
- o **State depreciation deduction** ▶ _____
- p If this asset represents entire basis of replacement property, enter excess basis _____
- q Form 8824: If luxury auto, enter depreciation at 100% business use _____
- r State gain/loss basis, if different from state cost _____
- s Include vehicle in state return Yes No

Disposition of Vehicle	Vehicle 1	Vehicle 2	Vehicle 3
Complete for all vehicles	Vehicle		
48 Date of disposition			
49 Sales price (business portion only)			
50 Expense of sale (business portion only)			
51 Sec 179 deduction allowed			
52 Double-click to link sale to Form 6252			
53 Reserved			
54 Gain/loss basis, if diff from ln 30 (enter 100%)			
55 AMT gain/loss basis, if diff from ln 77 (100%)			
56 Depreciation allowed or allowable			
57 AMT depreciation allowed or allowable			
58 Gain or loss			
59 Alternative minimum tax gain or loss			
60 Part of Form 4797 to which gain/loss carries			

Detail Vehicle Depreciation Information — Complete for Actual Expenses only

61 Subject to auto limitations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
62 Truck or van?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
63 Electric passenger vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
64 Heavy SUV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
65 Listed property?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
66 Eligible for Sec 179 (current yr assets only)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67 Use IRS tables for MACRS property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68 Qualified Indian reservation property?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69 Used Property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70 Depreciation type						
71 Asset class						
72 Depreciation method						
73 Convention (HY assumed for MACRS property)						
74 QZ to set 2025 convention ▶						
75 Recovery period						
76 Year of depreciation						
77 Depreciable basis						
78 Alternative minimum tax basis, if diff from ln 30						
79 Alternative minimum tax depreciation method						
80 Alternative minimum tax recovery period						

Depreciation and Amortization Report

Tax Year 2025
 ► Keep for your records

Guy & Mary Focal
 Sch C - Writer

444-55-6666

Asset Description	*Code	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/ Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
Vehicle	L	01/01/11			21.00							
Home	H	01/01/11	305,000	65,000	13.98			42,639	39.0	SL/MM	14,880	1,109
Technology		07/01/11	3,941		100.00			3,941	5.0	200DB/HY	3,941	0
Cable Modem		07/01/19	129		100.00			129	5.0	200DB/HY	129	0
Chromebook		07/01/19	1,249		100.00			1,249	5.0	200DB/HY	1,249	0
Office Electrical Upgrade		07/01/19	744		100.00			744	5.0	200DB/HY	744	0
iPad Pro		11/14/19	1,341		100.00			1,341	5.0	200DB/HY	1,341	0
EERO Mesh System		07/01/22	499		100.00			499	5.0	200DB/HY	356	57
Library (historical books)		07/01/22	6,480		100.00			6,480	5.0	SL/HY	3,240	1,296
Galaxy S22 Ultra		09/15/22	962		100.00			962	5.0	200DB/HY	685	111
iMac		12/27/22	1,699		100.00	1,699		0	5.0	200DB/HY	0	0
SUBTOTAL PRIOR YEAR			322,044	65,000		1,699	0	57,984			26,565	2,573
TOTALS			322,044	65,000		1,699	0	57,984			26,565	2,573
AMORTIZATION												
Website Costs		07/01/22	1,850		100.00			1,850	3.0		1,542	308
SUBTOTAL PRIOR YEAR			1,850			0	0	1,850			1,542	308
TOTALS			1,850			0	0	1,850			1,542	308

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office