



2025 Federal Tax Return Filing
Instructions
FOR THE YEAR ENDING
December 31, 2025

Prepared for	MICHAEL M DOMBAUGH KENIA E SCOTT JUAREZ																
Tax Summary	<table style="width: 100%;"><tr><td>Gross Income.....</td><td style="text-align: right;">\$152768</td></tr><tr><td>Adjusted Gross Income.....</td><td style="text-align: right;">\$152768</td></tr><tr><td>Total Deductions.....</td><td style="text-align: right;">\$31500</td></tr><tr><td>Total Taxable Income.....</td><td style="text-align: right;">\$121268</td></tr><tr><td>Total Tax.....</td><td style="text-align: right;">\$16007</td></tr><tr><td>Total Payments.....</td><td style="text-align: right;">\$20208</td></tr><tr><td>Refund Amount.....</td><td style="text-align: right;">\$4201</td></tr><tr><td>Amount You Owe.....</td><td style="text-align: right;">\$0</td></tr></table>	Gross Income.....	\$152768	Adjusted Gross Income.....	\$152768	Total Deductions.....	\$31500	Total Taxable Income.....	\$121268	Total Tax.....	\$16007	Total Payments.....	\$20208	Refund Amount.....	\$4201	Amount You Owe.....	\$0
Gross Income.....	\$152768																
Adjusted Gross Income.....	\$152768																
Total Deductions.....	\$31500																
Total Taxable Income.....	\$121268																
Total Tax.....	\$16007																
Total Payments.....	\$20208																
Refund Amount.....	\$4201																
Amount You Owe.....	\$0																
Make check payable to																	
Mailing Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.																

Instructions

If you e-filed your return and it has been accepted, you will get notified via text or email if you opted for that option.

Your tax obligation is exactly met. No additional tax is due.

Statement of Profit and Loss

For the year ended December 31, 2025

UNALOGIX LLC

Income	2025 Amounts	2024 Amounts	Difference
Gross receipts or sales			
Returns and allowances			
Net sales			
Cost of goods sold			
Gross profit			
Other income	150		150
Gross income	150		150
Expenses			
Advertising	1,500	169	1,331
Car and truck expenses	5,233		5,233
Commissions and fees	60		60
Contract labor			
Depletion			
Depreciation and section 179 expense			
Employee benefit programs			
Insurance		80	-80
Interest: Mortgage			
Interest: Other			
Legal and professional services			
Office expenses	4,171	1,392	2,779
Pension and profit-sharing plans			
Rent or lease: Vehicles, machinery and equipment			
Rent or lease: Other business property			
Repairs and maintenance			
Supplies	317		317
Taxes and licenses	519	1,543	-1,024
Travel	11,703		11,703
Deductible meals	2,594		2,594
Utilities	2,483	4,401	-1,918
Wages			
Other expenses	9,303	2,958	6,345
Total expenses	37,883	10,543	27,340
Net income (loss)	-37,733	-10,543	-27,190

Note: This report is based solely upon information that you provided to H&R Block. We do not perform any independent verification of your information, and this report should not be relied upon by third parties.

Statement of Profit and Loss

For the year ended December 31, 2025

EVANS GRANT ASSOCIATES LLC

Income	2025 Amounts	2024 Amounts	Difference
Gross receipts or sales	99		99
Returns and allowances			
Net sales	<u>99</u>	<u></u>	<u>99</u>
Cost of goods sold			
Gross profit	<u>99</u>	<u></u>	<u>99</u>
Other income			
Gross income	<u>99</u>	<u></u>	<u>99</u>
Expenses			
Advertising	460		460
Car and truck expenses			
Commissions and fees			
Contract labor			
Depletion			
Depreciation and section 179 expense			
Employee benefit programs			
Insurance			
Interest: Mortgage			
Interest: Other			
Legal and professional services			
Office expenses		81	-81
Pension and profit-sharing plans			
Rent or lease: Vehicles, machinery and equipment			
Rent or lease: Other business property	2,570		2,570
Repairs and maintenance			
Supplies	1,945		1,945
Taxes and licenses	709	546	163
Travel			
Deductible meals	836		836
Utilities	1,477	422	1,055
Wages			
Other expenses	5,787		5,787
Total expenses	<u>13,784</u>	<u>1,049</u>	<u>12,735</u>
Net income (loss)	<u><u>-13,685</u></u>	<u><u>-1,049</u></u>	<u><u>-12,636</u></u>

Note: This report is based solely upon information that you provided to H&R Block. We do not perform any independent verification of your information, and this report should not be relied upon by third parties.

Statement of Profit and Loss

For the year ended December 31, 2025

PuertoLogix

Income	2025 Amounts	2024 Amounts	Difference
Gross receipts or sales			
Returns and allowances			
Net sales			
Cost of goods sold			
Gross profit			
Other income	2,976		2,976
Gross income	2,976		2,976
Expenses			
Advertising			
Car and truck expenses	6,154		6,154
Commissions and fees	114		114
Contract labor			
Depletion			
Depreciation and section 179 expense			
Employee benefit programs			
Insurance	917		917
Interest: Mortgage			
Interest: Other			
Legal and professional services			
Office expenses	1,040		1,040
Pension and profit-sharing plans			
Rent or lease: Vehicles, machinery and equipment	6,455		6,455
Rent or lease: Other business property	2,374		2,374
Repairs and maintenance	2,114		2,114
Supplies	883		883
Taxes and licenses			
Travel			
Deductible meals	440		440
Utilities			
Wages			
Other expenses	26		26
Total expenses	20,517		20,517
Net income (loss)	-17,541		-17,541

Note: This report is based solely upon information that you provided to H&R Block. We do not perform any independent verification of your information, and this report should not be relied upon by third parties.

2026 INCOME TAX ESTIMATOR/PLANNER

MICHAEL M DOMBAUGH & KENIA E SCOTT JUAREZ
522-47-0639

Keep for Your Records

	Current 2025	Adjustments 2026	Estimated 2026
Filing status	MFJ		MFJ
INCOME:			
Wages, salaries, tips, etc.	221,162		221,162
Interest income			
Ordinary dividend income (excluding Qualified Dividends)			
IRA distributions and pension income			
Taxable social security income			
Capital gain or (loss) (Schedule D) (including Qual Dividends)	565		565
Schedule 1 Income			
Refunds of state and local taxes			
Alimony received from divorces finalized before 1/1/2025			
Business income or (loss) (Schedule C)	-68,959		-68,959
Other gains or (losses) (Form 4797)			
Rental real estate, partnerships, estates, etc. (Schedule E)			
Farm income or (loss) (Schedule F)			
Unemployment compensation			
Other income			
Total income	152,768		152,768
ADDITIONAL DEDUCTIONS:			
Qualified tips deduction			
Qualified overtime compensation deduction			
Qualified vehicle loan interest deduction			
Senior deduction			
ADJUSTMENTS:			
Schedule 1 Adjustments			
Educator expenses			
Certain business expenses of reservists, performing artist, and fee-basis government officials			
Health savings account deduction (Form 8889)			
Qualified moving expenses			
Deductible part of self-employment tax (Schedule SE)			
Self-employed SEP, SIMPLE and qualified plans deduction			
Self-employed health insurance			
Penalty on early withdrawal of savings			
Alimony paid on divorces finalized before 1/1/2025			
IRA deduction			
Student loan interest deduction			
Archer MSA deduction			
Other adjustments			
Total adjustments			
ADJUSTED GROSS INCOME:	152,768		152,768
DEDUCTIONS:			
Standard deduction	31,500	700	32,200
Itemized deductions:			
Medical and dental expenses			
Sales, income, and other taxes paid	1,334		1,334
Interest paid			
Gifts to charity			
Casualty and theft losses			
Other miscellaneous deductions			
Total itemized deductions	1,334		1,334
Deduction actually claimed	31,500	700	32,200
Qualified business income deduction			

2026 INCOME TAX ESTIMATOR/PLANNER

MICHAEL M DOMBAUGH & KENIA E SCOTT JUAREZ
522-47-0639

Keep for Your Records

	Current 2025	Adjustments 2026	Estimated 2026
TAX COMPUTATION (BEFORE CREDITS):			
Taxable income	121,268	-700	120,568
Tax	16,507	-558	15,949
Schedule 2 - Taxes			
Additions to Tax			
Alternative minimum tax			
Tax rate	22.00%		22.00%
CREDITS:			
Child and other dependents tax credit	500		500
Schedule 3 - Nonrefundable Credits			
Foreign tax credit			
Child care credit			
Education credit			
Retirement savings contribution credit			
Other credits			
Total credits	500		500
OTHER TAXES:			
Schedule 2 - Other Taxes			
Self-employment tax			
Additional tax on IRAs			
Other taxes			
Total other taxes			
PAYMENTS:			
Federal income tax withheld	20,208		20,208
Estimated payments			
Earned income credit			
Additional child tax credit			
Schedule 3 - Refundable Credits and Payments			
American opportunity credit			
ACA premium tax credit			
Other payments			
Total payments	20,208		20,208
AMOUNT DUE / REFUND:			
Amount overpaid	4,201	558	4,759
Overpayment applied to next year			
Refund	4,201	558	4,759
Amount due			

Note: These amounts and calculations are for estimating purposes only and should not be assumed to be your final refund or liability for 2025 taxes. State implications have not been considered in these calculations. Be sure to schedule a tax appointment to have your 2025 tax return prepared using the actual 2025 tax forms issued by the Internal Revenue Service and your actual 2025 source documents.

ADDITIONAL DISCLOSURES:

Subject to an adjusted withholding entry, the 2025 withholding is being used to calculate the 2026 estimated tax refund or balance Due. Beginning in January 2020 the IRS has changed the way W4 should be prepared reporting extra income, deductions and credits rather than exemption counts. These changes might cause some change in withholding. Advise client that employers may require a new W4 be filed under the new format.

Standard deduction limits increased to \$32,200 for MFJ and QSS filers \$24,150 for head of household (HOH) filers \$16,100 single The child tax credit is increased to \$2,200 per child. The taxpayer (or spouse if MFJ) must have an SSN for child tax credit

2025 TWO YEAR COMPARISON

MICHAEL M DOMBAUGH & KENIA E SCOTT JUAREZ
522-47-0639

Keep for Your Records

	2025	2024	Difference
Filing status	MFJ	MFJ	
INCOME:			
Wages, salaries, tips, etc.	221,162	176,953	44,209
Interest income		4	-4
Ordinary dividend income			
IRA distributions and pension income			
Taxable social security income			
Capital gain or (loss) (Schedule D)	565	125	440
Schedule 1 - Income			
Refunds of state and local taxes			
Alimony received			
Business income or (loss) (Schedule C)	-68,959	-45,327	-23,632
Other gains or (losses) (Form 4797)			
Rental real estate, partnerships, estates, etc. (Schedule E)		-9,123	9,123
Farm income or (loss) (Schedule F)			
Unemployment compensation			
Other income			
Total income	152,768	122,632	30,136
ADJUSTMENTS:			
Schedule 1 - Adjustments			
Educator expenses			
Busn expenses for reservists, performing artists, etc			
Health savings account deduction			
Moving expenses			
Deductible part of self-employment tax			
Self-employed SEP, SIMPLE and qualified plans deduction			
Self-employed health insurance			
Penalty on early withdrawal of savings			
Alimony paid			
IRA contributions			
Student loan interest deduction			
Archer MSA deduction			
Other adjustments			
Total adjustments			
ADJUSTED GROSS INCOME:	152,768	122,632	30,136
DEDUCTIONS:			
Standard deduction or Itemized deductions	31,500	29,200	2,300
Charitable contributions if taking standard deduction	N/A		
If itemized, Schedule A deductions:			
Medical and dental expenses			
Sales, income, and other taxes paid	1,334		1,334
Interest paid			
Gifts to charity			
Casualty and theft losses			
Other miscellaneous deductions			
Qualified business income deduction			
Schedule 1-A Additional deductions			
Qualified tips deduction			
Qualified overtime compensation deduction			
Qualified passenger vehicle loan interest deduction			
Enhanced deduction for seniors			
TAXABLE INCOME:	121,268	93,432	27,836

2025 TWO YEAR COMPARISON

MICHAEL M DOMBAUGH & KENIA E SCOTT JUAREZ
522-47-0639

Keep for Your Records

	2025	2024	Difference
TAX COMPUTATION (BEFORE CREDITS):			
Tax	16,507	10,747	5,760
Tax calculation method	TCW	Table	
Schedule 2 - Taxes			
Additions to Tax			
Alternative minimum tax			
Total taxes	16,507	10,747	5,760
Tax rate	22%	12%	
CREDITS:			
Child and other dependents tax credit	500	500	
Schedule 3 - Non-Refundable Credits			
Foreign tax credit			
Child care credit			
Education credit			
Retirement savings contribution credit			
Other credits			
Total credits	500	500	
OTHER TAXES:			
Schedule 2 - Other Taxes			
Self-employment tax			
Additional tax on IRAs			
Other taxes			
TOTAL TAXES:	16,007	10,247	5,760
PAYMENTS:			
Federal income tax withheld	20,208	12,012	8,196
Estimated payments made			
Earned income credit			
Refundable child tax credit or additional child tax credit			
American opportunity credit			
Schedule 3 - Refundable Credits & Payments			
ACA premium tax credit			
Qualified sick and family leave credit			
Other payments			
Total payments	20,208	12,012	8,196
AMOUNT DUE / REFUND:			
Amount overpaid	4,201	1,765	2,436
Overpayment applied to next year			
Refund	4,201	1,765	2,436
Amount due			
Penalty			

Tax Calculation Methods:

Sch D = Sch D tax worksheet

Sch J = Inc Aver for Farmer/Fisherman

FEITW = Foreign Earned Income Tax WS

QDCGTW = Qual Div Cap Gain Tax WS

F8615 = Child with unearned income

TCW = Tax Comp Worksheet (rates)

TABLE = Tax Table

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: **MICHAEL M** Last name: **DOMBAUGH** Your social security number: **522-47-0639**

If joint return, spouse's first name and middle initial: **KENIA E** Last name: **SCOTT JUAREZ** Spouse's social security number: **388-85-0171**

Home address (number and street). If you have a P.O. box, see instructions. **207 Hattie St** Apt. no. **496** 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. **Miami** State **TX** ZIP code **79059** 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. You Spouse

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

Filing Status Single Head of household (HOH) Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS) Married filing separately (MFS). Enter spouse's SSN above and full name here: 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

Dependents (see instr.):	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name	MADISON			
(2) Last name	DOMBAUGH RAYAS			
(3) SSN	653-24-7992			
(4) Relationship	DAUGHTER			
(5) Check if lived with you more than half of 2025	(a) <input checked="" type="checkbox"/> Yes (b) <input checked="" type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.
(6) Check if	<input type="checkbox"/> Full-time student <input checked="" type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled
(7) Credits	<input type="checkbox"/> Child tax credit <input checked="" type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> 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	1a	1b	1c	1d	1e	1f	1g	1h	1i	1z
1a Total amount from Form(s) W-2, box 1 (see instructions)	221,162									
b Household employee wages not reported on Form(s) W-2										
c Tip income not reported on line 1a (see instructions)										
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
e Taxable dependent care benefits from Form 2441, line 26										
f Employer-provided adoption benefits from Form 8839, line 31										
g Wages from Form 8919, line 6										
h Other earned income (see instructions). Enter type and amount:										
i Nontaxable combat pay election (see instructions)									1i	
z Add lines 1a through 1h										221,162
2a Tax-exempt interest	2a	2b Taxable interest	2b							
3a Qualified dividends	3a	b Ordinary dividends	3b							
c Check if your child's dividends are included in 1 <input type="checkbox"/> Line 3a		2 <input type="checkbox"/> Line 3b								
4a IRA distributions	4a	b Taxable amount	4b							
c Check if (see instructions) 1 <input type="checkbox"/> Rollover		2 <input type="checkbox"/> QCD 3 <input type="checkbox"/>								
5a Pensions and annuities	5a	b Taxable amount	5b							
c Check if (see instructions) 1 <input type="checkbox"/> Rollover		2 <input type="checkbox"/> PSO 3 <input type="checkbox"/>								
6a Social security benefits	6a	b Taxable amount	6b							
c If you elect to use the lump-sum election method, check here (see instructions)										
d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here										
7a Capital gain or (loss). Attach Schedule D if required			7a							565
b Check if: <input type="checkbox"/> Schedule D not required <input type="checkbox"/> Includes child's capital gain or (loss)										
8 Additional income from Schedule 1, line 10			8							-68,959
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income			9							152,768
10 Adjustments to income from Schedule 1, line 26			10							
11a Subtract line 10 from line 9. This is your adjusted gross income			11a							152,768

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2025) Created 9/5/25

Tax and Credits

11b Amount from line 11a (adjusted gross income)
12a Someone can claim
12b Spouse itemizes on a separate return
12c You were a dual-status alien
12d You: Were born before January 2, 1961
12e Spouse: Was born before January 2, 1961
13a Qualified business income deduction
13b Additional deductions from Schedule 1-A, line 38
14 Add lines 12e, 13a, and 13b
15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income.
16 Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3
17 Amount from Schedule 2, line 3
18 Add lines 16 and 17.
19 Child tax credit or credit for other dependents from Schedule 8812
20 Amount from Schedule 3, line 8
21 Add lines 19 and 20
22 Subtract line 21 from line 18. If zero or less, enter -0-
23 Other taxes, including self-employment tax, from Schedule 2, line 21
24 Add lines 22 and 23. This is your total tax.

Table with 2 columns: Line number and Amount. Values include 11b: 152,768; 12e: 31,500; 13a: 0; 14: 31,500; 15: 121,268; 16: 16,507; 18: 16,507; 19: 500; 21: 500; 22: 16,007; 24: 16,007.

Payments and Refundable Credits

25 Federal income tax withheld from:
25a Form(s) W-2
25b Form(s) 1099
25c Other forms (see instructions)
25d Add lines 25a through 25c
26 2025 estimated tax payments and amount applied from 2024 return
27a Earned income credit (EIC)
27b Clergy filing Schedule SE (see instructions)
27c If you do not want to claim the EIC, check here
28 Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here
29 American opportunity credit from Form 8863, line 8
30 Refundable adoption credit from Form 8839, line 13
31 Amount from Schedule 3, line 15
32 Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits.
33 Add lines 25d, 26, and 32. These are your total payments.

Table with 2 columns: Line number and Amount. Values include 25a: 20,083; 25c: 125; 25d: 20,208; 32: 20,208; 33: 20,208.

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid.
35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here
35b Routing number 102000076
35c Type: [X] Checking [] Savings
35d Account number 1515005254
36 Amount of line 34 you want applied to your 2026 estimated tax.

Table with 2 columns: Line number and Amount. Values include 34: 4,201; 35a: 4,201; 36: 4,201.

Amount You Owe

37 Subtract line 33 from line 24. This is the amount you owe.
38 Estimated tax penalty (see instructions).

Table with 2 columns: Line number and Amount. Value for 37: 0.

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 (Database Archite)
Spouse's signature, Date, Spouse's occupation (Stocking)
Phone no. 7208390545, Email address michael.dombaugh@gmail.com

Paid Preparer Use Only

Preparer's name, Preparer's signature, Date, PTIN, Check if: [] Self-employed
Firm's name, Phone no.
Firm's address, Firm's EIN

SCHEDULE 1

(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2025

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 01

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

MICHAEL M DOMBAUGH & KENIA E SCOTT JUAREZ

Your social security number

522-47-0639

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

Table with 10 main rows and sub-rows (a-z) for 'Other income'. Includes columns for line numbers and amounts. Total other income (line 9) is 0. Total additional income (line 10) is -68,959.

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

Schedule 1 (Form 1040) 2025 Created 7/25/25

1
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 MICHAEL M DOMBAUGH		Social security number (SSN) 522-47-0639
A Principal business or profession, including product or service (see instructions) RealEstate		B Enter code from instructions 531210
C Business name. If no separate business name, leave blank. UNALOGIX LLC		D Employer ID no. (EIN) (see instr.) 81-2596842
E Business address (including suite or room no.) 207 Hattie St 496 City, town or post office, state, and ZIP code MIAMI, TX 79059		
F Accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" 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"/> Yes <input checked="" type="checkbox"/> No
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 checked="" 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	0
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	0
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	150
7 Gross income. Add lines 5 and 6	7	150

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

8 Advertising	8	1,500	18 Office expense (see instructions).	18	4,171
9 Car and truck expenses (see instructions)	9	5,233	19 Pension & profit-sharing plans.	19	
10 Commissions and fees	10	60	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instr.)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	317
15 Insurance (other than health)	15		23 Taxes and licenses	23	519
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	11,703
b Other	16b		b Deductible meals (see instr.)	24b	2,594
17 Legal and professional services	17		25 Utilities	25	2,483
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		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	30		27b Other expenses (from line 48)	27b	9,303
31 Net profit or (loss). Subtract line 30 from line 29. • 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.	31		28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28	37,883
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • 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.			29 Tentative profit or (loss). Subtract line 28 from line 7	29	-37,733
			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	30	
			31 Net profit or (loss). Subtract line 30 from line 29. • 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.	31	-37,733
			32a <input checked="" type="checkbox"/> All investment is at risk.	32a	
			32b <input type="checkbox"/> Some investment is not at risk.	32b	

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2025 Created 4/3/25

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes 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	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
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	

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) 01/01/2025

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 7,476 b Commuting (see instructions) _____ c Other 1,780

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

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

BANK SERVICE CHARGES	155
COURIER & FREIGHT EXPENSES	538
DUES & SUBSCRIPTIONS	3,267
EDUCATION & TRAINING	1,993
SOFTWARE AND SSAS	2,354
OTHER LOCAL TRANSPORTATION EXPENSES	207
LOCAL PARKING FEES AND TOLL	789
48 Total other expenses. Enter here and on line 27a	48 9,303

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: MICHAEL M DOMBAUGH; Social security number (SSN): 522-47-0639; Principal business: Consulting; Business name: EVANS GRANT ASSOCIATES LLC; Business address: 207 Hattie St, MIAMI, TX 79059; Accounting method: (1) Cash; Did you materially participate: Yes; If you started or acquired this business during 2025, check here: []; Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions: Yes; If "Yes," did you or will you file required Form(s) 1099?: Yes

Part I Income

Table with 7 rows for income items: 1 Gross receipts or sales (99), 2 Returns and allowances, 3 Subtract line 2 from line 1 (99), 4 Cost of goods sold (from line 42), 5 Gross profit (99), 6 Other income, including federal and state gasoline or fuel tax credit or refund, 7 Gross income (99)

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

Table with 32 rows for expenses: 8 Advertising (460), 9 Car and truck expenses, 10 Commissions and fees, 11 Contract labor, 12 Depletion, 13 Depreciation and section 179 expense deduction, 14 Employee benefit programs, 15 Insurance (other than health), 16 Interest, 17 Legal and professional services, 18 Office expense, 19 Pension & profit-sharing plans, 20 Rent or lease (2,570), 21 Repairs and maintenance, 22 Supplies (1,945), 23 Taxes and licenses (709), 24 Travel and meals (836), 25 Utilities (1,477), 26 Wages, 27a Energy efficient commercial bldgs deduction, 27b Other expenses (5,787), 28 Total expenses before expenses for business use of home (13,784), 29 Tentative profit or (loss) (-13,685), 30 Expenses for business use of your home, 31 Net profit or (loss) (-13,685), 32 Investment in this activity (All investment is at risk)

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2025 Created 4/3/25

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation
36 Purchases less cost of items withdrawn for personal use
37 Cost of labor. Do not include any amounts paid to yourself
38 Materials and supplies
39 Other costs
40 Add lines 35 through 39
41 Inventory at end of year
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4

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)
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 b Commuting (see instructions) c Other
45 Was your vehicle available for personal use during off-duty hours?
46 Do you (or your spouse) have another vehicle available for personal use?
47a Do you have evidence to support your deduction?
b If "Yes," is the evidence written?

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

Table with 2 columns: Expense Description, Amount. Rows include TRAINING AND EDUCATION (4,228), OTHER LOCAL TRANSPORTATION EXPENSES (384), LOCAL PARKING FEES AND TOLL (1,175), and Total other expenses (5,787).

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: MICHAEL M DOMBAUGH; Social security number (SSN): 522-47-0639; Principal business: Freight Trucking Company; Business name: PuertoLogix; Business address: 207 Hattie St, MIAMI, TX 79059; Accounting method: (1) Cash; Did you materially participate: Yes; If you started or acquired this business during 2025, check here: []; Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions: Yes; If "Yes," did you or will you file required Form(s) 1099?: Yes

Part I Income

Table with 7 rows for income items: 1 Gross receipts or sales, 2 Returns and allowances, 3 Subtract line 2 from line 1, 4 Cost of goods sold, 5 Gross profit, 6 Other income, 7 Gross income. Total gross income: 2,976

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

Table with 32 rows for expense items: 8 Advertising, 9 Car and truck expenses, 10 Commissions and fees, 11 Contract labor, 12 Depletion, 13 Depreciation and section 179 expense deduction, 14 Employee benefit programs, 15 Insurance, 16 Interest, 17 Legal and professional services, 18 Office expense, 19 Pension & profit-sharing plans, 20 Rent or lease, 21 Repairs and maintenance, 22 Supplies, 23 Taxes and licenses, 24 Travel and meals, 25 Utilities, 26 Wages, 27a Energy efficient commercial bldgs deduction, 27b Other expenses, 28 Total expenses, 29 Tentative profit or (loss), 30 Expenses for business use of your home, 31 Net profit or (loss), 32 Investment in this activity. Total net profit or (loss): -17,541

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2025 Created 4/3/25

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes 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	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
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	

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) 01/01/2025

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 8,792 b Commuting (see instructions) c Other

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

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

OTHER LOCAL TRANSPORTATION EXPENSES	26
48 Total other expenses. Enter here and on line 27a	26

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment
Sequence No. **12**

Name(s) shown on return **MICHAEL M DOMBAUGH & KENIA E SCOTT JUAREZ** Your social security number **522-47-0639**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses -- Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see inst.). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.	61,868	61,008		860
1b Totals for all transactions reported on Form(s) 8949 with Box A or Box G checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B or Box H checked	4,537	4,832		-295
3 Totals for all transactions reported on Form(s) 8949 with Box C or Box I checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 565

Part II Long-Term Capital Gains and Losses -- Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see inst.). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b Totals for all transactions reported on Form(s) 8949 with Box D or Box J checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E or Box K checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F or Box L checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

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

Schedule D (Form 1040) 2025 Created 10/6/25

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	565
	<ul style="list-style-type: none"> ● If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 17 below. ● If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. ● If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7a, the smaller of: <ul style="list-style-type: none"> ● The loss on line 16; or ● (\$3,000), or if married filing separately, (\$1,500) 	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

SCHEDULE E
(Form 1040)

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2025
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return **MICHAEL M DOMBAUGH & KENIA E SCOTT JUAREZ** Your social security number **522-47-0639**

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)
A El porvenir Calle Tanque Puerto Cortes Cortes HO 21301
B
C

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days		QJV	
		A	B	A	B		
A 1		365					
B							
C							

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:		
	A	B	C
3 Rents received	600		
4 Royalties received			
Expenses:			
5 Advertising			
6 Auto and travel (see instructions)			
7 Cleaning and maintenance			
8 Commissions			
9 Insurance			
10 Legal and other professional fees			
11 Management fees			
12 Mortgage interest paid to banks, etc. (see instructions)			
13 Other interest			
14 Repairs			
15 Supplies			
16 Taxes			
17 Utilities			
18 Depreciation expense or depletion	7,220		
19 Other (list) <i>See Attachment</i>			
20 Total expenses. Add lines 5 through 19	7,220		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	-6,620		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	()	()	()
23a Total of all amounts reported on line 3 for all rental properties	600		
b Total of all amounts reported on line 4 for all royalty properties			
c Total of all amounts reported on line 12 for all properties			
d Total of all amounts reported on line 18 for all properties	7,220		
e Total of all amounts reported on line 20 for all properties	7,220		
24 Income. Add positive amounts shown on line 21. Do not include any losses			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	()		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2			

Credits for Qualifying Children and Other Dependents

2025

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Attachment
Sequence No. **47**

Name(s) shown on return MICHAEL M DOMBAUGH & KENIA E SCOTT JUAREZ	Your social security number 522-47-0639
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Part I Child Tax Credit and Credit for Other Dependents

1 Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR		1	152,768
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	152,768
4 Number of qualifying children under age 17 with the required social security no.	4		
5 Multiply line 4 by \$2,200		5	
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		1
Caution: 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	500
8 Add lines 5 and 7		8	500
9 Enter the amount shown below for your filing status. • Married filing jointly--\$400,000 • All other filing statuses--\$200,000		9	400,000
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	0
11 Multiply line 10 by 5% (0.05)		11	
12 Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> No. Stop here. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.		12	500
13 Enter the amount from Credit Limit Worksheet A		13	16,507
14 Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents		14	500

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

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 or Form 1040-SR through line 27a (or Form 1040-NR through line 26) (also complete Schedule 3 (Form 1040), line 11) before completing Part II-A.

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

Schedule 8812 (Form 1040) 2025 Created 7/30/25

**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.

Name(s) shown on return <u>MICHAEL M DOMBAUGH & KENIA E SCOTT JUAREZ</u>	Your taxpayer identification number <u>522-47-0639</u>
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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	UNALOGIX LLC	81-2596842	-37,733
ii	EVANS GRANT ASSOCIATES LLC	522-47-0639	-13,685
iii	PuertoLogix	522-47-0639	-17,541
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c) . . .	2 -68,959	
3	Qualified business net (loss) carryforward from the prior year	3 (11,592)	
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
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 0	
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
11	Taxable income before qualified business income deduction (see instructions)	11 121,268	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 121,268	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 24,254
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 (80,551)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 ()

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

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 for instructions and the latest information.

Name(s) shown on return MICHAEL M DOMBAUGH & KENIA E SCOTT JUAREZ	Your social security number 522-47-0639
---------------------------------------------------------------------------------	---------------------------------------------------

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	221,162		
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	221,162		
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	250,000		
6 Subtract line 5 from line 4. If zero or less, enter -0-	6			
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7			

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	0		
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	250,000		
10 Enter the amount from line 4	10	221,162		
11 Subtract line 10 from line 9. If zero or less, enter -0-	11	28,838		
12 Subtract line 11 from line 8. If zero or less, enter -0-	12			0
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	250,000		
16 Subtract line 15 from line 14. If zero or less, enter -0-	16			0
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			
-------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------	--	--	--

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	3,332		
20 Enter the amount from line 1	20	221,162		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,207		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22			125
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23			
24 Total Additional Medicare Tax withholding. 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			125

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

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2025 Attachment Sequence No. 179

Name(s) shown on return: MICHAEL M DOMBAUGH & KENIA E S... Business or activity to which this form relates: SCH E P1 SINGL FMLY RESIDENCE Identifying number: 522-47-0639

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for calculations and a table with 3 columns: (a) Description of property, (b) Cost (busn. use only), (c) Elected cost. Includes rows 7-13.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows (14-16) for special depreciation allowance and other depreciation.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows (17-18) for MACRS deductions for assets placed in service in tax years beginning before 2025.

Section B -- Assets Placed in Service During 2025 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depr., (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-j.

Section C -- Assets Placed in Service During 2025 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) 12-year, (c) 30-year, (d) 40-year, (e) 50-year, (f) Method, (g) Depreciation deduction. Rows 20a-e.

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2025) Created 10/9/25

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	22	7,220
23a For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f)	23a	
b For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f)	23b	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A -- Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If "Yes," is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c Do you own, lease, or charter an aircraft? Check all that apply. See instructions	<input type="checkbox"/> Own	<input type="checkbox"/> Lease
	<input type="checkbox"/> Lease	<input type="checkbox"/> Charter

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busn./ investment use percentage	(d) Cost or other basis	(e) Basis for depr. (busn./investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions						25		
26 Property used more than 50% in a qualified business use:		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:		%			S/L-			
		%			S/L-			
		%			S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21						28		
29 Add amounts in column (i), line 26. Enter here and on line 7							29	

Section B -- Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35 Was the vehicle used primarily by a more than 5% owner or related person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36 Is another vehicle available for personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Passive Activity Loss Limitations

See separate instructions.

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

MICHAEL M DOMBAUGH & KENIA E SCOTT JUAREZ

Identifying number

522-47-0639

Part I 2025 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a	Activities with net income (enter the amount from Part IV, column (a))	1a		
b	Activities with net loss (enter the amount from Part IV, column (b))	1b	(6,620)	
c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()	
d	Combine lines 1a, 1b, and 1c	1d		-6,620

All Other Passive Activities

2a	Activities with net income (enter the amount from Part V, column (a))	2a		
b	Activities with net loss (enter the amount from Part V, column (b))	2b	()	
c	Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()	
d	Combine lines 2a, 2b, and 2c	2d		

3	Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3		-6,620
----------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------	--	--------

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the smaller of the loss on line 1d or the loss on line 3	4		6,620
5	Enter \$150,000. If married filing separately, see instructions	5	150,000	
6	Enter modified adjusted gross income, but not less than zero. See instructions	6	152,768	
7	Subtract line 6 from line 5	7		
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions . . .	8		
9	Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9		

Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	10		
11	Total losses allowed from all passive activities for 2025. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11		0

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Puerto Cortes		6,620			6,620
Total. Enter on Part I, lines 1a, 1b, and 1c		6,620			

For Paperwork Reduction Act Notice, see instructions.

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c					

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Total			1.00		

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Puerto Cortes	SCH E LN22	6,620	1.00000	6,620
Total		6,620	1.00	6,620

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Puerto Cortes	SCH E LN22	6,620	6,620	
Total		6,620	6,620	

2025 WAGES AND SALARIES SUMMARY ATTACHMENT

MICHAEL M DOMBAUGH & KENIA E SCOTT JUAREZ
522-47-0639

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
ORACLE AMERICA INC	94-2805249	T	213,965	19,772	10,918				
WALMART ASSOCIATES INC	71-0794409	S	7,197	311	446				

Total 221,162 20,083 11,364

2025 FEDERAL TAX WITHHOLDINGS ATTACHMENT

MICHAEL M DOMBAUGH & KENIA E SCOTT JUAREZ
522-47-0639

8959	Additional Medicare Tax	125
W-2	ORACLE AMERICA INC	19,772
W-2	WALMART ASSOCIATES INC	311

Total to Form 1040/1040-SR line 25d 20,208

2025 SCHEDULE 8812 CREDIT LIMIT WORKSHEET A

MICHAEL M DOMBAUGH & KENIA E SCOTT JUAREZ
522-47-0639

Keep for Your Records

1. Enter the amount from line 18 of your Form 1040, 1040-SR, or Form 1040-NR

1	16,507
---	--------

2. Add the following amounts (if applicable) from:

- Schedule 3, line 1 + _____
- Schedule 3, line 2 + _____
- Schedule 3, line 3 + _____
- Schedule 3, line 4 + _____
- Schedule 3, line 5b + _____
- Schedule 3, line 6d + _____
- Schedule 3, line 6f + _____
- Schedule 3, line 6l + _____
- Schedule 3, line 6m + _____

Enter the total

2	
---	--

3. Subtract line 2 from line 1

3	16,507
---	--------

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

4	
---	--

5. Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13

5	16,507
---	--------

2025 AUTO EXPENSE WORKSHEET

MICHAEL M DOMBAUGH
522-47-0639

Keep for Your Records

VEHICLE INFORMATION

- | | |
|----------------------------------------------------------|-----------------------------------|
| 1. Vehicle description | 1. <u>2017 Ford Explorer</u> |
| 2. Carried to form or schedule | 2. <u>For Form Schedule C # 1</u> |
| 3. Date vehicle was placed in service | 3. <u>01/01/2025</u> |
| 4. Odometer beginning mileage _____ ending mileage _____ | |

CALCULATION OF BUSINESS USE PERCENTAGE

- | | |
|----------------------------------------------------------------------------|-----------------------|
| 5. Total business mileage driven during the year | 5. <u>7,476</u> |
| 6. Total commuting mileage driven during the year | 6. _____ |
| 7. Total medical mileage driven during year (to Sch A, Ln 1) | 7. _____ |
| 8. Total charitable mileage driven during the year (to Sch A, Ln 11) | 8. _____ |
| 9. Total other personal mileage driven during the year | 9. <u>1,780</u> |
| 10. Total mileage driven during the year | 10. <u>9,256</u> |
| 11. Business use percentage (Line 5 divided by Line 10) | 11. <u>80.77000 %</u> |

CALCULATION OF THE STANDARD MILEAGE RATE METHOD

- | | Input | Deduction Allowed |
|----------------------------------------------------------------------------------------------------------------|--------------------|-------------------|
| 12. Business miles driven | <u>7,476</u> x .70 | 12. <u>5,233</u> |
| 13. Parking fees and tolls | _____ | *13. _____ |
| 14. Total automobile expenses (Line 12 through Line 13) (carries to auto expense line of form on Line 2) | _____ | 14. <u>5,233</u> |
| 15. Interest expense (carries to interest expense line of form on Line 2) | _____ x Line 11 | 15. _____ |
| 16. Property tax (carries from taxes line of form on Line 2) | _____ x Line 11 | 16. _____ |
| 17. Property tax to Schedule A, Line 5c (Line 16 input less Line 16 deduction allowed) | _____ | 17. _____ |
| 18. Total expenses using SMR Method (Line 14 through Line 16) | _____ | 18. <u>5,233</u> |
| 19. Standard Mileage Rate Depreciation Allowance | | |
| Total business mileage driven during the year | <u>7,476</u> x .30 | 19. <u>2,243</u> |
| 20. Prior depreciation allowance | _____ | 20. _____ |
| 21. Accumulated depreciation allowance (Line 19 + 20) | _____ | 21. <u>2,243</u> |

CALCULATION OF THE ACTUAL EXPENSE METHOD

- | | Input | Deduction Allowed |
|--------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|
| 22. Parking fees and tolls | _____ | *22. _____ |
| 23. Gasoline and oil | _____ x Line 11 | 23. _____ |
| 24. Repairs | _____ x Line 11 | 24. _____ |
| 25. Licensing fees | _____ x Line 11 | 25. _____ |
| 26. Registration fees | _____ x Line 11 | 26. _____ |
| 27. Insurance | _____ x Line 11 | 27. _____ |
| 28. Other expenses | _____ x Line 11 | 28. _____ |
| 29. Total automobile expenses (Line 22 through 28) (carries to auto expense line of form on Line 2) | _____ | 29. _____ |
| 30. Property tax (carries to taxes line of form on Line 2) | _____ x Line 11 | 30. _____ |
| 31. Property tax to Schedule A, Line 5c (Line 30 input less Line 30 deduction allowed) | _____ | 31. _____ |
| 32. Interest expense (carries to interest expense line of form on Line 2) | _____ x Line 11 | 32. _____ |
| 33. Lease payments | _____ x Line 11 | 33. _____ |
| 34. Inclusion amount | _____ x Line 11 | 34. _____ |
| 35. Total lease expense (Line 33 less Line 34) (carries to lease expense line of form on Line 2) | _____ | 35. _____ |
| 36. Section 179 expense deduction | _____ | *36. _____ |
| 37. Special depreciation allowance | _____ | **37. _____ |
| 38. Current depreciation expense | _____ | **38. _____ |
| 39. Total depreciation expense (Line 36 to Line 38) (carries to depreciation expense line of form on Line 2) | _____ | 39. _____ |
| 40. Value of employer-provided vehicle | _____ x Line 11 | 40. _____ |
| 41. Total expenses using Actual Expense Method (total of Lines 29, 30, 32, 35, 39, and 40) | _____ | 41. _____ |

* Not subject to business use percentage. ** Already adjusted for business use percentage.

DEDUCTION TAKEN Standard Mileage Rate 5,233 Actual Expenses _____

Note: The program automatically optimizes between the Actual and SMR methods for the first year the vehicle was placed in service. Otherwise, the program carries forward the method used the previous year. See the tax code and regulations for information on switching between the Actual and SMR methods in subsequent years.

2025 AUTO EXPENSE WORKSHEET

MICHAEL M DOMBAUGH
522-47-0639

Keep for Your Records

VEHICLE INFORMATION

- | | |
|----------------------------------------------------------|-----------------------------------|
| 1. Vehicle description | 1. <u>Semi Tractor</u> |
| 2. Carried to form or schedule | 2. <u>For Form Schedule C # 3</u> |
| 3. Date vehicle was placed in service | 3. <u>01/01/2025</u> |
| 4. Odometer beginning mileage _____ ending mileage _____ | |

CALCULATION OF BUSINESS USE PERCENTAGE

- | | | |
|----------------------------------------------------------------------------|-----|-------------------|
| 5. Total business mileage driven during the year | 5. | <u>8,792</u> |
| 6. Total commuting mileage driven during the year | 6. | _____ |
| 7. Total medical mileage driven during year (to Sch A, Ln 1) | 7. | _____ |
| 8. Total charitable mileage driven during the year (to Sch A, Ln 11) | 8. | _____ |
| 9. Total other personal mileage driven during the year | 9. | _____ |
| 10. Total mileage driven during the year | 10. | <u>8,792</u> |
| 11. Business use percentage (Line 5 divided by Line 10) | 11. | <u>100.0000 %</u> |

CALCULATION OF THE STANDARD MILEAGE RATE METHOD

- | | Input | | Deduction Allowed |
|----------------------------------------------------------------------------------------------------------------|--------------------|------|-------------------|
| 12. Business miles driven | <u>8,792</u> x .70 | 12. | <u>6,154</u> |
| 13. Parking fees and tolls | _____ | *13. | _____ |
| 14. Total automobile expenses (Line 12 through Line 13) (carries to auto expense line of form on Line 2) | _____ | 14. | <u>6,154</u> |
| 15. Interest expense (carries to interest expense line of form on Line 2) | _____ x Line 11 | 15. | _____ |
| 16. Property tax (carries from taxes line of form on Line 2) | _____ x Line 11 | 16. | _____ |
| 17. Property tax to Schedule A, Line 5c (Line 16 input less Line 16 deduction allowed) | _____ | 17. | _____ |
| 18. Total expenses using SMR Method (Line 14 through Line 16) | _____ | 18. | <u>6,154</u> |
| 19. Standard Mileage Rate Depreciation Allowance | | | |
| Total business mileage driven during the year | <u>8,792</u> x .30 | 19. | <u>2,638</u> |
| 20. Prior depreciation allowance | _____ | 20. | _____ |
| 21. Accumulated depreciation allowance (Line 19 + 20) | _____ | 21. | <u>2,638</u> |

CALCULATION OF THE ACTUAL EXPENSE METHOD

- | | Input | | Deduction Allowed |
|--------------------------------------------------------------------------------------------------------------------|-----------------|-------|-------------------|
| 22. Parking fees and tolls | _____ | *22. | _____ |
| 23. Gasoline and oil | _____ x Line 11 | 23. | _____ |
| 24. Repairs | _____ x Line 11 | 24. | _____ |
| 25. Licensing fees | _____ x Line 11 | 25. | _____ |
| 26. Registration fees | _____ x Line 11 | 26. | _____ |
| 27. Insurance | _____ x Line 11 | 27. | _____ |
| 28. Other expenses | _____ x Line 11 | 28. | _____ |
| 29. Total automobile expenses (Line 22 through 28) (carries to auto expense line of form on Line 2) | _____ | 29. | _____ |
| 30. Property tax (carries to taxes line of form on Line 2) | _____ x Line 11 | 30. | _____ |
| 31. Property tax to Schedule A, Line 5c (Line 30 input less Line 30 deduction allowed) | _____ | 31. | _____ |
| 32. Interest expense (carries to interest expense line of form on Line 2) | _____ x Line 11 | 32. | _____ |
| 33. Lease payments | _____ x Line 11 | 33. | _____ |
| 34. Inclusion amount | _____ x Line 11 | 34. | _____ |
| 35. Total lease expense (Line 33 less Line 34) (carries to lease expense line of form on Line 2) | _____ | 35. | _____ |
| 36. Section 179 expense deduction | _____ | *36. | _____ |
| 37. Special depreciation allowance | _____ | **37. | _____ |
| 38. Current depreciation expense | _____ | **38. | _____ |
| 39. Total depreciation expense (Line 36 to Line 38) (carries to depreciation expense line of form on Line 2) | _____ | 39. | _____ |
| 40. Value of employer-provided vehicle | _____ x Line 11 | 40. | _____ |
| 41. Total expenses using Actual Expense Method (total of Lines 29, 30, 32, 35, 39, and 40) | _____ | 41. | _____ |

* Not subject to business use percentage. ** Already adjusted for business use percentage.

DEDUCTION TAKEN Standard Mileage Rate 6,154 Actual Expenses _____

Note: The program automatically optimizes between the Actual and SMR methods for the first year the vehicle was placed in service. Otherwise, the program carries forward the method used the previous year. See the tax code and regulations for information on switching between the Actual and SMR methods in subsequent years.

SCHEDULE D AMT
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

FOR AMT PURPOSES ONLY

2025
Attachment
Sequence No. **12**

Name(s) shown on return **MICHAEL M DOMBAUGH & KENIA E SCOTT JUAREZ** Your social security number **522-47-0639**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses — Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see inst.). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.	61,868	61,008		860
1b Totals for all transactions reported on Form(s) 8949 with Box A or Box G checked.				
2 Totals for all transactions reported on Form(s) 8949 with Box B or Box H checked.	4,537	4,832		-295
3 Totals for all transactions reported on Form(s) 8949 with Box C or Box I checked.				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824.				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions.				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2.				7 565

Part II Long-Term Capital Gains and Losses — Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see inst.). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b Totals for all transactions reported on Form(s) 8949 with Box D or Box J checked.				
9 Totals for all transactions reported on Form(s) 8949 with Box E or Box K checked.				
10 Totals for all transactions reported on Form(s) 8949 with Box F or Box L checked.				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824.				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.				12
13 Capital gain distributions. See the instructions.				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions.				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on page 2.				15

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

Schedule D (Form 1040) 2025 Created 10/6/25

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	565
	<ul style="list-style-type: none"> ● If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 17 below. ● If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. ● If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7a. Then go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7a, the smaller of: <ul style="list-style-type: none"> ● The loss on line 16; or ● (\$3,000), or if married filing separately, (\$1,500) 	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

SCHEDULE E AMT
(Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

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

FOR AMT PURPOSES ONLY

2025
Attachment
Sequence No. **13**

Name(s) shown on return

MICHAEL M DOMBAUGH & KENIA E SCOTT JUAREZ

Your social security number

522-47-0639

Part I **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A 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
B If "Yes," did you or will you file required Form(s) 1099?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1a Physical address of each property (street, city, state, ZIP code)

A	El porvenir Calle Tanque Puerto Cortes Cortes HO 21301
B	
C	

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days		QJV	
		A	B	A	B	<input type="checkbox"/>	<input type="checkbox"/>
A 1		365					
B							
C							

Type of Property:

- | | | | |
|---------------------------|------------------------------|-------------|--------------------|
| 1 Single Family Residence | 3 Vacation/Short-Term Rental | 5 Land | 7 Self-Rental |
| 2 Multi-Family Residence | 4 Commercial | 6 Royalties | 8 Other (describe) |

Income:	Properties:		
	A	B	C
3 Rents received	3	600	
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14		
15 Supplies	15		
16 Taxes	16		
17 Utilities	17		
18 Depreciation expense or depletion	18	7,220	
19 Other (list) <u>See Attachment</u>	19		
20 Total expenses. Add lines 5 through 19	20	7,220	
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-6,620	
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a	600	
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d	7,220	
e Total of all amounts reported on line 20 for all properties	23e	7,220	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	()	
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2025 Created 5/6/25

2025 INVESTMENT INCOME WORKSHEET FOR EIC

MICHAEL M DOMBAUGH & KENIA E SCOTT JUAREZ
522-47-0639

Keep for Your Records
Publication 596

Use this worksheet to figure investment income for the EIC when you file Form 1040 or 1040-SR.

Interest and Dividends

1. Enter any amount from Form 1040 or 1040-SR, line 2b 1. _____
2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b 2. _____
3. Enter any amount from Form 1040 or 1040-SR, line 3b 3. _____
4. Enter the amount from Schedule 1 (Form 1040), line 8z, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2 in this chapter to figure the amount to enter on this line.) . . . 4. _____

Capital Gain Net Income

5. Enter the amount from Form 1040 or 1040-SR, line 7. If the amount on that line is a loss, enter -0- 5. 565
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) 6. 0
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) 7. 565

Royalties and Rental Income From Personal Property

8. Enter any royalty income from Schedule E, line 23b, plus any income from the rental of personal property shown on Schedule 1 (Form 1040), line 8l 8. _____
9. Enter any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Schedule 1 (Form 1040), line 24b 9. _____
10. Subtract the amount on line 9 of this worksheet from the amount on line 8. (If the result is less than zero, enter -0-.) 10. 0

Passive Activities

11. Enter the total of any net income from passive activities (such as income included on Schedule E, line 26, 29a (col. (h)), 34a (col. (d)), or 40; or an ordinary gain identified as "FPA" on Form 4797, line 10). (See instructions below for lines 11 and 12.) 11. _____
12. Enter the total of any losses from passive activities (such as losses included on Schedule E, line 26, 29b (col. (g)), 34b (col. (c)), or 40; or an ordinary loss identified as "PAL" on Form 4797, line 10). (See instructions below for lines 11 and 12.) 12. 0
13. Combine the amounts on lines 11 and 12 of this worksheet. (If the result is less than zero, enter -0-.) 13. _____
14. Add the amounts on lines 1, 2, 3, 4, 7, 10, and 13. Enter the total. **This is your investment income** 14. 565
15. Is the amount on line 14 more than \$11,950?

- Yes.** You can't take the credit.
- No.** Go to Step 3 of the Form 1040 instructions for line 27 to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to Rule 7 next).

Instructions for lines 11 and 12. In figuring the amount to enter on lines 11 and 12, don't take into account any royalty income (or loss) included on line 26 of Schedule E or any income (or loss) included in your earned income or on line 1, 2, 3, 4, 7, or 10 of this worksheet. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, isn't from a passive activity, enter "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

2025 FEDERAL DEPRECIATION SCHEDULE

MICHAEL M DOMBAUGH & KENIA E SCOTT JUAREZ
 522-47-0639
 For Form Schedule E # 1

Description	Date In Service	Method - Life	Cost	Prior Sec 179	Current Sec 179	Prior Sp Allow	Current Sp Allow	Basis	Prior Depr.	Current Depr.	Accum. Depr.	Adjusted Basis
Rental Property	01/01/2023	SLMM-27.5	206374					198562	14140	7220	21360	177202

Subtotals:		206374		198562	14140	7220	21360	177202
1 ASSET	Totals:	206374		198562	14140	7220	21360	177202

2025 FEDERAL AMT DEPRECIATION SCHEDULE

MICHAEL M DOMBAUGH & KENIA E SCOTT JUAREZ

522-47-0639

For Form Schedule E # 1

Description	Date In Service	Method - Life	Cost	Prior Sec 179	Current Sec 179	Prior Sp Allow	Current Sp Allow	Basis	Prior Depr.	Current Depr.	Accum. Depr.	Adjusted Basis
Rental Property	01/01/2023	SLMM-27.5	206374					198562	14140	7220	21360	177202

Subtotals:			206374					198562	14140	7220	21360	177202
1 ASSET	Totals:		206374					198562	14140	7220	21360	177202

Passive Activity Loss Limitations

FOR AMT PURPOSES ONLY

Form **8582** AMT

See separate instructions.

2025

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1041.
Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

MICHAEL M DOMBAUGH & KENIA E SCOTT JUAREZ

Identifying number
522-47-0639

Part I 2025 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see

Special Allowance for Rental Real Estate Activities in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a		
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(6,620)	
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	(42,295)	
d Combine lines 1a, 1b, and 1c	1d		-48,915

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a		
b Activities with net loss (enter the amount from Part V, column (b))	2b	()	
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()	
d Combine lines 2a, 2b, and 2c	2d		

3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used.	3		-48,915
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------	--	---------

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4		48,915
5 Enter \$150,000. If married filing separately, see instructions	5	150,000	
6 Enter modified adjusted gross income, but not less than zero. See instructions	6	152,768	
Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.			
7 Subtract line 6 from line 5	7		
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8		
9 Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9		0

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10		
11 Total losses allowed from all passive activities for 2025. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11		0

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Puerto Cortes		6,620	42,295		48,915
Total. Enter on Part I, lines 1a, 1b, and 1c.		6,620	42,295		

For Paperwork Reduction Act Notice, see instructions.

Form **8582** (2025) Created 5/8/25

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c					

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Total			1.00		

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Puerto Cortes	SCH E LN22	48,915	1.00000	48,915
Total		48,915	1.00	48,915

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Puerto Cortes	SCH E LN22	48,915	48,915	
Total		48,915	48,915	

**2025 QUALIFIED BUSINESS INCOME DEDUCTION WORKSHEET
DETAIL BY BUSINESS**

MICHAEL M DOMBAUGH & KENIA E SCOTT JUAREZ

522-47-0639

Schedule/Form	SchC # 1	SchC # 2	SchC # 3
Business Name	UNALOGIX	EVANS GR	PuertoLo
EIN/SSN	81-2596842	522-47-0639	522-47-0639
Business Type	Non-Spec	Non-Spec	Non-Spec
Included in Aggregation #			
PTP Income	No	No	No
Qualified Business Income (QBI)			
1. Specified Business Income/Loss from Sch/Form			
2. Non-Specified Business Income/Loss from Sch/Form	-37733	-13685	-17541
Less applicable adjustments from 1040 Schedule 1 & 1A (includes SE Tax, SEHIN, Qual Retirement plans & qualified Tips deductions)			
3. QBID Qualified Losses and ST Gains from Asset Disposition			
4. Net Qualified Business Income (QBI) (sum L1 - L3)	-37733	-13685	-17541
Qualified Other Income (QOI)			
5. Qualified REIT Sec 199A Dividends from 1099-DIV and K-1s			
6. Qualified Other Income from PTPs			
7. QOI Qualified Losses and ST Gains from Disposition incl Sale of PTP			
8. Net Qualified Other Income (QOI) (L5 + L6 + L7)			
9. Net QBI and QOI (L4 + L8)	-37733	-13685	-17541

2026 CARRYFORWARD INFORMATION

MICHAEL M DOMBAUGH & KENIA E SCOTT JUAREZ
522-47-0639

Keep for Your Records

Itemized Returns Only – 2025 state and local tax refund (this amount will be proforma'd to

Taxable Refund Worksheet directly and may not be taxable in 2026)

Charitable contributions carryover to 2026	
Estimated short-term capital loss carryover	
Estimated long-term capital loss carryover	
2025 tax liability (for 2026 Form 2210 purposes)	16,007
Form 8839: 2025 carryover of unqualified expenses	
Refund amount applied to 2026	
Disallowed investment interest in 2025	
Additional state taxes paid	
Form 8396: Mortgage interest credit from 2023	
Mortgage interest credit from 2024	
Mortgage interest credit from 2025	
Form 8801: Minimum tax credit carryforward	0
Foreign Tax Credit carryforward to 2026	
General Business Credit carryforward to 2026	
Potential 2026 IRA contribution from 2025 tax refund	

NOL carryforward:

Regular Tax		AMT Tax	
from 2005		from 2005	
from 2006		from 2006	
from 2007		from 2007	
from 2008		from 2008	
from 2009		from 2009	
from 2010		from 2010	
from 2011		from 2011	
from 2012		from 2012	
from 2013		from 2013	
from 2014		from 2014	
Gross NOL generated in 2025		Gross AMT NOL generated in 2025	
To be absorbed in carryback period		To be absorbed in carryback period	
Net carryforward from 2025		Net carryforward from 2025	
Total carryforward to 2026		Total carryforward to 2026	

- Amounts from Schedule E (Pages 1 and/or 2) that are eligible for carryforward to the next tax year are reported on Form 8582. Any associated Alternative Minimum Tax (AMT) carryforward amounts are reflected on the AMT version of Form 8582.
- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
- Gross NOL generated in CY and Total carryforward to NY includes the excess business loss from Form 461, line 16.