Tax Year 2024 1041 MeF ATS Scenario 2 Black and Orange Trust 00-4000002

Return Summary Calendar Year Filer Final Year Return

Forms Included in Scenario 2

Form 1041

Schedule I (Form 1041)

Schedule C (Form 1040) (2)

Schedule F (Form 1040)

Schedule K-1 (2)

Form 4255

Form 8453-FE

Dedutions Other Category Statement – Attached to Line 15

Total Prior Year Income Amount: 134,223

Taxpayer Name, Address and TIN

Black and Orange Trust John Doe, Fiduciary 500 Test Street Marion, AL 36756 00-4000002

Signature Information

Form 8453 –FE – Binary Attachment

Form 8995 is not required.

Deductions Other Categories Statement – Attached to Line 15

| Deduction | Amount |
|--|--------|
| Software Developer can provide any Type of Deduction 1 | 500 |
| Software Developer can provide any Type of Deduction 2 | 300 |
| Software Developer can provide any Type of Deduction 3 | 800 |

1041

Department of the Treasury—Internal Revenue Service

U.S. Income Tax Return for Estates and Trusts
Go to www.irs.gov/Form1041 for instructions and the latest information.

| 2024 |
|------|
|------|

OMB No. 1545-0092

| A C | Check | all tha | at apply: | For calendar year 2024 or f | iscal year begi | inning 01/0° | 1 | , 2024, and | endii | ng | 12/3 | , 20 24 | | | | | |
|------------------|-------------------|-------------------|-------------------|---|---|--------------------------|------------|--------------------|-------------|-------------------------|-------------|-----------------------------|--|--|--|--|--|
| | Deced | lent's | estate | Name of estate or trust (If a gra | intor type trust, | | | | С | Employe | | ification number | | | | | |
| | Simple | trust | | Black and Orange Trust | | | | | | | 00-40 | 000002 | | | | | |
| <u></u> | Comp | lex tru | ıst | Name and title of fiduciary | | | | | D | Date ent | | | | | | | |
| = | | | ability trust | John Doe Fiduciary | | | | | | | | | | | | | |
| = | | | tion only) | Number, street, and room or su | uite no. (If a P.O. | box, see the instruction | ons.) | | E | | | itable and split-interest | | | | | |
| _ | | r type | | | | | | | | trusts, ch See instr | | olicable box(es). | | | | | |
| = | | | estate-Ch. 7 | 500 Test Street | | | | | 1 | | | . 4947(a)(1). Check here | | | | | |
| _ | | | estate—Ch. 11 | City or town, state or province, | country, and ZI | P or foreign postal coc | le | | 1 | | | bundation | | | | | |
| = | | , , | me fund | Marion, AL 36756 | | | | | | Describe | ed in sec | 4947(a)(2) | | | | | |
| _ | | | Schedules K-1 | F Check Initial return | | Final return | ☐ Ame | ended return | - | | Net one | erating loss carryback | | | | | |
| | | ed (se ctions) | | I applicable = | <u>-</u> | Change in fiduciary | = | nge in fiduciary | 's na | = | · | in fiduciary's address | | | | | |
| | | | | ing trust made a section 645 elec | · | | | Trust TIN | | | Oriarigo | The flad diary of dad roots | | | | | |
| <u>u</u> 0 | 1 | | terest incom | | | | | | | | 1 | 25,000 | | | | | |
| | 1 Interest income | | | | | | | | | | | 25,000 | | | | | |
| | | | - | nds allocable to: (1) Benefic | | | | | | | 2a | | | | | | |
| | 3 | | | me or (loss). Attach Sche | | | | | | | 3 | 105 700 | | | | | |
| пe | 4 | | | , , | • | • | | | | | 4 | 125,723 | | | | | |
| Income | 5 | | | · / | ss). Attach Schedule D (Form 1041) | | | | | | | | | | | | |
| <u> </u> | 6 | | | | partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040) loss). Attach Schedule F (Form 1040) | | | | | | | | | | | | |
| | 7 | | | or (loss). Attach Schedule or (loss). Attach Form 479 | • | | | | | | 7 | -16,500 | | | | | |
| | 8 | | | • | | | | | | | 8 | | | | | | |
| | 9 | | | List type and amount Combine lines 1, 2a, and | d 2 through C | | | | | | 9 | 404.000 | | | | | |
| | 10 | | | k if Form 4952 is attached | | | | | | | 10 | 134,223 | | | | | |
| | | _ | | K II FUIIII 4902 IS attached | | | | | | | 11 | | | | | | |
| | 11 | | axes | If only a nowtion is deduce | nly a portion is deductible under section 67(e), see instructions | | | | | | | | | | | | |
| | 12 | | | • | | | | | | | | | | | | | |
| | 13 14 | | | • | ion (from Schedule A, line 7) | | | | | | | | | | | | |
| " | 14 | | ee instruction | | | | | | | | | | | | | | |
| Deductions | 45. | | | | s (attach schedule). See instructions for deductions allowable under section | | | | | | | | | | | | |
| 拼 | 15 | | | | | | | | | | 15a | 1,600 | | | | | |
| ğ | l ac | | | loss deduction. See instri | | | | | | | 15b 16 | | | | | | |
| ĕ | 16 | | dd lines 10 tl | • | | | | | • | | | 1,600 | | | | | |
| _ | 17 | | | income or (loss). Subtrac | | | | | 141 | 132,623 | _ | 400.000 | | | | | |
| | 18 | | | oution deduction (from Scl | | • | | - | - | | 18 | 132,623 | | | | | |
| | 19 | | | luction including certain g | | • | | | | | 19 | | | | | | |
| | 20 | | | ness income deduction. A | | | | | • | | 20 | | | | | | |
| | 21 | | • | | | | | | • | | 21 | 100 | | | | | |
| | 22 | | | hrough 21 | | | | | | | 22 | 132,723 | | | | | |
| Tax and Payments | 23 | | | ne. Subtract line 22 from I | | | | | | | 23 | -100 | | | | | |
| <u>e</u> | 24 | | • | n Schedule G, Part I, line | • | | | | | | 24 | 27,000 | | | | | |
| Ž | 25 | | - | et 965 tax liability paid fro | | | | | | | 25 | | | | | | |
| <u>6</u> | 26 | | | nts (from Schedule G, Par | · · · · · · · · · · · · · · · · · · · | | | | | | 26 | 27,000 | | | | | |
| p | 27 | | | penalty. See instructions | | | | | | | 27 | | | | | | |
| a | 28 | | | e 26 is smaller than the to | | | | | | | 28 | | | | | | |
| <u>a</u> | 29 | | | t. If line 26 is larger than the | | | | | | | 29 | | | | | | |
| | 30 | | | e 29 to be: a Credited to a erjury, I declare that I have exam | | | Refund | | | and to t | 30 the best | of my knowledge and | | | | | |
| Sig | n | | | ect, and complete. Declaration of | | | | | | | | | | | | | |
| | _ | | | | ĺ | 1 | | | | | | e IRS discuss this return | | | | | |
| He | ere | Sian | ature of fiducion | y or officer representing fiduciary | ⁄ Dat | to. | | | | | | e preparer shown below? | | | | | |
| | | Jign | | | | | N of fiduc | iary if a financia | ıı inst | | <u> </u> | PTIN | | | | | |
| Pa | id | | Print/Type pre | parer s name | Preparer's sigr | iatul e | | Date | | Check self-em | | FIIIN | | | | | |
| Pre | ера | rer | F: , | | <u> </u> | | | <u> </u> | - :. | | .p.oycu | | | | | | |
| Us | e O | nly | Firm's name | | | | | | | s EIN | | | | | | | |
| | | • | Firm's address | 5 | | | | | rnor | ie no. | | | | | | | |

Form 1041 (2024) Page **2**

| Sch | edule A Charitable Deduction. Don't complete for a simple trust or a pooled income fund. | | |
|----------|--|----------|---------|
| 1 | Amounts paid or permanently set aside for charitable purposes from gross income. See instructions | 1 | |
| 2 | Tax-exempt income allocable to charitable contributions. See instructions | 2 | |
| 3 | Subtract line 2 from line 1 | 3 | |
| 4 | Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable | | |
| | purposes | 4 | |
| 5 | Add lines 3 and 4 | 5 | |
| 6 | Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable | | |
| | purposes. See instructions | 6 | |
| 7 | Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13 | 7 | |
| Sch | edule B Income Distribution Deduction | | |
| 1 | Adjusted total income. See instructions | 1 | 132,623 |
| 2 | Adjusted tax-exempt interest | 2 | |
| 3 | Total net gain from Schedule D (Form 1041), line 19, column (1). See instructions | 3 | |
| 4 | Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion) | 4 | |
| 5 | Capital gains for the tax year included on Schedule A, line 1. See instructions | 5 | |
| 6 | Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a | | |
| _ | positive number | 6 | |
| 7 | Distributable net income. Combine lines 1 through 6. If zero or less, enter -0 | 7 | 132,623 |
| 8 | If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law | | |
| _ | | | |
| 9 | Income required to be distributed currently | 9 | 132,623 |
| 10 | Other amounts paid, credited, or otherwise required to be distributed | 10 | |
| 11 | Total distributions. Add lines 9 and 10. If greater than line 8, see instructions | 11 | 132,623 |
| 12 | Enter the amount of tax-exempt income included on line 11 | 12 | |
| 13 | Tentative income distribution deduction. Subtract line 12 from line 11 | 13 14 | 132,623 |
| 14 15 | Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18 | 15 | 132,623 |
| | edule G Tax Computation and Payments (see instructions) | 13 | 132,623 |
| | Tax Computation | | |
| 1 | Tax: | | |
| a | Tax on taxable income. See instructions | | |
| b | Tax on lump-sum distributions. Attach Form 4972 | - | |
| С | Alternative minimum tax (from Schedule I (Form 1041), line 54) | - | |
| d | Amount from Form 4255, Part I, line 3, column (q) | - | |
| е | Total. Add lines 1a through 1d | 1e | |
| 2a | Foreign tax credit. Attach Form 1116 | | |
| b | General business credit. Attach Form 3800 | | |
| С | Credit for prior year minimum tax. Attach Form 8801 | | |
| d | Bond credits. Attach Form 8912 | | |
| е | Total credits. Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1e. If zero or less, enter -0 | 3 | |
| 4 | Tax on the ESBT portion of the trust (from ESBT Tax Worksheet, line 17). See instructions | 4 | |
| 5 | Net investment income tax from Form 8960, line 21 | 5 | |
| 6a | Amount from Form 4255, Part I, line 3, column (r) | 6a | 27,000 |
| b | Recapture tax from Form 8611 | 6b | |
| С | Other recapture taxes: Household employment taxes. Attach Schedule H (Form 1040) | 6c | |
| 7 | | 7 | |
| 8 | Other taxes and amounts due | 8 | |
| 9 | Total tax. Add lines 3 through 8. Enter here and on page 1, line 24 | 9 | 27,000 |

Form 1041 (2024) Page **3**

| Sch | edule G Tax Computation and Payments (see instructions) (continued) | | | | | | | |
|-------------|--|-----------------|-------------------|-----|----------|--|--|--|
| Part | II – Payments | | | | | | | |
| 10 | Current year's estimated tax payments and amount applied from preceding year's return | 10 | | 2 | 7,000 | | | |
| 11 | Estimated tax payments allocated to beneficiaries (from Form 1041-T) | 11 | | | | | | |
| 12 | Subtract line 11 from line 10 | 12 | | | | | | |
| 13 | Tax paid with Form 7004. See instructions | 13 | | | | | | |
| 14 | Federal income tax withheld. If any is from Form(s) 1099, check here | 14 | | | | | | |
| 15 | Current year net 965 tax liability from Form 965-A, Part I, column (f) (see instructions) | 15 | | | | | | |
| 16 | Payments from Form 2439 | 16 | | | | | | |
| 17 | Payments from Form 4136 | 17 | | | | | | |
| 18a | Elective payment election amount from Form 3800 | 18a | | | | | | |
| b | Other credits or payments (see instructions) | 18b | | | | | | |
| 19 | Total payments. Add lines 12 through 18b. Enter here and on page 1, line 26 | 19 | | | 7,000 | | | |
| Othe | r Information | | | Yes | No | | | |
| 1 | Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of ex | | | | | | | |
| | Enter the amount of tax-exempt interest income and exempt-interest dividends | | | | | | | |
| 2 | Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensations) | | | | | | | |
| | individual by reason of a contract assignment or similar arrangement? | | | | | | | |
| 3 | over a bank, securities, or other financial account in a foreign country? | | | | | | | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the n foreign country | | | | | | | |
| 4 | During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or tran foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions | | | | | | | |
| 5 | Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If the instructions for the required attachment | | " see . . | | | | | |
| 6 7 8 | If this is an estate or a complex trust making the section 663(b) election, check here. See instructions To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here. See instructions If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in estate, and check here | closin | . \square g the | | | | | |
| 9 10 | Are any present or future trust beneficiaries skip persons? See instructions | | ns for | | | | | |
| 11a | Did the estate or trust distribute S corporation stock for which it made a section 965(i) election? | | | | | | | |
| b | If "Yes," did each beneficiary enter into an agreement to be liable for the net tax liability? See instruction | s. | | | | | | |
| 12 | Did the estate or trust either make a section 965(i) election or enter into a transfer agreement as an eligi 965(i) transferee for S corporation stock held on the last day of the tax year? See instructions | | | | | | | |
| 13 | At any time during the tax year, did the estate or trust (a) receive (as a reward, award, or payment for services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital a instructions | | | | √ | | | |
| 14 | ESBTs only. Does the ESBT have a nonresident alien grantor? If "Yes," see instructions | | | | | | | |
| 15 | ESBTs only. Did the S portion of the trust claim a qualified business income deduction? If "Yes," see in: | <u>struc</u> ti | ons | | | | | |

SCHEDULE I (Form 1041)

Alternative Minimum Tax—Estates and Trusts

OMB No. 1545-0092

2024

Employer identification number

Department of the Treasury
Internal Revenue Service

Name of estate or trust

Attach to Form 1041.

Go to www.irs.gov/Form1041 for instructions and the latest information.

Black and Orange Trust 00-4000002 Part I Estate's or Trust's Share of Alternative Minimum Taxable Income 1 Adjusted total income or (loss) (from Form 1041, line 17). **ESBTs**, see instructions . . . 132,623 2 2 3 3 4 4 5 Depletion (difference between regular tax and AMT) 5 6 6 7 Interest from specified private activity bonds exempt from the regular tax 7 8 8 9 Exercise of incentive stock options (excess of AMT income over regular tax income) 9 Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 10 10 11 Disposition of property (difference between AMT and regular tax gain or loss) 11 12 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) . 12 13 Passive activities (difference between AMT and regular tax income or loss) 13 14 Loss limitations (difference between AMT and regular tax income or loss) 14 15 15 Long-term contracts (difference between AMT and regular tax income) 16 16 17 17 18 Research and experimental costs (difference between regular tax and AMT) 18 19 19 20 20 21 21 22 Alternative tax net operating loss deduction (See the instructions for the limitation that applies.) . 22 23 Adjusted alternative minimum taxable income. Combine lines 1 through 22 23 132,623 Complete Part II below before going to line 24. 24 Income distribution deduction from Part II, line 42 25 Estate tax deduction (from Form 1041, line 19) 25 26 26 132,623 27 27 Estate's or trust's share of alternative minimum taxable income. Subtract line 26 from line 23 . . If line 27 is: • \$29,900 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax. • Over \$29,900, but less than \$219,300, go to line 43. • \$219,300 or more, enter the amount from line 27 on line 49 and go to line 50. • ESBTs, see instructions. **Income Distribution Deduction on a Minimum Tax Basis** Part II 28 28 132,623 29 Adjusted tax-exempt interest (other than amounts included on line 7) 29 30 Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-30 Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable 31 31 32 Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions) 32 33 Capital gains computed on a minimum tax basis included on line 23 33 34 34 Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount . . . 35 Distributable net alternative minimum taxable income (DNAMTI). Combine lines 28 through 34. If zero 35 132,623 Income required to be distributed currently (from Form 1041, Schedule B, line 9) 36 36 132,623 37 Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10) 37 38 38 132,623 Tax-exempt income included on line 38 (other than amounts included on line 7) 39 39 Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38 . . . 40 40 132,623 Schedule I (Form 1041) 2024 Page **2**

| | W. Lander Distribution Deduction on Minimum Top Design(sention | /\ | | | |
|------------------|--|----------|-------------------|----|-----------|
| Part | 1 | • | | | |
| 41 | Tentative income distribution deduction on a minimum tax basis. Subtract line 29 | | | ,, | 400.000 |
| 40 | or less, enter -0- | | | 41 | 132,623 |
| 42 | Income distribution deduction on a minimum tax basis. Enter the smaller of | | | 40 | 400.000 |
| Part | Enter here and on line 24 | | | 42 | 132,623 |
| | | | | 40 | \$ 20 000 |
| 43 44 | Exemption amount | 44 | | 43 | \$29,900 |
| | Phase-out of exemption amount | | \$99,700 | - | |
| 45 46 | Subtract line 45 from line 44. If zero or less, enter -0- | 45 46 | Ψ 3 3, 7 0 0 | - | |
| 47 | , , , , , , , , , , , , , , , , , , , | | | 47 | |
| 48 | Multiply line 46 by 25% (0.25) | | | 48 | |
| 49 | Subtract line 47 from line 43. if Zero of less, effer -0 | | | 49 | |
| 5 0 | Go to Part IV of Schedule I to figure line 50 if the estate or trust has qualified div | | | 49 | |
| 50 | on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the Otherwise, if line 49 is: | | • | | |
| | • \$232,600 or less, multiply line 49 by 26% (0.26). | | | | |
| | • Over \$232,600, multiply line 49 by 28% (0.28) and subtract \$4,652 from the rest | ult . | | 50 | |
| 51 | Alternative minimum foreign tax credit (see instructions) | | | 51 | |
| 52 | Tentative minimum tax. Subtract line 51 from line 50 | | | 52 | |
| 53 | Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from | n Sch | edule G, line 2a) | 53 | |
| 54 | Alternative minimum tax. Subtract line 53 from line 52. If zero or less, enter -0 |) En | ter here and on | | |
| | Form 1041, Schedule G, line 1c | | | 54 | |
| Part | | | | | |
| Qualit this p | | | | | |
| 55 | Enter the amount from line 49 | | | 55 | |
| 56 | Enter the amount from line 26 of Schedule D (Form 1041), line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as refigured for the AMT, | | | | |
| | if necessary) | 56 | | - | |
| 57 | Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as refigured for the AMT, if necessary). If you didn't complete Schedule D for the regular tax or the AMT, enter -0 | | | | |
| | - <u>-</u> | 57 | | - | |
| 58 | If you didn't complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 56. Otherwise, add lines 56 and 57 and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary) | 58 | | | |
| 59 | Enter the smaller of line 55 or line 58 | | | 59 | |
| 60 | Subtract line 59 from line 55 | | | 60 | |
| 61 | If line 60 is \$232,600 or less, multiply line 60 by 26% (0.26). Otherwise, multiply land subtract \$4,652 from the result | line 6 | 0 by 28% (0.28) | 61 | |
| 62 | Maximum amount subject to the 0% rate | 62 | \$3,150 | | |
| 63 | Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the | | 70,100 | - | |
| | Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 23; if zero or less, enter -0 | 63 | | | |
| 64 | Subtract line 63 from line 62. If zero or less, enter -0 | 64 | | | |
| 65 | Enter the smaller of line 55 or line 56 | 65 | | | |
| 66 | Enter the smaller of line 64 or line 65. This amount is taxed at 0% | 66 | | | |
| 67 | Subtract line 66 from line 65 | 67 | | | |

Schedule I (Form 1041) 2024 Page **3**

| Part | V Line 50 Computation Using Maximum Capital Gains Rates (contin | nued | ") | | |
|------|--|---------|----------------|----|----------|
| 68 | Maximum amount subject to rates below 20% | 68 | \$15,450 | | |
| 69 | Enter the amount from line 64 | 69 | | | İ |
| 70 | Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 23; if zero or less, enter -0 | 70 | | | |
| 71 | Add line 69 and line 70 | 71 | | | İ |
| 72 | Subtract line 71 from line 68. If zero or less, enter -0 | 72 | | | l |
| 73 | Enter the smaller of line 67 or line 72 | 73 | | | İ |
| 74 | Multiply line 73 by 15% (0.15) | ٠. | | 74 | |
| 75 | Add lines 66 and 73 | 75 | | | İ |
| | If lines 75 and 55 are the same, skip lines 76 through 80 and go to line 81. Otherw | rise, ç | go to line 76. | | İ |
| 76 | Subtract line 75 from line 65 | _ | | | İ |
| 77 | Multiply line 76 by 20% (0.20) | | | 77 | |
| | If line 57 is zero or blank, skip lines 78 through 80 and go to line 81. Otherwis | se, go | to line 78. | | ı |
| 78 | Add lines 60, 75, and 76 | 78 | | | ı |
| 79 | Subtract line 78 from line 55 | | | | ı |
| 80 | Multiply line 79 by 25% (0.25) | | | 80 | <u> </u> |
| 81 | Add lines 61, 74, 77, and 80 | | | 81 | |
| 82 | If line 55 is \$232,600 or less, multiply line 55 by 26% (0.26). Otherwise, multiply I and subtract \$4,652 from the result $\dots \dots \dots \dots \dots \dots \dots$ | | | 82 | |
| 83 | Enter the smaller of line 81 or line 82 here and on line 50 | | | 83 | <u> </u> |

Schedule I (Form 1041) 2024

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

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.

Sequence No. 09

| | of proprietor | | | | | 300 | ıaı se | curity number | (99N) |
|------|---|----------|-----------------------------------|-------------|---|---------------|--------------|--------------------|------------------------|
| | and Orange Trust | | | | | | | | |
| Α | | on, incl | uding product or service (se | e ınstrı | uctions) | | | ode from instruc | |
| | ng Food Service | | | | | _ | 0 0 | 0 0 0 | 7 |
| С | Business name. If no separate | busin | ess name, leave blank. | | | DE | mploy | ver ID number (EIN | V) (see instr.) |
| | Business address (including s | uito or | room no \ 1500 Test Street | | | | | | |
| | City, town or post office, state | | | | | | | | |
| F | _ | Cas | | | Other (appoint) | | | | |
| _ | | _ | n (2) | duvisa a | Other (specify) | limit o | | | |
| G | | | | | | | | | , NO |
| Н | • | | <u> </u> | | | | | | s 🗌 No |
| ٠. | | | | | n(s) 1099? See instructions | | | | |
| Pari | | e requi | rea Form(s) 1099? | • • | | • • | | <u></u> Yes | s 🗌 No |
| 1 | Gross receipts or sales. See in Form W-2 and the "Statutory | emplo | yee" box on that form was cl | necked | this income was reported to you o |] | 1 | | 75,350 |
| 3 | | | | | | | 3 | | 75,350 |
| 4 | | | | | | | 4 | | 28,900 |
| 5 | · · · · · · · · · · · · · · · · · · · | | | | | _ | 5 | | 46,450 |
| 6 | | | | | refund (see instructions) | | 6 | | , |
| 7 | Gross income. Add lines 5 ar | | | | | | 7 | | 46,450 |
| Part | | | es for business use of yo | our ho | ome only on line 30. | | | | , |
| 8 | Advertising | 8 | 1,250 | | Office expense (see instructions) | . 1 | 8 | | 350 |
| 9 | Car and truck expenses | | | 19 | Pension and profit-sharing plans | . 1 | 9 | | |
| • | (see instructions) | 9 | 2,500 | 20 | Rent or lease (see instructions): | | | | |
| 10 | Commissions and fees . | 10 | | а | Vehicles, machinery, and equipme | nt 20 | Оа | | 956 |
| 11 | Contract labor (see instructions) | 11 | | ь | Other business property | |)b | | |
| 12 | Depletion | 12 | | 21 | Repairs and maintenance | | 1 | | 2,13 |
| 13 | Depreciation and section 179 | | | 22 | Supplies (not included in Part III) | | 2 | | |
| | expense deduction (not | | | 23 | Taxes and licenses | | 3 | | 29 |
| | included in Part III) (see instructions) | 13 | | 24 | Travel and meals: | | | | |
| 14 | Employee benefit programs | | | а | Travel | . 24 | 4a | | |
| 17 | (other than on line 19) . | 14 | | b | Deductible meals (see instruction | | 4b | | |
| 15 | Insurance (other than health) | 15 | | 25 | Utilities | ′ | 25 | | 540 |
| 16 | Interest (see instructions): | | | 26 | Wages (less employment credits | | :6 | | |
| а | Mortgage (paid to banks, etc.) | 16a | 9,600 | 27a | Other expenses (from line 48) . | | 7a | | |
| b | Other | 16b | | h | Energy efficient commercial bldg | | | | |
| 17 | Legal and professional services | 17 | 425 | | deduction (attach Form 7205) . | ' 1 | 7b | | |
| 28 | Total expenses before expen | ses fo | r business use of home. Add | l lines i | · · · · · · · · · · · · · · · · · · · | . 2 | 8 | | 18,051 |
| 29 | Tentative profit or (loss). Subti | ract lin | e 28 from line 7 | | | . 2 | 9 | | 28,399 |
| 30 | Expenses for business use of unless using the simplified method filers only | thod. | See instructions. | | nses elsewhere. Attach Form 882 ur home: | 9 | | | |
| | and (b) the part of your home | used f | or business: | | Use the Simplified | | | | |
| | Method Worksheet in the inst | ruction | s to figure the amount to ent | ter on l | line 30 | . 3 | 0 | | |
| 31 | Net profit or (loss). Subtract | line 30 | from line 29. | | • | | | | |
| | • If a profit, enter on both Sch checked the box on line 1, see | | • • • • | | | 3 | :1 | | 28,399 |
| | • If a loss, you must go to line | e 32. | | | J | | | | |
| 32 | If you have a loss, check the b | ox tha | t describes your investment | in this | activity. See instructions. | | | | |
| | • If you checked 32a, enter th SE, line 2. (If you checked the Form 1041, line 3. | box or | n line 1, see the line 31 instruc | tions.) | Estates and trusts, enter on | | 2a 🗌 2b 🔲 | | |
| | If you checked 32b, you mu | SI atta | CD Form 6198. Your loss ma | ıv ne li | mired . | | | at Hor. | |

Schedule C (Form 1040) 2024 Page 2 Part III Cost of Goods Sold (see instructions) 33 Method(s) used to a Cost **b** Lower of cost or market **c** Other (attach explanation) value closing inventory: Was there any change in determining quantities, costs, or valuations between opening and closing inventory? 34 ☐ Yes ☐ No If "Yes," attach explanation 35 35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . 49,238 36 Purchases less cost of items withdrawn for personal use . . . 36 37 Cost of labor. Do not include any amounts paid to yourself . . . 37 19,475 38 Materials and supplies 38 863 39 39 Add lines 35 through 39 40 69,576 41 41 40,676 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 . 42 28.900 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 / 2023 Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for: 44 Business **b** Commuting (see instructions) 45 Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use?. . . ☐ No 46 If "Yes," is the evidence written? ☐ No Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30. Part V

48

Total other expenses. Enter here and on line 27a

48

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

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.

Sequence No. 09

| | | | | | | | | ocial security number (SSN) | | | | |
|----------|---|----------|-----------------------------------|----------|--|----------------|----------|-----------------------------|-------------------|--------------|--|--|
| | and Orange Trust | | | | | | | | | | | |
| Α | | on, incl | uding product or service (se | e instri | uctions) | B | | code from in | | ons | | |
| Blacks | | | | | | ᆫ | 0 | 0 0 0 | 0 7 | | | |
| С | Business name. If no separate | busin | ess name, leave blank. | | | DE | Emplo | yer ID numbe | ∍r (EIN) (| (see instr.) | | |
| E | Business address (including s | uite or | room no) 500 Test Street | | | | | | | | | |
| _ | City, town or post office, state | | · | | | | | | | | | |
| F | | Cas | | | Other (enecify) | | | | | | | |
| _ | | | a approximate of this business | durina | Other (specify) | imit o | | |] V oc | No | | |
| G ⊔ | | | | | | | | _ | - | | | |
| Н | • | | _ | | n(s) 1099? See instructions | | | | | □No | | |
| | | | | | | | | | Yes | □ No | | |
| Par | | e requi | rea Form(s) 1099? | • • | | • • | <u> </u> | · · · <u>L</u> | 1 1 65 | | | |
| 1 2 | Gross receipts or sales. See in Form W-2 and the "Statutory | emplo | yee" box on that form was cl | necked | this income was reported to you o | | 1 2 | | | 249,832 | | |
| 3 | | | | | | | 3 | | | 249,832 | | |
| 4 | | | | | | - | 4 | | | 148,350 | | |
| 5 | , | , | | | | _ | 5 | | | 101,482 | | |
| 6 | | | | | refund (see instructions) | | 6 | | | | | |
| 7 | Gross income. Add lines 5 ar | | • | | | | 7 | | | 101,482 | | |
| Part | Expenses. Enter ex | pense | es for business use of yo | our ho | me only on line 30. | | | | | | | |
| 8 | Advertising | 8 | 1,000 | 18 | Office expense (see instructions) | . 1 | 18 | | | 528 | | |
| 9 | Car and truck expenses | | | 19 | Pension and profit-sharing plans | . 1 | 19 | | | | | |
| | (see instructions) | 9 | | 20 | Rent or lease (see instructions): | | | | | | | |
| 10 | Commissions and fees . | 10 | | а | Vehicles, machinery, and equipmer | | 0a | | | | | |
| 11 | Contract labor (see instructions) | 11 | | b | Other business property | | 0b | | | | | |
| 12 13 | Depletion | 12 | | 21 | Repairs and maintenance | | 21 | | | | | |
| | expense deduction (not | | | 22 | Supplies (not included in Part III) | | 22 | | | 1,42 | | |
| | included in Part III) (see | 40 | | 23 | Taxes and licenses | . 2 | 23 | | | | | |
| | instructions) | 13 | | 24 | Travel and meals: | | 4- | | | | | |
| 14 | Employee benefit programs (other than on line 19) . | 14 | | a | Travel | | 4a 4b | | | | | |
| 15 | Insurance (other than health) | 15 | | 25 | Deductible meals (see instructions Utilities | ′ | 25 | | | 780 | | |
| 16 | Interest (see instructions): | 13 | | 26 | Wages (less employment credits) | | 26 | | | | | |
| а | Mortgage (paid to banks, etc.) | 16a | | 27a | Other expenses (from line 48) . | | 7a | | | | | |
| b | Other | 16b | | | | | - | | | | | |
| 17 | Legal and professional services | 17 | 425 | В | Energy efficient commercial bldg deduction (attach Form 7205). | | 7b | | | | | |
| 28 | Total expenses before exper | - | | | · · · · · · · · · · · · · · · · · · · | | 28 | | | 4,158 | | |
| 29 | Tentative profit or (loss). Subt | | | | · · | | 29 | | | 97,324 | | |
| 30 | Expenses for business use of unless using the simplified method filers only | thod. | See instructions. | | nses elsewhere. Attach Form 882 | 9 | | | | | | |
| | and (b) the part of your home | used f | or business: | | Use the Simplified | | | | | | | |
| | Method Worksheet in the inst | ruction | s to figure the amount to en | ter on l | line 30 | . 3 | 30 | | | | | |
| 31 | Net profit or (loss). Subtract | line 30 | from line 29. | | , | | | | | | | |
| | • If a profit, enter on both Sch checked the box on line 1, see | | • | | , , , | 3 | 31 | | | 97,32 | | |
| | • If a loss, you must go to lin | e 32. | | | J | | | | | | | |
| 32 | If you have a loss, check the b | oox tha | at describes your investment | in this | activity. See instructions. | | | | | | | |
| | • If you checked 32a, enter th SE, line 2. (If you checked the Form 1041, line 3. | box or | n line 1, see the line 31 instruc | tions.) | Estates and trusts, enter on | | 2a | _ | | | | |
| | If you checked 32b, you mu | st atta | on Form 6198. Your loss ma | av be li | mited ' | | | ai Hok. | | | | |

Schedule C (Form 1040) 2024 Page 2 Part III Cost of Goods Sold (see instructions) 33 Method(s) used to a Cost **b** Lower of cost or market **c** Other (attach explanation) value closing inventory: Was there any change in determining quantities, costs, or valuations between opening and closing inventory? 34 ☐ Yes ☐ No If "Yes," attach explanation 35 35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . 31,938 36 Purchases less cost of items withdrawn for personal use . . . 36 37 Cost of labor. Do not include any amounts paid to yourself . . . 37 37,150 38 Materials and supplies 38 85,000 39 39 Add lines 35 through 39 40 154,088 41 41 5.738 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 . 42 148,350 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) 3 / 24 / 2023 Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for: 44 Business b Commuting (see instructions) c Other 45 Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use?. ☐ No 46 If "Yes," is the evidence written? ☐ No Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30. Part V

48

Total other expenses. Enter here and on line 27a

48

SCHEDULE F (Form 1040)

Department of the Treasury Internal Revenue Service

Profit or Loss From Farming

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, 1041, or 1065. Go to www.irs.gov/ScheduleF for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. 14

| | or proprietor | 5 | | | | | | | | | Social security number (SSN) | | | | | |
|---------|--|--------------------------|------------------|---------------|---------------------------|----------|----------------|--------------------|------------|--------|------------------------------|----------------|--------------|---------------|-------------------|--------------|
| _ | and Orange Trust | | 15. | | form P | . 13.7 | 0.4 | u. | U | + | _ | • | | - | L /= 10 ** | 1/! ! . |
| A Pri | ncipal crop or activity | | I _B E | nter code | Trom Par | I IV | C Account | _ | | | ט E | :mploy | er i | num ע | per (EIN) | (see instr.) |
| <u></u> | | | ᆜ | | | ب | Cash | | | 1 | | | \downarrow | 4_ | | |
| | I you "materially participate" in the operati | | | - | | | | | | | | | oss | es L | _ Yes | ∐ No |
| | you make any payments in 2024 that wo | | | | | | | | | | | | ٠ | Ļ | _ Yes | ∐ No |
| G If " | Yes," did you or will you file required Forn | n(s) 1099? | <u> </u> | <u>C 12 2</u> | 111 (0 | <u> </u> | | | 3 8 5 | _ | -{0} | <u> (2))</u> | | | <u> Yes</u> | ∐ No |
| Par | | · · | | | | | | г г | ipiete F | ے a | rts | II and | וו ב | , and | ı Part I | , line 9.) |
| 1a | Sales of purchased livestock and other | | • | | • 01 | | 6.0 | 1a | | | | | | | | |
| b | Cost or other basis of purchased livesto | ck or other i | items re | ported o | on line 1 | a | | 1b | | | | | | | | |
| С | Subtract line 1b from line 1a | | | | | | a se e | $X = \mathfrak{K}$ | × 9 3 | 900 | 0.80 | | 10 | \rightarrow | | |
| 2 | Sales of livestock, produce, grains, and | | cts you | raised | v v | or i | | v = x | | • | 0 . 0 | | 2 | _ | | |
| 3a | Cooperative distributions (Form(s) 1099- | -PATR) . | 3a_ | | | | 3b Taxa | able am | ount | • | 100 | 10 g | 3Ł | <u> </u> | | |
| 4a | Agricultural program payments (see inst | • | 4a | | | | | able am | ount | • | | | 4Ł | <u> </u> | | |
| 5a | Commodity Credit Corporation (CCC) lo | • | 1 1 | election | ı 🖟 🙀 | 8 | | ž - ž | | | • | | 58 | <u> </u> | | |
| b | CCC loans forfeited | | 5b | | | | | able am | ount | • | 250 | 25. 7 | 50 | ; - | | |
| 6 | Crop insurance proceeds and federal cr | op disaster _l | paymer | ıts (see i | nstruction | ons) | : | | | | | ļ | | | | |
| а | Amount received in 2024 | | 6a | | | | | able am | | | 0.00 | | 6Ł | Ч_ | | |
| С | If election to defer to 2025 is attached, of | check here | 3) 0)(0 | 6 8 6 | | | 6d Amo | ount de | ferred fro | on | n 20 | 23 | 60 | Ц_ | | |
| 7 | Custom hire (machine work) income | ¥ \$ \$ | 38 L 080 | 20 - 32 - 32 | $\mathbf{v} = \mathbf{v}$ | SV : | 9 000 E 10 | ¥7 (¥) | \$ S 3 | 4 | 07465 | 8 | _ 7 | | | |
| 8 | Other income, including federal and stat | e gasoline o | or fuel ta | ax credit | or refur | ıd (s | ee instruction | ons) 🖟 | ¥ \$ 5 | • | :(2) | 20 3 | 8 | _ | | |
| 9 | Gross income. Add amounts in the rig | | | | | | | | | | | | | | | |
| | accrual method, enter the amount from | | | | | | | | | | | | 9 | | | 235,000 |
| Part | Farm Expenses—Cash and | Accrual | Metho | d. Do r | not inc | ude | e personal | or livi | ng exp | er | nse | s. Se | e i | <u>nstru</u> | ctions. | |
| 10 | Car and truck expenses (see | | | | 23 | Pe | ension and p | orofit-sh | aring pla | an | S. | | 23 | <u> </u> | | |
| | instructions). Also attach Form 4562 | 10 | | | 24 | Re | ent or lease | (see ins | tructions | s): | | 1 | | | | |
| 11 | Chemicals | 11 | | 2,000 | а | Ve | hicles, mac | hinery, | equipme | en | t. | .] | 24 | a L | | 18,000 |
| 12 | Conservation expenses (see instructions) | 12 | | | b | Ot | her (land, ar | nimals, | etc.) . | × | 7746 | | 24 | b | | |
| 13 | Custom hire (machine work) | 13 | | | 25 | | epairs and m | | | | | - 1 | 25 | <u> </u> | | 2,000 |
| 14 | Depreciation and section 179 expense | | | | 26 | Se | eds and pla | ants . | | • | | 8 . | 26 | <u> </u> | | |
| | (see instructions) | 14 | | | 27 | St | orage and w | varehou | sing | | | ē. | 27 | <u> </u> | | |
| 15 | Employee benefit programs other than | | | | 28 | Su | ıpplies . 🕠 | 2 2 | 35 OF 5 | | 253 | | 28 | <u> </u> | | |
| | on line 23 | 15 | | | 29 | Ta | ixes . | * * | 9 st 1 | * | 396 | | 29 | <u> </u> | | 15,000 |
| 16 | Feed as a second of the second | 16 | | 75,000 | 30 | Ut | ilities , , | x x | × × 1 | (0) | 0.00 | ×] | 30 | | | 10,000 |
| 17 | Fertilizers and lime | 17 | | | 31 | Ve | eterinary, bre | eeding, | and med | dic | cine | | 31 | \perp | | 8,500 |
| 18 | Freight and trucking | 18 | | 20,000 | 32 | Ot | her expense | es (spec | ify): | | |] | | | | |
| 19 | Gasoline, fuel, and oil . | 19 | | 15,000 | а | | | | | | |] | 32 | а | | 11,000 |
| 20 | Insurance (other than health) | 20 | | | b | | | | | | | | 32 | b | | |
| 21 | Interest (see instructions): | | | | C | | | | | | | | 32 | c _ | | |
| а | Mortgage (paid to banks, etc.) | 21a | | | d | | | | | | | | 32 | d . | | |
| b | Other | 21b | | | е | | | | | | | | 32 | е | | |
| _22_ | Labor hired (less employment credits) | 22 | | 75,000 | f | | | | | | | | 32 | f | | |
| 33 | Total expenses. Add lines 10 through 3 | 2f. If line 32 | f is neg | ative, se | e instru | ction | ns 🔐 🖟 | 8 X | S 3 | | 3005 | 10 | 33 | | | 251,500 |
| 34 | Net farm profit or (loss). Subtract line 3 | 33 from line | 9 :::: | e e e | × × | 94 | 3 (00) 4) W | V 3 | w w : | 4 | 200 | a [| 34 | | | (16,500) |
| | If a profit, stop here and see instructions | for where t | o repor | t. If a los | s, comp | lete | line 36. | | | | | | | | | |
| 35 | Reserved for future use. | | | | | | | | | | | | | | | |
| 36 | Check the box that describes your investigation | stment in this | s activit | y and se | e instru | ctio | ns for where | to repo | ort your | lo | ss: | | | | | |
| а | All investment is at risk. | b Som | ne inves | tment is | not at r | isk. | | | | | | | | | | |

Schedule F (Form 1040) 2024 Page 2

| Part | Farm Income – Accrual Method (see instructions) | | |
|---------|--|-----|---------|
| 37 | Sales of livestock, produce, grains, and other products (see instructions) | 37 | 299,268 |
| 38a | Cooperative distributions (Form(s) 1099-PATR) . 28a 38b Taxable amount | 38b | |
| 39a | Agricultural program payments | 39b | |
| 40 a | Commodity Credit Corporation (CCC) loans: CCC loans reported under election | 40a | |
| b | CCC loans forfeited | 40c | |
| 41 | Crop insurance proceeds | 41 | |
| 42 | Custom hire (machine work) income | 42 | |
| 43 | Other income (see instructions) | 43 | 732 |
| 44 | Add amounts in the right column for lines 37 through 43 (lines 37, 38b, 39b, 40a, 40c, 41, 42, and 43) | 44 | 300,000 |
| 45 | Inventory of livestock, produce, grains, and other products at beginning of the year. Do not include sales reported on Form 4797 | | |
| 46 | Cost of livestock, produce, grains, and other products purchased during the year 46 110,000 | | |
| 47 | Add lines 45 and 46 | | |
| 48 | Inventory of livestock, produce, grains, and other products at end of year | | |
| 49 | Cost of livestock, produce, grains, and other products sold. Subtract line 48 from line 47* | 49 | 65,000 |
| 50 | Gross income. Subtract line 49 from line 44. Enter the result here and on Part I, line 9 | 50 | 235,000 |

Part IV Principal Agricultural Activity Codes



Do not file Schedule F (Form 1040) to report the following.

• Income from providing agricultural services such as soil preparation, veterinary, farm labor, horticultural services if your principal source of income is from providing

services it your principal source of income is from providing such services. Instead, see the Instructions for Schedule C (Form 1040).

- Income from breeding, raising, or caring for dogs, cats, or other pet animals. Instead, see the Instructions for Schedule C (Form 1040).
- Income from managing a farm for a fee or on a contract basis. Instead, see the Instructions for Schedule C (Form 1040).
- Sales of livestock held for draft, breeding, sport, or dairy purposes. Instead, see the Instructions for Form 4797.

These codes for the Principal Agricultural Activity classify farms by their primary activity to facilitate the administration of the Internal Revenue Code. These six-digit codes are based on the North American Industry Classification System (NAICS).

Select the code that best identifies your primary farming activity and enter the six-digit number on line B.

Crop Production

111100 Oilseed and grain farming111210 Vegetable and melon farming

- 111300 Fruit and tree nut farming
- 111400 Greenhouse, nursery, and floriculture production
- 111900 Other crop farming

Animal Production

- 112111 Beef cattle ranching and farming
- 112112 Cattle feedlots
- 112120 Dairy cattle and milk production
- 112210 Hog and pig farming
- 112300 Poultry and egg production
- 112400 Sheep and goat farming
- 112510 Aquaculture
- 112900 Other animal production

Forestry and Logging

- 113000 Forestry and logging (including forest nurseries and timber tracts)
- 113110 Timber tract operations
- 113210 Forest nurseries and gathering of forest products
- 113310 Logging

^{*} If you use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 48 is larger than the amount on line 47, subtract line 47 from line 48. Enter the result on line 49. Add lines 44 and 49. Enter the total on line 50 and on Part I, line 9.

| | | | | | Final K- I | Am | ienaea K- | I OMB | No. 1545-0092 |
|------------------------------|--|----------------|---------------------------|------------------|------------|-----------------------|-----------|-------------------------------------|----------------|
| Schedule K-1 (Form 1041) | | | 2024 | Pa | art III | | | of Current Year , and Other Iter | |
| Department of the Trea | asury ce | For calend | ar year 2024, or tax year | 1 | Interest | | 11 | Final year deduction | |
| | 04 . 04 . 0004 | | 40 .01 .0004 | 00 | Ordinan | 12,5 dividends | 00 | | |
| beginning | 01 / 01 / 2024 | ending | 12 / 31 / 2024 | 2a | Ordinary | , dividends | | | |
| | 's Share of In | come, | Deductions, | 2b | Qualified | d dividends | | | |
| Credits, etc | | | of form and instructions | | | | | | |
| | ormation About to s employer identification n | | e or Trust | 3 | Net sho | rt-term capital gain | | | |
| A Estate 3 of trust of | s employer identification in | umber | | 4a | Net long | g-term capital gain | | | |
| | 00-4000 | 002 | | | | | | | |
| B Estate's or trust's | s name | | | 4b | 28% rat | e gain | 12 | Alternative minimum | tax adjustment |
| Plack and Oran | ao Truct | | | 4c | Unrecar | otured section 1250 g | ain | | |
| Black and Oran | ge rrust | | | ~ | Omcoup | naroa sociion 1200 g | | | |
| | | | | 5 | Other po | ortfolio and | | | |
| C Fiduciary's name | e, address, city, state, and | ZIP code | |] | nonbusi | ness income | | | |
| | | | | 6 | Ordinan | / business income | _ | | |
| John Doe Fiduc | iarv | | | l° | Ordinary | 53,8 | 12 | | |
| 500 Test Street | | | | 7 | Net rent | al real estate income | 112 | | |
| Marion, AL 367 | | | | | | | 13 | Credits and credit | recapture |
| | | | | 8 | Other re | ental income | | | |
| | | | | 9 | Directly a | apportioned deduction | s | | |
| Check if Fo | orm 1041-T was filed and e | enter the date | e it was filed | | , | | | | |
| | | | | | | | | | |
| | | | | | | | 14 | Other information | |
| E Check if thi | is is the final Form 1041 fo | r the estate o | or trust | | | | E | | 12,500 |
| Part II Info | ormation About tl | ne Benef | iciary | 10 | Estate ta | ax deduction | - | | |
| F Beneficiary's ider | | | • | | | | | | |
| O Bassifished | 452-00-4 | | | | | | | | |
| G Beneficiary's nar | ne, address, city, state, an | id ZIP code | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | * 0 | oo attaa | ched statement fo | or additi | onal information | |
| | | | | | | atement must be | | | • |
| | | | | | | r's share of incor | | • | ned |
| John Gold | | | | | | s from each busi | ness, re | ntal real estate, a | and |
| 1500 Test Drive | | | | otr | ner renta | ıl activity. | | | |
| Fort Dodge, IA | 50501 | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | For IRS Use Only | | | | | |
| H Domestic be | eneficiary | Foreign b | eneficiary | P. P. | | | | | |

| | | | | | | Final K- I | / | amenae | a K-I | OMB | vo. 1545-0092 | |
|-----------------------------|--------------------------------|--|----------------|---------------------------|-----------------|--------------|---|--------|--------------------|------------------------------------|---------------|--|
| Schedule K-1 (Form 1041) | | | 2024 | | | rt III | Beneficiary's Share of Current Year Income Deductions, Credits, and Other Items | | | | | |
| Departmer Internal Re | nt of the Trea evenue Servi | asury ce | For calenda | ar year 2024, or tax year | 1 | Interest | income | ,500 | 11 | Final year deductio | | |
| ı | beginning | 01 / 01 / 2024 | ending | 12 / 31 / 2024 | 2a | Ordinary | y dividends | ,300 | | | | |
| Bene | ficiary | 's Share of In | come. | Deductions. | Oh | Qualifie | d dividends | | | | | |
| | ts, etc | | - | of form and instructions | 2b | Qualified | a dividends | | | | | |
| Part | | ormation About tl | he Estate | | 3 | Net sho | rt-term capital gain | | | | | |
| A Estat | te's or trust's | s employer identification n | umber | | 4a | Net long | g-term capital gain | | | | | |
| | | 00-4000 | 002 | | 44 | Net long | g-term capital gain | | | | | |
| B Estat | te's or trust's | | <u>502</u> | | 4b | 28% rat | e gain | | 12 | Alternative minimum t | ax adjustment | |
| DI 1 | | . | | | 10 | Unrocar | aturad sastian 1250 |) gain | | | | |
| Віаск а | ınd Oran | ge Trust | | | 4c | Unrecap | otured section 1250 | gain | | | | |
| | | | | | 5 | Other po | ortfolio and | | | | | |
| C Fiduo | ciary's name | , address, city, state, and | ZIP code | | ŢĬ | nonbusi | ness income | | | | | |
| | | | | | 6 | Ordinary | y business income | | | | | |
| John D | oe Fiduc | iary | | | | | 53 | ,812 | | | | |
| | st Street | | | | 7 | Net rent | al real estate incon | ne | 10 | Cup dita and anadit o | | |
| Marion | , AL 3675 | 56 | | | 8 | Other re | ental income | | 13 | Credits and credit r | ecapture | |
| | | | | | | | | | | | | |
| | | | | | 9 | Directly a | apportioned deducti | ons | | | | |
| D | Check if Fo | rm 1041-T was filed and e | enter the date | it was filed | | | | | | | | |
| | | | | | | | | | 14 | Other information | | |
| E | Check if thi | s is the final Form 1041 fo | r the estate o | r trust | | | | | Е | | 12,500 | |
| Part | II Info | ormation About tl | he Benefi | ciary | 10 | Estate ta | ax deduction | | | | | |
| _ | | ntifying number | | | ┖ | | | | | | | |
| G Bene | eficiary's nan | 452-00-4 ne, address, city, state, an | | | - | | | | | | | |
| G Bone | onolary o han | no, address, only, state, an | u 211 0000 | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | * S | ee attac | hed statement | for ac | dditic | nal information. | | |
| | | | | | | | atement must b | | | d showing the irectly apportion | od | |
| John Blue | | | | | | | | | tal real estate, a | | | |
| 500 Test Drive | | | | oth | er renta | al activity. | | | | | | |
| Omaha | i, NE 687 | '01 | | | | | | | | | | |
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| | | | | | or IRS Use Only | | | | | | | |
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Form **4255**(Rev. December 2024) Department of the Treasury

Certain Credit Recapture, Excessive Payments, and Penalties

Attach to your tax return.

Go to www.irs.gov/Form4255 for instructions and the latest information.

OMB No. 1545-0166

Attachment Sequence No. **172**

Internal Revenue Service

Name(s) as shown on return

Black and Orange Trust

n on return 100-4000002 Identifying number 100-4000002

| Part I S | ummary. Comp | iere me test of | FUIII 4233 as | Recapture | | | | | | |
|-------------------------------------|--|--|--|---|--|--|--|--|---|--|
| Prior year(s) credit from: | (a) Credit claimed in prior year(s) (as adjusted, if applicable) | (b) Gross elective payment election (EPE) amount portion of column (a) | (c) Gross EPE amount in column (b) applied against regular tax (section 38(c) limit) | (d) Net EPE amount. Subtract column (c) from column (b) | (e) Non-EPE credit (excess of column (a) over column (b)) that was applied against regular tax | Carryover. Subtract the sum of columns (b) and (e) from column (a) | (g) Recapture percentage. Enter "N/A" if more than one recapture event on one line | (h) Amount of column (a) recaptured, including reduction of carryover. See instructions for basis increase | (i) Portion of column (h) reducing credit carryover in column (f) | Portion of column (h) recapturing non-EPE credit applied against regular tax in column (e) |
| 1a Form 7207 | | | | | | | | | | |
| b Form 3468 | , | | | | | | | | | |
| Part III | 29,000 | 2,000 | | | 27,000 | 27,000 | 60% | 27,000 | | 27,000 |
| c Form 7210 | | | | | | | | | | |
| d Form 3468 Part IV | , | | | | | | | | | |
| e Form 7218 | * | | | | | | | | | |
| f Form 7213 Part II* | , | | | | | | | | | |
| g Form 3468 Part V* | , | | | | | | | | | |
| h Form 8936 Part V | , | | | | | | | | | |
| i Form 7211 | * | | | | | | | | | |
| j Form 3468 Part VI | , | | | | | | | | | |
| k Form 8835 | | | | | | | | | | |
| Z Other line tax | 1 | | | | | | | | | |
| 2a Form 8933 | | | | | | | | | | |
| b Form 8911 Part I | | | | | | | | | | |
| Z Other line 2 tax | 2 | | | | | | | | | |
| 3 Total each column | for Forms 4255 fi | | | | | | | | | |

^{*}Only applicable for Forms 4255 filed for tax years beginning after January 1, 2025.

Form 4255 (Rev. 12-2024)

Summary. Complete the rest of Form 4255 as applicable before completing this part. See instructions. (continued) Part I Recapture **Excessive Payments (EPs) and Penalties Totals by Type** (k) (I) (r) (t) (m) (n) (o) (p) (q) (s) Portion of Portion of Section If you owe If you owe Prevailing Wage Tax that can Tax that cannot Net EPE repaid. Enter any **Prior** an ÉP related an EP, enter Add columns (I) column (h) column (h) 6418(g)(2) and/or be reduced by be reduced by 20% EP in year(s) recapturing EPE recapturing excessive credit to a Gross EPE the portion of nonrefundable nonrefundable and (n) column (o) plus Apprenticeship credit applied against net EPE credit transfer or in column (b), the EP not in credits any amounts penalty credits from: regular tax from 6418(g)(3) enter the net column (n), amounts from column (p) from column (d) recapture **EPE** portion plus any 20% related to a column (c) EP you owe column (b) Gross EPE **1a** Form 7207 **b** Form 3468. Part III 27.000 **c** Form 7210 d Form 3468, Part IV e Form 7218* f Form 7213. Part II* g Form 3468, Part V* h Form 8936. Part V i Form 7211* j Form 3468, Part VI **k** Form 8835 z Other line 1 tax 2a Form 8933 **b** Form 8911, Part I **z** Other line 2 tax 3 Total each column 27,000

^{*}Only applicable for Forms 4255 filed for tax years beginning after January 1, 2025.

Form 4255 (Rev. 12-2024) Page 3 **Recapture Calculation** Part II Section A—Properties Enter the type of property and general business credit for which you are completing Sections B, C, and D. If recapturing the investment credit, also state the specific credit (rehabilitation, energy (if energy property, also show type)), qualified advanced coal project, qualified gasification project, qualified advanced energy project, advanced manufacturing investment property, qualified clean electricity facility, or rehabilitation property (if rehabilitation property, also show type of building). **Energy property** В С D Section B—Original Credit These columns relate to the properties A through D described above. **Properties** Α D 1 30% 10,000 3 Net change in nonqualified nonrecourse financing during the tax year. If a net decrease, enter 3 0 Credit base as of the end of the current tax year. Subtract line 3 from line 2 4 10.000 3.000 Credit taken for this property on Form 3800 in prior years (see instructions) 21,000 Section C-Recapture From Increase in Nonqualified Nonrecourse Financing (see instructions) 7 Credit subject to recapture due to a net increase in nonqualified nonrecourse financing. 18,000 8 Unused general business credits that would have been allowed if original credit had been 3.000 Subtract line 8 from line 7. This is the recapture tax as a result of a net increase in nonqualified 15.000

| members in an end of the contract of the contr | • | .07000 | | |
|--|------|------------------|---------------|------------------|
| Section D—Recapture From Disposition of Property or Cessation of Use as Qualified (| Cred | it Property (see | instructions) | |
| 10 Date property was placed in service | 10 | 07/01/2021 | | |
| 11 Date property ceased to be qualified credit property | 11 | 07/01/2023 | | |
| 12 Number of full years between the date on line 10 and the date on line 11 | 12 | 2 | | |
| 13 Unused general business credits that would have been allowed had there been no credit from | | | | |
| this property (see instructions) | 13 | 1,000 | | |
| 14 Subtract line 13 from line 6 | 14 | 20,000 | | |
| 15 Recapture percentage (see instructions) | 15 | 60% | | |
| 16 Multiply line 14 by the percentage on line 15. Enter amount on the applicable line(s) in Part I, | | | | |
| column (h). See instructions | 16 | 12,000 | | |
| 17 IRS-issued registration number, if applicable (see instructions) | 17 | TC0012300006 | | |
| | | | | 1255 (D 10 (|

8453-FE

U.S. Estate or Trust Declaration for an IRS e-file Return

Department of the Treasury Internal Revenue Service For calendar year 2024, or fiscal year beginning 01/01 , 2024, and ending 12/31 , 20 24

File electronically with the estate's or trust's return. Do not file paper copies.

Go to www.irs.gov/Form8453FE for the latest information.

2024

Employer identification number Name of estate or trust **Black and Orange Trust** 00-4000002 Name and title of fiduciary John Doe Fiduciary Tax Return Information Part I **1** Total income (Form 1041, line 9) 1 134,223 Income distribution deduction (Form 1041, line 18) . . . 2 132,623 Taxable income (Form 1041, line 23) 3 -100 4 27,000 **5** Tax due or overpayment (Form 1041, line 28 or 29) 5 Part II Declaration of Fiduciary I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the estate's or trust's taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. Under penalties of perjury, I declare that the above amounts (or the amounts on the attached listing) agree with the amounts shown on the corresponding lines of the electronic portion of the 2024 U.S. Income Tax Return(s) for Estates and Trusts. I have also examined a copy of the return(s) being filed electronically with the IRS, and all accompanying schedules and statements. To the best of my knowledge and belief, they are true, correct, and complete. If I am not the transmitter, I consent that the return(s), including this declaration and accompanying schedules and statements, be sent to the IRS by the return transmitter. I also consent to the IRS's sending the ERO and/or transmitter an acknowledgment of receipt of transmission and an indication of whether or not the return(s) is accepted, and, if rejected, the reason(s) for the rejection. Sign Here Signature of fiduciary or officer representing fiduciary Date Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) I declare that I have reviewed the above estate or trust return(s) and that the entries on Form 8453-FE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return(s), and only declare that this form accurately reflects the data on the return(s). The fiduciary or an officer representing the fiduciary will have signed this form before I submit the return(s). I will give the fiduciary or officer representing the fiduciary a copy of all forms and information to be filed with the IRS, and have followed all other requirements described in Pub. 4164, Modernized e-File (MeF) Guide for Software Developers and Transmitters. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above estate or trust return(s) and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge. ERO's Date Check if Check if ERO's SSN or PTIN self-ERO's signature also paid employed preparer Use Firm's name (or yours EIN Only if self-employed) Phone no. Under penalties of perjury, I declare that I have examined the above estate or trust return(s) and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge. Print/Type preparer's name Preparer's signature Date Check if Paid self-employed **Preparer** Firm's name Firm's EIN Use Only Firm's address Phone no.