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State of Florida

COMMISSION ON ETHICS

P.O. Drawer 15709

**Tallahassee, Florida 32317-
5709**

Kerrie J. Stillman

Executive Director

Steven J. Zuilkowski

**Deputy Executive Director/
General Counsel**

(850) 488-7864 Phone

(850) 488-3077 (FAX)

www.ethics.state.fl.us

**325 John Knox Road
Building E, Suite 200
Tallahassee, Florida 32303**

***"A Public Office is a Public
Trust"***

RECEIVED

**2026 APR 10 PM 3:17
DIVISION OF ELECTIONS
TALLAHASSEE, FL**

**VERIFICATION AND RECEIPT OF SUBMISSION
TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM**

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

Filer Name: Hon Stephen Anthony Pitre

Filer PID #: 37329

Date Filed: 4/6/2026

Disclosure Received: 2025 Full and Public Disclosure of Financial Interests

Filing ID: 1061912

Receipt Print Date: 4/6/2026

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

~ This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

To see the filer's disclosure, visit <https://disclosure.floridaethics.gov/PublicSearch/Filings>. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.

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Filed with COE: 04/06/2026

2026 APR 10 PM 2:21

General Information

DIVISION OF ELECTIONS

TALLAHASSEE, FL

Name: Hon Stephen Anthony Pitre

CONFIDENTIAL

PID 37329

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (1St)	Elected Constitutional Officer	Circuit Judge

CANDIDATE FOR

Position	Agency Name	Position sought or held
Circuit Judge	1st Judicial Circuit	Circuit Judge, Group 17

Net WorthMy Net Worth as of December 31, 2025 was \$ 7,320,099.37.**Assets**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effect is \$ 600,000.00.**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

Description of Asset	Value of Asset
Northwestern Mutual Life Ins.	\$ 121,899.36

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/06/2026

Description of Asset	Value of Asset
Synovus bank account	\$ 13,533.02
FLORIDA 457B AMFS EMRG MKT BD R6 AMFS NEW WLD R6 DDGECOC INX I FIX CONTRA K6 FIXED ASSETS JPM MDCAP VAL R6 SMCAP VAL EQ D TROE PR DIVID GR 1 AND EDINC B AND GR STK B AND OVSEAR STK I AND SPCTRM INC I AND US MDCAP GR EQ D VANGUARD INST INDS INST LS AND REAL	\$ 163,259.22
	\$ 2,150,000.00
	\$ 82,500.00
BRISTOL-MYERS SQUIBB	\$ 85,764.60
CATERPILLAR INC	\$ 57,287.00
CONOCOPHILLIPS	\$ 112,332.00
CHEVRON CORP	\$ 167,651.00
HOME DEPOT INC	\$ 154,845.00
IBM CORP	\$ 207,347.00
JOHNSON & JOHNSON	\$ 372,510.00
MERCK & CO. INC.	\$ 115,259.70
RYDER SYSTEM INC	\$ 65,072.60
SUN LIFE FINL F	\$ 37,315.20
US LIME&M	\$ 119,740.00
XEROX HOLDINGS CORP	\$ 1,806.75
ISHARES AGG	\$ 58,329.92
GQGIX	\$ 32,186.08
ANBFX	\$ 39,011.08
LCGFX	\$ 81,893.16
DHLRX	\$ 77,593.44
MQGIX	\$ 37,736.83
MWTIX	\$ 49,811.41
PCBIX	\$ 30,499.30
TROX	\$ 47,655.67
UBVLX	\$ 21,890.75

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/06/2026

Description of Asset	Value of Asset
WIAEX	\$ 20,406.79
WFMIX	\$ 32,227.57
IJH ishares	\$ 16,500.00
VOO vanguard index	\$ 279,699.98
JPMORGAN jpm	\$ 31,255.34
FLORIDA PENSION PLAN BUT UNKNOWN VALUE BUT OVER 15,000	\$ 100,000.00
WELLS FARGO wfc	\$ 14,352.80
CASH RAYMOND JAMES	\$ 77,171.41
INVESCO STIT TREASURY	\$ 32,855.36
AT&T	\$ 8,967.24
Alliant Energy LNT	\$ 2,795.43
Allstate Corp.	\$ 5,203.75
Alphabet inc google	\$ 55,856.40
american elec pwr AEP	\$ 4,381.78
AMEX	\$ 10,728.55
American Int'l Group AIG	\$ 5,047.45
American WTR WKS C.	\$ 2,610.00
Automatic Data Processing	\$ 1,028.92
avalonbay cmntys AVB	\$ 2,538.34
bank america corp. BAC	\$ 15,180.00
bank new york mellen	\$ 8,706.75
bershire hathaway	\$ 29,656.35
capitol one COF	\$ 7,755.52
citigroup inc com new	\$ 12,252.45
consolidated edison inc.	\$ 2,979.60
constellation energy corp.	\$ 7,418.67
digital rity DLR	\$ 3,403.62
electronic arts inc	\$ 4,699.59

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/06/2026

Description of Asset	Value of Asset
equinix inc EQIX	\$ 3,064.64
Exelon corp.	\$ 3,443.61
meta platforms META	\$ 52,147.11
first energy	\$ 2,730.97
GE Aerospace	\$ 2,772.27
healthpeak	\$ 2,058.24
jp morgan chase	\$ 16,238.88
KKR & Co.	\$ 5,991.56
Kimco realty	\$ 2,351.32
mastercard inc	\$ 16,555.52
mcdonalds, corp.	\$ 168,096.50
merck and co.	\$ 115,259.70
NRG Energy	\$ 5,414.72
netflix inc.	\$ 15,939.20
nextgerra energy	\$ 7,947.72
paypal holdings	\$ 4,670.40
proctor and gamble	\$ 60,333.51
progressive corp.	\$ 7,059.32
pubic storatge opera PSA	\$ 2,335.50
RTX corp.	\$ 2,200.80
regions financial corp.	\$ 4,932.20
Ryder Systems Inc.	\$ 65,072.60
Simon Property Group	\$ 3,702.20
Southern Co.	\$ 5,319.20
Sun Life Financial	\$ 337,315.20
T Mobile US Inc.	\$ 5,482.08
USLM	\$ 119,740.00
Verizon	\$ 8,227.46
Visa Inc.	\$ 19,289.05

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/06/2026

Description of Asset	Value of Asset
Walmart Inc.	\$ 334,230.00
Wells Fargo Co.	\$ 114,352.80
Welltower	\$ 75,053.18
Zimmer Biomet Holdings	\$ 28,594.56
Willis Towers Watson PLC (WTW)	\$ 4,600.40
Ishares TR Russell (IWM)	\$ 68,276.64
JP Morgan chase and co.	\$ 16,238.88
WIAEX wasatch small pa growth	\$ 33,740.34
WFMIX allspring special	\$ 28,978.31
AGG ishares	\$ 50,097.30
IEF ishares	\$ 28,289.70
IJH ishares tr core S&P	\$ 15,577.50
VOO vanguard index	\$ 216,601.62
TRPXX invesco	\$ 2,695.88
ally fin inc	\$ 50,688.00
citigroup inc.	\$ 16,035.68
jeffries financial group	\$ 50,529.50
morgan stanley	\$ 101,105.00
USB bank usa CD	\$ 76,503.75
wells fargo and co MTN ISIS	\$ 49,485.00
APPLE Inc	\$ 884,088.72
DEUTSCHE BANK SG	\$ 18,037.44
ubs BANK USA	\$ 75,996.75
GE Verona GEV	\$ 1,307.14
Home DEPOT	\$ 154,845.00

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/06/2026

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
SYNOVUS MORTGAGE	800 SHADES CREEK PARKWAY, MS 130, BIRMINGHAM, AL 35209	\$ 481,666.86
Wells Fargo Auto	PO Box 5265 Sioux Falls, SD 57117-5265	\$ 36,818.02
Pen Air credit union	1289 Airport Blvd Pensacola FL 32504	\$ 26,831.34

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2025 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☒ I elect to file a copy of my 2025 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
See Attached			

Interests in Specified Businesses

Business Entity # 1

N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Stephen Anthony Pitre

Digitally signed: 04/06/2026

Filed with COE: 04/06/2026

2025 Individual Return
prepared for:

STEPHEN A. and TRACI L. PITRE
P O BOX 607
GULF BREEZE, FL 32562

Angela J. Parker, CPA, APAC
1997 Surgi Dr
Mandeville, LA 70448

Form 1040		Department of the Treasury — Internal Revenue Service		U.S. Individual Income Tax Return		2025		OMB No. 1545-0074		IRS Use Only — Do not write or staple in this space.																																																																																														
For the year Jan. 1 — Dec. 31, 2025, or other tax year beginning ending																																																																																																								
Filed pursuant to section 301.9100-2 ☐ Combat zone: ☐ Deceased ☐ See separate instructions.																																																																																																								
☐ Other ☐ Spouse																																																																																																								
Your first name and middle initial				Last name				Your social security number																																																																																																
STEPHEN A. PITRE																																																																																																								
If joint return, spouse's first name and middle initial				Last name				Spouse's social security number																																																																																																
TRACI L. PITRE																																																																																																								
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.																																																																																																								
P O BOX 607																																																																																																								
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code																																																																																																								
GULF BREEZE, FL 32562																																																																																																								
Foreign country name Foreign province/state/county Foreign postal code																																																																																																								
Filing Status																																																																																																								
☐ Single ☐ Head of household (HOH) ☐ You ☐ Spouse																																																																																																								
☒ Married filing jointly (even if only one had income) ☐ Qualifying surviving spouse (QSS). If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent.																																																																																																								
☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: ☐ 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 instructions)																																																																																																								
<table border="1"><thead><tr><th></th><th>Dependent 1</th><th>Dependent 2</th><th>Dependent 3</th><th>Dependent 4</th></tr></thead><tbody><tr><td>(1) First name</td><td></td><td></td><td></td><td></td></tr><tr><td>(2) Last name</td><td></td><td></td><td></td><td></td></tr><tr><td>(3) SSN</td><td></td><td></td><td></td><td></td></tr><tr><td>(4) Relationship</td><td></td><td></td><td></td><td></td></tr><tr><td>(5) Check if lived with you more than half of 2025</td><td>(a) ☒ Yes (b) ☒ And in the U.S.</td><td>(a) ☒ Yes (b) ☒ And in the U.S.</td><td>(a) ☒ Yes (b) ☒ And in the U.S.</td><td>(a) ☐ Yes (b) ☐ And in the U.S.</td></tr><tr><td>(6) Check if</td><td>☒ Full-time student ☐ Permanently & totally disabled</td><td>☐ Full-time student ☐ Permanently & totally disabled</td><td>☐ Full-time student ☐ Permanently & totally disabled</td><td>☐ Full-time student ☐ Permanently & totally disabled</td></tr><tr><td>(7) Credits</td><td>☐ Child tax credit ☒ Credit for other dependents</td><td>☒ Child tax credit ☐ Credit for other dependents</td><td>☒ Child tax credit ☐ Credit for other dependents</td><td>☐ Child tax credit ☐ Credit for other dependents</td></tr></tbody></table>													Dependent 1	Dependent 2	Dependent 3	Dependent 4	(1) First name					(2) Last name					(3) SSN					(4) Relationship					(5) Check if lived with you more than half of 2025	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(6) Check if	☒ Full-time student ☐ Permanently & totally disabled	☐ Full-time student ☐ Permanently & totally disabled	☐ Full-time student ☐ Permanently & totally disabled	☐ Full-time student ☐ Permanently & totally disabled	(7) Credits	☐ Child tax credit ☒ Credit for other dependents	☒ Child tax credit ☐ Credit for other dependents	☒ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents																																																					
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☐ 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.																																																																																																								
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Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.																																																																																																								
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Tax and Credits

- 11b Amount from line 11a (adjusted gross income) **422,221**
- 12a Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
- b ☐ Spouse itemizes on a separate return c ☐ You were a dual-status alien
- d You: ☐ Were born before January 2, 1961 ☐ Are blind
- Spouse: ☐ Was born before January 2, 1961 ☐ Is blind

Standard Deduction for:

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

e Standard deduction or itemized deductions (from Schedule A)

- 13a Qualified business income deduction from Form 8995 or Form 8995-A **47,595**
- b Additional deductions from Schedule 1-A, line 38 **179**

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 **47,774**16 Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 **374,447**2 **4972** 3 **59,388**

17 Amount from Schedule 2, line 3

18 Add lines 16 and 17 **59,388**19 Child tax credit or credit for other dependents from Schedule 8812 **3,750**20 Amount from Schedule 3, line 8 **220**21 Add lines 19 and 20 **3,970**22 Subtract line 21 from line 18. If zero or less, enter -0- **55,418**23 Other taxes, including self-employment tax, from Schedule 2, line 21 **8,249**24 Add lines 22 and 23. This is your total tax **63,667**

Payments and Refundable Credits

25 Federal income tax withheld from:

a Form(s) W-2

25a **21,979**

b Form(s) 1099

25b **3,542**

c Other forms (see instructions)

25c

d Add lines 25a through 25c

25d **25,521**

26 2025 estimated tax payments and amount applied from 2024 return

If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):

26 **44,840**

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

27a Earned income credit (EIC)

27a

b Clergy filing Schedule SE (see instructions)

c 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

28

29 American opportunity credit from Form 8863, line 8

29

30 Refundable adoption credit from Form 8839, line 13

30

31 Amount from Schedule 3, line 15

31

32 Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits

32

33 Add lines 25d, 26, and 32. These are your total payments

33 **70,361**

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid **6,694**35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐35a **0**

Direct deposit? See instructions.

b Routing number

c Type: ☐ Checking ☐ Savings

d Account number

36 Amount of line 34 you want applied to your 2026 estimated tax **6,694**

36

Amount You Owe

37 Subtract line 33 from line 24. This is the amount you owe

For details on how to pay, go to www.irs.gov/Payments or see instructions.

37

38 Estimated tax penalty (see instructions)

38

Third Party Designee

Do you want to allow another person to discuss this return with the IRS?

See instructions.

☒ Yes. Complete below.☐ No

Designee's name:

ANGELA P. KANGAS

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:

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation:

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no.

Email address

Paid Preparer Use Only

Preparer's name:

ANGELA P. KANGAS

Preparer's signature:

ANGELA P. KANGAS

Date

3/31/2026

PTIN:

Check if:

☒ Self-employed

Firm's name:

ANGELA J. PARKER, CPA, APAC

Phone no.

Firm's address:

**1997 SURGI DR
MANDEVILLE, LA 70448**

Firm's EIN

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2025

Attachment
Sequence No. 01

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.

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

STEPHEN A. AND TRACI L. PITRE

Your social security number: [REDACTED]

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

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

Part I Additional Income

1	1	
2a	2a	
3	3	
4	4	
5	5	15,716.
6	6	
7	7	
8		
a	8a	
b	8b	
c	8c	
d	8d	
e	8e	
f	8f	
g	8g	
h	8h	
i	8i	
j	8j	
k	8k	
l	8l	
m	8m	
n	8n	
o	8o	
p	8p	
q	8q	
r	8r	
s	8s	
t	8t	
u	8u	
v	8v	
z	8z	
9	9	
10	10	15,716.

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106.		12	
13	Health savings account deduction. Attach Form 8889.		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐		14	
15	Deductible part of self-employment tax. Attach Schedule SE.		15	
16	Self-employed SEP, SIMPLE, and qualified plans.		16	
17	Self-employed health insurance deduction.		17	
18	Penalty on early withdrawal of savings.		18	
19a	Alimony paid.		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐		20	
21	Student loan interest deduction.		21	
22	Reserved for future use.		22	
23	Archer MSA deduction.		23	
24	Other adjustments:			
a	Jury duty pay (see instructions).	24a		
b	Deductible expenses related to income reported on line 8i from the rental of personal property engaged in for profit.	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m.	24c		
d	Reforestation amortization and expenses.	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974.	24e		
f	Contributions to section 501(c)(18)(D) pension plans.	24f		
g	Contributions by certain chaplains to section 403(b) plans.	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions).	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations.	24i		
j	Housing deduction from Form 2555.	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041).	24k		
z	Other adjustments. List type and amount:	24z		
25	Total other adjustments. Add lines 24a through 24z.		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10.		26	0

Schedule 1 (Form 1040) 2025

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **02**

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

STEPHEN A. AND TRACI L. PITRE

Your social security number

Part I Tax

1 Additions to tax:

- a** Excess advance premium tax credit repayment. Attach Form 8962.
- b** Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936).
- c** Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936).
- d** Recapture of net EPE from Form 4255, line 2a, column (i).
- e** Excessive payments (EPs) on gross EPE from Form 4255. Check applicable box and enter amount. See instructions.
- (i) ☐ Line 1a (ii) ☐ Line 1c
- (iii) ☐ Line 1d (iv) ☐ Line 2a
- f** 20% EP from Form 4255. Check applicable box and enter amount. See instructions.
- (i) ☐ Line 1a (ii) ☐ Line 1c
- (iii) ☐ Line 1d (iv) ☐ Line 2a
- y** Other additions to tax (see instructions):

1a		
1b		
1c		
1d		
1e		
1f		
1y		
1z		
2		0.
3		0.

Part II Other Taxes

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

(continued on page 2)

Part II Other Taxes (continued)

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

8,249.

Schedule 2 (Form 1040) 2025

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2025

Attachment
Sequence No. 03

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

STEPHEN A. AND TRACI L. PITRE

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116, if required.	1	220.
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441.	2	
3	Education credits from Form 8863, line 19.	3	
4	Retirement savings contributions credit. Attach Form 8880.	4	
5a	Residential clean energy credit from Form 5695, line 15.	5a	
b	Energy efficient home improvement credit from Form 5695, line 32.	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800.	6a	
b	Credit for prior year minimum tax. Attach Form 8801.	6b	
c	Adoption credit. Attach Form 8839.	6c	
d	Credit for the elderly or disabled. Attach Schedule R.	6d	
e	Reserved for future use.	6e	
f	Clean vehicle credit. Attach Form 8936.	6f	
g	Mortgage interest credit. Attach Form 8396.	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859.	6h	
i	Qualified electric vehicle credit. Attach Form 8834.	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911.	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912.	6k	
l	Amount on Form 8978, line 14. See instructions.	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936.	6m	
n	Other nonrefundable credits. List type and amount:	6n	
7	Total other nonrefundable credits. Add lines 6a through 6z.	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20.	8	220.

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962.	9	
10	Amount paid with request for extension to file (see instructions).	10	
11	Excess social security and tier 1 RRTA tax withheld.	11	
12	Credit for federal tax on fuels. Attach Form 4136.	12	
13	Other payments or refundable credits:		
a	Form 2439.	13a	
b	Section 341 credit for repayment of amounts included in income from earlier years.	13b	
c	Net elective payment election amount from Form 3800, Part III, line 6, column (i).	13c	
d	Deferred amount of net 965 tax liability (see instructions).	13d	
e	Other refundable credits (see instructions).	13e	
14	Total other payments or refundable credits. Add lines 13a through 13z.	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31.	15	0.

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

Schedule 3 (Form 1040) 2025 Created 11/17/25

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/ScheduleA for instructions and the latest information.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2025

Attachment
Sequence No. **07**

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

STEPHEN A. AND TRACI L. PITRE

Your social security number

[REDACTED]

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions)
- 2 Enter amount from Form 1040 or 1040-SR, line 11b
- 3 Multiply line 2 by 7.5% (0.075)
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0

1	
2	
3	
4	0

Taxes You Paid

- 5 State and local taxes (SALT).
 - a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box: ☒
 - b State and local real estate taxes (see instructions)
 - c State and local personal property taxes
 - d Add lines 5a through 5c
 - e Enter the smaller of line 5d or \$40,000 (\$20,000 if married filing separately). If Form 1040 or 1040-SR, line 11b is more than \$500,000 (\$250,000 if married filing separately), or if you completed Form 2555, Form 4563, or excluded income from Puerto Rico, see instructions.
- 6 Other taxes. List type and amount:

5a	2,174
5b	11,989
5c	
5d	14,163
5e	14,163
6	

7 Add lines 5e and 6

7	14,163
---	--------

Interest You Paid

Caution: Your mortgage interest deduction may be limited. See instructions.

- 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box: ☐
 - a Home mortgage interest and points reported to you on Form 1098. See instructions if limited.
 - b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address.
 - c Points not reported to you on Form 1098. See instructions for special rules.
 - d Reserved for future use
 - e Add lines 8a through 8c
- 9 Investment interest. Attach Form 4952 if required. See instructions.
- 10 Add lines 8e and 9

8a	20,893
8b	
8c	
8d	
8e	20,893
9	
10	20,893

Gifts to Charity

Caution: If you made a gift and got a benefit for it, see instructions.

- 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions.
- 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.
- 13 Carryover from prior year.
- 14 Add lines 11 through 13

11	12,539
12	
13	
14	12,539

Casualty and Theft Losses

- 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions.

15	0
----	---

Other Itemized Deductions

- 16 Other—from list in instructions. List type and amount:

16	0
----	---

Total Itemized Deductions

- 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12e.
- 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box: ☐

17	47,595
18	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

FD/A030112 12/22/25

Schedule A (Form 1040) 2025 Created 11/20/25

SCHEDULE B
(Form 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2025

Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

STEPHEN A. AND TRACI L. PETRE

Your social security number

Part I

Interest

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-DIV, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

MY PENSACOLA CREDIT UNION

RAYMOND JAMES

RAYMOND JAMES

Amount

417.

10.

20,084.

- 2 Add the amounts on line 1.

- 3 Excludable interest on series EE and U.S. savings bonds issued after 1989. Attach Form 8815.

- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b.

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

20,511.

20,511.

Part II

Ordinary Dividends

(See instructions and the Instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 5 List name of payer:

RAYMOND JAMES

RAYMOND JAMES

60,113.

255.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b.

Note: If line 6 is over \$1,500, you must complete Part III.

60,368.

Part III
Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2025, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions.

Yes No

☐ ☒

- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements.

- b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(ies) where the financial account(s) is (are) located:

- 8 During 2025, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions.

☐ ☒

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

FDIA0401L 09/28/25

Schedule B (Form 1040) 2025 Created 4/23/25

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

2025Attachment
Sequence No. **12**

Name(s) shown on return

STEPHEN A. AND TRACI L. PITRE

Your social security number

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

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

☐ Yes ☒ No**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 instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.	8,105.	8,471.		-366.
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.				
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 -366.

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 instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.	297,862.	250,027.		47,835.
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.	61,134.	20,371.		40,763.
10 Totals for all transactions reported on Form(s) 8949 with Box F or Box L checked.	68,477.	33,000.		35,477.
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.				13 124.
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.				15 124,199.

Part III Summary

16. Combine lines 7 and 15 and enter the result:

- 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?

☒ Yes. Go to line 18.☐ 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.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.

20. Are lines 18 and 19 both zero or blank and you are not filing Form 4952?

☒ 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.☐ 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**:

- The loss on line 16; or
- (\$3,000), or if married filing separately, (\$1,500)

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?

☐ Yes. Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

16 123,833.

18 0.

19

21 ()

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side.

Social security number or taxpayer identification number

STEPHEN A. AND TRACI L. PITRE

Before you check Box D, E, F, J, K, or L below, see whether you received any Form(s) 1099-B, Form(s) 1099-DA, or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B or Form 1099-DA. They will show whether your basis (usually, your cost) was reported to the IRS by your broker and may even tell you which box to check:

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B and Form(s) 1099-DA showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, F, J, K, or L below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- | | |
|--|---|
| ☒ | (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) |
| ☒ | (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS |
| ☐ | (F) Long-term transactions, other than digital asset transactions, not reported to you on Form 1099-B or Form 1099-DA |
| ☐ | (J) Long-term transactions reported on Form(s) 1099-DA showing basis was reported to the IRS (see Note above) |
| ☐ | (K) Long-term transactions reported on Form(s) 1099-DA showing basis was not reported to the IRS |
| ☐ | (L) Long-term digital asset transactions not reported to you on Form 1099-DA or Form 1099-B |

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (See instructions)	(e) Cost or other basis. (See the Note below and see Column (e) in the separate instructions.	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions:		(h) Gain or (loss). Subtract column (e) from column (d); and combine the result with column (g).
					(f) Code(s) from instructions	(g) Amount of adjustment	
RAYMOND JAMES - [REDACTED]	VARIOUS	VARIOUS	61,134.	20,371.			40,763.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D or Box J above is checked), line 9 (if Box E or Box K above is checked), or line 10 (if Box F or Box L above is checked).			61,134.	20,371.		0.	40,763.

Note: If you checked Box D or Box J above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (d) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return: Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

STEPHEN A. AND TRACI L. PITRE

Before you check Box D, E, F, J, K, or L below, see whether you received any Form(s) 1099-B, Form(s) 1099-DA, or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B or Form 1099-DA. They will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B and Form(s) 1099-DA showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, F, J, K, or L below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
☒ (F) Long-term transactions, other than digital asset transactions, not reported to you on Form 1099-B or Form 1099-DA
☐ (J) Long-term transactions reported on Form(s) 1099-DA showing basis was reported to the IRS (see Note above)
☐ (K) Long-term transactions reported on Form(s) 1099-DA showing basis was not reported to the IRS
☐ (L) Long-term digital asset transactions not reported to you on Form 1099-DA or Form 1099-B

[illegible]

Note: If you checked Box D or Box J above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

Your social security number

STEPHEN A. AND TRACI L. PITRE

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	
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 5		A		
B		B		
C		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 15,716.		
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		
19 Other (list)	19		
20 Total expenses. Add lines 5 through 19.	20		
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 15,716.		
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 15,716.		
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		
e Total of all amounts reported on line 20 for all properties.	23e		
24 Income. Add positive amounts shown on line 21. Do not include any losses.	24 15,716.		
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 4 on page 2.	26 15,716.		

BAA For Paperwork Reduction Act Notice, see the separate instructions.

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

STEPHEN A. AND TRACI L. PITRE

Your social security number: [REDACTED]

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section.

Yes ☐ No ☒

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	CROWN POINT CORPORATION	S		[REDACTED]		
B						
C						
D						

Passive Income and Loss**Nonpassive Income and Loss**

	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A					
B					
C					
D					
29a Totals					
b Totals					
30 Add columns (h) and (k) of line 29a					30
31 Add columns (g), (i), and (j) of line 29b					31
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31.					32

Part III Income or Loss From Estates and Trusts

33	Estate and Trusts				
A	(a) Name			(b) Employer ID no.	
B					
Passive Income and Loss					
(c) Passive deduction or loss allowed (attach Form 8582 if required)			(d) Passive income from Schedule K-1	Nonpassive Income and Loss	
				(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A					
B					
34 a Totals					
b Totals					
35 Add columns (d) and (f) of line 34a				35	
36 Add columns (c) and (e) of line 34b				36	
37 Total estate and trust income or (loss). Combine lines 35 and 36.				37	
Part IV Income or Loss From Real Estate					

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below.					39

Part V Summary

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below.	40	
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5.	41	15,716
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules.	43	

Foreign Tax Credit

(Individual, Estate, or Trust)

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

Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. 19

Name _____

STEPHEN A. AND TRACI L. PITRE

Identifying number as shown on page 1 of your tax return

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

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

h	Resident of (name of country)	UNITED STATES
---	-------------------------------	---------------

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

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

Foreign Country or U.S. Territory				Total (Add cols. A, B, and C.)
A	B	C		
i Enter the name of the foreign country or U.S. territory	VARIOUS	OTHER COUNTRY (VARIOUS)		
1a Gross income from sources within country shown above and of the type checked above (see instructions): SEE STATEMENT 3			1a	
	1,588.			1,588.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions.				
Deductions and losses (Caution: See instructions):				
2 Expenses definitely related to the income on line 1a (attach statement).				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	14,163.	14,163.		
b Other deductions (attach statement)				
c Add lines 3a and 3b	14,163.	14,163.		
d Gross foreign source income (see instructions)		1,588.		
e Gross income from all sources (see instructions)	422,766.	422,766.		
f Divide line 3d by line 3e (see instructions)		0.003756		
g Multiply line 3c by line 3f		53.		
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5		53.	6	53.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2.			7	1,535.

Part II Foreign Taxes Paid or Accrued (see instructions)

COUNTRY	Credit is claimed for taxes (you must check one) (i) ☒ Paid (k) ☐ Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add columns (q) through (t))
		(m) Dividends	(r) Rents and royalties	(o) Interest		(q) Dividends	(r) Rents and royalties	(s) Interest		
A	1099 TAXES									
B	12/31/2025									
C						220				220

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

8 220..

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I.	9	220.
10	Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions). (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10	
11	Add lines 9 and 10.	11	220.
12	Reduction in foreign taxes (see instructions).	12	
13	Taxes reclassified under high tax kickout (see instructions).	13	
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit.	14	220.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions.	15	1,535.
16	Adjustments to line 15 (see instructions).	16	
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, skip line 18 and enter -0- on line 19.)	17	1,535.
18	Individuals: Enter the sum of (i) Form 1040, 1040-SR, or 1040-NR, line 11b, minus Form 1040, 1040-SR, or 1040-NR, line 14, and (ii) Schedule 1-A (Form 1040), line 37. Estates and trusts: Enter your taxable income without the deduction for your exemption. Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	374,447.
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1".	19	0.004099379
20	Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 12. Estates and trusts: See instructions. Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 9978, Partner's Additional Reporting Year Tax, see instructions.	20	59,388.
21	Multiply line 20 by line 19 (maximum amount of credit).	21	243.
22	Increase in limitation (section 960(c)) (see instructions).	22	
23	Add lines 21 and 22.	23	243.
24	Enter the smaller of line 14 or line 23. Enter here and on the appropriate line of Part IV. See instructions.	24	220.

Part IV Summary of Separate Credits From Parts III (Enter amounts from Part III, line 24, for each applicable category of income. Don't include taxes paid to sanctioned countries.) See instructions.

25	Credit for taxes on section 951A category income.	25	
26	Credit for taxes on foreign branch category income.	26	
27	Credit for taxes on passive category income.	27	220.
28	Credit for taxes on general category income.	28	
29	Credit for taxes on section 901(j) income.	29	
30	Credit for taxes on certain income re-sourced by treaty.	30	
31	Credit for taxes on lump-sum distributions.	31	
32	Add lines 25 through 31.	32	220.
33	Enter the smaller of line 20 or line 32.	33	220.
34	Reduction of credit for international boycott operations. See instructions for line 12.	34	
35	Subtract line 34 from line 33. This is your foreign tax credit. Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a.	35	220.

Form 1116

ALTERNATIVE MINIMUM TAX

Foreign Tax Credit

(Individual, Estate, or Trust)

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

Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0074

2025

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

Name

STEPHEN A. AND TRACI L. PITRE

Identifying number as shown on page 1 of your tax return.

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

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

h Resident of (name of country) UNITED STATES

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

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

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

Part II Foreign Taxes Paid or Accrued (see instructions)

C O U N T R Y	Credit is claimed for taxes (you must check one) (a) ☐ Paid (b) ☒ Accrued	Foreign taxes paid or accrued									
		In foreign currency				In U.S. dollars					
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add columns (q) through (t))	
		(i) Date paid or accrued	(m) Dividends	(n) Rents and royalties		(o) Interest	(q) Dividends	(r) Rents and royalties			(s) Interest
A	1099: TAXES										
B	12/31/2025					220.					220.
C											

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

8

220.

BAA For Paperwork Reduction Act Notice, see instructions.

FD122612L 10/09/25

Form 1116 (2025) Created 9/16/25

Part III Figuring the Credit

Page 2

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I.	9	220.	
10	Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (XIV)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions). ☐ (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10		
11	Add lines 9 and 10.	11	220.	
12	Reduction in foreign taxes (see instructions).	12		
13	Taxes reclassified under high tax kickout (see instructions).	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit.	14	220.	
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. (See instructions).	15		
16	Adjustments to line 15 (see instructions).	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, skip line 18 and enter -0- on line 19.)	17	1,535.	
18	Individuals: Enter the sum of (i) Form 1040, 1040-SR, or 1040-NR, line 11b; minus Form 1040, 1040-SR, or 1040-NR, line 14; and (ii) Schedule 1-A (Form 1040), line 37. Estates and trusts: Enter your taxable income without the deduction for your exemption. Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	388,610.	
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1".	19	0.003949976	
20	Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 1z. Estates and trusts: See instructions. Caution: If you are completing line 20 for separate category g (lump-sum distributions); or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.	20	45,275.	
21	Multiply line 20 by line 19 (maximum amount of credit).	21	179.	
22	Increase in limitation (section 960(c)) (see instructions).	22		
23	Add lines 21 and 22.	23	179.	
24	Enter the smaller of line 14 or line 23. Enter here and on the appropriate line of Part IV. See instructions.	24	179.	

Part IV Summary of Separate Credits From Parts III (Enter amounts from Part III, line 24, for each applicable category of income. Don't include taxes paid to sanctioned countries.) See instructions.

25	Credit for taxes on section 951A category income.	25		
26	Credit for taxes on foreign branch category income.	26		
27	Credit for taxes on passive category income.	27	179.	
28	Credit for taxes on general category income.	28		
29	Credit for taxes on section 901(j) income.	29		
30	Credit for taxes on certain income re-sourced by treaty.	30		
31	Credit for taxes on lump-sum distributions.	31		
32	Add lines 25 through 31.	32	179.	
33	Enter the smaller of line 20 or line 32.	33	179.	
34	Reduction of credit for international boycott operations. See instructions for line 12.	34		
35	Subtract line 34 from line 33. This is your foreign tax credit. Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a.	35	179.	

SCHEDULE B
(Form 1116)

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service

Foreign Tax Carryover Reconciliation Schedule

For calendar year 2025 or other tax year beginning _____ and ending _____

See separate instructions:
Attach to Form 1116.

Go to www.irs.gov/Form1116 for instructions and the latest information.

CMB No. 1545-0121

Name

ALTERNATIVE MINIMUM TAX

Identifying number as shown
on page 1 of your tax return

STEPHEN A. AND TRACI L. PITRE

Use a separate Schedule B (Form 1116) for each applicable category of income listed below. See instructions. Check only one box on each schedule.
Check the box for the same separate category code as that shown on the Form 1116 to which this Schedule B is attached.

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

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

FD122621 01/10/23

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

ALTERNATIVE MINIMUM TAX

Foreign Tax Carryover Reconciliation (continued)	(vii) Subtotal from page 1 (enter the amounts from column (vii) on page 1)	(ix) 4th Preceding Tax Year	(x) 3rd Preceding Tax Year	(xi) 2nd Preceding Tax Year	(xii) 1st Preceding Tax Year	(xiii) Current Tax Year	(xiv) Totals (add columns (vii) through (xiii))
1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions)).							
2 Adjustments to line 1 (enter description—see instructions):							
a Carryback adjustment (see instr.)							
b Adjustments for section 905(c) redeterminations (see instructions)							
c							
d							
e							
f							
g							
3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2). Include the column (xiv) total on the current year Form 1116, Part III, line 10.							
4 Foreign tax carryover used in current tax year (enter as a negative number)							
5 Foreign tax carryover expired unused in current tax year (enter as a negative number)							
6 Foreign tax carryover generated in current tax year						41.	41.
7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
8 Foreign tax carryover to the following tax year. Combine lines 3 through 7.						41.	41.

BAA

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

**Additional Taxes on Qualified Plans
(Including IRAs) and Other Tax-Favored Accounts**

OMB No. 1545-0074

2025Attachment
Sequence No. 29Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form5329 for instructions and the latest information.

Name of individual subject to additional tax. If married filing jointly, see instructions.

TRACI L. PITRE

Your social security number

[REDACTED]

Apt. no.

**Fill in Your Address Only
if You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street), or P.O. box if mail is not delivered to your home.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.

Foreign country name

Foreign province/state/county

If this is an amended
return, check here. ☐

Foreign postal code

If you only owe the additional 10% tax on the full amount of the early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040), line 8, without filing Form 5329. See instructions.

Part I Additional Tax on Early Distributions.

Complete this part if you took a taxable distribution (other than a qualified disaster recovery distribution) before you reached age 59-1/2 from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040) — see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

1	Early distributions includible in income (see instructions). For Roth IRA distributions, see instructions.	1	17,052.
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions.	2	
3	Amount subject to additional tax. Subtract line 2 from line 1.	3	17,052.
4	Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 8.	4	1,705.

Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.

Part II Additional Tax on Certain Distributions From Education Accounts and ABLER Accounts.

Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 8z, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP), or on Schedule 1 (Form 1040), line 8q, from an ABLER account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLER account.	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions).	6	
7	Amount subject to additional tax. Subtract line 6 from line 5.	7	
8	Additional tax. Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 8.	8	

Part III Additional Tax on Excess Contributions to Traditional IRAs. Complete this part if you contributed more to your traditional IRAs (which include your traditional SEP IRAs and traditional SIMPLE IRAs) for 2025 than is allowable or you had an amount on line 17 of your 2024 Form 5329.

9	Enter your excess contributions from line 16 of your 2025 Form 5329. See instructions. If zero, go to line 15.	9	
10	If your traditional IRA contributions for 2025 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-.	10	
11	2025 traditional IRA distributions included in income (see instructions).	11	
12	2025 distributions of prior year excess contributions to traditional IRAs (see instructions).	12	
13	Add lines 10, 11, and 12.	13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-.	14	
15	Excess contributions for 2025 (see instructions).	15	
16	Total excess contributions. Add lines 14 and 15.	16	
17	Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2025 (including 2025 contributions made in 2026). Include this amount on Schedule 2 (Form 1040), line 8.	17	

Part IV Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contributed more to your Roth IRAs (which include your Roth SEP IRAs and Roth SIMPLE IRAs) for 2025 than is allowable or you had an amount on line 25 of your 2024 Form 5329.

18	Enter your excess contributions from line 24 of your 2024 Form 5329. See instructions. If zero, go to line 23.	18	
19	If your Roth IRA contributions for 2025 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-.	19	
20	2025 distributions from your Roth IRAs (see instructions).	20	
21	Add lines 19 and 20.	21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-.	22	
23	Excess contributions for 2025 (see instructions).	23	
24	Total excess contributions. Add lines 22 and 23.	24	
25	Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2025 (including 2025 contributions made in 2026). Include this amount on Schedule 2 (Form 1040), line 8.	25	

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

Form 5329 (2025) Created 6/12/25

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

**Credits for Qualifying Children
and Other Dependents**

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment
Sequence No. **47**

Name(s) shown on return
STEPHEN A. AND TRACI L. PITRE

Your social security number
[REDACTED]

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	422,221.
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	422,221.
4	Number of qualifying children under age 17 with the required social security number.	4	2.
5	Multiply line 4 by \$2,200.	5	4,400.
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	4,900.
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	23,000.
11	Multiply line 10 by 5% (0.05).	11	1,150.
12	Is the amount on line 8 more than the amount on line 11? ☐ No. Stop here. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. ☒ Yes. Subtract line 11 from line 8. Enter the result.	12	3,750.
13	Enter the amount from Credit Limit Worksheet A .	13	59,168.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.	14	3,750.

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.

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

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

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15: Reserved for future use

16a Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit.

b Number of qualifying children under age 17 with the required social security number: X \$1,700.
Enter the result. If zero, stop here; you cannot claim the additional child tax credit.

TIP: The number of children you use for this line is the same as the number of children you used for line 4.

17 Enter the smaller of line 16a or line 16b.

18a Earned income (see instructions)

b Nontaxable combat pay (see instructions)

19 Is the amount on line 18a more than \$2,500?

☐ No. Leave line 19 blank and enter -0- on line 20.☐ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result.

20 Multiply the amount on line 19 by 15% (0.15) and enter the result.

Next, on line 16b, is the amount \$5,100 or more?

☐ No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.

22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13.

23 Add lines 21 and 22.

24 1040 and

1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.

1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.

25 Subtract line 24 from line 23. If zero or less, enter -0-.

26 Enter the larger of line 20 or line 25.

Next, enter the smaller of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

27 This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28.

Schedule 8812 (Form 1040) 2025

Nondeductible IRAs

OMB No. 1545-0074

2025

Attachment
Sequence No. 48Department of the Treasury,
Internal Revenue Service

Attach to 2025 Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8606 for instructions and the latest information.

Name: If married, file a separate form for each spouse required to file 2025 Form 8606. See instructions.

TRACI L. PITRE

Your social security number

Fill in Your Address
Only if You Are
Filing This Form by
Itself and Not With
Your Tax Return

Home address (number and street, or P.O. box if mail is not delivered to your home)

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.

Foreign country name:

Foreign province/state/county

Foreign postal code

Note: Except where stated otherwise, "traditional IRA" includes traditional SEP IRAs and traditional SIMPLE IRAs. "Roth IRA" includes Roth SEP IRAs and Roth SIMPLE IRAs.

Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional IRAs

Complete this part only if one or more of the following apply:

- You made nondeductible contributions to a traditional IRA for 2025. Nondeductible contributions to a traditional IRA do not include employer contributions made to a SEP IRA pursuant to a SEP arrangement or to a SIMPLE IRA pursuant to a SIMPLE IRA plan.
- You took distributions from a traditional IRA in 2025 and you made nondeductible contributions to a traditional IRA in 2025 or an earlier year. For this purpose, "distributions" does not include rollovers (but does include certain 2025 retirement plan distribution repayments treated as rollovers (see instructions)). Also, it does not include qualified charitable distributions, one-time distributions to fund an HSA, conversions, recharacterizations, or returns of certain contributions.
- You converted part, but not all, of your traditional IRAs to Roth IRAs in 2025 and you made nondeductible contributions to a traditional IRA in 2025 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2025, including those made for 2025 from January 1, 2026, through April 15, 2026. See instructions.	1	
2	Enter your total basis in traditional IRAs. See instructions.	2	4,334.
3	Add lines 1 and 2.	3	4,334.
In 2025, did you take a distribution from a traditional IRA, or make a Roth IRA conversion? No. ——— Enter the amount from line 3 on line 14. Do not complete the rest of Part I. Yes ——— Go to line 4.			
4	Enter those contributions included on line 1 that were made from January 1, 2026, through April 15, 2026.	4	
5	Subtract line 4 from line 3.	5	4,334.
6	Enter the value of all your traditional IRAs as of December 31, 2025, plus any outstanding rollovers. Subtract certain 2025 retirement plan distribution repayments treated as rollovers, if any. See instructions.	6	99,198.
7	Enter your distributions from traditional IRAs in 2025. Do not include rollovers (but do include certain 2025 retirement plan distribution repayments treated as rollovers (see instructions)). Also, do not include qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions. See instructions.	7	17,708.
8	Enter the net amount you converted from traditional IRAs to Roth IRAs in 2025. Also, enter this amount on line 16.	8	
9	Add lines 6, 7, and 8.	9	116,906.
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000".	10	X 0.0370725
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also, enter this amount on line 17.	11	
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA.	12	656.
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions.	13	656.
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2025 and earlier years.	14	3,678.

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

Form 8606 (2025) Created 5/7/25

Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional IRAs (continued)

15a Subtract line 12 from line 7.	15a	17,052.
b Enter the amount on line 15a attributable to qualified disaster distributions, if any, from 2025 Form(s) 8915-F. See instructions. Also, enter this amount on 2025 Form(s) 8915-F, line 18, as applicable. See instructions.	15b	
c Taxable amount: Subtract line 15b from line 15a. Reduce that amount by certain 2025 retirement plan distribution repayments (other than those reported on Form 8915-F) that are treated as rollovers. See instructions. If more than zero, also include this amount on 2025 Form 1040, 1040-SR, or 1040-NR, line 4b.	15c	17,052.
Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59 1/2 at the time of the distribution. See instructions.		

Part II 2025 Conversions From Traditional IRAs to Roth IRAs

Complete this part if you converted part or all of your traditional IRAs to a Roth IRA in 2025.

16 If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional IRAs to Roth IRAs in 2025.	16	
17 If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16. See instructions.	17	
18 Taxable amount: Subtract line 17 from line 16. If more than zero, also include this amount on 2025 Form 1040, 1040-SR, or 1040-NR, line 4b.	18	

Part III Distributions From Roth IRAsComplete this part only if you took a distribution from a Roth IRA in 2025. For this purpose, a distribution **does not** include a rollover (but does include certain 2025 retirement plan distribution repayments treated as rollovers (see instructions)). Also, it **does not** include a qualified charitable distribution, one-time distribution to fund an HSA, recharacterization, or return of certain contributions. See instructions.

19 Enter your total nonqualified distributions from Roth IRAs in 2025, including any qualified first-time homebuyer distributions, and any 2025 retirement plan distributions whose repayments are treated as rollovers. See instructions.	19	
20 Qualified first-time homebuyer expenses (see instructions). Do not enter more than \$10,000 reduced by the total of all your prior qualified first-time homebuyer distributions.	20	
21 Subtract line 20 from line 19. If zero or less, enter -0-	21	
22 Enter your basis in Roth IRA contributions. See instructions. If line 21 is zero, stop here.	22	
23 Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax. See instructions.	23	
24 Enter your basis in conversions from traditional IRAs and rollovers from qualified retirement plans to a Roth IRA. See instructions.	24	
25a Subtract line 24 from line 23. If zero or less, enter -0- and skip lines 25b and 25c.	25a	
b Enter the amount on line 25a attributable to qualified disaster distributions, if any, from 2025 Form(s) 8915-F. See instructions. Also, enter this amount on 2025 Form(s) 8915-F, line 19, as applicable. See instructions.	25b	
c Taxable amount: Subtract line 25b from line 25a. Reduce that amount by certain 2025 retirement plan distribution repayments (other than those reported on Form 8915-F) that are treated as rollovers. See instructions. If more than zero, also include this amount on 2025 Form 1040, 1040-SR, or 1040-NR, line 4b.	25c	

Sign Here Only
If You Are Filing
This Form by Itself
and Not With Your
Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Paid
Preparer
Use Only

Print/type preparer's name

Preparer's signature

Date

Check ☐ if
self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

Form **8995****Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-0074

2025Attachment
Sequence No. **55**Department of the Treasury
Internal Revenue ServiceAttach to your tax return.
Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return:

STEPHEN A. AND TRACI L. PITRE

Your taxpayer identification number:

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	CROWN POINT CORPORATION		0.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c).	2	0.
3	Qualified business net (loss) carryforward from the prior year.	3	0.
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0.
5	Qualified business income component. Multiply line 4 by 20% (0.20).	5	0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions).	6	893.
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year.	7	0.
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	893.
9	REIT and PTP component. Multiply line 8 by 20% (0.20).	9	179.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9.	10	179.
11	Taxable income before qualified business income deduction (see instructions).	11	374,626.
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions).	12	183,130.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	191,496.
14	Income limitation. Multiply line 13 by 20% (0.20).	14	38,299.
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	179.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	0.
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	0.

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

Form 8995 (2025) Created 9/12/25

Form 8867

(Rev. November 2024)

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and
Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status;
To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

For tax year

20 25

Attachment
Sequence No. 70

Taxpayer name(s) shown on return

STEPHEN A. AND TRACI L. PITRE

Taxpayer identification number

Preparer's name

ANGELA P. KANGAS

Preparer tax identification number

Part I Due Diligence Requirements

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

☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

	Yes	No	N/A
1. Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	☒	☐	☐
2. If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3. Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s).	☒	☐	☐
4. Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	☐	☒	☐
a. Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	☐
b. Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	☐
5. Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s). List those documents provided by the taxpayer, if any, that you relied on: 	☒	☐	☐
6. Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	☐
7. Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	☒	☐	☐
a. Did you complete the required recertification Form 8862?	☐	☐	☐
8. If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☐	☐	☒

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 8867 (Rev. 11-2024)

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

- 9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)
- b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?
- c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?

Yes	No	N/A
☐	☐	☐
☐	☐	☐
☐	☐	☐

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

- 10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?
- 11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?
- 12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?

Yes	No	N/A
☒	☐	☐
☒	☐	☐
☒	☐	☐

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

- 13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?

Yes	No
☐	☐

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

- 14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?

Yes	No
☐	☐

Part VI Eligibility Certification

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

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

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

- 15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?

Yes	No
☒	☐

Net Investment Income Tax –
Individuals, Estates, and Trusts

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2025

Attachment
Sequence No. 72

Name(s) shown on your tax return

STEPHEN A. AND TRACI L. PITRE

Your social security number or EIN

Part I Investment Income

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

1	1	20,511.
2	2	60,368.
3	3	
4a	4a	15,716.
b	4b	
c	4c	15,716.
5a	5a	123,833.
b	5b	
c	5c	
d	5d	123,833.
6	6	
7	7	
8	8	220,428.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	9a	
b	9b	
c	9c	
d	9d	
10	10	
11	11	

Part III Tax Computation

12	12	220,428.
13	13	422,221.
14	14	250,000.
15	15	172,221.
16	16	172,221.
17	17	6,544.
18a	18a	
b	18b	
c	18c	
19a	19a	
b	19b	
c	19c	
20	20	
21	21	

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

FD/A6801C 09/24/25

Form 8960 (2025) Created 8/19/25

2025

FEDERAL STATEMENTS

PAGE 1

CLIENT PITRS01

STEPHEN A. AND TRACI L. PITRE

3/31/26

10:23AM

STATEMENT 1
FORM 1040
WAGE SCHEDULE

TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI- CARE	STATE W/H	LOCAL W/H
STATE OF FLORIDA	184,741.	21,979.	10,918.	2,852.		
GRAND TOTAL	184,741.	21,979.	10,918.	2,852.	0.	0.

STATEMENT 2
FORM 1040
IRA DISTRIBUTION SCHEDULE

SPOUSE - PAYER	TOTAL RECEIVED	TAXABLE AMOUNT	FEDERAL W/H	STATE W/H
RAYMOND JAMES TRUST CO. TAXABLE AMOUNT FROM FORM 8606	17,708.	17,052.	3,542.	
GRAND TOTAL	17,708.	17,052.	3,542.	0.

*** DENOTES THAT THE TAXABLE AMOUNT
WAS COMPUTED ON FORM 8606

STATEMENT 3
FORM 1116, LINE 1A - PASSIVE CATEGORY INCOME
GROSS INCOME FROM SOURCES OUTSIDE U.S.

FOREIGN COUNTRY OR U.S. POSSESSION: OTHER COUNTRY (VARIOUS)	
FOREIGN SOURCE QUALIFIED DIVIDENDS	\$ 1,464.
FOREIGN SOURCE CAPITAL GAIN DISTRIBUTIONS	124.
TOTAL	\$ 1,588.

STATEMENT 4
FORM 1116, LINE 1A - PASSIVE CATEGORY INCOME (AMT)
GROSS INCOME FROM SOURCES OUTSIDE U.S.

FOREIGN COUNTRY OR U.S. POSSESSION: OTHER COUNTRY (VARIOUS)	
FOREIGN SOURCE QUALIFIED DIVIDENDS	\$ 1,464.
FOREIGN SOURCE CAPITAL GAIN DISTRIBUTIONS	124.
TOTAL	\$ 1,588.

Form **8879**

(Rev. January 2021)

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

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID): ▶

Taxpayer's name

STEPHEN A. PITRE

Social security number

Spouse's name

TRACI L. PITRE

Spouse's social security number

Part I**Tax Return Information – Tax Year Ending December 31, 2025** (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	422,221.
2	Total tax	2	63,667.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	25,521.
4	Amount you want refunded to you	4	
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

☒ I authorize **ANGELA J. PARKER, CPA, APAC** to enter or generate my PIN **_____** as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros.

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

Your signature ▶

Date ▶

Spouse's PIN: check one box only

☒ I authorize **ANGELA J. PARKER, CPA, APAC** to enter or generate my PIN **_____** as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros.

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

Spouse's signature ▶

Date ▶

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

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

Don't enter all zeros.

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

ERO's signature: ▶ **ANGELA P. KANGAS**

Date ▶

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

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

Form 8879 (Rev. 01-2021)

FDIA1701L 01/22/21

2025

E-FILE PAYMENT RECORD - ESTIMATE INSTALLMENT 1

PAGE 1

CLIENT PITRS01

STEPHEN A. AND TRACI L. PITRE

3/31/26

10:22AM

Form Payment Record

The taxpayer's balance due or an estimated tax payment for next year will be paid electronically using the following information. Modify the bank and account information using the Direct Deposit / Electronic Payment input fields in Screen 3. To cancel payment, call the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the requested payment (settlement) date.

Name of Bank

COASTAL BANK & TRUST

Routing Transit Number

Bank Account Number

Type of Account

1

1 = Checking; 2 = Savings

Amount of Tax Payment

876.

Tax Type

1040-ES

1040, 1040-ES, 2350, or 4868

Requested Payment Date

4/15/26

Taxpayer's Daytime Phone Number

2025

FINANCIAL TRANSACTION SUMMARY

PAGE 1

CLIENT PITRS01

STEPHEN A. AND TRACI L. PITRE

3/31/26

10:22AM

FEDERAL

2026 FEDERAL FORM 1040-ES ELECTRONIC ESTIMATED TAX PAYMENTS
YOUR FEDERAL ESTIMATED TAX PAYMENTS WILL BE DEBITED FROM THE FOLLOWING
BANK ACCOUNT IN ACCORDANCE WITH THE SCHEDULE BELOW.

ESTIMATE 1 AMOUNT DUE OF \$876 WILL BE DEBITED ON 4/15/2026.

NAME OF BANK: COASTAL BANK & TRUST
ROUTING TRANSIT NUMBER: [REDACTED]
ACCOUNT NUMBER: [REDACTED]
ACCOUNT TYPE: CHECKING

2025

FEDERAL INCOME TAX SUMMARY

PAGE 1

CLIENT PITRS01

STEPHEN A. AND TRACI L. PITRE

3/31/25

10:22 AM

INCOME	2025	2024	DIFF
WAGES, SALARIES, TIPS, ETC.	184,741	173,925	10,816
INTEREST INCOME	20,511	24,512	-4,001
DIVIDEND INCOME	60,368	58,067	2,301
TAXABLE IRA DISTRIBUTIONS	17,052	17,984	-932
CAPITAL GAIN OR LOSS	123,833	149,439	-25,606
RENT, ROYALTY, PARTNERSHIP, SCORP, TRUST	15,716	12,109	3,607
TOTAL INCOME	422,221	436,036	-13,815
ADJUSTMENTS TO INCOME			
TOTAL ADJUSTMENTS	0	0	0
ADJUSTED GROSS INCOME	422,221	436,036	-13,815
ITEMIZED DEDUCTIONS			
TAXES	14,163	10,000	4,163
INTEREST	20,893	21,299	-406
CONTRIBUTIONS	12,539	14,159	-1,620
TOTAL ITEMIZED DEDUCTIONS	47,595	45,458	2,137
TAX COMPUTATION			
STANDARD DEDUCTION	31,500	29,200	2,300
LARGER OF ITEMIZED OR STANDARD DEDUCTION	47,595	45,458	2,137
QUALIFIED BUSINESS INCOME DEDUCTION	179	177	2
TAXABLE INCOME	374,447	390,401	-15,954
TAX BEFORE CREDITS	59,388	62,926	-3,538
CREDITS			
CHILD TAX CREDIT & OTHER DEPENDENT CR.	3,750	2,650	1,100
FOREIGN TAX CREDIT	220	211	9
TOTAL CREDITS	3,970	2,861	1,109
TAX AFTER CREDITS	55,418	60,065	-4,647
OTHER TAXES			
TAX ON IRAS, OTHER QUAL. RET. PLANS, ETC	1,705	1,798	-93
OTHER TAXES	6,544	7,069	-525
TOTAL TAX	63,667	68,932	-5,265
PAYMENTS & REFUNDABLE CREDITS			
FEDERAL INCOME TAX WITHHELD	25,521	23,803	1,718
ESTIMATED TAX PAYMENTS	44,840	29,760	15,080
TOTAL PAYMENTS	70,361	53,563	16,798
REFUND OR AMOUNT DUE			
AMOUNT OVERPAID	6,694	0	6,694
APPLIED TO NEXT YEAR'S ESTIMATED TAX	6,694	0	6,694
UNDERPAYMENT PENALTY	0	107	-107
AMOUNT YOU OWE	0	15,476	-15,476
TAX RATES			
ORDINARY INCOME TAX BRACKET	22.0%	24.0%	-2.0%
EFFECTIVE TAX RATE	17.0%	17.7%	-0.7%

IT-540B-2D (Page 1 of 4)
**2025 LOUISIANA NONRESIDENT
AND PART-YEAR RESIDENT - 2D**

DEV ID 1315

Name
Change

Decedent
Filing

Spouse
Decedent

Address
Change

Amended
Return

NOL

STEPHEN A PITRE

TRACI L PITRE

P O BOX 607

GULF BREEZE

FL 32562

ITIN Your SSN

ITIN Spouse's SSN

Telephone

MSRA

Nonresident

☒

Part-Year

NRPA

Your Date of Birth

Spouse's Date of Birth

Decedent's Date of Death

Spouse's Date of Death

FILING STATUS Enter the appropriate number in the
filing status box. It must agree with your federal return.

Enter a "1" in box if single.

Enter a "2" in box if married filing jointly.

2 Enter a "3" in box if married filing separately.

Enter a "4" in box if head of household.

If the qualifying person is not your dependent, enter name here.

Enter a "5" in box if qualifying surviving spouse.

If the qualifying person is not your dependent, enter name here.

6A AGE DESIGNATION:

Taxpayer
65 or older

Spouse 65
or older

6B DEPENDENTS — Enter dependent information below. If you have more than eight dependents, attach a statement to your return with the
required information. Enter the number of dependents claimed on your federal Form 1040 or 1040-SR in the boxes here.

6B 3

First Name

Last Name

Social Security Number

Relationship to You

Birth Date (mm/dd/yyyy)

PITRE

DAUGHTER

PITRE

DAUGHTER

PITRE

DAUGHTER

IMPORTANT!

All four (4) pages of this return **MUST** be mailed in together along with
your W-2s and completed schedules. Please paperclip. Do not staple.

FOR OFFICE USE ONLY

Field
Flag

62681

If you are not required to file a federal return, indicate wages here:

Mark this box and enter zero "0" on Line 15.

7	FEDERAL ADJUSTED GROSS INCOME — From the NPR worksheet, Federal column, Line 12.	7	422221
8	LOUISIANA ADJUSTED GROSS INCOME — From the NPR worksheet, Line 21.	8	15716
9	RATIO OF LOUISIANA ADJUSTED GROSS INCOME TO FEDERAL ADJUSTED GROSS INCOME	9	372
10	LOUISIANA STANDARD DEDUCTION Enter the standard deduction amount that corresponds with your filing status. Enter \$12,500 if filing status is 1 or 3; \$25,000 if 2, 4, or 5.	10	25000
11A	FEDERAL ITEMIZED DEDUCTIONS:	11A	47595
11B	FEDERAL ITEMIZED DEDUCTION FOR MEDICAL AND DENTAL EXPENSES:	11B	
11C	FEDERAL STANDARD DEDUCTION:	11C	31500
11D	EXCESS FEDERAL ITEMIZED DEDUCTIONS — Subtract Line 11C from Line 11B.	11D	
11E	ALLOWABLE DEDUCTIONS — Multiply Line 11D by the percentage on Line 9. Round to the nearest dollar.	11E	
12	YOUR LOUISIANA TAXABLE INCOME — Subtract Line 10 and 11E from Line 8. If less than zero, enter zero "0".	12	
13	YOUR LOUISIANA INCOME TAX — Multiply Line 12 by .03. Round to the nearest dollar.	13	
14	NONREFUNDABLE PRIORITY 1 CREDITS — From Schedule C-NR, Line 5	14	
15	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS — Subtract Line 14 from Line 13. If less than zero, enter zero "0".	15	
16	2025 LOUISIANA REFUNDABLE CHILD CARE CREDIT — Your Federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See the Instructions and the Refundable Child Care Credit Worksheet.	16	
16A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.	16A	
16B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.	16B	
17	2025 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT — Your Federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See the Refundable School Readiness Credit Worksheet.	17	
	5 Star 4 Star 3 Star 2 Star		
18	OTHER REFUNDABLE PRIORITY 2 CREDITS — From Schedule F-NR, Line 9:	18	
19	TOTAL REFUNDABLE PRIORITY 2 CREDITS — Add Lines 16, 17, and 18. Do not include amounts on Lines 16A and 16B.	19	
20	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS — See Instructions.	20	
21	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS — See Instructions.	21	
22	NONREFUNDABLE PRIORITY 3 CREDITS — From Schedule J-NR, Line 16	22	



PITR

62682

Social Security Number [REDACTED]

23	ADJUSTED LOUISIANA INCOME TAX - Subtract Line 22 from Line 20.	23
24A	CONSUMER USE TAX:	24A
	☒ No use tax due	
	Amount from the Consumer Use Tax Worksheet	
24B	ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE:	24B
	☒ No usage fee due	
	Amount from Form R-19000A	
25	TOTAL INCOME TAX, CONSUMER USE TAX, AND ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE - Add Lines 23, 24A, and 24B.	25
26	OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS - Enter the amount from Line 21.	26
27	REFUNDABLE PRIORITY 4 CREDITS - From Schedule J-NR, Line 6	27
28	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2025 - Attach Forms W-2 and 1099.	28
29	AMOUNT OF CREDIT CARRIED FORWARD FROM 2024	29
30	AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING Enter name of partnership: _____	30
31	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2025	31
32	AMOUNT OF EXTENSION PAYMENT	32
33	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS - Add Lines 26 through 32.	33
34	OVERPAYMENT - If Line 33 is greater than Line 25, subtract Line 25 from Line 33. Your overpayment may be reduced by Underpayment of Estimated Tax Penalty. Otherwise, go to Line 41.	34
35	UNDERPAYMENT PENALTY - See the instructions for Underpayment Penalty and Form R-210NR. If you are a farmer, check the box.	35
36	ADJUSTED OVERPAYMENT - If Line 34 is greater than Line 35, subtract Line 35 from Line 34, and enter on Line 36. If Line 35 is greater than Line 34, subtract Line 34 from Line 35, and enter the balance on Line 40.	36
37	TOTAL DONATIONS - From Schedule D-NR, Line 14	37
38	SUBTOTAL - Subtract Line 37 from Line 36. This amount of overpayment is available for credit or refund.	38
39	AMOUNT OF LINE 38 TO BE CREDITED TO 2026 INCOME TAX	39
	CREDIT	
	AMOUNT TO BE REFUNDED - Subtract Line 39 from Line 38. If mailing to LDR, use the address on the bottom of page 4.	
40	Enter a "2" in box if you want to receive your refund by paper check. Enter a "3" in box if you want to receive your refund by direct deposit. Complete information below. If information is unreadable, you are filing for the first time, or if you do not make a refund selection, you will receive your refund by paper check.	40
	REFUND	

DIRECT DEPOSIT INFORMATION

Type: Checking Savings

Routing Number

Will this refund be forwarded to a financial institution located outside the United States?

Yes

No

Account Number



PITR

62683

Social Security Number

AMOUNTS DUE LOUISIANA

- 41 **AMOUNT YOU OWE** — If Line 25 is greater than Line 33, subtract Line 33 from Line 25. 41
- 42 **ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND** 42
- 43 **ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND** 43
- 44 **ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION** 44
- 45 **INTEREST** — From the Interest Calculation Worksheet, Line 5 45
- 46 **DELINQUENT FILING PENALTY** — From the Delinquent Filing Penalty Calculation Worksheet, Line 3 46
- 47 **DELINQUENT PAYMENT PENALTY** — From the Delinquent Payment Penalty Calculation Worksheet, Line 7 47
- 48 **UNDERPAYMENT PENALTY** — See the instructions for Underpayment Penalty and Form R-210NR. If you are a farmer, check the box. 48
- 49 **BALANCE DUE LOUISIANA** — Add Lines 41 through 48. **PAY THIS AMOUNT.** 49
See instructions. **DO NOT SEND CASH.**

IMPORTANT!

All four (4) pages of this return
MUST be mailed in together along
with your W-2s and completed
schedules. Please paperclip.
Do not staple.

Status 000

Contribution and Donation 0000

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. If I made a contribution to a START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 40.

Your Signature	Date (mm/dd/yyyy)	Spouse's Signature (If filing jointly, both must sign)	Date (mm/dd/yyyy)
----------------	-------------------	--	-------------------

Email Address

PAID PREPARER USE ONLY	Print/Type Preparer's Name ANGELA P. KANGAS		Preparer's Signature ANGELA P. KANGAS	Date (mm/dd/yyyy) 3/31/2026	Check ☒ If Self-employed
	Firm's Name	ANGELA J. PARKER, CPA, APAC		Firm's FEIN	
	Firm's Address	1997 SURGI DR MANDEVILLE, LA 70448		Telephone	985-624-8583

Name
PITRIndividual Income Tax Return
Calendar Year Return Due 5/15/2026

Mail to: Department of Revenue
PO BOX 3440
BATON ROUGE LA 70821-3440

PTIN, FEIN, or
LDR Account Number
of Paid Preparer

For Office
Use Only

2025 Nonresident and Part-Year Resident (NPR) Worksheet

See instructions for completing the NPR worksheet.		FED	LA	Federal	Louisiana
1	Wages, salaries, tips, etc.			184741	
2	Taxable interest			20511	
3	Dividends			60368	
4	Business income (or loss) and farm income (or loss)				
5	Gains (or losses)			123833	
6	IRA distributions, pensions, and annuities			17052	
7	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			15716	15716
8	Social security benefits				
9	Other income. — Enter the amount of Louisiana NOL utilized.				
10	Total Income — Add the income amounts on Lines 1-9 for each column.			422221	15716
11	Total Adjustments to Income				
12	Adjusted Gross Income — Subtract Line 11 from Line 10 for each column. Enter the amount in the Federal column on Form IT-540B, Line 7. The amount shown in the Federal column should agree with Federal Form 1040 or 1040-SR, Line 11.			422221	15716
Additions	13 Interest and dividend income from other states and their political subdivisions				
	14 Recapture of START contributions				
	15 Recapture of START K12 contributions				
	16 Add back of pass-through entity loss				
	17 Add back of federal depreciation previously accelerated via state bonus — See instructions.				
	18 Total — Add Lines 12 through 17.				15716

EXEMPT INCOME — Enter on Lines 19A through 19F the amount of any exempt income included on Line 12 in the Louisiana column. Enter the description and associated code, along with the dollar amount. See the instructions.			
	Exempt Income Description	Code	Amount
19A			
19B			
19C			
19D			
19E			
19F			
20	Total Exempt Income — Add Lines 19A through 19F.		
21	LOUISIANA ADJUSTED GROSS INCOME. Subtract Line 20 from Line 18. Also, enter this amount on Form IT-540B, Line 8.		15716

Description — See instructions.	Code
Interest and Dividends on U.S. Government Obligations:	01E
Louisiana State Employees' Retirement Benefits Taxpayer date retired: _____ Spouse date retired: _____	02E
Louisiana State Teachers' Retirement Benefits Taxpayer date retired: _____ Spouse date retired: _____	03E
Federal Retirement Benefits Taxpayer date retired: _____ Spouse date retired: _____	04E
Other Retirement Benefits — Provide name or statute: Taxpayer date retired: _____ Spouse date retired: _____	05E
Annual Retirement Income Exemption for Taxpayers 65 or over Provide name of pension or annuity: _____	06E

Description — See the instructions.	Code
Native American Income	08E
START Savings Program Contribution	09E
Military Pay Exclusion	10E
Road Home	11E
Recreation Volunteer	13E
Volunteer Firefighter	14E
Voluntary Retrofit Residential Structure	16E
Elementary and Secondary School Tuition	17E
Educational Expenses for Home-Schooled Children	18E
Educational Expenses for Quality Public Education	19E
Capital Gain from Sales of Louisiana Business	20E
Employment of Certain Qualified Disabled Individuals	21E
S Bank Shareholder Income Exclusion	22E
Entity Level Taxes Paid to Other States	23E
Pass-Through Entity Exclusion	24E
COVID-19 Relief Benefits	27E
START K12 Savings Program Contributions	28E
Digital Nomads	29E
Bonus Depreciation	32E
Other, see instructions. Identify: _____	49E



1315
LA 8453

R-8453 (1/26)

Louisiana

2025 Individual Income Tax Declaration for Electronic Filing



Your first name and initial STEPHEN A PITRE		Last name PITRE	1 Your Social Security Number [REDACTED]
Spouse's first name and initial TRACI L. PITRE		Last name PITRE	2 Spouse's Social Security Number [REDACTED]
Present home address (number and street, including apartment number or rural route) P O BOX 607			Daytime Telephone Number [REDACTED]
City, town, or post office GULF BREEZE, FL 32562			State ZIP FL 32562

2025

Part A

Tax Return Information

Balance Due _____

Refund Due _____

Part B

Direct Deposit of Refund (Optional) ☐ or **Direct Debit (Optional)** ☐

Routing Number The first 2 digits of the routing number must be 01 through 12 or 21 through 32.

Direct Debit Payment

Account Number

Withdrawal Date

Type of Account: ☐ Checking ☐ Savings
(Check one.)

MM DD YYYY

Full Payment ☐ **Partial Payment** ☐
☐ Payment made/will be made by credit card.

PART C

Declaration of Taxpayer

☐ I consent that my refund be directly deposited as designated in Part B, and declare that the information shown in Part B is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

☒ I do not want direct deposit of my refund; am a first-time filer with Louisiana; or am not receiving a refund. I understand that by not having my refund direct deposited I will receive my refund by paper check.

☐ I authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in Part B for payment of my state taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I understand that if I have filed a balance due return and if the Louisiana Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have examined my state income tax return prepared for electronic transmission to the State of Louisiana and, to the best of my knowledge and belief, it is true and complete.

Please sign here.

Your signature: _____

Date _____

Spouse's signature (if joint return) _____

Date _____

Part D

Declaration and Signature of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on the return are complete and correctly represented to the best of my knowledge based on the information submitted/furnished by the taxpayer. I also declare that I have complied with all of the requirements of the Louisiana Department of Revenue and in the Louisiana Handbook for Electronic Filers.

Please sign here. **ANGELA P. KANGAS**
Preparer's signature

Preparer's SSN or PTIN: [REDACTED]

Date: _____

985-624-8583
Telephone

☒ Mark box if also ERO.

Electronic Return Originator's signature _____

ERO's SSN or PTIN _____

Date: _____

Telephone _____

This form is to be maintained by ERO. Do not submit to LDR.

2025

LOUISIANA INCOME TAX SUMMARY

PAGE 1

CLIENT PTRS01

STEPHEN A. AND TRACI L. PITRE

3/31/26

10:22 AM

	2025	2024	DIFF
FEDERAL ADJUSTED GROSS INCOME			
FEDERAL ADJUSTED GROSS INCOME	422,221	436,036	-13,815
TAXABLE LOUISIANA INCOME			
TOTAL LOUISIANA INCOME	15,716	12,109	3,607
RATIO OF LOUISIANA INCOME	0.00%	2.77%	-2.77%
DEDUCTIONS			
FEDERAL ITEMIZED DEDUCTIONS	47,595	45,458	2,137
FEDERAL STANDARD DEDUCTION	31,500	29,200	2,300
LOUISIANA INCOME			
LOUISIANA NET INCOME	0	12,109	-12,109
LOUISIANA INCOME TAX	0	218	-218
CREDITS			
ADJUSTED LOUISIANA INCOME TAX	0	218	-218
TOTAL LA INCOME/USE TAX	0	0	0
PAYMENTS			
TOTAL REFUNDABLE CREDITS AND PAYMENTS	0	0	0
AMOUNTS DUE LOUISIANA			
AMOUNT YOU OWE	0	218	-218
TAX RATES			
MARGINAL TAX RATE	0.0%	1.9%	-1.9%
EFFECTIVE TAX RATE	0.0%	1.8%	-1.8%