

2025 Form 6 - Full and Public Disclosure of Financial Interests

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General Information

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

Name: Mr Melton Harry Little

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position

Agency Name

Position sought or held

State Representative

District 71, Florida House, Manatee County

House District 71

Net Worth

My Net Worth as of December 31, 2025 was \$ 4,000,000.00.

For Qualifying Purposes Only

## 2025 Form 6 - Full and Public Disclosure of Financial Interests

### 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 \$ 100,000.00.

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset                               | Value of Asset  |
|----------------------------------------------------|-----------------|
| First Southern Bank - Checking                     | \$ 19,466.00    |
| Monarch Asset Management LLC - Investment accounts | \$ 462,678.00   |
| Monarch Asset Management LLC - IRA                 | \$ 1,206,130.00 |
| 3707 Avenida Madera - Residence                    | \$ 900,000.00   |
| Stock - Kali Building, Inc                         | \$ 630,000.00   |
| Stock - Bwana, Inc                                 | \$ 178,500.00   |
| Stock - Palmetto Com Center                        | \$ 18,500.00    |
| Stock - Kallins, Little & Brosious PA              | \$ 800,000.00   |
| Real Estate - Argentina                            | \$ 273,000.00   |

## 2025 Form 6 - Full and Public Disclosure of Financial Interests

### Liabilities

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor                     | Address of Creditor                     | Amount of Liability |
|--------------------------------------|-----------------------------------------|---------------------|
| Wells Fargo - Mortgage               | PO Box 5252, Sioux Falls, SD 57117-5282 | \$ 138,674.70       |
| First Southern Bank - Signature Loan | 1825 Manatee Ave, Bradenton, FL 34205   | \$ 66,891.37        |
| Scott Kallins - Personal Loans       | PO Box 14778, Bradenton, FL 34280       | \$ 138,948.00       |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

## 2025 Form 6 - Full and Public Disclosure of Financial Interests

### 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

|                            |
|----------------------------|
| <b>Business Entity # 1</b> |
| N/A                        |

**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.

***Melton Harry Little***

Digitally signed: 06/03/2026

For Qualifying  
Purposes Only

|                                                                                    |             |                                                                                                 |             |                                                                   |                                                    |
|------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------|----------------------------------------------------|
| Form                                                                               | <b>1040</b> | Department of the Treasury—Internal Revenue Service<br><b>U.S. Individual Income Tax Return</b> | <b>2025</b> | 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 , 2025, ending , 20 |             |                                                                                                 |             |                                                                   |                                                    |
| See separate instructions.                                                         |             |                                                                                                 |             |                                                                   |                                                    |
| <input type="checkbox"/> Filed pursuant to section 301.9100-2                      |             | <input type="checkbox"/> Combat zone                                                            |             | <input type="checkbox"/> Deceased <input type="checkbox"/> Spouse |                                                    |
| <input type="checkbox"/> Other                                                     |             |                                                                                                 |             |                                                                   |                                                    |

|                                                                                                           |  |                               |  |                                                                                                                                                                                                                                              |  |
|-----------------------------------------------------------------------------------------------------------|--|-------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Your first name and middle initial<br><b>MELTON</b>                                                       |  | Last name<br><b>LITTLE</b>    |  | Your social security number<br>[REDACTED]                                                                                                                                                                                                    |  |
| If joint return, spouse's first name and middle initial                                                   |  | Last name                     |  | Spouse's social security number<br>[REDACTED]                                                                                                                                                                                                |  |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>433 8TH AVE WEST</b>    |  |                               |  | Apt. no.                                                                                                                                                                                                                                     |  |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br><b>PALMETTO</b> |  |                               |  | State<br><b>FL</b>                                                                                                                                                                                                                           |  |
|                                                                                                           |  |                               |  | ZIP code<br><b>34221</b>                                                                                                                                                                                                                     |  |
| Foreign country name                                                                                      |  | Foreign province/state/county |  | Foreign postal code                                                                                                                                                                                                                          |  |
|                                                                                                           |  |                               |  | Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. <input type="checkbox"/>                                                                                               |  |
|                                                                                                           |  |                               |  | Presidential Election Campaign<br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |  |

|                                                                                                                                                                                                                          |  |                                                                                                                               |  |                                                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------|--|
| <b>Filing Status</b>                                                                                                                                                                                                     |  | <input type="checkbox"/> Single                                                                                               |  | <input type="checkbox"/> Head of household (HOH)           |  |
| <input type="checkbox"/> Married filing jointly (even if only one had income)                                                                                                                                            |  | <input type="checkbox"/> Married filing separately (MFS). Enter spouse's SSN above and full name here:<br><b>ERIN BROSIOS</b> |  | <input type="checkbox"/> Qualifying surviving spouse (QSS) |  |
| <input type="checkbox"/> 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): |  | If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:         |  |                                                            |  |

|                       |                                                                                                                                                                                                                                                                                                               |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Digital Assets</b> | 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Dependents                                         | Dependent 1                                                                                            | Dependent 2                                                                                          | Dependent 3                                                                                          | Dependent 4                                                                                          |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| (1) First name                                     | <b>AIDEN J</b>                                                                                         |                                                                                                      |                                                                                                      |                                                                                                      |
| (2) Last name                                      | <b>LITTLE</b>                                                                                          |                                                                                                      |                                                                                                      |                                                                                                      |
| (3) SSN                                            | [REDACTED]                                                                                             |                                                                                                      |                                                                                                      |                                                                                                      |
| (4) Relationship                                   | <b>SON</b>                                                                                             |                                                                                                      |                                                                                                      |                                                                                                      |
| (5) Check if lived with you more than half of 2025 | (a) <input checked="" type="checkbox"/> Yes<br>(b) <input checked="" type="checkbox"/> And in the U.S. | (a) <input type="checkbox"/> Yes<br>(b) <input type="checkbox"/> And in the U.S.                     | (a) <input type="checkbox"/> Yes<br>(b) <input type="checkbox"/> And in the U.S.                     | (a) <input type="checkbox"/> Yes<br>(b) <input type="checkbox"/> And in the U.S.                     |
| (6) Check if                                       | <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled   | <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled | <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled | <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled |
| (7) Credits                                        | <input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents         | <input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents       | <input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents       | <input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents       |

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

|                                                                                                                                      |  |                             |  |                |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|--|----------------|--|
| <b>Income</b>                                                                                                                        |  | <b>1a</b>                   |  | <b>233,355</b> |  |
| <b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions)                                                                    |  | <b>1a</b>                   |  |                |  |
| <b>b</b> Household employee wages not reported on Form(s) W-2                                                                        |  | <b>1b</b>                   |  |                |  |
| <b>c</b> Tip income not reported on line 1a (see instructions)                                                                       |  | <b>1c</b>                   |  |                |  |
| <b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)                                                     |  | <b>1d</b>                   |  |                |  |
| <b>e</b> Taxable dependent care benefits from Form 2441, line 26                                                                     |  | <b>1e</b>                   |  |                |  |
| <b>f</b> Employer-provided adoption benefits from Form 8839, line 31                                                                 |  | <b>1f</b>                   |  |                |  |
| <b>g</b> Wages from Form 8919, line 6                                                                                                |  | <b>1g</b>                   |  |                |  |
| <b>h</b> Other earned income (see instructions). Enter type and amount:                                                              |  | <b>1h</b>                   |  |                |  |
| <b>i</b> Nontaxable combat pay election (see instructions)                                                                           |  | <b>1i</b>                   |  |                |  |
| <b>z</b> Add lines 1a through 1h                                                                                                     |  | <b>1z</b>                   |  | <b>233,355</b> |  |
| <b>2a</b> Tax-exempt interest                                                                                                        |  | <b>2a</b>                   |  |                |  |
| <b>3a</b> Qualified dividends                                                                                                        |  | <b>3a</b>                   |  | <b>4,256</b>   |  |
| <b>c</b> Check if your child's dividends are included in 1 <input type="checkbox"/> Line 3a 2 <input type="checkbox"/> Line 3b       |  | <b>b</b> Taxable interest   |  | <b>2b</b>      |  |
| <b>4a</b> IRA distributions                                                                                                          |  | <b>4a</b>                   |  | <b>828</b>     |  |
| <b>c</b> Check if (see instructions) 1 <input type="checkbox"/> Rollover 2 <input type="checkbox"/> QCD 3 <input type="checkbox"/>   |  | <b>b</b> Ordinary dividends |  | <b>3b</b>      |  |
| <b>5a</b> Pensions and annuities                                                                                                     |  | <b>5a</b>                   |  | <b>4,675</b>   |  |
| <b>c</b> Check if (see instructions) 1 <input type="checkbox"/> Rollover 2 <input type="checkbox"/> PSO 3 <input type="checkbox"/>   |  | <b>4b</b> Taxable amount    |  |                |  |
| <b>6a</b> Soc. sec. ben.                                                                                                             |  | <b>6a</b>                   |  | <b>5b</b>      |  |
| <b>c</b> If you elect to use the lump-sum election method, check here (see instructions)                                             |  | <b>6b</b> Taxable amount    |  |                |  |
| <b>d</b> If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here               |  | <b>7a</b>                   |  | <b>33,869</b>  |  |
| <b>7a</b> Capital gain or (loss). Attach Schedule D if required                                                                      |  | <b>7a</b>                   |  |                |  |
| <b>b</b> Check if: <input type="checkbox"/> Schedule D not required <input type="checkbox"/> Includes child's capital gain or (loss) |  | <b>8</b>                    |  | <b>476,029</b> |  |
| <b>8</b> Additional income from Schedule 1, line 10                                                                                  |  | <b>9</b>                    |  | <b>748,756</b> |  |
| <b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your <b>total income</b>                                               |  | <b>10</b>                   |  | <b>0</b>       |  |
| <b>10</b> Adjustments to income from Schedule 1, line 26                                                                             |  | <b>11a</b>                  |  | <b>748,756</b> |  |
| <b>11a</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                                                   |  |                             |  |                |  |

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

Form **1040** (2025)

Form 1040 (2025) **MELTON LITTLE**Page **2****Tax and Credits**

|            |                                                                                                                                         |            |                                                       |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------|
| <b>11b</b> | Amount from line 11a (adjusted gross income)                                                                                            | <b>11b</b> | <b>748,756</b>                                        |
| <b>12a</b> | Someone can claim <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent                       |            |                                                       |
| <b>b</b>   | <input type="checkbox"/> Spouse itemizes on a separate return                                                                           | <b>c</b>   | <input type="checkbox"/> You were a dual-status alien |
| <b>d</b>   | <b>You:</b> <input type="checkbox"/> Were born before January 2, 1961 <input type="checkbox"/> Are blind                                |            |                                                       |
|            | <b>Spouse:</b> <input type="checkbox"/> Was born before January 2, 1961 <input type="checkbox"/> Is blind                               |            |                                                       |
| <b>e</b>   | <b>Standard deduction or itemized deductions</b> (from Schedule A)                                                                      | <b>12e</b> | <b>15,750</b>                                         |
| <b>13a</b> | Qualified business income deduction from Form 8995 or Form 8995-A                                                                       | <b>13a</b> | <b>4,834</b>                                          |
| <b>b</b>   | Additional deductions from Schedule 1-A, line 38                                                                                        | <b>13b</b> |                                                       |
| <b>14</b>  | Add lines 12e, 13a, and 13b                                                                                                             | <b>14</b>  | <b>20,584</b>                                         |
| <b>15</b>  | Subtract line 14 from line 11b. If zero or less, enter -0-. This is your <b>taxable income</b>                                          | <b>15</b>  | <b>728,172</b>                                        |
| <b>16</b>  | <b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 |            |                                                       |
| <b>3</b>   | <input type="checkbox"/>                                                                                                                | <b>16</b>  | <b>224,974</b>                                        |
| <b>17</b>  | Amount from Schedule 2, line 3                                                                                                          | <b>17</b>  |                                                       |
| <b>18</b>  | Add lines 16 and 17                                                                                                                     | <b>18</b>  | <b>224,974</b>                                        |
| <b>19</b>  | Child tax credit or credit for other dependents from Schedule 8812                                                                      | <b>19</b>  |                                                       |
| <b>20</b>  | Amount from Schedule 3, line 8                                                                                                          | <b>20</b>  |                                                       |
| <b>21</b>  | Add lines 19 and 20                                                                                                                     | <b>21</b>  |                                                       |
| <b>22</b>  | Subtract line 21 from line 18. If zero or less, enter -0-                                                                               | <b>22</b>  | <b>224,974</b>                                        |
| <b>23</b>  | Other taxes, including self-employment tax, from Schedule 2, line 21                                                                    | <b>23</b>  | <b>3,365</b>                                          |
| <b>24</b>  | Add lines 22 and 23. This is your <b>total tax</b>                                                                                      | <b>24</b>  | <b>228,339</b>                                        |

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 instr.

**Payments and Refundable Credits**

|            |                                                                                                                                  |            |               |
|------------|----------------------------------------------------------------------------------------------------------------------------------|------------|---------------|
| <b>25</b>  | Federal income tax withheld from:                                                                                                |            |               |
| <b>a</b>   | Form(s) W-2                                                                                                                      | <b>25a</b> | <b>20,237</b> |
| <b>b</b>   | Form(s) 1099                                                                                                                     | <b>25b</b> |               |
| <b>c</b>   | Other forms (see instructions)                                                                                                   | <b>25c</b> | <b>331</b>    |
| <b>d</b>   | Add lines 25a through 25c                                                                                                        | <b>25d</b> | <b>20,568</b> |
| <b>26</b>  | 2025 estimated tax payments and amount applied from 2024 return                                                                  | <b>26</b>  | <b>50,000</b> |
|            | If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):                          |            |               |
| <b>27a</b> | Earned income credit (EIC)                                                                                                       | <b>27a</b> |               |
| <b>b</b>   | Clergy filing Schedule SE (see instructions)                                                                                     |            |               |
| <b>c</b>   | If you do not want to claim the EIC, check here                                                                                  |            |               |
| <b>28</b>  | Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here <input type="checkbox"/> | <b>28</b>  |               |
| <b>29</b>  | American opportunity credit from Form 8863, line 8                                                                               | <b>29</b>  |               |
| <b>30</b>  | Refundable adoption credit from Form 8839, line 13                                                                               | <b>30</b>  |               |
| <b>31</b>  | Amount from Schedule 3, line 15                                                                                                  | <b>31</b>  |               |
| <b>32</b>  | Add lines 27a, 28, 29, 30, and 31. These are your <b>total other payments and refundable credits</b>                             | <b>32</b>  |               |
| <b>33</b>  | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                                                  | <b>33</b>  | <b>70,568</b> |

**Refund**

|            |                                                                                                                   |            |                                                                          |
|------------|-------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------|
| <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | <b>34</b>  |                                                                          |
| <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | <b>35a</b> |                                                                          |
| <b>b</b>   | Routing number                                                                                                    | <b>c</b>   | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| <b>d</b>   | Account number                                                                                                    |            |                                                                          |
| <b>36</b>  | Amount of line 34 you want <b>applied to your 2026 estimated tax</b>                                              | <b>36</b>  |                                                                          |

**Amount You Owe**

|           |                                                                                                                                                                                           |           |                |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|
| <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> | <b>161,449</b> |
| <b>38</b> | Estimated tax penalty (see instructions)                                                                                                                                                  | <b>38</b> | <b>3,678</b>   |

**Third Party Designee**

|                                                                                            |                     |                                                                 |                                    |
|--------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------|------------------------------------|
| Do you want to allow another person to discuss this return with the IRS? See instructions. |                     | <input checked="" type="checkbox"/> <b>Yes. Complete below.</b> | <input type="checkbox"/> <b>No</b> |
| Designee's name                                                                            | <b>GARY W. FAGG</b> | Phone no.                                                       | <b>727-787-5290</b>                |
|                                                                                            |                     | 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

**ATTORNEY**

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

Joint return? See instructions. Keep a copy for your records.

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 instr.)

Phone no.

Email address

**Paid**

Preparer's name

Preparer's signature

Date

PTIN

Check if:

**Preparer****GARY W. FAGG****GARY W. FAGG****06/03/26****\*\*\*\*\***☐ Self-employed**Use Only**

Firm's name

**DIMARCO & ASSOCIATES, CPA'S**Phone no. **727-787-5290**

Firm's address

**220 PINE AVE N STE A****FL 34677-4619**

Firm's EIN

**SCHEDULE 1**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2025**Attachment  
Sequence No. **01**

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

**MELTON LITTLE**

Your social security number

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](http://www.irs.gov/1099k).**Part I Additional Income**

|           |                                                                                                                                              |           |                |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes                                                                         | <b>1</b>  |                |
| <b>2a</b> | Alimony received                                                                                                                             | <b>2a</b> |                |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions):                                                                         |           |                |
| <b>3</b>  | Business income or (loss). Attach Schedule C                                                                                                 | <b>3</b>  | <b>0</b>       |
| <b>4</b>  | Other gains or (losses). Check if any from Form(s): <input type="checkbox"/> 4797 <input type="checkbox"/> 4684                              | <b>4</b>  |                |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E                                                  | <b>5</b>  | <b>476,029</b> |
| <b>6</b>  | Farm income or (loss). Attach Schedule F                                                                                                     | <b>6</b>  |                |
| <b>7</b>  | Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here <input type="checkbox"/> and enter amount repaid: | <b>7</b>  |                |
| <b>8</b>  | Other income:                                                                                                                                |           |                |
| <b>a</b>  | Net operating loss                                                                                                                           | <b>8a</b> | ( )            |
| <b>b</b>  | Gambling                                                                                                                                     | <b>8b</b> |                |
| <b>c</b>  | Cancellation of debt                                                                                                                         | <b>8c</b> |                |
| <b>d</b>  | Foreign earned income exclusion from Form 2555                                                                                               | <b>8d</b> | ( )            |
| <b>e</b>  | Income from Form 8853                                                                                                                        | <b>8e</b> |                |
| <b>f</b>  | Income from Form 8889                                                                                                                        | <b>8f</b> |                |
| <b>g</b>  | Alaska Permanent Fund dividends                                                                                                              | <b>8g</b> |                |
| <b>h</b>  | Jury duty pay                                                                                                                                | <b>8h</b> |                |
| <b>i</b>  | Prizes and awards                                                                                                                            | <b>8i</b> |                |
| <b>j</b>  | Activity not engaged in for profit income                                                                                                    | <b>8j</b> |                |
| <b>k</b>  | Stock options                                                                                                                                | <b>8k</b> |                |
| <b>l</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property    | <b>8l</b> |                |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions)                                                                        | <b>8m</b> |                |
| <b>n</b>  | Section 951(a) inclusion (see instructions)                                                                                                  | <b>8n</b> |                |
| <b>o</b>  | Section 951A(a) inclusion (see instructions)                                                                                                 | <b>8o</b> |                |
| <b>p</b>  | Section 461(l) excess business loss adjustment                                                                                               | <b>8p</b> |                |
| <b>q</b>  | Taxable distributions from an ABLE account (see instructions)                                                                                | <b>8q</b> |                |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2                                                                                   | <b>8r</b> |                |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d                                                           | <b>8s</b> | ( )            |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan                                      | <b>8t</b> |                |
| <b>u</b>  | Wages earned while incarcerated                                                                                                              | <b>8u</b> |                |
| <b>v</b>  | Digital assets received as ordinary income not reported elsewhere. See instructions                                                          | <b>8v</b> |                |
| <b>z</b>  | Other income. List type and amount:                                                                                                          | <b>8z</b> |                |
| <b>9</b>  | Total other income. Add lines 8a through 8z                                                                                                  | <b>9</b>  |                |
| <b>10</b> | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8            | <b>10</b> | <b>476,029</b> |

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

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](http://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

**MELTON LITTLE**

Your social security number

**Part I Tax**

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

**Part II Other Taxes**

|           |                                                                                                                                                                                                             |           |              |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|
| <b>4</b>  | Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions):<br><b>1</b> <input type="checkbox"/> 4361 <b>2</b> <input type="checkbox"/> 4029 <b>3</b> <input type="checkbox"/> | <b>4</b>  |              |
| <b>5</b>  | Social security and Medicare tax on unreported tip income. Attach Form 4137                                                                                                                                 | <b>5</b>  |              |
| <b>6</b>  | Uncollected social security and Medicare tax on wages. Attach Form 8919                                                                                                                                     | <b>6</b>  |              |
| <b>7</b>  | Total additional social security and Medicare tax. Add lines 5 and 6                                                                                                                                        | <b>7</b>  |              |
| <b>8</b>  | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.<br>If not required, check here <input type="checkbox"/>                                                                 | <b>8</b>  |              |
| <b>9</b>  | Household employment taxes. Attach Schedule H                                                                                                                                                               | <b>9</b>  |              |
| <b>10</b> | Reserved for future use                                                                                                                                                                                     | <b>10</b> |              |
| <b>11</b> | Additional Medicare Tax. Attach Form 8959                                                                                                                                                                   | <b>11</b> | <b>1,006</b> |
| <b>12</b> | Net investment income tax. Attach Form 8960                                                                                                                                                                 | <b>12</b> | <b>2,359</b> |
| <b>13</b> | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12                                                                                             | <b>13</b> |              |
| <b>14</b> | Interest on tax due on installment income from the sale of certain residential lots and timeshares                                                                                                          | <b>14</b> |              |
| <b>15</b> | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000                                                                                                       | <b>15</b> |              |
| <b>16</b> | Recapture of low-income housing credit. Attach Form 8611                                                                                                                                                    | <b>16</b> |              |

(continued on page 2)

**MELTON LITTLE**

Schedule 2 (Form 1040) 2025

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**c** Additional tax on HSA distributions. Attach Form 8889**d** Additional tax on an HSA because you didn't remain an eligible individual.  
Attach Form 8889**e** Additional tax on Archer MSA distributions. Attach Form 8853**f** Additional tax on Medicare Advantage MSA distributions. Attach Form 8853**g** Recapture of a charitable contribution deduction related to a fractional interest  
in tangible personal property**h** Income you received from a nonqualified deferred compensation plan that fails  
to meet the requirements of section 409A**i** Compensation you received from a nonqualified deferred compensation plan  
described in section 457A**j** Section 72(m)(5) excess benefits tax**k** Golden parachute payments**l** Tax on accumulation distribution of trusts**m** Excise tax on insider stock compensation from an expatriated corporation**n** Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866**o** Tax on non-effectively connected income for any part of the year you were a  
nonresident alien from Form 1040-NR**p** Any interest from Form 8621, line 16f, relating to distributions from, and  
dispositions of, stock of a section 1291 fund**q** Any interest from Form 8621, line 24**z** Any other taxes. List type and amount:

17a

17b

17c

17d

17e

17f

17g

17h

17i

17j

17k

17l

17m

17n

17o

17p

17q

17z

**18** Total additional taxes. Add lines 17a through 17z

18

**19** Recapture of net EPE from Form 4255, line 1d, column (I)

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

**3,365**

Schedule 2 (Form 1040) 2025



**SCHEDULE C**  
**(Form 1040)****Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2025**Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.Attachment  
Sequence No. **09**

Name of proprietor

**MELTON LITTLE**

Social security number (SSN)

**A** Principal business or profession, including product or service (see instructions)**LAW****B** Enter code from instructions**C** Business name. If no separate business name, leave blank.**ATTORNEY****D** Employer ID number (EIN) (see instr.)**E** Business address (including suite or room no.)

City, town or post office, state, and ZIP code

**FL****F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)**G** Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses☒ Yes ☐ No**H** If you started or acquired this business during 2025, check here**I** Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions☐ Yes ☒ No**J** If "Yes," did you or will you file required Form(s) 1099?☐ Yes ☐ No**Part I Income**

|                                                                                                                                                                                                                   |          |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|
| <b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/> | <b>1</b> | <b>11,000</b> |
| <b>2</b> Returns and allowances                                                                                                                                                                                   | <b>2</b> |               |
| <b>3</b> Subtract line 2 from line 1                                                                                                                                                                              | <b>3</b> | <b>11,000</b> |
| <b>4</b> Cost of goods sold (from line 42)                                                                                                                                                                        | <b>4</b> |               |
| <b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3                                                                                                                                                         | <b>5</b> | <b>11,000</b> |
| <b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)                                                                                                       | <b>6</b> |               |
| <b>7</b> <b>Gross income.</b> Add lines 5 and 6                                                                                                                                                                   | <b>7</b> | <b>11,000</b> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |          |                                                                           |            |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|---------------------------------------------------------------------------|------------|---------------|
| <b>8</b> Advertising                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>8</b>   |          | <b>18</b> Office expense (see instructions)                               | <b>18</b>  |               |
| <b>9</b> Car and truck expenses (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                | <b>9</b>   |          | <b>19</b> Pension and profit-sharing plans                                | <b>19</b>  |               |
| <b>10</b> Commissions and fees                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>10</b>  |          | <b>20</b> Rent or lease (see instructions):                               |            |               |
| <b>11</b> Contract labor (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>11</b>  |          | <b>a</b> Vehicles, machinery, and equipment                               | <b>20a</b> |               |
| <b>12</b> Depletion                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>12</b>  |          | <b>b</b> Other business property                                          | <b>20b</b> |               |
| <b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)                                                                                                                                                                                                                                                                                                                                                            | <b>13</b>  |          | <b>21</b> Repairs and maintenance                                         | <b>21</b>  |               |
| <b>14</b> Employee benefit programs (other than on line 19)                                                                                                                                                                                                                                                                                                                                                                                                       | <b>14</b>  |          | <b>22</b> Supplies (not included in Part III)                             | <b>22</b>  |               |
| <b>15</b> Insurance (other than health)                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>15</b>  |          | <b>23</b> Taxes and licenses                                              | <b>23</b>  |               |
| <b>16</b> Int. (see instr.):                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |          | <b>24</b> Travel and meals:                                               |            |               |
| <b>a</b> Mortgage (paid to banks, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>16a</b> |          | <b>a</b> Travel                                                           | <b>24a</b> |               |
| <b>b</b> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>16b</b> |          | <b>b</b> Deductible meals (see instructions)                              | <b>24b</b> |               |
| <b>17</b> Legal and professional services                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>17</b>  |          | <b>25</b> Utilities                                                       | <b>25</b>  |               |
| <b>18</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27b                                                                                                                                                                                                                                                                                                                                                                 | <b>18</b>  |          | <b>26</b> Wages (less employment credits)                                 | <b>26</b>  |               |
| <b>29</b> Tentative profit or (loss). Subtract line 28 from line 7                                                                                                                                                                                                                                                                                                                                                                                                | <b>29</b>  | <b>0</b> | <b>27a</b> Energy efficient commercial bldgs deduction (attach Form 7205) | <b>27a</b> |               |
| <b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.<br><b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30                                         | <b>30</b>  |          | <b>27b</b> Other expenses (from line 48)                                  | <b>27b</b> | <b>11,000</b> |
| <b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.                                                                                                                    | <b>31</b>  | <b>0</b> |                                                                           |            |               |
| <b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions.<br>• If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. |            |          | <b>32a</b> <input type="checkbox"/> All investment is at risk.            |            |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |          | <b>32b</b> <input type="checkbox"/> Some investment is not at risk.       |            |               |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2025

MELTON LITTLE

Schedule C (Form 1040) 2025

LAW

Page 2

|                 |                                              |
|-----------------|----------------------------------------------|
| <b>Part III</b> | <b>Cost of Goods Sold</b> (see instructions) |
|-----------------|----------------------------------------------|

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

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

**43** When did you place your vehicle in service for business purposes? (month/day/year) .....

**44** Of the total number of miles you drove your vehicle during 2025, enter the number of miles you used your vehicle for:

**a** Business ..... **b** Commuting (see instructions) ..... **c** Other .....

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

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

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

**b** If "Yes," is the evidence written? ..... ☐ **Yes** ☐ **No**

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

[illegible]

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

OMB No. 1545-0074

**2025**Attachment  
Sequence No. **12**

Name(s) shown on return

**MELTON LITTLE**

Your social security number

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

☐ Yes ☒ No

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

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|                                                                                                                                                                                                                                                                                                          | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>1a</b> 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 |                                  |                                 |                                                                                           |                                                                                                           |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> or <b>Box G</b> checked                                                                                                                                                                                                 |                                  |                                 |                                                                                           |                                                                                                           |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> or <b>Box H</b> checked                                                                                                                                                                                                  |                                  |                                 |                                                                                           |                                                                                                           |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> or <b>Box I</b> checked                                                                                                                                                                                                  |                                  |                                 |                                                                                           |                                                                                                           |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824                                                                                                                                                                                                    |                                  |                                 |                                                                                           | <b>4</b>                                                                                                  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1                                                                                                                                                                                       |                                  |                                 |                                                                                           | <b>5</b>                                                                                                  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions                                                                                                                                                    |                                  |                                 |                                                                                           | <b>6</b>                                                                                                  |
| <b>7</b> <b>Net short-term capital gain or (loss).</b> 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                                                                                           |                                  |                                 |                                                                                           | <b>7</b> <b>0</b>                                                                                         |

**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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>8a</b> 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 | <b>95,353</b>                    | <b>61,484</b>                   |                                                                                            | <b>33,869</b>                                                                                             |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> or <b>Box J</b> checked                                                                                                                                                                                                |                                  |                                 |                                                                                            |                                                                                                           |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> or <b>Box K</b> checked                                                                                                                                                                                                 |                                  |                                 |                                                                                            |                                                                                                           |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> or <b>Box L</b> checked                                                                                                                                                                                                |                                  |                                 |                                                                                            |                                                                                                           |
| <b>11</b> 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                                                                                                                                                            |                                  |                                 |                                                                                            | <b>11</b>                                                                                                 |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1                                                                                                                                                                                      |                                  |                                 |                                                                                            | <b>12</b>                                                                                                 |
| <b>13</b> Capital gain distributions. See the instructions                                                                                                                                                                                                                                              |                                  |                                 |                                                                                            | <b>13</b>                                                                                                 |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions                                                                                                                                                  |                                  |                                 |                                                                                            | <b>14</b>                                                                                                 |
| <b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back                                                                                                                                                                      |                                  |                                 |                                                                                            | <b>15</b> <b>33,869</b>                                                                                   |

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

Schedule D (Form 1040) 2025

## Part III Summary

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |        |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 16 | Combine lines 7 and 15 and enter the result                                                                                                                                                                                                                                                                                                                                                                                                                        | 16 | 33,869 |
|    | <ul style="list-style-type: none"> <li>If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 17 below.</li> <li>If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 22.</li> </ul> |    |        |
| 17 | Are lines 15 and 16 <b>both</b> gains?                                                                                                                                                                                                                                                                                                                                                                                                                             |    |        |
|    | <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.                                                                                                                                                                                                                                                                                                                 |    |        |
| 18 | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet                                                                                                                                                                                                                                                                                                                     | 18 |        |
| 19 | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet                                                                                                                                                                                                                                                                                                   | 19 |        |
| 20 | Are lines 18 and 19 both zero or blank and you are not filing Form 4952?                                                                                                                                                                                                                                                                                                                                                                                           |    |        |
|    | <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> 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 <b>smaller</b> of:                                                                                                                                                                                                                                                                                                                                                            | 21 |        |
|    | <ul style="list-style-type: none"> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>                                                                                                                                                                                                                                                                                                                           |    |        |
|    | <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.                                                                                                                                                                                                                                                                                                                                                                        |    |        |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?                                                                                                                                                                                                                                                                                                                                                                                        |    |        |
|    | <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.                                                                                                                                                                                                            |    |        |

Schedule D (Form 1040) 2025

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

**MELTON LITTLE****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  | <b>SEE STATEMENT 1</b> |                                                  |                                  |                                    |                                            |                                        |
| 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 |
| A                                                                                       |                                      |                                                |                                                  |
| B                                                                                       |                                      |                                                |                                                  |
| C                                                                                       |                                      |                                                |                                                  |
| D                                                                                       |                                      |                                                |                                                  |
| 29a Totals                                                                              |                                      | <b>25,867</b>                                  |                                                  |
| b Totals                                                                                | <b>3,150</b>                         | <b>531</b>                                     |                                                  |
| 30 Add columns (h) and (k) of line 29a                                                  |                                      |                                                | <b>479,710</b>                                   |
| 31 Add columns (g), (i), and (j) of line 29b                                            |                                      |                                                | <b>3,681</b>                                     |
| 32 <b>Total partnership and S corporation income or (loss).</b> Combine lines 30 and 31 |                                      |                                                | <b>476,029</b>                                   |

**Part III Income or Loss From Estates and Trusts**

| 33 | (a) Name | (b) Employer identification number |
|----|----------|------------------------------------|
| A  |          |                                    |
| B  |          |                                    |

| Passive Income and Loss                                                    |                                      | Nonpassive Income and Loss              |                                    |
|----------------------------------------------------------------------------|--------------------------------------|-----------------------------------------|------------------------------------|
| (e) Passive deduction or loss allowed (attach Form 8582 if required)       | (d) Passive income from Schedule K-1 | (e) Deduction or loss from Schedule K-1 | (f) Other income from Schedule K-1 |
| A                                                                          |                                      |                                         |                                    |
| B                                                                          |                                      |                                         |                                    |
| 34a Totals                                                                 |                                      |                                         |                                    |
| b Totals                                                                   |                                      |                                         |                                    |
| 35 Add columns (d) and (f) of line 34a                                     |                                      |                                         | <b>35</b>                          |
| 36 Add columns (c) and (e) of line 34b                                     |                                      |                                         | <b>36</b>                          |
| 37 <b>Total estate and trust income or (loss).</b> Combine lines 35 and 36 |                                      |                                         | <b>37</b>                          |

**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 |                                    |                                                                   |                                                         | <b>39</b>                            |

**Part V Summary**

|    |                                                                                                                                                                                                                                                                                                                                    |           |                |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|
| 40 | Net farm rental income or (loss) from Form 4835. Also, complete line 42 below                                                                                                                                                                                                                                                      | <b>40</b> |                |
| 41 | <b>Total income or (loss).</b> Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5                                                                                                                                                                                                   | <b>41</b> | <b>476,029</b> |
| 42 | <b>Reconciliation of farming and fishing income.</b> 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                                              | <b>42</b> |                |
| 43 | <b>Reconciliation for real estate professionals.</b> 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 | <b>43</b> |                |

Form **6251****Alternative Minimum Tax—Individuals**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form6251](http://www.irs.gov/Form6251) for instructions and the latest information.**2025**Attachment  
Sequence No. **32**

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

Your social security number

**MELTON LITTLE****Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

|           |                                                                                                                                                            |           |                |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|
| <b>1a</b> | Subtract Schedule 1-A (Form 1040), line 37, from Form 1040, 1040-SR, or 1040-NR, line 14                                                                   | <b>1a</b> | <b>20,584</b>  |
| <b>b</b>  | Subtract line 1a from Form 1040, 1040-SR, or 1040-NR, line 11b (if less than zero, enter as a negative amount)                                             | <b>1b</b> | <b>728,172</b> |
| <b>2a</b> | If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12e                 | <b>2a</b> | <b>15,750</b>  |
| <b>b</b>  | Tax refund from Schedule 1 (Form 1040), line 1 or line 8z                                                                                                  | <b>2b</b> |                |
| <b>c</b>  | Investment interest expense (difference between regular tax and AMT)                                                                                       | <b>2c</b> |                |
| <b>d</b>  | Depletion (difference between regular tax and AMT)                                                                                                         | <b>2d</b> |                |
| <b>e</b>  | Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount                                                              | <b>2e</b> |                |
| <b>f</b>  | Alternative tax net operating loss deduction                                                                                                               | <b>2f</b> |                |
| <b>g</b>  | Interest from specified private activity bonds exempt from the regular tax                                                                                 | <b>2g</b> |                |
| <b>h</b>  | Qualified small business stock, see instructions                                                                                                           | <b>2h</b> |                |
| <b>i</b>  | Exercise of incentive stock options (excess of AMT income over regular tax income)                                                                         | <b>2i</b> |                |
| <b>j</b>  | Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)                                                                                  | <b>2j</b> |                |
| <b>k</b>  | Disposition of property (difference between AMT and regular tax gain or loss)                                                                              | <b>2k</b> |                |
| <b>l</b>  | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)                                                               | <b>2l</b> |                |
| <b>m</b>  | Passive activities (difference between AMT and regular tax income or loss)                                                                                 | <b>2m</b> | <b>-2,356</b>  |
| <b>n</b>  | Loss limitations (difference between AMT and regular tax income or loss)                                                                                   | <b>2n</b> | <b>-472</b>    |
| <b>o</b>  | Circulation costs (difference between regular tax and AMT)                                                                                                 | <b>2o</b> |                |
| <b>p</b>  | Long-term contracts (difference between AMT and regular tax income)                                                                                        | <b>2p</b> |                |
| <b>q</b>  | Mining costs (difference between regular tax and AMT)                                                                                                      | <b>2q</b> |                |
| <b>r</b>  | Research and experimental costs (difference between regular tax and AMT)                                                                                   | <b>2r</b> |                |
| <b>s</b>  | Income from certain installment sales before January 1, 1987                                                                                               | <b>2s</b> |                |
| <b>t</b>  | Intangible drilling costs preference                                                                                                                       | <b>2t</b> |                |
| <b>3</b>  | Other adjustments, including income-based related adjustments                                                                                              | <b>3</b>  |                |
| <b>4</b>  | <b>Alternative minimum taxable income.</b> Combine lines 1b through 3. (If married filing separately and line 4 is more than \$900,350, see instructions.) | <b>4</b>  | <b>741,094</b> |

**Part II Alternative Minimum Tax (AMT)**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|
| <b>5</b>  | Exemption.<br>IF your filing status is... AND line 4 is not over... THEN enter on line 5...<br>Single or head of household \$ 626,350 \$ 88,100<br>Married filing jointly or qualifying surviving spouse 1,252,700 137,000<br>Married filing separately 626,350 68,500<br>If line 4 is <b>over</b> the amount shown above for your filing status, see instructions.                                                                                                                                                                                                                                                                                                                     | <b>5</b>  | <b>39,814</b>  |
| <b>6</b>  | Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>6</b>  | <b>701,280</b> |
| <b>7</b>  | • If you are filing Form 2555, see instructions for the amount to enter.<br>• If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here.<br>• <b>All others:</b> If line 6 is \$239,100 or less (\$119,550 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$4,782 (\$2,391 if married filing separately) from the result. | <b>7</b>  | <b>190,917</b> |
| <b>8</b>  | Alternative minimum tax foreign tax credit (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>8</b>  |                |
| <b>9</b>  | Tentative minimum tax. Subtract line 8 from line 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>9</b>  | <b>190,917</b> |
| <b>10</b> | Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 1z. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions                                                                                                                                                                                                                                  | <b>10</b> | <b>224,974</b> |
| <b>11</b> | <b>AMT.</b> Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>11</b> | <b>0</b>       |

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

Form **6251** (2025)

DAA

**MELTON LITTLE**

Form 6251 (2025)

Page **2****Part III Tax Computation Using Maximum Capital Gains Rates**

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

|                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|
| <b>12</b> Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7 .....                                                                                                                                                                                                                                                                          | <b>12</b> | <b>701,280</b> |
| <b>13</b> Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter .....                                     | <b>13</b> | <b>38,125</b>  |
| <b>14</b> Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter .....                                                                                                                                                                                                                                     | <b>14</b> |                |
| <b>15</b> If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the <b>smaller</b> of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter .....                                                    | <b>15</b> | <b>38,125</b>  |
| <b>16</b> Enter the <b>smaller</b> of line 12 or line 15 .....                                                                                                                                                                                                                                                                                                                                                                              | <b>16</b> | <b>38,125</b>  |
| <b>17</b> Subtract line 16 from line 12 .....                                                                                                                                                                                                                                                                                                                                                                                               | <b>17</b> | <b>663,155</b> |
| <b>18</b> If line 17 is \$239,100 or less (\$119,550 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$4,782 (\$2,391 if married filing separately) from the result .....                                                                                                                                                                                     | <b>18</b> | <b>183,292</b> |
| <b>19</b> Enter:<br><ul style="list-style-type: none"> <li>• \$96,700 if married filing jointly or qualifying surviving spouse,</li> <li>• \$48,350 if single or married filing separately, or</li> <li>• \$64,750 if head of household.</li> </ul>                                                                                                                                                                                         | <b>19</b> | <b>48,350</b>  |
| <b>20</b> Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter ..... | <b>20</b> | <b>690,047</b> |
| <b>21</b> Subtract line 20 from line 19. If zero or less, enter -0- .....                                                                                                                                                                                                                                                                                                                                                                   | <b>21</b> | <b>0</b>       |
| <b>22</b> Enter the <b>smaller</b> of line 12 or line 13 .....                                                                                                                                                                                                                                                                                                                                                                              | <b>22</b> | <b>38,125</b>  |
| <b>23</b> Enter the <b>smaller</b> of line 21 or line 22. This amount is taxed at 0% .....                                                                                                                                                                                                                                                                                                                                                  | <b>23</b> |                |
| <b>24</b> Subtract line 23 from line 22 .....                                                                                                                                                                                                                                                                                                                                                                                               | <b>24</b> | <b>38,125</b>  |
| <b>25</b> Enter:<br><ul style="list-style-type: none"> <li>• \$533,400 if single,</li> <li>• \$300,000 if married filing separately,</li> <li>• \$600,050 if married filing jointly or qualifying surviving spouse, or</li> <li>• \$566,700 if head of household.</li> </ul>                                                                                                                                                                | <b>25</b> | <b>300,000</b> |
| <b>26</b> Enter the amount from line 21 .....                                                                                                                                                                                                                                                                                                                                                                                               | <b>26</b> | <b>0</b>       |
| <b>27</b> Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter ..... | <b>27</b> | <b>690,047</b> |
| <b>28</b> Add line 26 and line 27 .....                                                                                                                                                                                                                                                                                                                                                                                                     | <b>28</b> | <b>690,047</b> |
| <b>29</b> Subtract line 28 from line 25. If zero or less, enter -0- .....                                                                                                                                                                                                                                                                                                                                                                   | <b>29</b> | <b>0</b>       |
| <b>30</b> Enter the smaller of line 24 or line 29 .....                                                                                                                                                                                                                                                                                                                                                                                     | <b>30</b> |                |
| <b>31</b> Multiply line 30 by 15% (0.15) .....                                                                                                                                                                                                                                                                                                                                                                                              | <b>31</b> |                |
| <b>32</b> Add lines 23 and 30 .....                                                                                                                                                                                                                                                                                                                                                                                                         | <b>32</b> |                |
| <b>If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.</b>                                                                                                                                                                                                                                                                                                                               |           |                |
| <b>33</b> Subtract line 32 from line 22 .....                                                                                                                                                                                                                                                                                                                                                                                               | <b>33</b> | <b>38,125</b>  |
| <b>34</b> Multiply line 33 by 20% (0.20) .....                                                                                                                                                                                                                                                                                                                                                                                              | <b>34</b> | <b>7,625</b>   |
| <b>If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.</b>                                                                                                                                                                                                                                                                                                                                   |           |                |
| <b>35</b> Add lines 17, 32, and 33 .....                                                                                                                                                                                                                                                                                                                                                                                                    | <b>35</b> |                |
| <b>36</b> Subtract line 35 from line 12 .....                                                                                                                                                                                                                                                                                                                                                                                               | <b>36</b> |                |
| <b>37</b> Multiply line 36 by 25% (0.25) .....                                                                                                                                                                                                                                                                                                                                                                                              | <b>37</b> |                |
| <b>38</b> Add lines 18, 31, 34, and 37 .....                                                                                                                                                                                                                                                                                                                                                                                                | <b>38</b> | <b>190,917</b> |
| <b>39</b> If line 12 is \$239,100 or less (\$119,550 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$4,782 (\$2,391 if married filing separately) from the result .....                                                                                                                                                                                     | <b>39</b> | <b>193,967</b> |
| <b>40</b> Enter the <b>smaller</b> of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7 .....                                                                                                                                                                                                             | <b>40</b> | <b>190,917</b> |

Form **6251** (2025)

Form

8606

Department of the Treasury  
Internal Revenue Service

Nondeductible IRAs

Attach to 2025 Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8606](https://www.irs.gov/Form8606) for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment  
Sequence No. 48

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

Your social security number

MELTON

LITTLE

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

8,000

2

Enter your total basis in traditional IRAs. See instructions

2

3

Add lines 1 and 2

3

8,000

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

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

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

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

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

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

13

Add lines 11 and 12. This is the nontaxable portion of all your distributions

13

14

Subtract line 13 from line 3. This is **your total basis in traditional IRAs for 2025 and earlier years**

14

8,000

Form

**8995-A****Qualified Business Income Deduction**

OMB No. 1545-0074

**2025**Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on return

Your taxpayer identification number

**MELTON LITTLE**

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

Use this form if your taxable income, before your qualified business income deduction, is above \$197,300 (\$394,600 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

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

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

| 1 | (a) Trade, business, or aggregation name | (b) Check if specified service | (c) Check if aggregation | (d) Taxpayer identification number | (e) Check if patron      |
|---|------------------------------------------|--------------------------------|--------------------------|------------------------------------|--------------------------|
| A | 433 8TH AVE W                            | <input type="checkbox"/>       | <input type="checkbox"/> |                                    | <input type="checkbox"/> |
| B | MILAIID INC                              | <input type="checkbox"/>       | <input type="checkbox"/> |                                    | <input type="checkbox"/> |
| C | 433 8TH AVE W                            | <input type="checkbox"/>       | <input type="checkbox"/> |                                    | <input type="checkbox"/> |

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

|                                                                                                                                                                                         | A         | B     | C     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|-------|
| 2 Qualified business income from the trade, business, or aggregation. See instructions                                                                                                  | 2 19,766  | 7,310 | 656   |
| 3 Multiply line 2 by 20% (0.20). If your taxable income is \$197,300 or less (\$394,600 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13 | 3 3,953   | 1,462 | 131   |
| 4 Allocable share of W-2 wages from the trade, business, or aggregation                                                                                                                 | 4 0       | 0     | 0     |
| 5 Multiply line 4 by 50% (0.50)                                                                                                                                                         | 5 0       | 0     | 0     |
| 6 Multiply line 4 by 25% (0.25)                                                                                                                                                         | 6 0       | 0     | 0     |
| 7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property                                                                                | 7 583,224 | 8,790 | 9,823 |
| 8 Multiply line 7 by 2.5% (0.025)                                                                                                                                                       | 8 14,581  | 220   | 246   |
| 9 Add lines 6 and 8                                                                                                                                                                     | 9 14,581  | 220   | 246   |
| 10 Enter the greater of line 5 or line 9                                                                                                                                                | 10 14,581 | 220   | 246   |
| 11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10                                                                                           | 11 3,953  | 220   | 131   |
| 12 Phased-in reduction. Enter the amount from line 26, if any                                                                                                                           | 12        |       |       |
| 13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12                                                                                 | 13 3,953  | 220   | 131   |
| 14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions                                                                                   | 14        |       |       |
| 15 Qualified business income component. Subtract line 14 from line 13                                                                                                                   | 15 3,953  | 220   | 131   |
| 16 Total qualified business income component. Add all amounts reported on line 15                                                                                                       | 16 4,834  |       |       |

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

Form **8995-A** (2025)

**MELTON LITTLE**

Form 8995-A (2025)

Page **2****Part III Phased-in Reduction**

Complete Part III only if your taxable income is more than \$197,300 but not \$247,300 (\$394,600 and \$494,600 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

|    |                                                                                                                                                                   | A  | B | C |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|---|
| 17 | Enter the amounts from line 3                                                                                                                                     | 17 |   |   |
| 18 | Enter the amounts from line 10                                                                                                                                    | 18 |   |   |
| 19 | Subtract line 18 from line 17                                                                                                                                     | 19 |   |   |
| 20 | Taxable income before qualified business income deduction                                                                                                         | 20 |   |   |
| 21 | Threshold. Enter \$197,300 (\$394,600 if married filing jointly)                                                                                                  | 21 |   |   |
| 22 | Subtract line 21 from line 20                                                                                                                                     | 22 |   |   |
| 23 | Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)                                                                                              | 23 |   |   |
| 24 | Phase-in percentage. Divide line 22 by line 23                                                                                                                    | 24 | % |   |
| 25 | Total phase-in reduction. Multiply line 19 by line 24                                                                                                             | 25 |   |   |
| 26 | Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business | 26 |   |   |

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

|    |                                                                                                                                                               |    |         |         |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|---------|
| 27 | Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16                               | 27 | 4,834   |         |
| 28 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions                                                             | 28 |         |         |
| 29 | Qualified REIT dividends and PTP (loss) carryforward from prior years                                                                                         | 29 |         |         |
| 30 | Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-                                                          | 30 | 0       |         |
| 31 | REIT and PTP component. Multiply line 30 by 20% (0.20)                                                                                                        | 31 |         |         |
| 32 | Qualified business income deduction before the income limitation. Add lines 27 and 31                                                                         | 32 |         | 4,834   |
| 33 | Taxable income before qualified business income deduction                                                                                                     | 33 | 733,006 |         |
| 34 | Enter your net capital gain, if any, increased by any qualified dividends (see instructions)                                                                  | 34 | 38,125  |         |
| 35 | Subtract line 34 from line 33. If zero or less, enter -0-                                                                                                     | 35 |         | 694,881 |
| 36 | Income limitation. Multiply line 35 by 20% (0.20)                                                                                                             | 36 |         | 138,976 |
| 37 | Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36 | 37 |         | 4,834   |
| 38 | DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37                           | 38 |         |         |
| 39 | Total qualified business income deduction. Add lines 37 and 38                                                                                                | 39 |         | 4,834   |
| 40 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-                                            | 40 |         |         |

Form **8995-A** (2025)

Form

**8995-A****Qualified Business Income Deduction**

OMB No. 1545-0074

**2025**Attachment  
Sequence No. **55A**Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form8995A](http://www.irs.gov/Form8995A) for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number

**MELTON LITTLE**

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

Use this form if your taxable income, before your qualified business income deduction, is above \$197,300 (\$394,600 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

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

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

| 1 | (a) Trade, business, or aggregation name | (b) Check if specified service | (c) Check if aggregation | (d) Taxpayer identification number | (e) Check if patron      |
|---|------------------------------------------|--------------------------------|--------------------------|------------------------------------|--------------------------|
| A | <b>434 9TH AVE W</b>                     | <input type="checkbox"/>       | <input type="checkbox"/> |                                    | <input type="checkbox"/> |
| B |                                          | <input type="checkbox"/>       | <input type="checkbox"/> |                                    | <input type="checkbox"/> |
| C |                                          | <input type="checkbox"/>       | <input type="checkbox"/> |                                    | <input type="checkbox"/> |

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

|                                                                                                                                                                                         | A                | B | C |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---|---|
| 2 Qualified business income from the trade, business, or aggregation. See instructions                                                                                                  | 2 <b>2,650</b>   |   |   |
| 3 Multiply line 2 by 20% (0.20). If your taxable income is \$197,300 or less (\$394,600 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13 | 3 <b>530</b>     |   |   |
| 4 Allocable share of W-2 wages from the trade, business, or aggregation                                                                                                                 | 4 <b>0</b>       |   |   |
| 5 Multiply line 4 by 50% (0.50)                                                                                                                                                         | 5 <b>0</b>       |   |   |
| 6 Multiply line 4 by 25% (0.25)                                                                                                                                                         | 6 <b>0</b>       |   |   |
| 7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property                                                                                | 7 <b>138,778</b> |   |   |
| 8 Multiply line 7 by 2.5% (0.025)                                                                                                                                                       | 8 <b>3,469</b>   |   |   |
| 9 Add lines 6 and 8                                                                                                                                                                     | 9 <b>3,469</b>   |   |   |
| 10 Enter the greater of line 5 or line 9                                                                                                                                                | 10 <b>3,469</b>  |   |   |
| 11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10                                                                                           | 11 <b>530</b>    |   |   |
| 12 Phased-in reduction. Enter the amount from line 26, if any                                                                                                                           | 12               |   |   |
| 13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12                                                                                 | 13 <b>530</b>    |   |   |
| 14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions                                                                                   | 14               |   |   |
| 15 Qualified business income component. Subtract line 14 from line 13                                                                                                                   | 15 <b>530</b>    |   |   |
| 16 Total qualified business income component. Add all amounts reported on line 15                                                                                                       | 16               |   |   |

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

Form **8995-A** (2025)

**MELTON LITTLE**

Form 8995-A (2025)

Page **2****Part III Phased-in Reduction**

Complete Part III only if your taxable income is more than \$197,300 but not \$247,300 (\$394,600 and \$494,600 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

|    |                                                                                                                                                                   | A  | B | C |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|---|
| 17 | Enter the amounts from line 3                                                                                                                                     | 17 |   |   |
| 18 | Enter the amounts from line 10                                                                                                                                    | 18 |   |   |
| 19 | Subtract line 18 from line 17                                                                                                                                     | 19 |   |   |
| 20 | Taxable income before qualified business income deduction                                                                                                         | 20 |   |   |
| 21 | Threshold. Enter \$197,300 (\$394,600 if married filing jointly)                                                                                                  | 21 |   |   |
| 22 | Subtract line 21 from line 20                                                                                                                                     | 22 |   |   |
| 23 | Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)                                                                                              | 23 |   |   |
| 24 | Phase-in percentage. Divide line 22 by line 23                                                                                                                    | 24 | % |   |
| 25 | Total phase-in reduction. Multiply line 19 by line 24                                                                                                             | 25 |   |   |
| 26 | Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business | 26 |   |   |

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

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

Form **8995-A** (2025)

**SCHEDULE C**  
**(Form 8995-A)**  
(Rev. December 2022)Department of the Treasury  
Internal Revenue Service**Loss Netting and Carryforward**

Attach to Form 8995-A.

Go to [www.irs.gov/Form8995A](http://www.irs.gov/Form8995A) for instructions and the latest information.

OMB No. 1545-2294

Attachment  
Sequence No. **55D**

Name(s) shown on return

Your taxpayer identification number

**MELTON LITTLE**

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

| 1 | Trade, business, or aggregation name                                                                                                                                                                                                                             | (a) Qualified business income/(loss) | (b) Reduction for loss netting (see instructions) | (c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.) |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------|
|   | 433 8TH AVE W                                                                                                                                                                                                                                                    | 22,161                               | 2,395                                             | 19,766                                                                                    |
|   | MILAIID INC                                                                                                                                                                                                                                                      | 8,196                                | 886                                               | 7,310                                                                                     |
|   | 433 8TH AVE W                                                                                                                                                                                                                                                    | 735                                  | 79                                                | 656                                                                                       |
| 2 | Qualified business net (loss) carryforward from prior years. See instructions                                                                                                                                                                                    |                                      |                                                   | 2 ( 3,150)                                                                                |
| 3 | Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations                                                                                                  |                                      |                                                   | 3 ( 3,681)                                                                                |
| 4 | Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations                                                                                                             |                                      |                                                   | 4 34,063                                                                                  |
| 5 | Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b). |                                      |                                                   | 5 ( 3,681)                                                                                |
| 6 | Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-                                                                                                                                                              |                                      |                                                   | 6 ( )                                                                                     |

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

Schedule C (Form 8995-A) (Rev. 12-2022)

**SCHEDULE C**  
**(Form 8995-A)**  
(Rev. December 2022)Department of the Treasury  
Internal Revenue Service**Loss Netting and Carryforward**

Attach to Form 8995-A.

Go to [www.irs.gov/Form8995A](http://www.irs.gov/Form8995A) for instructions and the latest information.

OMB No. 1545-2294

Attachment  
Sequence No. **55D**

Name(s) shown on return

Your taxpayer identification number

**MELTON LITTLE**

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

| 1 | Trade, business, or aggregation name                                                                                                                                                                                                                                   | (a) Qualified business income/(loss) | (b) Reduction for loss netting (see instructions) | (c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.) |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------|
|   | 434 9TH AVE W                                                                                                                                                                                                                                                          | 2,971                                | 321                                               | 2,650                                                                                     |
|   | COOL WATER PLUMBING LLC                                                                                                                                                                                                                                                | -531                                 |                                                   |                                                                                           |
|   |                                                                                                                                                                                                                                                                        |                                      |                                                   |                                                                                           |
| 2 | Qualified business net (loss) carryforward from prior years. See instructions .....                                                                                                                                                                                    |                                      |                                                   | 2 ( )                                                                                     |
| 3 | Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations .....                                                                                                  |                                      |                                                   | 3 ( )                                                                                     |
| 4 | Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations .....                                                                                                             |                                      |                                                   | 4                                                                                         |
| 5 | Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b). ..... |                                      |                                                   | 5 ( )                                                                                     |
| 6 | Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0- .....                                                                                                                                                              |                                      |                                                   | 6 ( )                                                                                     |

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

Schedule C (Form 8995-A) (Rev. 12-2022)

Form **8959****Additional Medicare Tax**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

If any line does not apply to you, leave it blank. See separate instructions.

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

Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.**2025**Attachment  
Sequence No. **71**

Name(s) shown on return

**MELTON LITTLE**

Your social security number

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

|   |                                                                                                                             |   |         |         |
|---|-----------------------------------------------------------------------------------------------------------------------------|---|---------|---------|
| 1 | Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 | 1 | 236,730 |         |
| 2 | Unreported tips from Form 4137, line 6                                                                                      | 2 |         |         |
| 3 | Wages from Form 8919, line 6                                                                                                | 3 |         |         |
| 4 | Add lines 1 through 3                                                                                                       | 4 | 236,730 |         |
| 5 | Enter the following amount for your filing status:                                                                          |   |         |         |
|   | Married filing jointly \$250,000                                                                                            |   |         |         |
|   | Married filing separately \$125,000                                                                                         |   |         |         |
|   | Single, Head of household, or Qualifying surviving spouse \$200,000                                                         | 5 | 125,000 |         |
| 6 | Subtract line 5 from line 4. If zero or less, enter -0-                                                                     | 6 |         | 111,730 |
| 7 | Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II                    | 7 |         | 1,006   |

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

|    |                                                                                                                    |    |         |   |
|----|--------------------------------------------------------------------------------------------------------------------|----|---------|---|
| 8  | Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-                  | 8  |         |   |
| 9  | Enter the following amount for your filing status:                                                                 |    |         |   |
|    | Married filing jointly \$250,000                                                                                   |    |         |   |
|    | Married filing separately \$125,000                                                                                |    |         |   |
|    | Single, Head of household, or Qualifying surviving spouse \$200,000                                                | 9  | 125,000 |   |
| 10 | Enter the amount from line 4                                                                                       | 10 | 236,730 |   |
| 11 | Subtract line 10 from line 9. If zero or less, enter -0-                                                           | 11 | 0       |   |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0-                                                           | 12 |         | 0 |
| 13 | Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III | 13 |         |   |

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

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

**Part IV Total Additional Medicare Tax**

|    |                                                                                                                                                |    |  |       |
|----|------------------------------------------------------------------------------------------------------------------------------------------------|----|--|-------|
| 18 | Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V | 18 |  | 1,006 |
|----|------------------------------------------------------------------------------------------------------------------------------------------------|----|--|-------|

**Part V Withholding Reconciliation**

|    |                                                                                                                                                                                                                         |    |         |     |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|-----|
| 19 | Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6                                                                                               | 19 | 3,764   |     |
| 20 | Enter the amount from line 1                                                                                                                                                                                            | 20 | 236,730 |     |
| 21 | Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages                                                                                                                     | 21 | 3,433   |     |
| 22 | Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages                                                                                           | 22 |         | 331 |
| 23 | Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)                                                                                                 | 23 |         |     |
| 24 | <b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions) | 24 |         | 331 |

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

Form **8959** (2025)

Form **8960****Net Investment Income Tax—  
Individuals, Estates, and Trusts**

Attach to your tax return.

OMB No. 1545-2227

**2025**Attachment  
Sequence No. **72**Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Name(s) shown on your tax return

Your social security number or EIN

**MELTON LITTLE****Part I Investment Income**☐ Section 6013(g) election (see instructions)☐ Section 6013(h) election (see instructions)☐ Regulations section 1.1411-10(g) election (see instructions)

|    |                                                                                                                             |    |          |        |
|----|-----------------------------------------------------------------------------------------------------------------------------|----|----------|--------|
| 1  | Taxable interest (see instructions)                                                                                         |    | 1        | 828    |
| 2  | Ordinary dividends (see instructions)                                                                                       |    | 2        | 4,675  |
| 3  | Annuities (see instructions)                                                                                                |    | 3        |        |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)          | 4a | 476,029  |        |
| b  | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | 4b | -453,312 |        |
| c  | Combine lines 4a and 4b                                                                                                     | 4c |          | 22,717 |
| 5a | Net gain or loss from disposition of property (see instructions)                                                            | 5a | 33,869   |        |
| b  | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)           | 5b |          |        |
| c  | Adjustment from disposition of partnership interest or S corporation stock (see instructions)                               | 5c |          |        |
| d  | Combine lines 5a through 5c                                                                                                 | 5d |          | 33,869 |
| 6  | Adjustments to investment income for certain CFCs and PFICs (see instructions)                                              | 6  |          |        |
| 7  | Other modifications to investment income (see instructions)                                                                 | 7  |          |        |
| 8  | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7                                                            | 8  |          | 62,089 |

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

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

**Part III Tax Computation**

|                            |                                                                                                                                                                                 |     |         |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------|
| 12                         | Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0- | 12  | 62,089  |
| <b>Individuals:</b>        |                                                                                                                                                                                 |     |         |
| 13                         | Modified adjusted gross income (see instructions)                                                                                                                               | 13  | 748,756 |
| 14                         | Threshold based on filing status (see instructions)                                                                                                                             | 14  | 125,000 |
| 15                         | Subtract line 14 from line 13. If zero or less, enter -0-                                                                                                                       | 15  | 623,756 |
| 16                         | Enter the smaller of line 12 or line 15                                                                                                                                         | 16  | 62,089  |
| 17                         | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)                                       | 17  | 2,359   |
| <b>Estates and Trusts:</b> |                                                                                                                                                                                 |     |         |
| 18a                        | Net investment income (line 12 above)                                                                                                                                           | 18a |         |
| b                          | Deductions for distributions of net investment income and charitable deductions (see instructions)                                                                              | 18b |         |
| c                          | Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-                                                             | 18c |         |
| 19a                        | Adjusted gross income (see instructions)                                                                                                                                        | 19a |         |
| b                          | Highest tax bracket for estates and trusts for the year (see instructions)                                                                                                      | 19b |         |
| c                          | Subtract line 19b from line 19a. If zero or less, enter -0-                                                                                                                     | 19c |         |
| 20                         | Enter the smaller of line 18c or line 19c                                                                                                                                       | 20  |         |
| 21                         | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)                                | 21  |         |

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

Form **8960** (2025)

Form **7203**(Rev. December 2022)  
Department of the Treasury  
Internal Revenue Service**S Corporation Shareholder Stock and  
Debt Basis Limitations**

OMB No. 1545-2302

Attach to your tax return.

Go to [www.irs.gov/Form7203](http://www.irs.gov/Form7203) for instructions and the latest information.Attachment  
Sequence No. **203**

Name of shareholder

**MELTON LITTLE**

Identifying number

**A** Name of S corporation**MALAIID INC****B** Employer identification number**C** Stock block (see instructions):**D** Check applicable box(es) to indicate how stock was acquired:(1) ☐ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gifted (5) ☐ Other:**E** Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐**Part I Shareholder Stock Basis**

|    |                                                                                                                                                                                                                      |    |       |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 1  | Stock basis at the beginning of the corporation's tax year                                                                                                                                                           | 1  | 0     |
| 2  | Basis from any capital contributions made or additional stock acquired during the tax year                                                                                                                           | 2  |       |
| 3a | Ordinary business income (enter losses in Part III)                                                                                                                                                                  | 3a | 8,196 |
| b  | Net rental real estate income (enter losses in Part III)                                                                                                                                                             | 3b |       |
| c  | Other net rental income (enter losses in Part III)                                                                                                                                                                   | 3c |       |
| d  | Interest income                                                                                                                                                                                                      | 3d |       |
| e  | Ordinary dividends                                                                                                                                                                                                   | 3e |       |
| f  | Royalties                                                                                                                                                                                                            | 3f |       |
| g  | Net capital gains (enter losses in Part III)                                                                                                                                                                         | 3g |       |
| h  | Net section 1231 gain (enter losses in Part III)                                                                                                                                                                     | 3h |       |
| i  | Other income (enter losses in Part III)                                                                                                                                                                              | 3i |       |
| j  | Excess depletion adjustment                                                                                                                                                                                          | 3j |       |
| k  | Tax-exempt income                                                                                                                                                                                                    | 3k |       |
| l  | Recapture of business credits                                                                                                                                                                                        | 3l |       |
| m  | Other items that increase stock basis                                                                                                                                                                                | 3m |       |
| 4  | Add lines 3a through 3m                                                                                                                                                                                              | 4  | 8,196 |
| 5  | Stock basis before distributions. Add lines 1, 2, and 4                                                                                                                                                              | 5  | 8,196 |
| 6  | Distributions (excluding dividend distributions)<br><b>Note:</b> If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions. | 6  | 6,084 |
| 7  | Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15                                                            | 7  | 2,112 |
| 8a | Nondeductible expenses                                                                                                                                                                                               | 8a |       |
| b  | Depletion for oil and gas                                                                                                                                                                                            | 8b |       |
| c  | Business credits (sections 50(c)(1) and (5))                                                                                                                                                                         | 8c |       |
| 9  | Add lines 8a through 8c                                                                                                                                                                                              | 9  |       |
| 10 | Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15                                               | 10 | 2,112 |
| 11 | Allowable loss and deduction items. Enter the amount from line 47, column (c)                                                                                                                                        | 11 |       |
| 12 | Debt basis restoration (see net increase in instructions for line 23)                                                                                                                                                | 12 | 432   |
| 13 | Other items that decrease stock basis                                                                                                                                                                                | 13 |       |
| 14 | Add lines 11, 12, and 13                                                                                                                                                                                             | 14 | 432   |
| 15 | Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-                                                                                        | 15 | 1,680 |

**Part II Shareholder Debt Basis****Section A—Amount of Debt** (If more than three debts, see instructions.)

| Description                                                                              | (a) Debt 1<br><input type="checkbox"/> Formal note<br><input checked="" type="checkbox"/> Open account | (b) Debt 2<br><input type="checkbox"/> Formal note<br><input type="checkbox"/> Open account | (c) Debt 3<br><input type="checkbox"/> Formal note<br><input type="checkbox"/> Open account | (d) Total |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------|
| 16 Loan balance at the beginning of the corporation's tax year                           | 3,616                                                                                                  |                                                                                             |                                                                                             | 3,616     |
| 17 Additional loans (see instructions)                                                   |                                                                                                        |                                                                                             |                                                                                             |           |
| 18 Loan balance before repayment. Add lines 16 and 17                                    | 3,616                                                                                                  |                                                                                             |                                                                                             | 3,616     |
| 19 Principal portion of debt repayment (this line doesn't include interest)              | 3,616                                                                                                  |                                                                                             |                                                                                             | 3,616     |
| 20 Loan balance at the end of the corporation's tax year. Subtract lines 19 from line 18 |                                                                                                        |                                                                                             |                                                                                             |           |

**MELTON LITTLE**

Form 7203 (Rev. 12-2022)

Page **2****Part II Shareholder Debt Basis (continued)****Section B—Adjustments to Debt Basis**

| Description                                                                                                                            | (a) Debt 1 | (b) Debt 2 | (c) Debt 3 | (d) Total |
|----------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|-----------|
| <b>21</b> Debt basis at the beginning of the corporation's tax year                                                                    | 3,184      |            |            | 3,184     |
| <b>22</b> Enter the amount, if any, from line 17                                                                                       |            |            |            |           |
| <b>23</b> Debt basis restoration (see instructions)                                                                                    | 432        |            |            | 432       |
| <b>24</b> Debt basis before repayment. Add lines 21, 22, and 23                                                                        | 3,616      |            |            | 3,616     |
| <b>25</b> Divide line 24 by line 18                                                                                                    | 1.0000     |            |            |           |
| <b>26</b> Nontaxable debt repayment. Multiply line 25 by line 19                                                                       | 3,616      |            |            | 3,616     |
| <b>27</b> Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24                                           | 0          |            |            |           |
| <b>28</b> Nondeductible expenses and oil and gas depletion deductions in excess of stock basis                                         |            |            |            |           |
| <b>29</b> Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-             | 0          |            |            |           |
| <b>30</b> Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)                                         |            |            |            |           |
| <b>31</b> Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0- | 0          |            |            |           |

**Section C—Gain on Loan Repayment**

|                                                                |       |  |  |       |
|----------------------------------------------------------------|-------|--|--|-------|
| <b>32</b> Repayment. Enter the amount from line 19             | 3,616 |  |  | 3,616 |
| <b>33</b> Nontaxable repayments. Enter the amount from line 26 | 3,616 |  |  | 3,616 |
| <b>34</b> Reportable gain. Subtract line 33 from line 32       | 0     |  |  |       |

**Part III Shareholder Allowable Loss and Deduction Items**

| Description                                                                                                                                                    | (a) Current year losses and deductions | (b) Carryover amounts (column (e)) from the previous year | (c) Allowable loss from stock basis | (d) Allowable loss from debt basis | (e) Carryover amounts |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------|-------------------------------------|------------------------------------|-----------------------|
| <b>35</b> Ordinary business loss                                                                                                                               |                                        |                                                           |                                     |                                    |                       |
| <b>36</b> Net rental real estate loss                                                                                                                          |                                        |                                                           |                                     |                                    |                       |
| <b>37</b> Other net rental loss                                                                                                                                |                                        |                                                           |                                     |                                    |                       |
| <b>38</b> Net capital loss                                                                                                                                     |                                        |                                                           |                                     |                                    |                       |
| <b>39</b> Net section 1231 loss                                                                                                                                |                                        |                                                           |                                     |                                    |                       |
| <b>40</b> Other loss                                                                                                                                           |                                        |                                                           |                                     |                                    |                       |
| <b>41</b> Section 179 deductions                                                                                                                               |                                        |                                                           |                                     |                                    |                       |
| <b>42</b> Charitable contributions                                                                                                                             |                                        |                                                           |                                     |                                    |                       |
| <b>43</b> Investment interest expense                                                                                                                          |                                        |                                                           |                                     |                                    |                       |
| <b>44</b> Section 59(e)(2) expenditures                                                                                                                        |                                        |                                                           |                                     |                                    |                       |
| <b>45</b> Other deductions                                                                                                                                     |                                        |                                                           |                                     |                                    |                       |
| <b>46</b> Foreign taxes paid or accrued                                                                                                                        |                                        |                                                           |                                     |                                    |                       |
| <b>47</b> Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30 |                                        |                                                           |                                     |                                    |                       |

Form **7203** (Rev. 12-2022)

Form **7203**(Rev. December 2022)  
Department of the Treasury  
Internal Revenue Service**S Corporation Shareholder Stock and  
Debt Basis Limitations**

OMB No. 1545-2302

Attach to your tax return.

Go to [www.irs.gov/Form7203](http://www.irs.gov/Form7203) for instructions and the latest information.Attachment  
Sequence No. **203**

Name of shareholder

**MELTON LITTLE**

Identifying number

**A** Name of S corporation**BWANA INC****B** Employer identification number**C** Stock block (see instructions):**D** Check applicable box(es) to indicate how stock was acquired:(1) ☐ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gifted (5) ☐ Other:**E** Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐**Part I Shareholder Stock Basis**

|    |                                                                                                                                                                                                                      |    |       |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 1  | Stock basis at the beginning of the corporation's tax year                                                                                                                                                           | 1  | 0     |
| 2  | Basis from any capital contributions made or additional stock acquired during the tax year                                                                                                                           | 2  |       |
| 3a | Ordinary business income (enter losses in Part III)                                                                                                                                                                  | 3a |       |
| b  | Net rental real estate income (enter losses in Part III)                                                                                                                                                             | 3b | 2,971 |
| c  | Other net rental income (enter losses in Part III)                                                                                                                                                                   | 3c |       |
| d  | Interest income                                                                                                                                                                                                      | 3d |       |
| e  | Ordinary dividends                                                                                                                                                                                                   | 3e |       |
| f  | Royalties                                                                                                                                                                                                            | 3f |       |
| g  | Net capital gains (enter losses in Part III)                                                                                                                                                                         | 3g |       |
| h  | Net section 1231 gain (enter losses in Part III)                                                                                                                                                                     | 3h |       |
| i  | Other income (enter losses in Part III)                                                                                                                                                                              | 3i |       |
| j  | Excess depletion adjustment                                                                                                                                                                                          | 3j |       |
| k  | Tax-exempt income                                                                                                                                                                                                    | 3k |       |
| l  | Recapture of business credits                                                                                                                                                                                        | 3l |       |
| m  | Other items that increase stock basis                                                                                                                                                                                | 3m |       |
| 4  | Add lines 3a through 3m                                                                                                                                                                                              | 4  | 2,971 |
| 5  | Stock basis before distributions. Add lines 1, 2, and 4                                                                                                                                                              | 5  | 2,971 |
| 6  | Distributions (excluding dividend distributions)<br><b>Note:</b> If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions. | 6  |       |
| 7  | Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15                                                            | 7  | 2,971 |
| 8a | Nondeductible expenses                                                                                                                                                                                               | 8a | 510   |
| b  | Depletion for oil and gas                                                                                                                                                                                            | 8b |       |
| c  | Business credits (sections 50(c)(1) and (5))                                                                                                                                                                         | 8c |       |
| 9  | Add lines 8a through 8c                                                                                                                                                                                              | 9  | 510   |
| 10 | Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15                                               | 10 | 2,461 |
| 11 | Allowable loss and deduction items. Enter the amount from line 47, column (c)                                                                                                                                        | 11 |       |
| 12 | Debt basis restoration (see net increase in instructions for line 23)                                                                                                                                                | 12 |       |
| 13 | Other items that decrease stock basis                                                                                                                                                                                | 13 |       |
| 14 | Add lines 11, 12, and 13                                                                                                                                                                                             | 14 |       |
| 15 | Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-                                                                                        | 15 | 2,461 |

**Part II Shareholder Debt Basis****Section A—Amount of Debt** (If more than three debts, see instructions.)

| Description                                                                              | (a) Debt 1                                                                    | (b) Debt 2                                                                    | (c) Debt 3                                                                    | (d) Total |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------|
|                                                                                          | <input type="checkbox"/> Formal note<br><input type="checkbox"/> Open account | <input type="checkbox"/> Formal note<br><input type="checkbox"/> Open account | <input type="checkbox"/> Formal note<br><input type="checkbox"/> Open account |           |
| 16 Loan balance at the beginning of the corporation's tax year                           |                                                                               |                                                                               |                                                                               |           |
| 17 Additional loans (see instructions)                                                   |                                                                               |                                                                               |                                                                               |           |
| 18 Loan balance before repayment. Add lines 16 and 17                                    |                                                                               |                                                                               |                                                                               |           |
| 19 Principal portion of debt repayment (this line doesn't include interest)              |                                                                               |                                                                               |                                                                               |           |
| 20 Loan balance at the end of the corporation's tax year. Subtract lines 19 from line 18 |                                                                               |                                                                               |                                                                               |           |

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Form **7203** (Rev. 12-2022)

**MELTON LITTLE**

Form 7203 (Rev. 12-2022)

Page **2****Part II Shareholder Debt Basis** (continued)**Section B—Adjustments to Debt Basis**

| Description                                                                                                                                         | (a) Debt 1 | (b) Debt 2 | (c) Debt 3 | (d) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|-----------|
| <b>21</b> Debt basis at the beginning of the corporation's tax year .....                                                                           |            |            |            |           |
| <b>22</b> Enter the amount, if any, from line 17 .....                                                                                              |            |            |            |           |
| <b>23</b> Debt basis restoration (see instructions) .....                                                                                           |            |            |            |           |
| <b>24</b> Debt basis before repayment. Add lines 21, 22, and 23 .....                                                                               |            |            |            |           |
| <b>25</b> Divide line 24 by line 18 .....                                                                                                           |            |            |            |           |
| <b>26</b> Nontaxable debt repayment. Multiply line 25 by line 19 ..                                                                                 |            |            |            |           |
| <b>27</b> Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24 .....                                                  |            |            |            |           |
| <b>28</b> Nondeductible expenses and oil and gas depletion deductions in excess of stock basis .....                                                |            |            |            |           |
| <b>29</b> Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0- .....                    |            |            |            |           |
| <b>30</b> Allowable losses in excess of stock basis. Enter the amount from line 47, column (d) .....                                                |            |            |            |           |
| <b>31</b> <b>Debt basis at the end of the corporation's tax year.</b> Subtract line 30 from line 29. If the result is zero or less, enter -0- ..... |            |            |            |           |

**Section C—Gain on Loan Repayment**

|                                                                       |  |  |  |  |
|-----------------------------------------------------------------------|--|--|--|--|
| <b>32</b> Repayment. Enter the amount from line 19 .....              |  |  |  |  |
| <b>33</b> Nontaxable repayments. Enter the amount from line 26 ..     |  |  |  |  |
| <b>34</b> <b>Reportable gain.</b> Subtract line 33 from line 32 ..... |  |  |  |  |

**Part III Shareholder Allowable Loss and Deduction Items**

| Description                                                                                                                                                                    | (a) Current year losses and deductions | (b) Carryover amounts (column (e)) from the previous year | (c) Allowable loss from stock basis | (d) Allowable loss from debt basis | (e) Carryover amounts |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------|-------------------------------------|------------------------------------|-----------------------|
| <b>35</b> Ordinary business loss .....                                                                                                                                         |                                        |                                                           |                                     |                                    |                       |
| <b>36</b> Net rental real estate loss .....                                                                                                                                    |                                        |                                                           |                                     |                                    |                       |
| <b>37</b> Other net rental loss .....                                                                                                                                          |                                        |                                                           |                                     |                                    |                       |
| <b>38</b> Net capital loss .....                                                                                                                                               |                                        |                                                           |                                     |                                    |                       |
| <b>39</b> Net section 1231 loss .....                                                                                                                                          |                                        |                                                           |                                     |                                    |                       |
| <b>40</b> Other loss .....                                                                                                                                                     |                                        |                                                           |                                     |                                    |                       |
| <b>41</b> Section 179 deductions .....                                                                                                                                         |                                        |                                                           |                                     |                                    |                       |
| <b>42</b> Charitable contributions .....                                                                                                                                       |                                        |                                                           |                                     |                                    |                       |
| <b>43</b> Investment interest expense .....                                                                                                                                    |                                        |                                                           |                                     |                                    |                       |
| <b>44</b> Section 59(e)(2) expenditures .....                                                                                                                                  |                                        |                                                           |                                     |                                    |                       |
| <b>45</b> Other deductions .....                                                                                                                                               |                                        |                                                           |                                     |                                    |                       |
| <b>46</b> Foreign taxes paid or accrued .....                                                                                                                                  |                                        |                                                           |                                     |                                    |                       |
| <b>47</b> <b>Total loss.</b> Add lines 35 through 46 for each column. Enter the total loss in column (c) on on line 11 and enter the total loss in column (d) on line 30 ..... |                                        |                                                           |                                     |                                    |                       |

Form **7203** (Rev. 12-2022)

Form **7203**(Rev. December 2022)  
Department of the Treasury  
Internal Revenue Service**S Corporation Shareholder Stock and  
Debt Basis Limitations**

OMB No. 1545-2302

Attach to your tax return.

Go to [www.irs.gov/Form7203](http://www.irs.gov/Form7203) for instructions and the latest information.Attachment  
Sequence No. **203**

|                                                                                                                                                                                                                                                                                 |  |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|
| Name of shareholder<br><b>MELTON LITTLE</b>                                                                                                                                                                                                                                     |  | Identifying number<br>[REDACTED]               |
| A Name of S corporation<br><b>KALLINS, LITTLE, BROSIUS PA</b>                                                                                                                                                                                                                   |  | B Employer identification number<br>[REDACTED] |
| C Stock block (see instructions):                                                                                                                                                                                                                                               |  |                                                |
| D Check applicable box(es) to indicate how stock was acquired:<br>(1) <input type="checkbox"/> Original shareholder (2) <input type="checkbox"/> Purchased (3) <input type="checkbox"/> Inherited (4) <input type="checkbox"/> Gifted (5) <input type="checkbox"/> Other: _____ |  |                                                |
| E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation <input type="checkbox"/>                                                                                                                                    |  |                                                |

**Part I Shareholder Stock Basis**

|                                                                                                                                                                                                                        |    |                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------|
| 1 Stock basis at the beginning of the corporation's tax year                                                                                                                                                           | 1  | <b>13,548</b>  |
| 2 Basis from any capital contributions made or additional stock acquired during the tax year                                                                                                                           | 2  |                |
| 3a Ordinary business income (enter losses in Part III)                                                                                                                                                                 | 3a | <b>415,616</b> |
| b Net rental real estate income (enter losses in Part III)                                                                                                                                                             | 3b |                |
| c Other net rental income (enter losses in Part III)                                                                                                                                                                   | 3c |                |
| d Interest income                                                                                                                                                                                                      | 3d |                |
| e Ordinary dividends                                                                                                                                                                                                   | 3e |                |
| f Royalties                                                                                                                                                                                                            | 3f |                |
| g Net capital gains (enter losses in Part III)                                                                                                                                                                         | 3g |                |
| h Net section 1231 gain (enter losses in Part III)                                                                                                                                                                     | 3h |                |
| i Other income (enter losses in Part III)                                                                                                                                                                              | 3i |                |
| j Excess depletion adjustment                                                                                                                                                                                          | 3j |                |
| k Tax-exempt income                                                                                                                                                                                                    | 3k |                |
| l Recapture of business credits                                                                                                                                                                                        | 3l |                |
| m Other items that increase stock basis                                                                                                                                                                                | 3m |                |
| 4 Add lines 3a through 3m                                                                                                                                                                                              | 4  | <b>415,616</b> |
| 5 Stock basis before distributions. Add lines 1, 2, and 4                                                                                                                                                              | 5  | <b>429,164</b> |
| 6 Distributions (excluding dividend distributions)<br><b>Note:</b> If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions. | 6  | <b>393,685</b> |
| 7 Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15                                                            | 7  | <b>35,479</b>  |
| 8a Nondeductible expenses                                                                                                                                                                                              | 8a | <b>17,391</b>  |
| b Depletion for oil and gas                                                                                                                                                                                            | 8b |                |
| c Business credits (sections 50(c)(1) and (5))                                                                                                                                                                         | 8c |                |
| 9 Add lines 8a through 8c                                                                                                                                                                                              | 9  | <b>17,391</b>  |
| 10 Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15                                              | 10 | <b>18,088</b>  |
| 11 Allowable loss and deduction items. Enter the amount from line 47, column (c)                                                                                                                                       | 11 | <b>8,380</b>   |
| 12 Debt basis restoration (see net increase in instructions for line 23)                                                                                                                                               | 12 |                |
| 13 Other items that decrease stock basis                                                                                                                                                                               | 13 |                |
| 14 Add lines 11, 12, and 13                                                                                                                                                                                            | 14 | <b>8,380</b>   |
| 15 <b>Stock basis at the end of the corporation's tax year.</b> Subtract line 14 from line 10. If the result is zero or less, enter -0-                                                                                | 15 | <b>9,708</b>   |

**Part II Shareholder Debt Basis****Section A—Amount of Debt** (If more than three debts, see instructions.)

| Description                                                                                 | (a) Debt 1<br><input type="checkbox"/> Formal note<br><input type="checkbox"/> Open account | (b) Debt 2<br><input type="checkbox"/> Formal note<br><input type="checkbox"/> Open account | (c) Debt 3<br><input type="checkbox"/> Formal note<br><input type="checkbox"/> Open account | (d) Total |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------|
| 16 Loan balance at the beginning of the corporation's tax year                              |                                                                                             |                                                                                             |                                                                                             |           |
| 17 Additional loans (see instructions)                                                      |                                                                                             |                                                                                             |                                                                                             |           |
| 18 Loan balance before repayment. Add lines 16 and 17                                       |                                                                                             |                                                                                             |                                                                                             |           |
| 19 Principal portion of debt repayment (this line doesn't include interest)                 |                                                                                             |                                                                                             |                                                                                             |           |
| 20 Loan balance at the end of the corporation's tax year.<br>Subtract lines 19 from line 18 |                                                                                             |                                                                                             |                                                                                             |           |

**MELTON LITTLE**

Form 7203 (Rev. 12-2022)

Page **2****Part II Shareholder Debt Basis (continued)****Section B—Adjustments to Debt Basis**

| Description                                                                                                                                         | (a) Debt 1 | (b) Debt 2 | (c) Debt 3 | (d) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|-----------|
| <b>21</b> Debt basis at the beginning of the corporation's tax year .....                                                                           |            |            |            |           |
| <b>22</b> Enter the amount, if any, from line 17 .....                                                                                              |            |            |            |           |
| <b>23</b> Debt basis restoration (see instructions) .....                                                                                           |            |            |            |           |
| <b>24</b> Debt basis before repayment. Add lines 21, 22, and 23 .....                                                                               |            |            |            |           |
| <b>25</b> Divide line 24 by line 18 .....                                                                                                           |            |            |            |           |
| <b>26</b> Nontaxable debt repayment. Multiply line 25 by line 19 .....                                                                              |            |            |            |           |
| <b>27</b> Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24 .....                                                  |            |            |            |           |
| <b>28</b> Nondeductible expenses and oil and gas depletion deductions in excess of stock basis .....                                                |            |            |            |           |
| <b>29</b> Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0- .....                    |            |            |            |           |
| <b>30</b> Allowable losses in excess of stock basis. Enter the amount from line 47, column (d) .....                                                |            |            |            |           |
| <b>31</b> <b>Debt basis at the end of the corporation's tax year.</b> Subtract line 30 from line 29. If the result is zero or less, enter -0- ..... |            |            |            |           |

**Section C—Gain on Loan Repayment**

|                                                                       |  |  |  |  |
|-----------------------------------------------------------------------|--|--|--|--|
| <b>32</b> Repayment. Enter the amount from line 19 .....              |  |  |  |  |
| <b>33</b> Nontaxable repayments. Enter the amount from line 26 .....  |  |  |  |  |
| <b>34</b> <b>Reportable gain.</b> Subtract line 33 from line 32 ..... |  |  |  |  |

**Part III Shareholder Allowable Loss and Deduction Items**

| Description                                                                                                                                                                 | (a) Current year losses and deductions | (b) Carryover amounts (column (e)) from the previous year | (c) Allowable loss from stock basis | (d) Allowable loss from debt basis | (e) Carryover amounts |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------|-------------------------------------|------------------------------------|-----------------------|
| <b>35</b> Ordinary business loss .....                                                                                                                                      |                                        |                                                           |                                     |                                    |                       |
| <b>36</b> Net rental real estate loss .....                                                                                                                                 |                                        |                                                           |                                     |                                    |                       |
| <b>37</b> Other net rental loss .....                                                                                                                                       |                                        |                                                           |                                     |                                    |                       |
| <b>38</b> Net capital loss .....                                                                                                                                            |                                        |                                                           |                                     |                                    |                       |
| <b>39</b> Net section 1231 loss .....                                                                                                                                       |                                        |                                                           |                                     |                                    |                       |
| <b>40</b> Other loss .....                                                                                                                                                  |                                        |                                                           |                                     |                                    |                       |
| <b>41</b> Section 179 deductions .....                                                                                                                                      |                                        |                                                           |                                     |                                    |                       |
| <b>42</b> Charitable contributions .....                                                                                                                                    | 8,380                                  |                                                           | 8,380                               |                                    |                       |
| <b>43</b> Investment interest expense .....                                                                                                                                 |                                        |                                                           |                                     |                                    |                       |
| <b>44</b> Section 59(e)(2) expenditures .....                                                                                                                               |                                        |                                                           |                                     |                                    |                       |
| <b>45</b> Other deductions .....                                                                                                                                            |                                        |                                                           |                                     |                                    |                       |
| <b>46</b> Foreign taxes paid or accrued .....                                                                                                                               |                                        |                                                           |                                     |                                    |                       |
| <b>47</b> <b>Total loss.</b> Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30 ..... | 8,380                                  |                                                           | 8,380                               |                                    |                       |

Form **7203** (Rev. 12-2022)

Form **7203**(Rev. December 2022)  
Department of the Treasury  
Internal Revenue Service**S Corporation Shareholder Stock and  
Debt Basis Limitations**

OMB No. 1545-2302

Attach to your tax return.

Go to [www.irs.gov/Form7203](http://www.irs.gov/Form7203) for instructions and the latest information.Attachment  
Sequence No. **203**

Name of shareholder

Identifying number

**MELTON LITTLE**

A Name of S corporation

B Employer identification number

**COOL WATER PLUMBING LLC**

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:

(1) ☐ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gifted (5) ☐ Other:E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐**Part I Shareholder Stock Basis**

|    |                                                                                                                                                                                                                      |    |   |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 1  | Stock basis at the beginning of the corporation's tax year                                                                                                                                                           | 1  | 0 |
| 2  | Basis from any capital contributions made or additional stock acquired during the tax year                                                                                                                           | 2  |   |
| 3a | Ordinary business income (enter losses in Part III)                                                                                                                                                                  | 3a |   |
| b  | Net rental real estate income (enter losses in Part III)                                                                                                                                                             | 3b |   |
| c  | Other net rental income (enter losses in Part III)                                                                                                                                                                   | 3c |   |
| d  | Interest income                                                                                                                                                                                                      | 3d |   |
| e  | Ordinary dividends                                                                                                                                                                                                   | 3e |   |
| f  | Royalties                                                                                                                                                                                                            | 3f |   |
| g  | Net capital gains (enter losses in Part III)                                                                                                                                                                         | 3g |   |
| h  | Net section 1231 gain (enter losses in Part III)                                                                                                                                                                     | 3h |   |
| i  | Other income (enter losses in Part III)                                                                                                                                                                              | 3i |   |
| j  | Excess depletion adjustment                                                                                                                                                                                          | 3j |   |
| k  | Tax-exempt income                                                                                                                                                                                                    | 3k |   |
| l  | Recapture of business credits                                                                                                                                                                                        | 3l |   |
| m  | Other items that increase stock basis                                                                                                                                                                                | 3m |   |
| 4  | Add lines 3a through 3m                                                                                                                                                                                              | 4  | 0 |
| 5  | Stock basis before distributions. Add lines 1, 2, and 4                                                                                                                                                              | 5  | 0 |
| 6  | Distributions (excluding dividend distributions)<br><b>Note:</b> If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions. | 6  |   |
| 7  | Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15                                                            | 7  | 0 |
| 8a | Nondeductible expenses                                                                                                                                                                                               | 8a |   |
| b  | Depletion for oil and gas                                                                                                                                                                                            | 8b |   |
| c  | Business credits (sections 50(c)(1) and (5))                                                                                                                                                                         | 8c |   |
| 9  | Add lines 8a through 8c                                                                                                                                                                                              | 9  |   |
| 10 | Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15                                               | 10 |   |
| 11 | Allowable loss and deduction items. Enter the amount from line 47, column (c)                                                                                                                                        | 11 |   |
| 12 | Debt basis restoration (see net increase in instructions for line 23)                                                                                                                                                | 12 |   |
| 13 | Other items that decrease stock basis                                                                                                                                                                                | 13 |   |
| 14 | Add lines 11, 12, and 13                                                                                                                                                                                             | 14 |   |
| 15 | Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-                                                                                        | 15 | 0 |

**Part II Shareholder Debt Basis****Section A—Amount of Debt** (If more than three debts, see instructions.)

| Description                                                                                 | (a) Debt 1<br><input type="checkbox"/> Formal note<br><input checked="" type="checkbox"/> Open account | (b) Debt 2<br><input type="checkbox"/> Formal note<br><input type="checkbox"/> Open account | (c) Debt 3<br><input type="checkbox"/> Formal note<br><input type="checkbox"/> Open account | (d) Total |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------|
| 16 Loan balance at the beginning of the corporation's tax year                              |                                                                                                        |                                                                                             |                                                                                             |           |
| 17 Additional loans (see instructions)                                                      | 1,275                                                                                                  |                                                                                             |                                                                                             | 1,275     |
| 18 Loan balance before repayment. Add lines 16 and 17                                       | 1,275                                                                                                  |                                                                                             |                                                                                             | 1,275     |
| 19 Principal portion of debt repayment (this line doesn't include interest)                 |                                                                                                        |                                                                                             |                                                                                             |           |
| 20 Loan balance at the end of the corporation's tax year.<br>Subtract lines 19 from line 18 | 1,275                                                                                                  |                                                                                             |                                                                                             | 1,275     |

**MELTON LITTLE**

Form 7203 (Rev. 12-2022)

Page **2****Part II Shareholder Debt Basis** (continued)**Section B—Adjustments to Debt Basis**

| Description                                                                                                                            | (a) Debt 1 | (b) Debt 2 | (c) Debt 3 | (d) Total |
|----------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|-----------|
| <b>21</b> Debt basis at the beginning of the corporation's tax year                                                                    |            |            |            |           |
| <b>22</b> Enter the amount, if any, from line 17                                                                                       | 1,275      |            |            | 1,275     |
| <b>23</b> Debt basis restoration (see instructions)                                                                                    |            |            |            |           |
| <b>24</b> Debt basis before repayment. Add lines 21, 22, and 23                                                                        | 1,275      |            |            | 1,275     |
| <b>25</b> Divide line 24 by line 18                                                                                                    | 1.0000     |            |            |           |
| <b>26</b> Nontaxable debt repayment. Multiply line 25 by line 19                                                                       |            |            |            |           |
| <b>27</b> Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24                                           | 1,275      |            |            | 1,275     |
| <b>28</b> Nondeductible expenses and oil and gas depletion deductions in excess of stock basis                                         |            |            |            |           |
| <b>29</b> Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-             | 1,275      |            |            | 1,275     |
| <b>30</b> Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)                                         | 531        |            |            | 531       |
| <b>31</b> Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0- | 744        |            |            | 744       |

**Section C—Gain on Loan Repayment**

|                                                                |   |  |  |  |
|----------------------------------------------------------------|---|--|--|--|
| <b>32</b> Repayment. Enter the amount from line 19             |   |  |  |  |
| <b>33</b> Nontaxable repayments. Enter the amount from line 26 |   |  |  |  |
| <b>34</b> Reportable gain. Subtract line 33 from line 32       | 0 |  |  |  |

**Part III Shareholder Allowable Loss and Deduction Items**

| Description                                                                                                                                                    | (a) Current year losses and deductions | (b) Carryover amounts (column (e)) from the previous year | (c) Allowable loss from stock basis | (d) Allowable loss from debt basis | (e) Carryover amounts |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------|-------------------------------------|------------------------------------|-----------------------|
| <b>35</b> Ordinary business loss                                                                                                                               | 531                                    |                                                           |                                     | 531                                |                       |
| <b>36</b> Net rental real estate loss                                                                                                                          |                                        |                                                           |                                     |                                    |                       |
| <b>37</b> Other net rental loss                                                                                                                                |                                        |                                                           |                                     |                                    |                       |
| <b>38</b> Net capital loss                                                                                                                                     |                                        |                                                           |                                     |                                    |                       |
| <b>39</b> Net section 1231 loss                                                                                                                                |                                        |                                                           |                                     |                                    |                       |
| <b>40</b> Other loss                                                                                                                                           |                                        |                                                           |                                     |                                    |                       |
| <b>41</b> Section 179 deductions                                                                                                                               |                                        |                                                           |                                     |                                    |                       |
| <b>42</b> Charitable contributions                                                                                                                             |                                        |                                                           |                                     |                                    |                       |
| <b>43</b> Investment interest expense                                                                                                                          |                                        |                                                           |                                     |                                    |                       |
| <b>44</b> Section 59(e)(2) expenditures                                                                                                                        |                                        |                                                           |                                     |                                    |                       |
| <b>45</b> Other deductions                                                                                                                                     |                                        |                                                           |                                     |                                    |                       |
| <b>46</b> Foreign taxes paid or accrued                                                                                                                        |                                        |                                                           |                                     |                                    |                       |
| <b>47</b> Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30 | 531                                    |                                                           |                                     | 531                                |                       |

Form **7203** (Rev. 12-2022)

Form **8582**Department of the Treasury  
Internal Revenue Service**Passive Activity Loss Limitations**

See separate instructions.

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

Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

OMB No. 1545-1008

**2025**Attachment  
Sequence No. **858**

Name(s) shown on return

Identifying number

**MELTON LITTLE****Part I 2025 Passive Activity Loss****Caution:** Complete Parts IV and V before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see *Special Allowance for Rental Real Estate Activities* in the instructions.)

|                                                                                     |               |  |           |               |
|-------------------------------------------------------------------------------------|---------------|--|-----------|---------------|
| <b>1a</b> Activities with net income (enter the amount from Part IV, column (a))    | <b>25,867</b> |  | <b>1d</b> | <b>22,717</b> |
| <b>1b</b> Activities with net loss (enter the amount from Part IV, column (b))      |               |  |           |               |
| <b>1c</b> Prior years' unallowed losses (enter the amount from Part IV, column (c)) | <b>3,150</b>  |  |           |               |
| <b>d</b> Combine lines 1a, 1b, and 1c                                               |               |  |           |               |

**All Other Passive Activities**

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

|                                                                                                                                                                                                                                                                                                                                      |  |          |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|---------------|
| <b>3</b> Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used |  | <b>3</b> | <b>22,717</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|---------------|

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

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete

Part II. Instead, go to line 10.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

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

**Part III Total Losses Allowed**

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

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

| Name of activity                                    | Current year                |                           | Prior years                     | Overall gain or loss |          |
|-----------------------------------------------------|-----------------------------|---------------------------|---------------------------------|----------------------|----------|
|                                                     | (a) Net income<br>(line 1a) | (b) Net loss<br>(line 1b) | (c) Unallowed<br>loss (line 1c) | (d) Gain             | (e) Loss |
| <b>SEE STATEMENT 2</b>                              |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
| <b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c | <b>25,867</b>               |                           | <b>3,150</b>                    |                      |          |

For Paperwork Reduction Act Notice, see instructions.

Form **8582** (2025)

MELTON LITTLE

Form 8582 (2025)

Page 2

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

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

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

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

**Part VII Allocation of Unallowed Losses.** See instructions.

| Part 1. Allocation of Unallowed Losses (see instructions). |                                                                       |          |             |                    |
|------------------------------------------------------------|-----------------------------------------------------------------------|----------|-------------|--------------------|
| Name of activity                                           | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio   | (c) Unallowed loss |
|                                                            |                                                                       |          |             |                    |
|                                                            |                                                                       |          |             |                    |
|                                                            |                                                                       |          |             |                    |
|                                                            |                                                                       |          |             |                    |
|                                                            |                                                                       |          |             |                    |
| <b>Total</b>                                               |                                                                       |          | <b>1.00</b> |                    |

**Part VIII** Allowed Losses. See instructions.

| Part III Allowed losses. See instructions. |                                                                                |          |                    |                  |
|--------------------------------------------|--------------------------------------------------------------------------------|----------|--------------------|------------------|
| Name of activity                           | Form or schedule<br>and line number<br>to be reported on<br>(see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|                                            |                                                                                |          |                    |                  |
|                                            |                                                                                |          |                    |                  |
|                                            |                                                                                |          |                    |                  |
|                                            |                                                                                |          |                    |                  |
|                                            |                                                                                |          |                    |                  |
|                                            |                                                                                |          |                    |                  |
| <b>Total</b>                               |                                                                                |          |                    |                  |

Form **8582**Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**AMT VERSION**  
**Passive Activity Loss Limitations**

See separate instructions.

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

Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

OMB No. 1545-1008

**2025**Attachment  
Sequence No. **858**

Identifying number

**MELTON LITTLE****Part I 2025 Passive Activity Loss****Caution:** Complete Parts IV and V before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see *Special Allowance for Rental Real Estate Activities* in the instructions.)

|    |                                                                           |        |        |
|----|---------------------------------------------------------------------------|--------|--------|
| 1a | Activities with net income (enter the amount from Part IV, column (a))    | 25,867 |        |
| 1b | Activities with net loss (enter the amount from Part IV, column (b))      |        |        |
| 1c | Prior years' unallowed losses (enter the amount from Part IV, column (c)) | 5,506  |        |
| 1d | Combine lines 1a, 1b, and 1c                                              |        | 20,361 |

**All Other Passive Activities**

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

|   |                                                                                                                                                                                                                                                                                                                             |  |        |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------|
| 3 | Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used |  | 20,361 |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------|

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

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

**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

|   |                                                                                                                       |   |   |
|---|-----------------------------------------------------------------------------------------------------------------------|---|---|
| 4 | Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3                                                 | 4 |   |
| 5 | Enter \$150,000. If married filing separately, see instructions                                                       | 5 |   |
| 6 | Enter modified adjusted gross income, but not less than zero. See instructions                                        | 6 | 0 |
| 7 | Subtract line 6 from line 5                                                                                           | 7 |   |
| 8 | Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions | 8 |   |
| 9 | Enter the <b>smaller</b> of line 4 or line 8. If line 3 includes any CRD, see instructions                            | 9 | 0 |

**Part III Total Losses Allowed**

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

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

| Name of activity                                    | Current year                |                           | Prior years                     | Overall gain or loss |          |
|-----------------------------------------------------|-----------------------------|---------------------------|---------------------------------|----------------------|----------|
|                                                     | (a) Net income<br>(line 1a) | (b) Net loss<br>(line 1b) | (c) Unallowed<br>loss (line 1c) | (d) Gain             | (e) Loss |
| <b>SEE STATEMENT 3</b>                              |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
|                                                     |                             |                           |                                 |                      |          |
| <b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c | 25,867                      |                           | 5,506                           |                      |          |

For Paperwork Reduction Act Notice, see instructions.

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

**MELTON LITTLE**

Form 8582 (2025)

Page 2

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

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

|                |  |                                                                                  |  |
|----------------|--|----------------------------------------------------------------------------------|--|
| <b>Part VI</b> |  | <b>Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.</b> |  |
|----------------|--|----------------------------------------------------------------------------------|--|

| Use this Part if an Amount is Shown on Part II, Line 9. See instructions. |                                                                       |          |             |                       |                                          |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------|----------|-------------|-----------------------|------------------------------------------|
| Name of activity                                                          | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio   | (c) Special allowance | (d) Subtract column (c) from column (a). |
|                                                                           |                                                                       |          |             |                       |                                          |
|                                                                           |                                                                       |          |             |                       |                                          |
|                                                                           |                                                                       |          |             |                       |                                          |
|                                                                           |                                                                       |          |             |                       |                                          |
|                                                                           |                                                                       |          |             |                       |                                          |
| <b>Total</b>                                                              |                                                                       |          | <b>1.00</b> |                       |                                          |

**Part VII Allocation of Unallowed Losses.** See instructions.

| Part VII Allocation of Unallowed Losses. See instructions. |                                                                       |          |             |                    |
|------------------------------------------------------------|-----------------------------------------------------------------------|----------|-------------|--------------------|
| Name of activity                                           | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio   | (c) Unallowed loss |
|                                                            |                                                                       |          |             |                    |
|                                                            |                                                                       |          |             |                    |
|                                                            |                                                                       |          |             |                    |
|                                                            |                                                                       |          |             |                    |
|                                                            |                                                                       |          |             |                    |
| <b>Total</b>                                               |                                                                       |          | <b>1.00</b> |                    |

|                  |                                          |
|------------------|------------------------------------------|
| <b>Part VIII</b> | <b>Allowed Losses.</b> See instructions. |
|------------------|------------------------------------------|

| Part VII Allowed Losses. See instructions. |                                                                                |          |                    |                  |
|--------------------------------------------|--------------------------------------------------------------------------------|----------|--------------------|------------------|
| Name of activity                           | Form or schedule<br>and line number<br>to be reported on<br>(see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|                                            |                                                                                |          |                    |                  |
|                                            |                                                                                |          |                    |                  |
|                                            |                                                                                |          |                    |                  |
|                                            |                                                                                |          |                    |                  |
|                                            |                                                                                |          |                    |                  |
| <b>Total</b>                               |                                                                                |          |                    |                  |

## Federal Statements

## Statement 1 - Schedule E, Page 2, Line 28

| Name                          | P<br>S | For<br>Ptr | EIN    | Basis<br>Required | Comp<br>Not at<br>Risk | Passive<br>Loss | Passive<br>Income | Nonpass<br>Loss | Sec 179<br>Deduct | Nonpass<br>Income |
|-------------------------------|--------|------------|--------|-------------------|------------------------|-----------------|-------------------|-----------------|-------------------|-------------------|
| KALI BUILDING INC             | S      |            | **-*** |                   |                        | \$ 3,150        | \$ 22,161         | \$              | \$                |                   |
| MALAIID INC                   | S      |            | **-*** |                   |                        |                 |                   |                 |                   | 8,196             |
| PALMETTO COM CENTER           | S      |            | **-*** |                   |                        |                 | 735               |                 |                   |                   |
| BWANA INC                     | S      |            | **-*** |                   |                        |                 | 2,971             |                 |                   |                   |
| HP INGREDIENTS CORPORATION    | S      |            | **-*** |                   |                        |                 |                   |                 |                   | 30,031            |
| KALLINS, LITTLE, BROSIIOUS PA | S      |            | **-*** |                   |                        |                 |                   |                 |                   | 415,616           |
| COOL WATER PLUMBING LLC       | S      |            | **-*** |                   |                        |                 |                   | 531             |                   |                   |
| TOTAL                         |        |            |        |                   |                        | \$ 3,150        | \$ 25,867         | \$ 531          | \$ 0              | \$ 453,843        |

**Federal Statements****Statement 2 - Form 8582, Part IV - Lines 1a, 1b, and 1c**

| Description         | Current Year<br>Net Income | Current Year<br>Net Loss | Prior Year<br>Unallowed Loss | Overall<br>Gain | Overall<br>Loss |
|---------------------|----------------------------|--------------------------|------------------------------|-----------------|-----------------|
| KALI BUILDING INC   | \$ 22,161                  | \$                       | \$ 3,150                     | \$ 19,011       | \$              |
| PALMETTO COM CENTER | 735                        |                          |                              | 735             |                 |
| BWANA INC           | 2,971                      |                          |                              | 2,971           |                 |
| TOTAL               | <u>\$ 25,867</u>           | <u>\$ 0</u>              | <u>\$ 3,150</u>              |                 |                 |

**Statement 3 - AMT Form 8582, Part IV - For AMT Form 8582, Lines 1a, 1b, and 1c**

| Description         | Current Year<br>Net Income | Current Year<br>Net Loss | Prior Year<br>Unallowed Loss | Overall<br>Gain | Overall<br>Loss |
|---------------------|----------------------------|--------------------------|------------------------------|-----------------|-----------------|
| KALI BUILDING INC   | \$ 22,161                  | \$                       | \$ 5,506                     | \$ 16,655       | \$              |
| PALMETTO COM CENTER | 735                        |                          |                              | 735             |                 |
| BWANA INC           | 2,971                      |                          |                              | 2,971           |                 |
| TOTAL               | <u>\$ 25,867</u>           | <u>\$ 0</u>              | <u>\$ 5,506</u>              |                 |                 |

# 2025 W-2 and EARNINGS SUMMARY

Employee Reference Copy  
**W-2** Wage and Tax Statement **2025**  
OMB No. 1545-0029

Copy C for employee's records  
d Control number LE/FFU Dept. Corp. Employer use only A 1

c Employer's name, address, and ZIP code  
KALLINS LITTLE &  
BROSIOUS PA  
433 8TH AVE W STE 100  
PALMETTO, FL 34221 5119  
Batch #90501

e/f Employee's name, address, and ZIP code  
MELTON H LITTLE  
3707 AVENIDA MADERA  
BRADENTON, FL 34210

|                                      |                                           |
|--------------------------------------|-------------------------------------------|
| b Employer's FED ID number           | a Employee's SSA number                   |
| 1 Wages, tips, other comp. 233354.76 | 2 Federal income tax withheld 20236.92    |
| 3 Social security wages 176100.00    | 4 Social security tax withheld 10918.20   |
| 5 Medicare wages and tips 236729.76  | 6 Medicare tax withheld 3763.15           |
| 7 Social security tips               | 8 Allocated tips                          |
| 9                                    | 10 Dependent care benefits                |
| 11 Nonqualified plans                | 12a See instructions for box 12 D 3375.00 |
| 14 Other                             | 12b 12c 12d                               |
| 15 State Employer's state ID no.     | 16 State wages, tips, etc.                |
| 17 State income tax                  | 18 Local wages, tips, etc.                |
| 19 Local income tax                  | 20 Locality name                          |

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

## 1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

|                        | Wages, Tips, other Compensation<br>Box 1 of W-2 | Social Security Wages<br>Box 3 of W-2 | Medicare Wages<br>Box 5 of W-2 |
|------------------------|-------------------------------------------------|---------------------------------------|--------------------------------|
| Gross Pay              | 236,729.76                                      | 236,729.76                            | 236,729.76                     |
| Less 401(k) (D-Box 12) | 3,375.00                                        | N/A                                   | N/A                            |
| Less Wages Over Limit  | N/A                                             | 60,629.76                             | N/A                            |
| Reported W-2 Wages     | 233,354.76                                      | 176,100.00                            | 236,729.76                     |

## 2. Employee Name and Address.

MELTON H LITTLE  
3707 AVENIDA MADERA  
BRADENTON, FL 34210

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|                                      |                                         |
|--------------------------------------|-----------------------------------------|
| 1 Wages, tips, other comp. 233354.76 | 2 Federal income tax withheld 20236.92  |
| 3 Social security wages 176100.00    | 4 Social security tax withheld 10918.20 |
| 5 Medicare wages and tips 236729.76  | 6 Medicare tax withheld 3763.15         |
| d Control number LE/FFU              | Dept. Corp. Employer use only A 1       |

c Employer's name, address, and ZIP code  
KALLINS LITTLE &  
BROSIOUS PA  
433 8TH AVE W STE 100  
PALMETTO, FL 34221 5119

|                            |                                            |
|----------------------------|--------------------------------------------|
| b Employer's FED ID number | a Employee's SSA number                    |
| 7 Social security tips     | 8 Allocated tips                           |
| 9                          | 10 Dependent care benefits                 |
| 11 Nonqualified plans      | 12a See instructions for box 12 D 3375.00  |
| 14 Other                   | 12b 12c 12d                                |
|                            | 13 Stat emp Ret. plan 3rd party sick pay X |

e/f Employee's name, address and ZIP code  
MELTON H LITTLE  
3707 AVENIDA MADERA  
BRADENTON, FL 34210

|                                  |                            |
|----------------------------------|----------------------------|
| 15 State Employer's state ID no. | 16 State wages, tips, etc. |
| 17 State income tax              | 18 Local wages, tips, etc. |
| 19 Local income tax              | 20 Locality name           |

Federal Filing Copy  
**W-2** Wage and Tax Statement **2025**  
Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0029

|                                      |                                         |
|--------------------------------------|-----------------------------------------|
| 1 Wages, tips, other comp. 233354.76 | 2 Federal income tax withheld 20236.92  |
| 3 Social security wages 176100.00    | 4 Social security tax withheld 10918.20 |
| 5 Medicare wages and tips 236729.76  | 6 Medicare tax withheld 3763.15         |
| d Control number LE/FFU              | Dept. Corp. Employer use only A 1       |

c Employer's name, address, and ZIP code  
KALLINS LITTLE &  
BROSIOUS PA  
433 8TH AVE W STE 100  
PALMETTO, FL 34221 5119

|                            |                                            |
|----------------------------|--------------------------------------------|
| b Employer's FED ID number | a Employee's SSA number                    |
| 7 Social security tips     | 8 Allocated tips                           |
| 9                          | 10 Dependent care benefits                 |
| 11 Nonqualified plans      | 12a D 3375.00                              |
| 14 Other                   | 12b 12c 12d                                |
|                            | 13 Stat emp Ret. plan 3rd party sick pay X |

e/f Employee's name, address and ZIP code  
MELTON H LITTLE  
3707 AVENIDA MADERA  
BRADENTON, FL 34210

|                                  |                            |
|----------------------------------|----------------------------|
| 15 State Employer's state ID no. | 16 State wages, tips, etc. |
| 17 State income tax              | 18 Local wages, tips, etc. |
| 19 Local income tax              | 20 Locality name           |

State Reference Copy  
**W-2** Wage and Tax Statement **2025**  
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0029

|                                      |                                         |
|--------------------------------------|-----------------------------------------|
| 1 Wages, tips, other comp. 233354.76 | 2 Federal income tax withheld 20236.92  |
| 3 Social security wages 176100.00    | 4 Social security tax withheld 10918.20 |
| 5 Medicare wages and tips 236729.76  | 6 Medicare tax withheld 3763.15         |
| d Control number LE/FFU              | Dept. Corp. Employer use only A 1       |

c Employer's name, address, and ZIP code  
KALLINS LITTLE &  
BROSIOUS PA  
433 8TH AVE W STE 100  
PALMETTO, FL 34221 5119

|                            |                                            |
|----------------------------|--------------------------------------------|
| b Employer's FED ID number | a Employee's SSA number                    |
| 7 Social security tips     | 8 Allocated tips                           |
| 9                          | 10 Dependent care benefits                 |
| 11 Nonqualified plans      | 12a D 3375.00                              |
| 14 Other                   | 12b 12c 12d                                |
|                            | 13 Stat emp Ret. plan 3rd party sick pay X |

e/f Employee's name, address and ZIP code  
MELTON H LITTLE  
3707 AVENIDA MADERA  
BRADENTON, FL 34210

|                                  |                            |
|----------------------------------|----------------------------|
| 15 State Employer's state ID no. | 16 State wages, tips, etc. |
| 17 State income tax              | 18 Local wages, tips, etc. |
| 19 Local income tax              | 20 Locality name           |

City or Local Reference Copy  
**W-2** Wage and Tax Statement **2025**  
Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0029