

2025 Form 6 - Full and Public Disclosure of Financial Interests

2026 JUN 10 PM 3:34
DIVISION OF ELECTIONS
TALLAHASSEE, FL

RECEIVED

General Information

Name: Mr Jordan Garrett Varnadore

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
State Representative	District 71, Florida House of Representatives, Manatee County	State Representative - District 71

Net WorthMy Net Worth as of December 31, 2025 was \$ 822,767.52.For Quality
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 \$ 175,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
1514 4th Street West, Palmetto, FL 34221	\$ 800,000.00
STOCK - GarrettRichard, LLC	\$ 166,518.06
STOCK - Coastal Mobile Screens, LLC	\$ 32,500.00
STOCK - ClickingSpree, LLC	\$ 84,000.00
BMO Bank - Checking	\$ 2,528.12

Liabilities**LIABILITIES IN EXCESS OF \$1,000:**

Name of Creditor	Address of Creditor	Amount of Liability
BMO - HELOC	P.O. BOX 660592 DALLAS, TX 75266-0592	\$ 262,778.66

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Hand Delivered
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

Business Entity # 1
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.

Jordan Garrett Varnadore

Digitally signed: 06/10/2026

For Qualifying
Purposes Only

Form 1040

Department of the Treasury - Internal Revenue Service

U.S. Individual Income Tax Return

2025

OMB No. 1545-0074

IRS Use Only - Do not write or staple in this space.

Hand Delivered

For the year Jan. 1 - Dec. 31, 2025, or other tax year beginning		ending		See separate instructions.																																								
☐ Filled pursuant to section 301.9100-2	☐ Combat zone	☐ Deceased	☐ Spouse																																									
☐ Other																																												
Your first name and middle initial JORDAN G.		Last name VARNADORE		Your social security number [REDACTED]																																								
If joint return, spouse's first name and middle initial JORDAN S.		Last name VARNADORE		Spouse's social security number [REDACTED]																																								
Home address (number and street). If you have a P.O. box, see instructions. 1514 4TH STREET WEST				Apt. no. [REDACTED]																																								
City, town, or post office. If you have a foreign address, also complete spaces below. PALMETTO				State ZIP code FL 34221																																								
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. ☒																																												
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse																																												
Filing Status																																												
☐ Single ☐ Head of household (HOH)																																												
☒ Married filing jointly (even if only one had income) ☐ Qualifying surviving spouse (QSS)																																												
☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: _____																																												
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____																																												
Digital Assets At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No																																												
Dependents (see instructions)																																												
If more than four dependents, see Instr. and check here ☐																																												
<table border="1" style="width:100%"><thead><tr><th></th><th>Dependent 1</th><th>Dependent 2</th><th>Dependent 3</th><th>Dependent 4</th></tr></thead><tbody><tr><td>(1) First name</td><td>COVINGTON</td><td>CHARLESTON</td><td>OXFORD G</td><td>CALLAWAY C</td></tr><tr><td>(2) Last name</td><td>VARNADORE</td><td>VARNADORE</td><td>VARNADORE</td><td>VARNADORE</td></tr><tr><td>(3) SSN</td><td>[REDACTED]</td><td>[REDACTED]</td><td>[REDACTED]</td><td>[REDACTED]</td></tr><tr><td>(4) Relationship</td><td>DAUGHTER</td><td>DAUGHTER</td><td>SON</td><td>SON</td></tr><tr><td>(5) Check if lived with you more than half of 2025</td><td>(a) ☒ Yes (b) ☒ And in the U.S.</td><td>(a) ☒ Yes (b) ☒ And in the U.S.</td><td>(a) ☒ Yes (b) ☒ And in the U.S.</td><td>(a) ☒ Yes (b) ☒ And in the U.S.</td></tr><tr><td>(6) Check if</td><td>☐ Full-time student ☐ Permanently and totally disabled</td><td>☐ Full-time student ☐ Permanently and totally disabled</td><td>☐ Full-time student ☐ Permanently and totally disabled</td><td>☐ Full-time student ☐ Permanently and totally disabled</td></tr><tr><td>(7) Credits</td><td>☒ Child tax credit ☐ Credit for other dependents</td><td>☒ Child tax credit ☐ Credit for other dependents</td><td>☒ Child tax credit ☐ Credit for other dependents</td><td>☒ Child tax credit ☐ Credit for other dependents</td></tr></tbody></table>						Dependent 1	Dependent 2	Dependent 3	Dependent 4	(1) First name	COVINGTON	CHARLESTON	OXFORD G	CALLAWAY C	(2) Last name	VARNADORE	VARNADORE	VARNADORE	VARNADORE	(3) SSN	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	(4) Relationship	DAUGHTER	DAUGHTER	SON	SON	(5) Check if lived with you more than half of 2025	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☒ Yes (b) ☒ And in the U.S.	(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	(7) Credits	☒ Child tax credit ☐ Credit for other dependents	☒ Child tax credit ☐ Credit for other dependents	☒ Child tax credit ☐ Credit for other dependents	☒ Child tax credit ☐ Credit for other dependents
	Dependent 1	Dependent 2	Dependent 3	Dependent 4																																								
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(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled																																								
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☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.																																												
Income																																												
1a Total amount from Form(s) W-2, box 1 (see instructions) STMT 1																																												
1b Household employee wages not reported on Form(s) W-2																																												
1c Tip income not reported on line 1a (see instructions)																																												
1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)																																												
1e Taxable dependent care benefits from Form 2441, line 26																																												
1f Employer-provided adoption benefits from Form 8839, line 31																																												
1g Wages from Form 8919, line 6																																												
1h Other earned income (see instructions). Enter type and amount: _____																																												
1i Nontaxable combat pay election (see instructions) ☐ 1i																																												
1z Add lines 1a through 1h 77,664.																																												
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.																																												
If you did not get a Form W-2, see instructions.																																												
Attach Sch. B if required.																																												
2a Tax-exempt interest 2a																																												
3a Qualified dividends 3a																																												
c Check if your child's dividends are included in ☐ Line 3a ☐ Line 3b																																												
4a IRA distributions 4a																																												
c Check if (see instructions) ☐ Rollover ☐ QCD ☐ 3																																												
5a Pensions and annuities 5a																																												
c Check if (see instructions) ☐ Rollover ☐ PSO ☐ 3																																												
6a Social security benefits 6a																																												
b Taxable amount 6b																																												
c If you elect to use the lump-sum election method, check here (see instructions) ☐																																												
d If you are married filing separately & lived apart from your spouse the entire year (see inst.), check here ☐																																												
7a Capital gain or (loss). Attach Schedule D if required 7a																																												
b Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)																																												
8 Additional income from Schedule 1, line 10 8 25,888.																																												
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income 9 104,800.																																												
10 Adjustments to income from Schedule 1, line 26 10 6,821.																																												
11a Subtract line 10 from line 9. This is your adjusted gross income 11a 97,979.																																												

Tax and Credits

11b	Amount from line 11a (adjusted gross income)	11b	97,979.
12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
b	☐ Spouse itemizes on a separate return	c	☐ You were a dual-status alien
d	You: ☐ Were born before January 2, 1961 ☐ Are blind		
	Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
e	Standard deduction or itemized deductions (from Schedule A)	12e	31,500.
13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	4,241.
b	Additional deductions from Schedule 1-A, line 38	13b	
14	Add lines 12e, 13a, and 13b	14	35,741.
15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15	62,238.
16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	6,990.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	6,990.
19	Child tax credit or credit for other dependents from Schedule 8812	19	6,990.
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	6,990.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	4,851.
24	Add lines 22 and 23. This is your total tax	24	4,851.

Standard deduction for -

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

Payments and Refundable Credits

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	6,275.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	6,275.
26	2025 estimated tax payments and amount applied from 2024 return	26	
	If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):		
27a	Earned income credit (EIC)	27a	
b	Clergy filing Schedule SE (see instructions)		
c	If you do not want to claim the EIC, check here ☐		
28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐	28	1,810.
29	American opportunity credit from Form 8863, line 8	29	
30	Refundable adoption credit from Form 8839, line 13	30	
31	Amount from Schedule 3, line 15	31	1,996.
32	Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits	32	3,806.
33	Add lines 25d, 26, and 32. These are your total payments	33	10,081.

RefundDirect deposit?
See instructions.

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,230.
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐	35a	5,230.
b	Routing number	c	Type: ☐ Checking ☒ Savings
d	Account number		
36	Amount of line 34 you want applied to your 2026 estimated tax	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe.	37	
	For details on how to pay, go to www.irs.gov/Payments or see instructions		
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. ☒ Yes. Complete below. ☐ No

Designee's name	Phone	Personal identification number (PIN)
GROVER KINNEY	no. 662-281-0099	

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		SALES - INSURANCE	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		N/A	

Phone no. Email address JORDANV@GARRETTTRICHARD.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
GROVER KINNEY		04/02/26		☐ Self-employed
Firm's name	Firm's EIN			
KINNEY & ASSOCIATES, PLLC				
2421 SOUTH LAMAR BLVD, SUITE 100				
OXFORD, MS 38655				

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. 01

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

Your social security number

JORDAN G. & JORDAN S. VARNADORE

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

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	30,408.
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-4,520.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid:	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	25,888.

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

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

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	2,363.
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	4,458.
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8f from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations ...	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) ...	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	6,821.

Schedule 1 (Form 1040) 2025

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **02**

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

JORDAN G. & JORDAN S. VARNADORE

Your social security number

Part I Tax

1 Additions to tax:

- a** Excess advance premium tax credit repayment. Attach Form 8962
- b** Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)
- c** Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)
- d** Recapture of net EPE from Form 4255, line 2a, column (i)

- e** Excessive payments (EPs) on gross EPE from Form 4255. Check applicable box and enter amount. See instructions.

(i) ☐ Line 1a (ii) ☐ Line 1c
(iii) ☐ Line 1d (iv) ☐ Line 2a

- f** 20% EP from Form 4255. Check applicable box and enter amount. See instructions

(i) ☐ Line 1a (ii) ☐ Line 1c
(iii) ☐ Line 1d (iv) ☐ Line 2a

- y** Other additions to tax (see instructions):

- z** Add lines 1a through 1y

2 Alternative minimum tax. Attach Form 6251

3 Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions):

1 ☐ 4361 2 ☐ 4029 3 ☐

5 Social security and Medicare tax on unreported tip income. Attach Form 4137

6 Uncollected social security and Medicare tax on wages. Attach Form 8919

7 Total additional social security and Medicare tax. Add lines 5 and 6

8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.

If not required, check here

9 Household employment taxes. Attach Schedule H

10 Reserved for future use

11 Additional Medicare Tax. Attach Form 8959

12 Net investment income tax. Attach Form 8960

13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12

14 Interest on tax due on installment income from the sale of certain residential lots and timeshares

15 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000

16 Recapture of low-income housing credit. Attach Form 8611

(continued on page 2)

Part II Other Taxes (continued)**17** Other additional taxes:**a** Recapture of other credits. List type, form number, and amount**17a****b** Recapture of federal mortgage subsidy. If you sold your home see instructions ...**17b****c** Additional tax on HSA distributions. Attach Form 8889**17c****d** Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889**17d****e** Additional tax on Archer MSA distributions. Attach Form 8853**17e****f** Additional tax on Medicare Advantage MSA distributions. Attach Form 8853**17f****g** Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property**17g****h** Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A**17h****i** Compensation you received from a nonqualified deferred compensation plan described in section 457A**17i****j** Section 72(m)(5) excess benefits tax**17j****k** Golden parachute payments**17k****l** Tax on accumulation distribution of trusts**17l****m** Excise tax on insider stock compensation from an expatriated corporation**17m****n** Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866**17n****o** Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR**17o****p** Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund**17p****q** Any interest from Form 8621, line 24**17q****z** Any other taxes. List type and amount:**17z****18** Total additional taxes. Add lines 17a through 17z**18****19** Recapture of net EPE from Form 4255, line 1d, column (l)**19****20** Section 965 net tax liability installment from Form 965-A**20****21** Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes**. Enter here and on Form 1040 or 1040-SR, line 23; or Form 1040-NR, line 23b**21****4,851.**

Schedule 2 (Form 1040) 2025

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **03**

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

Your social security number

JORDAN G. & JORDAN S. VARNADORE

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount:	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	0.

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	1,996.
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b	
c	Net elective payment election amount from Form 3800, Part III, line 6, column (i)	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
z	Other refundable credits (see instructions):		
		13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	1,996.

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

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

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name of proprietor

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2025
Attachment
Sequence No. 00

Social security number (SSN)

JORDAN G. VARNADORE

A Principal business or profession, including product or service (see instructions)

CONSULTING

B Enter code from instructions

C Business name. If no separate business name, leave blank.

CONSULTING

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.)

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

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

☐ Yes ☒ No

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

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	☐	1	30,408.
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	30,408.
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3		5	30,408.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	30,408.

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

8 Advertising	8	18 Office expense	18
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19
10 Commissions and fees	10	20 Rent or lease (see instructions):	
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a
12 Depletion	12	b Other business property	20b
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22
15 Insurance (other than health)	15	23 Taxes and licenses	23
16 Interest (see instructions):		24 Travel and meals:	
a Mortgage (paid to banks, etc.)	16a	a Travel	24a
b Other	16b	b Deductible meals (see instructions)	24b
17 Legal and professional services	17	25 Utilities	25
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28	26 Wages (less employment credits)	26
29 Tentative profit or (loss). Subtract line 28 from line 7	29	27 a Energy efficient commercial bldgs deduction (attach Form 7205)	27a
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.		b Other expenses (from line 48)	27b
Simplified method filers only: Enter the total square footage of (a) your home:			
and (b) the part of your home used for business:			
Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			
31 Net profit or (loss). Subtract line 30 from line 29.			
• If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 .			
• If a loss, you must go to line 32.			
32 If you have a loss, check the box that describes your investment in this activity. See instructions.			
• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 .			
• If you checked 32b, you must attach Form 6198 . Your loss may be limited.			
		32a ☐ All investment is at risk.	
		32b ☐ Some investment is not at risk.	
			31 30,408.

2025

Business Name:

CONSULTING

Description	Tax Year 2024	Tax Year 2025	Increase (Decrease)
INCOME			
GROSS INCOME	12,100.	30,408.	18,308.
NET PROFIT OR (LOSS)	12,100.	30,408.	18,308.

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

JORDAN G. & JORDAN S. VARNADORE**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	BASIS CARRYOVER	S				
B	CLICKINGSPREE LLC	S			X	
C	COASTAL MOBILE SCREENS, LLC	P				
D	GARRETT RICHARD, LLC	S			X	

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A		143.	35.		
B			0.	1,057.	
C				3,042.	
D		8,441.			
29a Totals				4,099.	
b Totals		8,584.	35.		
30	Add columns (h) and (k) of line 29a			30	4,099.
31	Add columns (g), (i), and (j) of line 29b			31	(8,619.)
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31			32	-4,520.

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	
(c) 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			35
36	Add columns (c) and (e) of line 34b			36 ()
37	Total estate and trust income or (loss). Combine lines 35 and 36			37

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

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

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	-4,520.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2025

SCHEDULE E

Name JORDAN G. VARNADORE

SSN/EIN

Passthrough CLICKINGSPREE LLC - CLICKINGSPREE LLC

ID

TAXPAYER

S CORPORATION

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	1,057.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover		129.	94.					
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	1,057.	646.	468.					879.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	1,057.	646.	468.					879.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions		60.	43.					17.
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2025

SCHEDULE E

Name JORDAN G. VARNADORE

SSN/EIN

Passthrough CLICKINGSFREE LLC - CLICKINGSFREE LLC

ID

TAXPAYER

S CORPORATION

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest Income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 8251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income								
Section 199A W-2 wages								
Section 199A unadjusted basis	8,502.							8,502.

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2025

SCHEDULE E

Name JORDAN G. VARNADORE

SSN/EIN

Passthrough GARRETT RICHARD, LLC - GARRETT RICHARD, LLC

ID

TAXPAYER

S CORPORATION

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	-8,441.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	-8,441.							-8,441.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	-8,441.							-8,441.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4852								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions	1,470.							1,470.
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2025

SCHEDULE E

Name JORDAN G. VARNADORE

SSN/EIN

Passthrough GARRETT RICHARD, LLC - GARRETT RICHARD, LLC

ID

TAXPAYER

S CORPORATION

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	77,664.							77,664.
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8965								
Qualified business income								
Qualified service income								
Section 199A W-2 wages	155,330.							155,330.
Section 199A unadjusted basis	56,622.							56,622.

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2025

SCHEDULE E

Name JORDAN G. VARNADORE

SSN/EIN

Passthrough COASTAL MOBILE SCREENS, LLC

ID

TAXPAYER

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	542.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments	2,500.							
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	3,042.							3,042.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	3,042.							3,042.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles ...								
FORM 4852								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2025

SCHEDULE E

Name JORDAN G. VARNADORE

SSN/EIN

Passthrough COASTAL MOBILE SCREENS, LLC

ID

TAXPAYER

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest Income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	3,042.							3,042.
Gross farming & fishing Inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income								
Section 199A W-2 wages								
Section 199A unadjusted basis	18,750.							18,750.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **17**

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

JORDAN G. VARNADORE

Social security number of person
with self-employment income

Part I Self-Employment Tax

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

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

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

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ	1b	
Skip line 2 if you use the nonfarm optional method in Part II. See instructions. SEE STATEMENT 4		
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	33,450.
3 Combine lines 1a, 1b, and 2	3	33,450.
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	30,891.
Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions		
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue	4c	30,891.
5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	
6 Add lines 4c and 5b	6	30,891.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2025	7	\$176,100
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$176,100 or more, skip lines 8b through 10, and go to line 11	8a	77,664.
b Unreported tips subject to social security tax from Form 4137, line 10	8b	
c Wages subject to social security tax from Form 8919, line 10	8c	
d Add lines 8a, 8b, and 8c	8d	77,664.
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	98,436.
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	3,830.
11 Multiply line 6 by 2.9% (0.029)	11	896.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3	12	4,726.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	2,363.

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

Schedule SE (Form 1040) 2025 Created 5/7/25

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

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

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

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

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

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

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

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

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

Schedule SE (Form 1040) 2025

Form **5329**Department of the Treasury
Internal Revenue Service**Additional Taxes on Qualified Plans
(Including IRAs) and Other Tax-Favored Accounts**

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

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

OMB No. 1545-0074

2025Attachment
Sequence No. **29**

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

JORDAN G. VARNADORE

Your social security number

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

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

Apt. no.

If this is an amended
return, check here ☐

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

Foreign country name

Foreign province/state/county

Foreign postal code

If you **only** owe the additional 10% tax on the full amount of the early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040), line 8, without filing Form 5329. See instructions.**Part I Additional Tax on Early Distributions.** Complete this part if you took a taxable distribution (other than a qualified disaster recovery distribution) before you reached age 59 1/2 from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040) - see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

1	Early distributions includible in income (see instructions). For Roth IRA distributions, see instructions	STMT 5	1	1,248.
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions:		2	
3	Amount subject to additional tax. Subtract line 2 from line 1		3	1,248.
4	Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 8		4	125.
Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.				

Part II Additional Tax on Certain Distributions From Education Accounts and ABLER Accounts. Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 8z, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP), or on Schedule 1 (Form 1040), line 8q, from an ABLER account.

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

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

9	Enter your excess contributions from line 16 of your 2024 Form 5329. See instructions. If zero, go to line 15	9	
10	If your traditional IRA contributions for 2025 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11	2025 traditional IRA distributions included in income (see instructions)	11	
12	2025 distributions of prior year excess contributions to traditional IRAs (see instructions)	12	
13	Add lines 10, 11, and 12	13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15	Excess contributions for 2025 (see instructions)	15	
16	Total excess contributions. Add lines 14 and 15	16	
17	Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2025 (including 2025 contributions made in 2026). Include this amount on Schedule 2 (Form 1040), line 8	17	

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

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

Part V Additional Tax on Excess Contributions to Coverdell ESAs. Complete this part if the contributions to your Coverdell ESAs for 2025 were more than is allowable or you had an amount on line 33 of your 2024 Form 5329.

26	Enter the excess contributions from line 32 of your 2024 Form 5329. See instructions. If zero, go to line 31	26	
27	If the contributions to your Coverdell ESAs for 2025 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	27	
28	2025 distributions from your Coverdell ESAs (see instructions)	28	
29	Add lines 27 and 28	29	
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-	30	
31	Excess contributions for 2025 (see instructions)	31	
32	Total excess contributions. Add lines 30 and 31	32	
33	Additional tax. Enter 6% (0.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2025 (including 2025 contributions made in 2026). Include this amount on Schedule 2 (Form 1040), line 8	33	

Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed more to your Archer MSAs for 2025 than is allowable or you had an amount on line 41 of your 2024 Form 5329.

34	Enter the excess contributions from line 40 of your 2024 Form 5329. See instructions. If zero, go to line 39	34	
35	If the contributions to your Archer MSAs for 2025 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	35	
36	2025 distributions from your Archer MSAs from Form 8853, line 8	36	
37	Add lines 35 and 36	37	
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-	38	
39	Excess contributions for 2025 (see instructions)	39	
40	Total excess contributions. Add lines 38 and 39	40	
41	Additional tax. Enter 6% (0.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2025 (including 2025 contributions made in 2026). Include this amount on Schedule 2 (Form 1040), line 8	41	

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs). Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2025 than is allowable or you had an amount on line 49 of your 2024 Form 5329.

42	Enter the excess contributions from line 48 of your 2024 Form 5329. If zero, go to line 47	42	
43	If the contributions to your HSAs for 2025 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	43	
44	2025 distributions from your HSAs from Form 8889, line 16	44	
45	Add lines 43 and 44	45	
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-	46	
47	Excess contributions for 2025 (see instructions)	47	
48	Total excess contributions. Add lines 46 and 47	48	
49	Additional tax. Enter 6% (0.06) of the smaller of line 48 or the value of your HSAs on December 31, 2025 (including 2025 contributions made in 2026). Include this amount on Schedule 2 (Form 1040), line 8	49	

Part VIII Additional Tax on Excess Contributions to an ABLE Account. Complete this part if contributions to your ABLE account for 2025 were more than is allowable.

50	Excess contributions for 2025 (see instructions)	50	
51	Additional tax. Enter 6% (0.06) of the smaller of line 50 or the value of your ABLE account on December 31, 2025. Include this amount on Schedule 2 (Form 1040), line 8	51	

Part IX Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs). Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

52	Minimum required distribution for 2025 from all qualified plans for which you received a distribution of the full amount of the excess accumulation during the correction window	52a	
	Minimum required distribution for 2025 from all other plans	52b	
53	Amount distributed to you during 2025 from all qualified plans for which you received a distribution of the full amount of the excess accumulation during the correction window	53a	
	Amount distributed to you during 2025 from all other plans	53b	
54	Subtract line 53a from line 52a and multiply the result by 10% (0.10). If zero or less, enter -0-	54a	
	Subtract line 53b from line 52b and multiply the result by 25% (0.25). If zero or less, enter -0-	54b	
55	Add lines 54a and 54b. Include the total on Schedule 2 (Form 1040), line 8, or Form 1041, Schedule G, line 8	55	

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer Use Only	Your signature		Date	
	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed PTIN
	Firm's name			Firm's EIN
	Firm's address			Phone no.

Form **5329** (2025)

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

**Credits for Qualifying Children
and Other Dependents**

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **47**

Name(s) shown on return

JORDAN G. & JORDAN S. VARNADORE

Your social security number

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR	1	97,979.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	97,979.
4	Number of qualifying children under age 17 with the required social security number	4	4
5	Multiply line 4 by \$2,200	5	8,800.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.	6	
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	8,800.
9	Enter the amount shown below for your filing status. • Married filing jointly - \$400,000 • All other filing statuses - \$200,000	9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Is the amount on line 8 more than the amount on line 11? ☐ No. Stop here. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. ☒ Yes. Subtract line 11 from line 8. Enter the result.	12	8,800.
13	Enter the amount from Credit Limit Worksheet A STMT 6	13	6,990.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	6,990.

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

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040 or Form 1040-SR through line 27a (or Form 1040-NR through line 26) (also complete Schedule 3 (Form 1040), line 11) before completing Part II-A.

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

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

Part II-A Additional Child Tax Credit for All Filers**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

15	Reserved for future use	15	
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit	16a	1,810.
b	Number of qualifying children under age 17 with the required social security number: <u>4</u> x \$1,700. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit TIP: The number of children you use for this line is the same as the number of children you used for line 4.	16b	6,800.
17	Enter the smaller of line 16a or line 16b	17	1,810.
18a	Earned income (see instructions) <u>STMT 7</u>	18a	108,751.
b	Nontaxable combat pay (see instructions) <u>18b</u>		
19	Is the amount on line 18a more than \$2,500? ☐ No. Leave line 19 blank and enter -0- on line 20. ☒ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	106,251.
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$5,100 or more? ☐ No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. ☒ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	15,938.

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	1,810.
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Nondeductible IRAsAttach to 2025 Form 1040, 1040-SR, or 1040-NR.
Go to 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

JORDAN G. VARNADORE**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

Foreign country name

Foreign province/state/county

Foreign postal code

Note: Except where stated otherwise, "traditional IRA" includes traditional SEP IRAs and traditional SIMPLE IRAs. "Roth IRA" includes Roth SEP IRAs and Roth SIMPLE IRAs.**Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional IRAs**

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

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

1	Enter your nondeductible contributions to traditional IRAs for 2025, including those made for 2025 from January 1, 2026, through April 15, 2026. See instructions	1	
2	Enter your total basis in traditional IRAs. See instructions	2	
3	Add lines 1 and 2	3	
In 2025, did you take a distribution from a traditional IRA, or make a Roth IRA conversion? ☐ No ☐ Yes Enter the amount from line 3 on line 14. Do not complete the rest of Part I. 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	

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

Form 8606 (2025) Created 5/7/25

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

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

Part II 2025 Conversions From Traditional IRAs to Roth IRAs

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

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

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

19 Enter your total nonqualified distributions from Roth IRAs in 2025, including any qualified first-time homebuyer distributions, and any 2025 retirement plan distributions whose repayments are treated as rollovers. See instructions	19	1,248.
20 Qualified first-time homebuyer expenses (see instructions). Do not enter more than \$10,000 reduced by the total of all your prior qualified first-time homebuyer distributions	20	
21 Subtract line 20 from line 19. If zero or less, enter -0-	21	1,248.
22 Enter your basis in Roth IRA contributions. See instructions. If line 21 is zero, stop here	22	
23 Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax. See instructions	23	1,248.
24 Enter your basis in conversions from traditional IRAs and rollovers from qualified retirement plans to a Roth IRA. See instructions	24	
25a Subtract line 24 from line 23. If zero or less, enter -0- and skip lines 25b and 25c	25a	1,248.
b Enter the amount on line 25a attributable to qualified disaster distributions, if any, from 2025 Form(s) 8915-F. See instructions. Also, enter this amount on 2025 Form(s) 8915-F, line 19, as applicable. See instructions	25b	
c Taxable amount. Subtract line 25b from line 25a. Reduce that amount by certain 2025 retirement plan distribution repayments (other than those reported on Form 8915-F) that are treated as rollovers. See instructions. If more than zero, also include this amount on 2025 Form 1040, 1040-SR, or 1040-NR, line 4b	25c	1,248.

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

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

Paid Preparer Use Only	Your signature		Date	Check ☐ if self-employed	PTIN
	Print/Type preparer's name	Preparer's signature	Date		
	Firm's name	Firm's EIN		Phone no.	
	Firm's address				

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

OMB No. 1545-0074

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

Attach to your tax return.

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

Name(s) shown on return

Your taxpayer identification number

JORDAN G. & JORDAN S. VARNADORE

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

Use this form if your taxable income, before your qualified business income deduction, is at or below \$197,300 (\$394,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	CLICKINGSPREE LLC		1,057.
ii	COASTAL MOBILE SCREENS, LLC		327.
iii	CONSULTING		28,260.
iv	GARRETT RICHARD, LLC		-8,441.
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	21,203.
3	Qualified business net (loss) carryforward from the prior year	3	()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	21,203.
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	4,241.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	4,241.
11	Taxable income before qualified business income deduction (see instructions)	11	66,479.
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	66,479.
14	Income limitation. Multiply line 13 by 20% (0.20)	14	13,296.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	15	4,241.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	()
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()

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

Form **8995** (2025) Created 9/12/25

Qualified Business Income After Deductions

Activity: **COASTAL MOBILE SCREENS, LLC**

1.	Qualified business income before deductions	542.
2.	Deductible part of self-employment income:	
a.	Net income subject to self-employment tax from this activity	3,042.
b.	Total income subject to self-employment tax	33,450.
c.	Line 2a divided by line 2b (not greater than 1.000)	.090941704
d.	Amount from Schedule 1 (Form 1040), line 15	2,363.
e.	Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity	215.
3.	Self-employed SEP, SIMPLE and qualified plans:	
a.	Net income subject to self-employment tax from this activity	
b.	Net earnings from	
c.	Line 3a divided by line 3b (not greater than 1.000)	
d.	Amount from Schedule 1 (Form 1040), line 16	
e.	Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity	
4.	Self-employed health insurance deduction:	
a.	Health insurance payments from this activity	
b.	Health insurance limits for activity above	
c.	Lesser of line 4a or line 4b	
d.	Reserved	
e.	Reserved	
f.	Amount from line 4c. This is the allocated SE health insurance deduction for this activity	
5.	Qualified tips deduction:	
a.	Deductible tips from this activity	
b.	Total deductible tips	
c.	Line 5a divided by line 5b (not greater than 1.000)	
d.	Schedule 1-A (Form 1040), line 13	
e.	Line 5c times line 5d	
6.	Line 1 minus lines 2e, 3d, 4f, and 5e	327.

Activity: **CONSULTING**

1.	Qualified business income before deductions	30,408.
2.	Deductible part of self-employment income:	
a.	Net income subject to self-employment tax from this activity	30,408.
b.	Total income subject to self-employment tax	33,450.
c.	Line 2a divided by line 2b (not greater than 1.000)	.909058296
d.	Amount from Schedule 1 (Form 1040), line 15	2,363.
e.	Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity	2,148.
3.	Self-employed SEP, SIMPLE and qualified plans:	
a.	Net income subject to self-employment tax from this activity	
b.	Net earnings from	
c.	Line 3a divided by line 3b (not greater than 1.000)	
d.	Amount from Schedule 1 (Form 1040), line 16	
e.	Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity	
4.	Self-employed health insurance deduction:	
a.	Health insurance payments from this activity	
b.	Health insurance limits for activity above	
c.	Lesser of line 4a or line 4b	
d.	Reserved	
e.	Reserved	
f.	Amount from line 4c. This is the allocated SE health insurance deduction for this activity	
5.	Qualified tips deduction:	
a.	Deductible tips from this activity	
b.	Total deductible tips	
c.	Line 5a divided by line 5b (not greater than 1.000)	
d.	Schedule 1-A (Form 1040), line 13	
e.	Line 5c times line 5d	
6.	Line 1 minus lines 2e, 3d, 4f, and 5e	28,260.

Paid Preparer's Due Diligence Checklist

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

JORDAN G. & JORDAN S. VARNADORE

Taxpayer identification number

Preparer's name

GROVER KINNEY

Preparer tax identification number

Part I Due Diligence Requirements

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

☐ EIC

☒ CTC/ACTC/ODC

☐ AOTC

☐ HOH

1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?

Yes	No	N/A
☒	☐	☐

2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-SS or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?

☒	☐	☐
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3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.

- Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.

- Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)

☒	☐	☐
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4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If " Yes," answer questions 4a and 4b. If " No," go to question 5.)

☐	☒	☐
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a Did you make reasonable inquiries to determine the correct, complete, and consistent information?

☐	☐	☐
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b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)

☐	☐	☐
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5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)

☒	☐	☐
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List those documents provided by the taxpayer, if any, that you relied on:

6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?

☒	☐	☐
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7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?

☒	☐	☐
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(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)

a Did you complete the required recertification Form 8862?

☐	☐	☐
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8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?

☒	☐	☐
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For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (Rev. 11-2024)

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

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	☐	☐	☐
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	☐	☐	☐
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	☐	☐	☐

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

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	☒	☐	☐
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	☒	☐	☐
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	☐	☐	☒

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

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

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

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☐	☐

Part VI Eligibility Certification

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

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

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

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	☒	☐

Premium Tax Credit (PTC)Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8962 for instructions and the latest information.**2025**Attachment
Sequence No. **73**

Name shown on your return

JORDAN G. VARNADORE

Your social security number

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. If you qualify, check the box ☐**Part I Annual and Monthly Contribution Amount**

1	Tax family size. Enter your tax family size. See instructions	1	6
2a	Modified AGI. Enter your modified AGI. See instructions	2a	97,979.
b	Enter the total of your dependents' modified AGI. See instructions	2b	
3	Household income. Add the amounts on lines 2a and 2b	3	97,979.
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a ☐ Alaska b ☐ Hawaii c ☒ Other 48 states and DC	4	41,960.
5	Household income as a percentage of federal poverty line (see instructions)	5	233 %
6	Reserved for future use		
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	.0332
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	3,253.
8b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	271.

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.
☐ Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage.
☒ No. Continue to line 10.
- 10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
☒ Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.
☐ No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual PTC allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals	24,406.	23,201.	3,253.	19,948.	19,948.	17,952.
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly PTC allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January						
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						

24	Total PTC. Enter the amount from line 11, column (e), or add lines 12 through 23, column (e), and enter the total here	24	19,948.
25	Advance payment of PTC. Enter the amount from line 11, column (f), or add lines 12 through 23, column (f), and enter the total here	25	17,952.
26	Net PTC. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	1,996.

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions)	28	
29	Excess advance PTC repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 1a	29	

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

Form 8962 (2025) Created 3/25/25

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

30	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 2

31	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 3

32	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 4

33	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

34 Have you completed all policy amount allocations?

- ☐ **Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12-23, columns (a), (b), and (f). Compute the amounts for lines 12-23, columns (c)-(e), and continue to line 24.
- ☐ **No.** See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12-23, see the instructions for this Part V.

35	Alternative entries for your SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
36	Alternative entries for your spouse's SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month

Worksheet W. Figuring the Limit on the Self-Employed Health Insurance Deduction for Specified Premiums

Keep for Your Records

Caution. If you have more than one trade or business under which a qualified health plan is established, complete lines 4 through 13 separately for each trade or business. Add the amounts on line 13 for all the trades or businesses. Then, complete lines 14 through 17 once for all trades or businesses.

1.	Enter your specified premiums. See <u>Specified Premiums</u> under <i>Instructions for Worksheet P</i> , earlier	1.	<u>24,406.</u>
2.	Enter the APTC from Form 1095-A, Part III, column C, that is attributable to the premiums on line 1	2.	<u>17,952.</u>
3.	Subtract line 2 from line 1	3.	<u>6,454.</u>
4.	Enter your net profit* and any other earned income** from the business under which the qualified health plan is established. Do not include Conservation Reserve Program payments exempt from self-employment tax. If the business is an S corporation, skip to line 11	4.	_____
5.	Enter the total of all net profits* from: Schedule C (Form 1040), line 31; Schedule F (Form 1040), line 34; or box 14, code A, of Schedule K-1 (Form 1065), plus any other income allocable to the profitable businesses. Do not include Conservation Reserve Program payments exempt from self-employment tax. See the Instructions for Schedule SE (Form 1040). Do not include any net losses shown on these schedules	5.	_____
6.	Divide line 4 by line 5	6.	_____
7.	Multiply line 15 of Schedule 1 (Form 1040) by line 6	7.	_____
8.	Subtract line 7 from line 4	8.	_____
9.	Enter the amount, if any, from line 16 of Schedule 1 (Form 1040) attributable to the same business for which the qualified health plan is established	9.	_____
10.	Subtract line 9 from line 8	10.	_____
11.	Enter your Medicare wages (box 5 of Form W-2) from an S corporation in which you are a more-than-2% shareholder and in which the qualified health plan is established	11.	<u>77,664.</u>
12.	Enter any amount from Form 2555, line 45, attributable to the amount entered on line 4 or line 11 above	12.	<u>0.</u>
	Note. If you are not filing Form 2555, enter -0-.		
13.	Subtract line 12 from line 10 or line 11, whichever applies	13.	<u>77,664.</u>
14.	Enter your self-employed health insurance deduction for nonspecified premiums from <u>Worksheet P</u> , line 3, or Form 7206, line 14	14.	_____
15.	Subtract line 14 from line 13	15.	<u>77,664.</u>
16.	Enter the smaller of line 3 or line 15	16.	<u>6,454.</u>
17.	Add lines 14 and 16	17.	<u>6,454.</u>
18.	Is line 2 blank or -0-? ☐ Yes. Skip line 19 and Worksheet X. Use one of the methods that follow Worksheet X to figure the PTC and self-employed health insurance deduction for specified premiums. ☒ No. Go to line 19.	18.	_____
19.	Subtract line 16 from line 15. Then, go to Worksheet X	19.	<u>71,210.</u>

*If you used either optional method to figure your net earnings from self-employment from any business, do not enter your net profit from the business. Instead, enter the amount attributable to that business from Schedule SE, line 4b.

** **Earned income** includes net earnings and gains from the sale, transfer, or licensing of property you created. However, it does not include capital gain income.

Worksheet X. Figuring Household Income and the Repayment Limitation

Keep for Your Records

Complete this worksheet only if APTC was paid to your insurer on your behalf for the months you were self-employed.

Part I: Taxpayer's Modified AGI		
1. Combine the amounts from:		
• Form 1040, 1040-SR, or 1040-NR, lines 2a, 9, and the excess, if any, of line 6a over line 6b.	1.	104,800.
Note. See the instructions if you are filing Form 8582, 8814, or 8815.		
2. Enter any amounts from Form 2555, lines 45 and 50	2.	
3. Add lines 1 and 2	3.	104,800.
4. Enter the total of the amounts from:		
• Schedule 1 (Form 1040), lines 11 through 16, 18, and 19a, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 26.	4.	2,363.
Note. See the instructions if you made contributions to a traditional IRA.		
5. Enter the amount from Worksheet W, line 14	5.	
6. Enter the amount from Worksheet W, line 16	6.	6,454.
7. Add lines 4, 5, and 6	7.	8,817.
8. Subtract line 7 from line 3. Then, go to Part II if you are claiming dependents on your tax return. If you are not claiming any dependents on your tax return, skip Part II and go to Part III	8.	95,983.
Part II: Dependents' Modified AGI		
13. Total dependents' modified AGI	13.	
Part III: Repayment Limitation		
14. Household income. Add lines 8 and 13	14.	95,983.
15. Enter the smaller of Worksheet W, line 19, or \$750 (\$375 if your filing status is single)	15.	750.
16. Subtract line 15 from line 14. If zero or less, enter -0-	16.	95,233.
17a. Enter the number of qualifying individuals in your tax family (including yourself)	17a.	6
17b. Enter the federal poverty line amount as determined by the family size on line 17a and federal poverty Table 1-1, 1-2, or 1-3 for your state of residence during 2025 in the Form 8962 instructions	17b.	41,960.
18. Divide line 16 by line 17b. If the result is not a whole percentage, do not round; instead, multiply this number by 100 (to express it as a percentage) and then drop any numbers after the decimal point. For example, for 0.9984, enter the result as 99; for 1.8565, enter the result as 185; and for 3.997, enter the result as 399	18.	226%
• If the result is less than 200, enter \$750 (\$375 if your filing status is single) on line 25. Skip lines 19 through 24.		
• If the result is 200 or more, go to line 19.		
19. Enter the smaller of Worksheet W, line 19, or \$1,950 (\$975 if your filing status is single)	19.	1,950.
20. Subtract line 19 from line 14. If zero or less, enter -0-	20.	94,033.
21. Divide line 20 by line 17b. If the result is not a whole percentage, do not round; instead, multiply this number by 100 (to express it as a percentage) and then drop any numbers after the decimal point. For example, for 0.9984, enter the result as 99; for 1.8565, enter the result as 185; and for 3.997, enter the result as 399	21.	224%
• If the result is less than 300, enter \$1,950 (\$975 if your filing status is single) on line 25. Skip lines 22 through 24.		
• If the result is 300 or more, go to line 22.		
22. Enter the smaller of Worksheet W, line 19, or \$3,250 (\$1,625 if your filing status is single)	22.	
23. Subtract line 22 from line 14. If zero or less, enter -0-	23.	
24. Divide line 23 by line 17b. If the result is not a whole percentage, do not round; instead, multiply this number by 100 (to express it as a percentage) and then drop any numbers after the decimal point. For example, for 0.9984, enter the result as 99; for 1.8565, enter the result as 185; and for 3.997, enter the result as 399	24.	%
• If the result is less than 400, enter \$3,250 (\$1,625 if your filing status is single) on line 25.		
• If the result is 400 or more, enter the amount from Worksheet W, line 2, on line 25.		
25. Enter the amount you were instructed to enter here by line 18, 21, or 24	25.	1,950.

Worksheet X. Figuring Household Income and the Repayment Limitation (continued)

Keep for Your Records

Part IV: Maximum Self-Employed Health Insurance Deduction	
26. Add lines 6 and 25	26. <u>8,404.</u>
27. Enter the amount from <u>Worksheet W</u> , line 1	27. <u>24,406.</u>
28. Enter the smaller of line 26 or line 27	28. <u>8,404.</u>
29. Enter the amount from <u>Worksheet W</u> , line 15	29. <u>77,664.</u>
30. Enter the smaller of line 28 or line 29	30. <u>8,404.</u>
31. Add lines 5 and 30. Then, use one of the methods that follow to figure the PTC and the self-employed health insurance deduction for specified premiums	31. <u>8,404.</u>

Step 3. Figure your self-employed health insurance deduction by completing the following worksheet.

Step 3 Worksheet

1. Enter the amount from <u>Worksheet W</u> , line 1	1. <u>24,406.00</u>
Caution: If the amounts on lines 12 through 23, column (e), of your Step 2 Form 8962 are not the same for each month and you had specified premiums for less than 12 months, skip lines 2 through 5 below and enter on line 6 the total of those column (e) amounts for the months you paid specified premiums.	
2. Enter the total PTC (Form 8962, line 24) you figured in <u>Step 2</u> , earlier	2. <u>20,418.00</u>
3. Enter the number of months in 2025 for which specified premiums were paid	3. <u>12.00</u>
Note. Self-employment for part of a month counts as a full month of self-employment.	
4. Enter the number of months someone in your coverage family was enrolled in the qualified health plan	4. <u>12.00</u>
5. Divide line 3 by line 4	5. <u>1.0000</u>
6. Multiply line 5 by line 2	6. <u>20,418.00</u>
7. Subtract line 6 from line 1	7. <u>3,988.00</u>
8. Enter the amount from <u>Worksheet X</u> , line 30. If you did not complete Worksheet X, enter the amount from <u>Worksheet W</u> , line 16	8. <u>8,404.00</u>
9. Enter the smaller of line 7 or line 8	9. <u>3,988.00</u>
10. Enter the amount from <u>Worksheet W</u> , line 14	10. _____
11. Add lines 9 and 10. Use this amount as your self-employed health insurance deduction in <u>Step 4</u> next. Also enter this amount on line 17 of Schedule 1 (Form 1040)	11. _____

Step 5. Refigure your self-employed health insurance deduction for specified premiums by completing the Step 5 Worksheet.

Step 5 Worksheet

Enter amounts in dollars and cents. Do not round to whole dollars.

1. Enter the amount from line 1 of the <u>Step 3 Worksheet</u>	1. <u>24,406.00</u>
Caution: If you skipped lines 2 through 5 of the <u>Step 3 Worksheet</u> , skip lines 2 and 3 below and enter on line 4 the total of the column (e) amounts from your <u>Step 4</u> Form 8962 for the months you paid specified premiums.	
2. Enter the total PTC (Form 8962, line 24) you figured in <u>Step 4</u> , earlier	2. <u>19,948.00</u>
3. Enter the amount from line 5 of the <u>Step 3 Worksheet</u>	3. <u>1.0000</u>
4. Multiply line 3 by line 2	4. <u>19,948.00</u>
5. Subtract line 4 from line 1	5. <u>4,458.00</u>
6. Enter the amount from <u>Worksheet X</u> , line 30. If you did not complete Worksheet X, enter the amount from <u>Worksheet W</u> , line 16	6. <u>8,404.00</u>
7. Enter the smaller of line 5 or line 6. Then, go to <u>Step 6</u> next	7. <u>4,458.00</u>

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

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

Attachment
Sequence No. **203**

Name of shareholder

JORDAN G. VARNADORE

Identifying number

A Name of S corporation

GARRETT RICHARD, LLC

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) ☐ Gift (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	30,922.
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	
5	Stock basis before distributions. Add lines 1, 2, and 4	5	30,922.
6	Distributions (excluding dividend distributions) Note: 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	30,922.
8a	Non deductible expenses	8a	238.
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	238.
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	30,684.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	9,911.
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	9,911.
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	20,773.

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
	☐ Formal note ☐ Open account	☐ Formal note ☐ Open account	☐ Formal note ☐ 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 line 19 from line 18				

Part II Shareholder Debt Basis (continued)**Section B - Adjustments to Debt Basis**

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

Section C - Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 Reportable gain. 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
35 Ordinary business loss	8,441.		8,441.		
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions	1,470.		1,470.		
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 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	9,911.		9,911.		

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

OMB No. 1545-2302

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.Attachment
Sequence No. **203**

Name of shareholder

JORDAN G. VARNADORE

Identifying number

A Name of S corporation

GARRETT RICHARD, LLC

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) ☐ Gift (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	30,866.
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	
5	Stock basis before distributions. Add lines 1, 2, and 4	5	30,866.
6	Distributions (excluding dividend distributions) Note: 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	30,866.
8a	Non deductible expenses	8a	238.
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	238.
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	30,628.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	9,911.
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	9,911.
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	20,717.

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
	☐ Formal note ☐ Open account	☐ Formal note ☐ Open account	☐ Formal note ☐ 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 line 19 from line 18				

Part II Shareholder Debt Basis (continued)**Section B - Adjustments to Debt Basis**

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

Section C - Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 Reportable gain. 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
35 Ordinary business loss	8,441.		8,441.		
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions	1,470.		1,470.		
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 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	9,911.		9,911.		

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 for instructions and the latest information.Attachment
Sequence No. **203**

Name of shareholder

JORDAN G. VARNADORE

Identifying number

A Name of S corporation

CLICKINGSPREE LLC

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) ☐ Gift (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	
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	1,057.
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	1,057.
5	Stock basis before distributions. Add lines 1, 2, and 4	5	1,057.
6	Distributions (excluding dividend distributions) Note: 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	1,057.
8a	Nondeductible expenses	8a	862.
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	862.
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	195.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	195.
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	195.
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	(b) Debt 2	(c) Debt 3	(d) Total
	☐ Formal note ☐ Open account	☐ Formal note ☐ Open account	☐ Formal note ☐ 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 line 19 from line 18				

Part II Shareholder Debt Basis (continued)**Section B - Adjustments to Debt Basis**

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

Section C - Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 Reportable gain. 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
35 Ordinary business loss		517.	143.		374.
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions		129.	36.		94.
42 Charitable contributions		60.	17.		43.
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 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		706.	195.		511.

Form 7203 (12-2022)

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

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

Attachment
Sequence No. **203**

Name of shareholder

JORDAN G. VARNADORE

Identifying number

A Name of S corporation

CLICKINGSPREE LLC

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) ☐ Gift (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	
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	1,057.
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	1,057.
5	Stock basis before distributions. Add lines 1, 2, and 4	5	1,057.
6	Distributions (excluding dividend distributions) Note: 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	1,057.
8a	Nondeductible expenses	8a	862.
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	862.
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	195.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	195.
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	195.
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	(b) Debt 2	(c) Debt 3	(d) Total
	☐ Formal note ☐ Open account	☐ Formal note ☐ Open account	☐ Formal note ☐ 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 line 19 from line 18				

Part II Shareholder Debt Basis (continued)**Section B - Adjustments to Debt Basis**

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

Section C - Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 Reportable gain. 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
35 Ordinary business loss		517.	143.		374.
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions		129.	36.		94.
42 Charitable contributions		60.	17.		43.
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 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		706.	195.		511.

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.**SUMMARY**

OMB No. 1545-0172

2025Attachment
Sequence No. 179**JORDAN G. & JORDAN S. VARNADORE****ALL BUSINESS ACTIVITIES****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	2,500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	0.
3	Threshold cost of section 179 property before reduction in limitation	3	4,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	2,500,000.

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
TOTAL ALLOWABLE PASS-THROUGH SECTION 179 EXPENSE				35.

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	35.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	35.
10	Carryover of disallowed deduction from line 13 of your 2024 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	103,587.
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	35.
13	Carryover of disallowed deduction to 2026. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

17	MACRS deductions for assets placed in service in tax years beginning before 2025	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

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

(a) Classification of property (see instructions)	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h 50-year property	/		50 yrs.	MM	S/L	
i Residential rental property	/		27.5 yrs.	MM	S/L	
j Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

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

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	
e 50-year	/		50 yrs.	MM	S/L	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2025) Created 10/9/25

FORM 1040		WAGES RECEIVED AND TAXES WITHHELD				STATEMENT 1	
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX	
T GARRETT RICHARD LLC	77,664.	6,275.			4,815.	1,126.	
TOTALS	77,664.	6,275.			4,815.	1,126.	

FORM 1040		IRA DISTRIBUTIONS		STATEMENT 2	
NAME OF PAYER		GROSS DISTRIBUTION	TAXABLE AMOUNT		
CHARLES SCHWAB & CO. - TAXPAYER FORM 8606		1,248.	1,248.		
TOTAL TO FORM 1040, LINES 4A AND 4B		1,248.	1,248.		

FORM 1040		FEDERAL INCOME TAX WITHHELD - FORM(S) W-2		STATEMENT 3	
T S DESCRIPTION		AMOUNT			
T GARRETT RICHARD LLC		6,275.			
TOTAL TO FORM 1040, LINE 25A		6,275.			

SCHEDULE SE		NON-FARM INCOME		STATEMENT 4	
DESCRIPTION		AMOUNT			
CONSULTING		30,408.			
COASTAL MOBILE SCREENS, LLC		3,042.			
TOTAL TO SCHEDULE SE, LINE 2		33,450.			

FORM 5329 EARLY DISTRIBUTIONS INCLUDED IN GROSS INCOME STATEMENT 5

JORDAN G. VARNADORE

DESCRIPTION

AMOUNT

FROM FORM 8606

1,248.

TOTAL TO FORM 5329, LINE 1

1,248.

SCHEDULE 8812 CREDIT LIMIT WORKSHEET A STATEMENT 6

1. ENTER THE AMOUNT FROM LINE 18 OF FORM 1040 OR FORM 1040-NR 6,990.

2. ADD THE FOLLOWING AMOUNTS (IF APPLICABLE) FROM:

SCHEDULE 3, LINE 1
SCHEDULE 3, LINE 2
SCHEDULE 3, LINE 3
SCHEDULE 3, LINE 4
SCHEDULE 3, LINE 5B
SCHEDULE 3, LINE 6D
SCHEDULE 3, LINE 6F
SCHEDULE 3, LINE 6L
SCHEDULE 3, LINE 6M
ENTER THE TOTAL

3. SUBTRACT LINE 2 FROM LINE 1 6,990.

COMPLETE THE CREDIT LIMIT WORKSHEET B ONLY IF YOU MEET ALL
OF THE FOLLOWING:

1. YOU ARE CLAIMING ONE OR MORE OF THE FOLLOWING CREDITS:

- A. MORTGAGE INTEREST CREDIT, FORM 8396
- B. ADOPTION CREDIT, FORM 8839
- C. RESIDENTIAL CLEAN ENERGY CREDIT, FORM 5695, PART I
- D. DISTRICT OF COLUMBIA FIRST-TIME HOMEBUYER CREDIT,
FORM 8859

2. YOU ARE NOT FILING FORM 2555

3. LINE 4 OF SCHEDULE 8812 IS MORE THAN ZERO

4. IF YOU ARE NOT COMPLETING CREDIT LIMIT WORKSHEET B, ENTER
-0-; OTHERWISE, ENTER THE AMOUNT FROM THE CREDIT LIMIT
WORKSHEET B.

0.

5. SUBTRACT LINE 4 FROM LINE 3. ENTER THIS AMOUNT ON SCHEDULE
8812, LINE 13.

6,990.

SCHEDULE 8812

EARNED INCOME WORKSHEET

STATEMENT 7

1A ENTER THE AMOUNT FROM LINE 1Z OF FORM 1040 OR 1040-NR 77,664.

1B ENTER ANY NONTAXABLE COMBAT PAY RECEIVED. ALSO ENTER THIS AMOUNT ON SCHEDULE 8812, LINE 18B. IF YOU ARE FILING SCHEDULE C, F, OR SE, OR YOU RECEIVED SCHEDULE K-1 (FORM 1065), GO TO LINE 2A. OTHERWISE, SKIP LINES 2A THROUGH 2E AND GO TO LINE 3

2A ENTER ANY STATUTORY EMPLOYEE INCOME FROM SCHEDULE C, LINE 1

2B ENTER ANY NET PROFIT (LOSS) FROM SCHEDULE C, LINE 31, AND SCHEDULE K-1 (FORM 1065), BOX 14, CODE A (OTHER THAN FARMING). REDUCE SCHEDULE K-1 AMOUNTS AS DESCRIBED IN THE INSTRUCTIONS FOR COMPLETING SCHEDULE SE IN THE PARTNER'S INSTR. FOR SCHEDULE K-1. DO NOT INCLUDE STATUTORY EMPLOYEE INCOME OR OTHER AMOUNTS EXEMPT FROM SE TAX. OPTIONS AND COMMODITIES DEALERS MUST ADD ANY GAIN OR SUBTRACT ANY LOSS (IN THE NORMAL COURSE OF DEALING IN OR TRADING SECT. 1256 CONTRACTS) FROM SECT. 1256 CONTRACTS OR RELATED PROPERTY 33,450.

2C ENTER NET FARM PROFIT (LOSS) FROM SCHEDULE F, LINE 34, AND SCHEDULE K-1 (FORM 1065), BOX 14, CODE A. REDUCE SCHEDULE K-1 AMOUNTS AS DESCRIBED IN THE INSTRUCTIONS FOR COMPLETING SCHEDULE SE IN THE PARTNER'S INSTR. FOR SCHEDULE K-1. DO NOT INCLUDE ANY AMOUNTS EXEMPT FROM SE TAX

2D IF YOU USED THE FARM OPTIONAL METHOD TO FIGURE NET EARNINGS FROM SELF-EMPLOYMENT, ENTER THE AMOUNT FROM SCHEDULE SE, LINE 15. OTHERWISE, SKIP THIS LINE AND ENTER THE AMOUNT FROM LINE 2C ON LINE 2E

2E IF LINE 2C IS A PROFIT, ENTER THE SMALLER OF LINE 2C OR LINE 2D. IF LINE 2C IS A LOSS, ENTER THE LOSS FROM LINE 2C

3 COMBINE LINES 1A, 1B, 2A, 2B, AND 2E. IF ZERO OR LESS, STOP AND ENTER -0- ON LINE 3 OF CREDIT LIMIT WORKSHEET B OR SCHEDULE 8812, LINE 18A 111,114.

4 ENTER THE MEDICAID WAIVER PAYMENT AMOUNTS EXCLUDED FROM INCOME ON SCHEDULE 1, LINE 8S, UNLESS YOU CHOOSE TO INCLUDE THESE AMOUNTS IN EARNED INCOME. IF YOU AND YOUR SPOUSE BOTH RECEIVED MEDICAID WAIVER PAYMENTS DURING THE YEAR, YOU AND YOUR SPOUSE CAN MAKE DIFFERENT CHOICES ABOUT INCLUDING THE FULL AMOUNT OF YOUR PAYMENTS IN EARNED INCOME. ENTER ONLY THE AMOUNT OF MEDICAID WAIVER PAYMENTS THAT YOU OR YOUR SPOUSE, IF FILING A JOINT RETURN, DO NOT WANT TO INCLUDE IN EARNED INCOME. TO INCLUDE ALL NONTAXABLE MEDICAID WAIVER PAYMENT AMOUNTS IN EARNED INCOME, ENTER -0-

5 ENTER THE AMOUNT FROM SCHEDULE 1, LINE 15 2,363.

6 ADD LINES 4 AND 5 2,363.

7 SUBTRACT LINE 6 FROM LINE 3. ENTER THIS AMOUNT ON LINE 3 OF THE CREDIT LIMIT WORKSHEET B OR SCHEDULE 8812, LINE 18A 108,751.

FORM 4562

PART I - BUSINESS INCOME

STATEMENT 8

INCOME TYPE	AMOUNT
SCH C - CONSULTING	30,408.
PARTNERSHIP - COASTAL MOBILE SCREENS, LLC	3,042.
S CORP - CLICKINGSPREE LLC	914.
S CORP - GARRETT RICHARD, LLC	-8,441.
WAGES	77,664.
TOTAL BUSINESS INCOME USED IN FORM 4562, LINE 11	103,587.