Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2024** OMB No. 1545-0074 IRS Use Only–Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning , 2024, ending , 20 . See separate instructions.

Your first name and middle initial	Last name	Your social security number
JOSHUA	NOLT	312-17-4777
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
AMANDA M	NOLT	193-76-4642

Home address (number and street). If you have a P.O box, see instructions. **14981 TIMBER LANE E** Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below. **BOSCOBEL** State **WI** ZIP code **53805**

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

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 Check only one box.
☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets At any time during 2024, 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

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions):

If more than four dependents, see instr. and check here ☐ (1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Child tax credit	(4) Credit for other dependents
CHEYENNE J	NOLT	064-33-7126	Daughter	☒	☐
KOWEN J	NOLT	833-90-5774	Son	☒	☐
CARIELLE J	NOLT	879-29-5674	Daughter	☒	☐
KAYLA	NOLT	754-18-1470	Daughter	☒	☐

Income

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.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	555
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	555

Attach Sch. B if required.

2a	Tax-exempt interest	2a		b Taxable interest	2b	16
3a	Qualified dividends	3a	155	b Ordinary dividends	3b	195
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Soc. sec. ben.	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	17,577
8	Additional income from Schedule 1, line 10				8	249,834
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	268,177
10	Adjustments to income from Schedule 1, line 26				10	0
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	268,177
12	**Standard deduction or itemized deductions** (from Schedule A)				12	39,018
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	42,285
14	Add lines 12 and 13				14	81,303
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income				15	186,874

Standard Deduction for –
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- If you checked any box under *Standard Deduction*, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2024)

DAA

Form 1040 (2024) **JOSHUA & AMANDA M NOLT** **312-17-4777** Page **2**

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐	16	29,977
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	29,977
	19	Child tax credit or credit for other dependents from Schedule 8812	19	8,000
	20	Amount from Schedule 3, line 8	20	6
	21	Add lines 19 and 20	21	8,006
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	21,971
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	668
	24	Add lines 22 and 23. This is your **total tax**	24	22,639
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a		
	b	Form(s) 1099 — 25b		
	c	Other forms (see instructions) — 25c		
	d	Add lines 25a through 25c	25d	
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC) — 27		
	28	Additional child tax credit from Schedule 8812 — 28		
	29	American opportunity credit from Form 8863, line 8 — 29		
	30	Reserved for future use — 30		
	31	Amount from Schedule 3, line 15 — 31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number **c** Type: ☐ Checking ☐ Savings		
	d	Account number		
	36	Amount of line 34 you want **applied to your 2025 estimated tax** — 36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	22,639
	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 **BRIEN P BATLEY CPA** Phone no. **920-497-1040** Personal identification number (PIN) **54303**

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.

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
		SELF EMPLOYED	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)
		HOMEMAKER	

Phone no. Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
BRIEN P BATLEY CPA	**BRIEN P BATLEY CPA**	**04/14/25**	**P00922081**	☐ Self-employed

Firm's name **BATLEY CPA, LLC** Phone no. **920-497-1040**

Firm's address **100 PACKERLAND DR STE A GREEN BAY WI 54303-4847** Firm's EIN **33-1032707**

Go to *www.irs.gov/Form1040* for instructions and the latest information. Form **1040** (2024)

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

2024

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
JOSHUA & AMANDA M NOLT

Your social security number
312-17-4777

For 2024, 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/1099.*

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			1	28
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	250,901
4	Other gains or (losses). Attach Form 4797			4	-1,095
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			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	249,834

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

2024

Attachment Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
JOSHUA & AMANDA M NOLT

Your social security number
312-17-4777

Part I Tax

1	Additions to tax:				
a	Excess advance premium tax credit repayment. Attach Form 8962	**1a**			
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)	**1b**			
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)	**1c**			
d	Recapture of net EPE from Form 4255, line 2a, column (l)	**1d**			
e	Excessive payments (EP) from Form 4255. Check applicable box and enter amount **(i)** ☐ Line 1a, column (n) **(ii)** ☐ Line 1c, column (n) **(iii)** ☐ Line 1d, column (n) **(iv)** ☐ Line 2a, column (n)	**1e**			
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. **(i)** ☐ Line 1a, column (o) **(ii)** ☐ Line 1c, column (o) **(iii)** ☐ Line 1d, column (o) **(iv)** ☐ Line 2a, column (o)	**1f**			
y	Other additions to tax (see instructions): _____	**1y**			
z	Add lines 1a through 1y			**1z**	
2	Alternative minimum tax. Attach Form 6251			**2**	
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17			**3**	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE			**4**	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	**5**			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	**6**			
7	Total additional social security and Medicare tax. Add lines 5 and 6			**7**	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐			**8**	
9	Household employment taxes. Attach Schedule H			**9**	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required			**10**	
11	Additional Medicare Tax. Attach Form 8959			**11**	
12	Net investment income tax. Attach Form 8960			**12**	**668**
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			**13**	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares			**14**	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000			**15**	
16	Recapture of low-income housing credit. Attach Form 8611			**16**	

(continued on page 2)

JOSHUA & AMANDA M NOLT **312-17-4777**

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**	**668**

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
2024
Attachment Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
JOSHUA & AMANDA M NOLT

Your social security number
312-17-4777

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required			1	6
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	6

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
a	Form 2439	13a			
b	Section 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 (j)	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	

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.
Go to *www.irs.gov/ScheduleA* for instructions and the latest information.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2024

Attachment Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR
JOSHUA & AMANDA M NOLT

Your social security number
312-17-4777

Medical and Dental Expenses	**Caution:** Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	**1**	**3,594**		
	2 Enter amount from Form 1040 or 1040-SR, line 11 **2** **268,177**				
	3 Multiply line 2 by 7.5% (0.075)	**3**	**20,113**		
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			**4**	**0**
Taxes You Paid	**5** State and local taxes.				
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☐	**5a**	**3,000**		
	b State and local real estate taxes (see instructions)	**5b**	**5,417**		
	c State and local personal property taxes	**5c**			
	d Add lines 5a through 5c	**5d**	**8,417**		
	e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	**5e**	**8,417**		
	6 Other taxes. List type and amount:	**6**			
	7 Add lines 5e and 6			**7**	**8,417**
Interest You Paid	**8** Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐				
Caution: Your mortgage interest deduction may be limited. See instructions.	**a** Home mortgage interest and points reported to you on Form 1098. See instructions if limited	**8a**	**4,256**		
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	**8b**			
	c Points not reported to you on Form 1098. See instructions for special rules	**8c**			
	d Reserved for future use	**8d**			
	e Add lines 8a through 8c	**8e**	**4,256**		
	9 Investment interest. Attach Form 4952 if required. See instructions	**9**			
	10 Add lines 8e and 9			**10**	**4,256**
Gifts to Charity	**11** Gifts by cash or check. If you made any gift of $250 or more, see instructions	**11**	**26,345**		
Caution: If you made a gift and got a benefit for it, see instructions.	**12** Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	**12**			
	13 Carryover from prior year	**13**			
	14 Add lines 11 through 13			**14**	**26,345**
Casualty and Theft Losses	**15** Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			**15**	
Other Itemized Deductions	**16** Other—from list in instructions. List type and amount:			**16**	
Total Itemized Deductions	**17** Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12			**17**	**39,018**
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐				

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SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

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

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

OMB No. 1545-0074

2024

Attachment Sequence No. **09**

Name of proprietor	Social security number (SSN)
JOSHUA NOLT	**312-17-4777**

A Principal business or profession, including product or service (see instructions): **TIRE REPAIR**

B Enter code from instructions: **441300**

C Business name. If no separate business name, leave blank.: **TRI-COUNTY TIRE LLC**

D Employer ID number (EIN) (see instr.): **84-3848899**

E Business address (including suite or room no.): **1400 INDUSTRIAL DR**

City, town or post office, state, and ZIP code: **FENNIMORE WI 53809**

F Accounting method: **(1)** [X] Cash **(2)** [ ] Accrual **(3)** [ ] Other (specify)

G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses — [X] Yes [ ] No

H If you started or acquired this business during 2024, check here [ ]

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions — [X] Yes [ ] No

J If "Yes," did you or will you file required Form(s) 1099? — [X] 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	4,697,910
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	4,697,910
4	Cost of goods sold (from line 42)	4	3,595,769
5	**Gross profit.** Subtract line 4 from line 3	5	1,102,141
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	1,102,141

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

8	Advertising	8	22,721	18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	5,173
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11	52,815	a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	7,670
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	185,229	21	Repairs and maintenance	21	2,325
14	Employee benefit programs (other than on line 19)	14	3,135	22	Supplies (not included in Part III)	22	32,359
15	Insurance (other than health)	15	31,306	23	Taxes and licenses	23	26,031
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b	26,926	b	Deductible meals (see instructions)	24b	1,114
17	Legal and professional services	17	10,324	25	Utilities	25	
				26	Wages (less employment credits)	26	318,314
				27a	Other expenses (from line 48)	27a	122,852
				b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	848,294
29	Tentative profit or (loss). Subtract line 28 from line 7	29	253,847
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	253,847
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.	

JOSHUA NOLT **312-17-4777**

Schedule C (Form 1040) 2024 **TIRE REPAIR**

Part III Cost of Goods Sold (see instructions)

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

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ..... [ ] Yes [X] No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	0
36	Purchases less cost of items withdrawn for personal use	36	3,455,308
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs See Statement 1	39	140,461
40	Add lines 35 through 39	40	3,595,769
41	Inventory at end of year	41	0
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	3,595,769

Part IV Information on Your Vehicle.

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

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

44 Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:

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

45	Was your vehicle available for personal use during off-duty hours?	[ ] Yes	[ ] No
46	Do you (or your spouse) have another vehicle available for personal use?	[ ] Yes	[ ] No
47a	Do you have evidence to support your deduction?	[ ] Yes	[ ] No
b	If "Yes," is the evidence written?	[ ] Yes	[ ] No

Part V Other Expenses.

List below business expenses not included on lines 8-26, line 27b, or line 30.

AUTO EXPENSES	38,211
SMALL TOOLS	19,094
MISC	4,072
SHIPPING	15,498
CC FEES	4,887
COMPUTER SOFTWARE	6,438
OFFICE EXPENSES	8,526
WORKERS COMP	8,586
POSTAGE	2,749
UTILITIES	8,410
TELEPHONE & INTERNET	4,663
BAD DEBT	748
BANK CHARGES	80
OTHER EXPENSES	890

48 **Total other expenses.** Enter here and on line 27a 48 122,852

NOLT4777 04/14/2025 4:07 PM

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

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

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

OMB No. 1545-0074

2024

Attachment Sequence No. **09**

Name of proprietor	Social security number (SSN)
JOSHUA NOLT	**312-17-4777**

A Principal business or profession, including product or service (see instructions): **DEER RECOVERY / LOST PET SEARCH**

B Enter code from instructions: **114210**

C Business name. If no separate business name, leave blank.: **ELITE DRONE SERVICE**

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

E Business address (including suite or room no.): **14981 TIMBER LANE E**

City, town or post office, state, and ZIP code: **BOSCOBEL WI 53805**

F Accounting method: **(1)** [X] Cash **(2)** [ ] Accrual **(3)** [ ] Other (specify)

G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses — [X] Yes [ ] No

H If you started or acquired this business during 2024, check here [X]

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions — [ ] Yes [X] 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	
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	0
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	0

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

8	Advertising	8		18	Office expense (see instructions)	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	2,140	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	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	806
				b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b					28	2,946
29	Tentative profit or (loss). Subtract line 28 from line 7					29	-2,946
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30					30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.					31	-2,946
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 [X] All investment is at risk. 32b [ ] Some investment is not at risk.	

JOSHUA NOLT **312-17-4777**

Schedule C (Form 1040) 2024 **DEER RECOVERY / LOST PET SEARCH**

Part III Cost of Goods Sold (see instructions)

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

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ **Yes** ☐ **No**

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	**35**	
36	Purchases less cost of items withdrawn for personal use	**36**	
37	Cost of labor. Do not include any amounts paid to yourself	**37**	
38	Materials and supplies	**38**	
39	Other costs	**39**	
40	Add lines 35 through 39	**40**	
41	Inventory at end of year	**41**	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	**42**	

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

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

44 Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:

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

45	Was your vehicle available for personal use during off-duty hours?	☐ **Yes**	☐ **No**
46	Do you (or your spouse) have another vehicle available for personal use?	☐ **Yes**	☐ **No**
47a	Do you have evidence to support your deduction?	☐ **Yes**	☐ **No**
b	If "Yes," is the evidence written?	☐ **Yes**	☐ **No**

Part V Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30.

Start-up expenses	806

48	**Total other expenses.** Enter here and on line 27a	**48**	**806**

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0074

2024

Attachment Sequence No. **12**

Name(s) shown on return
JOSHUA & AMANDA M NOLT

Your social security number
312-17-4777

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☒ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				

4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	**4**	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**5**	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	**6**	( )
7	**Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	**7**	**0**

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	**151**	**1,059**	**0**	**-908**
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	**76,021**	**57,536**	**0**	**18,485**

11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	**11**	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**12**	
13	Capital gain distributions. See the instructions	**13**	
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	**14**	( )
15	**Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on the back	**15**	**17,577**

JOSHUA & AMANDA M NOLT **312-17-4777**

Part III Summary

16 Combine lines 7 and 15 and enter the result **16** **17,577**

- If line 16 is a **gain,** enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
- If line 16 is a **loss,** skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?

[X] **Yes.** Go to line 18.

[ ] **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet **18**

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet **19**

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

[X] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below.

[ ] **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of:

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

} . . . . . **21** ( )

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

[ ] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.

[ ] **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

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

JOSHUA & AMANDA M NOLT

Social security number or taxpayer identification number

312-17-4777

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

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

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

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

- [X] **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- [ ] **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- [ ] **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g).
SEE ATTACHED BOKERAGE STATEMENT	Various	Various	151	1,059			-908
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)			151	1,059		0	-908

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

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

JOSHUA & AMANDA M NOLT

Social security number or taxpayer identification number

312-17-4777

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

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

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

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

- ☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g).
17785 CIRCLE DRIVE / BOSCOBEL, WI	09/09/23	02/10/24	76,021	57,536			18,485
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)			76,021	57,536		0	18,485

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

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to *www.irs.gov/Form4797* for instructions and the latest information.

OMB No. 1545-0184

2024

Attachment Sequence No. **27**

Name(s) shown on return

JOSHUA & AMANDA M NOLT

Identifying number

312-17-4777

1a	Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions	**1a**	
b	Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	**1b**	
c	Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	**1c**	

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
1985 FORD	01/01/21	01/01/24	2,025	780	3,900	-1,095

3	Gain, if any, from Form 4684, line 39	**3**	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	**4**	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	**5**	
6	Gain, if any, from line 32, from other than casualty or theft	**6**	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	**7**	-1,095
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions	**8**	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	**9**	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	**11**	(-1,095)
12	Gain, if any, from line 7 or amount from line 8, if applicable	**12**	
13	Gain, if any, from line 31	**13**	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	**14**	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	**15**	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	**16**	
17	Combine lines 10 through 16	**17**	-1,095
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	**18a**	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	**18b**	-1,095

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2024)

There are no amounts for Page 2

Form **6251**

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax—Individuals

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form6251* **for instructions and the latest information.**

OMB No. 1545-0074

2024

Attachment Sequence No. **32**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
JOSHUA & AMANDA M NOLT

Your social security number
312-17-4777

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

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	186,874
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12	2a	8,417
b	Tax refund from Schedule 1 (Form 1040), line 1 or line 8z	2b	(28)
c	Investment interest expense (difference between regular tax and AMT)	2c	
d	Depletion (difference between regular tax and AMT)	2d	
e	Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount	2e	
f	Alternative tax net operating loss deduction	2f	( )
g	Interest from specified private activity bonds exempt from the regular tax	2g	
h	Qualified small business stock, see instructions	2h	
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	-669
m	Passive activities (difference between AMT and regular tax income or loss)	2m	
n	Loss limitations (difference between AMT and regular tax income or loss)	2n	0
o	Circulation costs (difference between regular tax and AMT)	2o	
p	Long-term contracts (difference between AMT and regular tax income)	2p	
q	Mining costs (difference between regular tax and AMT)	2q	
r	Research and experimental costs (difference between regular tax and AMT)	2r	
s	Income from certain installment sales before January 1, 1987	2s	( )
t	Intangible drilling costs preference	2t	
3	Other adjustments, including income-based related adjustments	3	
4	**Alternative minimum taxable income.** Combine lines 1 through 3. (If married filing separately and line 4 is more than $875,950, see instructions.)	4	194,594

Part II Alternative Minimum Tax (AMT)

5	Exemption.		
	IF your filing status is... / **AND line 4 is not over...** / **THEN enter on line 5...**		
	Single or head of household — $ 609,350 — $ 85,700		
	Married filing jointly or qualifying surviving spouse — 1,218,700 — 133,300		
	Married filing separately — 609,350 — 66,650	5	133,300
	If line 4 is **over** the amount shown above for your filing status, see instructions.		
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10	6	61,294
7	• If you are filing Form 2555, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; **or** you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • **All others:** If line 6 is $232,600 or less ($116,300 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract $4,652 ($2,326 if married filing separately) from the result.	7	13,986
8	Alternative minimum tax foreign tax credit (see instructions)	8	6
9	Tentative minimum tax. Subtract line 8 from line 7	9	13,980
10	Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 1z. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions	10	29,971
11	**AMT.** Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 2	11	0

JOSHUA & AMANDA M NOLT **312-17-4777**

Part III Tax Computation Using Maximum Capital Gains Rates

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

12	Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7	12	61,294
13	Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	13	17,732
14	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	14	
15	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter	15	17,732
16	Enter the **smaller** of line 12 or line 15	16	17,732
17	Subtract line 16 from line 12	17	43,562
18	If line 17 is $232,600 or less ($116,300 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract $4,652 ($2,326 if married filing separately) from the result	18	11,326
19	Enter: • $94,050 if married filing jointly or qualifying surviving spouse, • $47,025 if single or married filing separately, or • $63,000 if head of household.	19	94,050
20	Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	20	169,142
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	0
22	Enter the **smaller** of line 12 or line 13	22	17,732
23	Enter the **smaller** of line 21 or line 22. This amount is taxed at 0%	23	
24	Subtract line 23 from line 22	24	17,732
25	Enter: • $518,900 if single, • $291,850 if married filing separately, • $583,750 if married filing jointly or qualifying surviving spouse, or • $551,350 if head of household.	25	583,750
26	Enter the amount from line 21	26	0
27	Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	27	169,142
28	Add line 26 and line 27	28	169,142
29	Subtract line 28 from line 25. If zero or less, enter -0-	29	414,608
30	Enter the smaller of line 24 or line 29	30	17,732
31	Multiply line 30 by 15% (0.15)	31	2,660
32	Add lines 23 and 30	32	17,732
	If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.		
33	Subtract line 32 from line 22	33	0
34	Multiply line 33 by 20% (0.20)	34	
	If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.		
35	Add lines 17, 32, and 33	35	
36	Subtract line 35 from line 12	36	
37	Multiply line 36 by 25% (0.25)	37	
38	Add lines 18, 31, 34, and 37	38	13,986
39	If line 12 is $232,600 or less ($116,300 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract $4,652 ($2,326 if married filing separately) from the result	39	15,936
40	Enter the **smaller** of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40	13,986

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

2024

Attachment Sequence No. **47**

Name(s) shown on return

JOSHUA & AMANDA M NOLT

Your social security number

312-17-4777

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			**1**	**268,177**
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**	**268,177**
4	Number of qualifying children under age 17 with the required social security number	**4**	**4**		
5	Multiply line 4 by $2,000			**5**	**8,000**
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	**6**			
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			**7**	
8	Add lines 5 and 7			**8**	**8,000**
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000			**9**	**400,000**
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			**10**	**0**
11	Multiply line 10 by 5% (0.05)			**11**	
12	Is the amount on line 8 more than the amount on line 11?			**12**	**8,000**
	☐ **No. STOP.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from the **Credit Limit Worksheet A**			**13**	**29,971**
14	Enter the smaller of line 12 or 13. **This is your child tax credit and credit for other dependents** **Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**			**14**	**8,000**

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

JOSHUA & AMANDA M NOLT **312-17-4777**

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 Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 ☐

16a Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 — **16a**

b Number of qualifying children under age 17 with the required social security number: _____ x $1,700. Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 — **16b**

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

17 Enter the **smaller** of line 16a or line 16b — **17**

18a Earned income (see instructions) — **18a**

b Nontaxable combat pay (see instructions) — **18b**

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**

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

Next. On line 16b, is the amount $5,100 or more?

☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.

☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

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

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions. — **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 27, and Schedule 3 (Form 1040), line 11. u

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 — **26**

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

Part II-C Additional Child Tax Credit

27 **This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28** — **27** **0**

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

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

OMB No. 1545-2294

2024

Attachment Sequence No. **55**

Name(s) shown on return
JOSHUA & AMANDA M NOLT

Your taxpayer identification number
312-17-4777

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 $191,950 ($383,900 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	TRI-COUNTY TIRE LLC	84-3848899	252,752
ii	ELITE DRONE SERVICE	312-17-4777	-2,946
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	249,806		
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	249,806		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	49,961
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	7		
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	7		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	1
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	49,962
11	Taxable income before qualified business income deduction (see instructions)	11	229,159		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	17,732		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	211,427		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	42,285
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	42,285
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0)

Form **8867**
(Rev. November 2024)
Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to *www.irs.gov/Form8867* **for instructions and the latest information.**

OMB No. 1545-0074
For tax year 20 **24**
Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
JOSHUA & AMANDA M NOLT	**312-17-4777**
Preparer's name	Preparer tax identification number
BRIEN P BATLEY CPA	**P00922081**

Part I Due Diligence Requirements

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

		Yes	No	N/A
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	X		
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?	X		
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)	X		
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.)		X	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?			
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: **CLIENT RECORDS**	X		
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?	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? **(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)**		X	
a	Did you complete the required recertification Form 8862?			
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	X		

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:

A. 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);

B. 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;

C. Submit Form 8867 in the manner required; **and**

D. 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*.

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. 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).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. 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?	☒	☐

Form **8960**

Department of the Treasury
Internal Revenue Service

Net Investment Income Tax—Individuals, Estates, and Trusts

Attach to your tax return.

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

OMB No. 1545-2227

2024

Attachment Sequence No. **72**

Name(s) shown on your tax return

JOSHUA & AMANDA M NOLT

Your social security number or EIN

312-17-4777

Part I Investment Income

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

1	Taxable interest (see instructions)			1	16
2	Ordinary dividends (see instructions)			2	195
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	250,901		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	-250,901		
c	Combine lines 4a and 4b			4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	16,482		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	1,095		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	17,577
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	17,788

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions) **See Stmt**	9b	199		
c	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	199
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	199

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-			12	17,589
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	268,177		
14	Threshold based on filing status (see instructions)	14	250,000		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	18,177		
16	Enter the smaller of line 12 or line 15			16	17,589
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			17	668
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b			
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c			
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			21	

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Name(s) shown on return

JOSHUA & AMANDA M NOLT

Identifying number

312-17-4777

Business or activity to which this form relates

TIRE REPAIR

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	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	134,883
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
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	1,220,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	See Statement 2	116,403	116,403

7	Listed property. Enter the amount from line 29	7	3,500
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	119,903
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	119,903
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	370,264
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	119,903
13	Carryover of disallowed deduction to 2025. 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. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	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 2024	17	35,395
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 2024 Tax Year Using the General Depreciation System

	(a) Classification of property	(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	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property	01/12/24	443,227	39 yrs.	MM	S/L	10,891
		07/01/24	756,521	39.0	MM	S/L	8,891

Section C—Assets Placed in Service During 2024 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	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	10,149
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	185,229
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

JOSHUA & AMANDA M NOLT **312-17-4777**

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

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

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

24a Do you have evidence to support the business/investment use claimed? [X] **Yes** [ ] **No** **24b** If "Yes," is the evidence written? [ ] **Yes** [X] **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions						**25**		
26 Property used more than 50% in a qualified business use:								
2021 GMC YUKON XL DENALI	06/12/23	100.00 %	60,616	31,716	5.0	200DBHY	10,149	
2007 CHEVY TRAILBLAZER	12/05/24	100.00 %	3,500		5.0	200DBHY		3,500
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						**28**	10,149	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								**29** 3,500

Section B—Information on Use of Vehicles

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

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

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

		Yes	No
37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year (see instructions):					
43 Amortization of costs that began before your 2024 tax year				**43**	
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Name(s) shown on return

JOSHUA & AMANDA M NOLT

Identifying number

312-17-4777

Business or activity to which this form relates

DEER RECOVERY / LOST PET SEARCH

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	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
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	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

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	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8		9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562		10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions		11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		12	
13	Carryover of disallowed deduction to 2025. 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. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	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 2024	17	0
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 2024 Tax Year Using the General Depreciation System

	(a) Classification of property	(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		14,980	7.0	HY	200DB	2,140
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2024 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	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,140
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2024)

There are no amounts for Page 2

Federal Statements

TIRE REPAIR

Statement 1 - Schedule C, Cost of Goods Sold, Line 39 - Other Costs

Description	Amount
Accr to cash adj_a/p	$ 140,461
Total	$ 140,461

TIRE REPAIR

Statement 2 - Form 4562, Line 6 - Section 179 Expense

Description of Property	Cost	Expense
GENIE BOOM LIFT	$ 9,233	$ 9,233
TWIST BACK TIRE CHANGER	8,925	8,925
SWING ARM TIRE CHANGER	7,875	7,875
DELETE KIT FOR 2021 YUKON	3,650	3,650
TRANSMISSION FOR 2009 CHEVY	6,521	6,521
2015 GENIE GTH2506 AND 2022 GENIE	40,320	40,320
MEZZANINE TIRE RACKING	39,879	39,879
Total	$ 116,403	$ 116,403

Year Ending: December 31, 2024 312-17-4777

JOSHUA & AMANDA M NOLT
14981 TIMBER LANE E
BOSCOBEL, WI 53805

Electing out of the Bonus Depreciation Allowance for All Eligible Depreciable Property

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible depreciable property placed in service during the tax year.

COPY - Do not file

Form **4868**

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

Go to *www.irs.gov/Form4868* **for the latest information.**

OMB No. 1545-0074

2024

(on bottom of page)

CUT HERE

Extension request originally filed electronically

Form **4868**

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

For calendar year 2024, or other tax year beginning , and ending .

OMB No. 1545-0074

2024

Part I Identification

1 Your name(s) (see instructions)

JOSHUA NOLT
AMANDA M NOLT

Address (see instructions)
14981 TIMBER LANE E

City, town, or post office: **BOSCOBEL**
State: **WI**
ZIP code: **53805**

2 Your social security number: **312-17-4777**

3 Spouse's social security number: **193-76-4642**

Part II Individual Income Tax

4 Estimate of total tax liability for 2024 $ **0**

5 Total 2024 payments **0**

6 Balance due. Subtract line 5 from line 4. See instructions **0**

7 Amount you're paying (see instructions) **0**

8 Check here if you're "out of the country" and a U.S. citizen or resident. See instructions ☐

9 Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding ☐

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Form **4868** (2024)

DAA

Schedule **C** | **Qualified Business Income Calculation Worksheet** | **2024**

Name: **JOSHUA & AMANDA M NOLT**

Taxpayer Identification Number: **312-17-4777**

Principle business or profession: **TIRE REPAIR**

Form/Schedule: **C**

Unit: **1**

1.	Schedule C, Line 31, Net profit or (loss)	**1.**	**253,847**
	Additions for qualified business income:		
2.	Form 4797, Ordinary income	**2.**	
	Prior suspended losses utilized this year		
3.	Passive suspended losses	**3.**	
4.	At-Risk suspended losses	**4.**	
5.	Section 179 carryover	**5.**	
6.	Total additions to net profit or (loss). Add lines 2 through 5.	**6.**	
	Subtractions for qualified business income		
7.	Form 4797, Ordinary loss (includes share of Net section 1231 losses)	**7.**	**1,095**
8.	Deductible portion of self-employment taxes	**8.**	
9.	Self-employed SEP, SIMPLE, and qualified plans	**9.**	
10.	Self-employed health insurance deduction	**10.**	
11.	Reserved	**11.**	
12.	Reserved	**12.**	
13.	Total subtraction to net profit or (loss). Add lines 7 through 12.	**13.**	**1,095**
14.	Qualified business income for this activity. Line 1 plus line 6 less line 13.	**14.**	**252,752**

	Beginning of Year			End of Year		
Carryovers:	**Pre -2018**	**After 2017**	**Allowed loss**	**Pre -2018**	**After 2017**	**QBI Portion of**
Passive activity:	**(A)**	**(B)**	**(C)**	**(D)**	**(E)**	**Allowed Losses**
Operating						
Form 4797, Part II						
Section 1231 loss						
At-Risk:						
Operating						
Form 4797, Part II						
Section 1231 loss						
Section 179						
Section 179 - COGS						
Other:						
Section 179						
Section 179 - COGS						

Amount to Form 8995, line 3 or Schedule C (Form 8995-A), line 2 qualified business loss carryforward

Schedule **C** | **Qualified Business Income Calculation Worksheet** | **2024**

Name: **JOSHUA & AMANDA M NOLT**

Taxpayer Identification Number: **312-17-4777**

Principle business or profession: **DEER RECOVERY / LOST PET SEARCH**

Form/Schedule: **C**

Unit: **2**

1.	Schedule C, Line 31, Net profit or (loss)	**1.**	**-2,946**
	Additions for qualified business income:		
2.	Form 4797, Ordinary income	**2.**	
	Prior suspended losses utilized this year		
3.	Passive suspended losses	**3.**	
4.	At-Risk suspended losses	**4.**	
5.	Section 179 carryover	**5.**	
6.	Total additions to net profit or (loss). Add lines 2 through 5.	**6.**	
	Subtractions for qualified business income		
7.	Form 4797, Ordinary loss (includes share of Net section 1231 losses)	**7.**	
8.	Deductible portion of self-employment taxes	**8.**	
9.	Self-employed SEP, SIMPLE, and qualified plans	**9.**	
10.	Self-employed health insurance deduction	**10.**	
11.	Reserved	**11.**	
12.	Reserved	**12.**	
13.	Total subtraction to net profit or (loss). Add lines 7 through 12.	**13.**	
14.	Qualified business income for this activity. Line 1 plus line 6 less line 13.	**14.**	**-2,946**

	Beginning of Year			End of Year		
Carryovers:	**Pre -2018**	**After 2017**	**Allowed loss**	**Pre -2018**	**After 2017**	**QBI Portion of**
Passive activity:	**(A)**	**(B)**	**(C)**	**(D)**	**(E)**	**Allowed Losses**
Operating						
Form 4797, Part II						
Section 1231 loss						
At-Risk:						
Operating						
Form 4797, Part II						
Section 1231 loss						
Section 179						
Section 179 - COGS						
Other:						
Section 179						
Section 179 - COGS						

Amount to Form 8995, line 3 or Schedule C (Form 8995-A), line 2 qualified business loss carryforward

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312-17-4777

Federal Asset Report

FYE: 12/31/2024

TIRE REPAIR

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Section 179 Expense:												
19	GENIE BOOM LIFT	7/24/24	9,233		X		N/A	7	HY	200DB	0	9,233
20	TWIST BACK TIRE CHANGER	3/27/24	8,925		X		N/A	7	HY	200DB	0	8,925
21	SWING ARM TIRE CHANGER	3/27/24	7,875		X		N/A	7	HY	200DB	0	7,875
26	DELETE KIT FOR 2021 YUKON	8/09/24	3,650		X		N/A	7	HY	200DB	0	3,650
27	TRANSMISSION FOR 2009 CHEVY	10/01/24	6,521		X		N/A	7	HY	200DB	0	6,521
28	2015 GENIE GTH2506 AND 2022 GENIE	8/21/24	40,320		X		N/A	7	HY	200DB	0	40,320
29	2007 CHEVY TRAILBLAZER	12/05/24	3,500		X		N/A	5	HY	200DB	0	3,500
30	MEZZANINE TIRE RACKING	11/22/24	39,879		X		N/A	7	HY	200DB	0	39,879
			119,903				N/A				0	119,903
7-year GDS Property:												
19	GENIE BOOM LIFT	7/24/24	N/A*		X		0	7	HY	200DB	0	0
20	TWIST BACK TIRE CHANGER	3/27/24	N/A*		X		0	7	HY	200DB	0	0
21	SWING ARM TIRE CHANGER	3/27/24	N/A*		X		0	7	HY	200DB	0	0
26	DELETE KIT FOR 2021 YUKON	8/09/24	N/A*		X		0	7	HY	200DB	0	0
27	TRANSMISSION FOR 2009 CHEVY	10/01/24	N/A*		X		0	7	HY	200DB	0	0
28	2015 GENIE GTH2506 AND 2022 GENIE	8/21/24	N/A*		X		0	7	HY	200DB	0	0
30	MEZZANINE TIRE RACKING	11/22/24	N/A*		X		0	7	HY	200DB	0	0
			0				0				0	0
Non-Residential Real Property:												
23	NEW BUILDING	1/12/24	443,227				443,227	39	MM	S/L	0	10,891
24	BUILDING ADDITION	7/01/24	756,521				756,521	39	MM	S/L	0	8,891
			1,199,748				1,199,748				0	19,782
Prior MACRS:												
1	HUNTER TC X50E TIRE MACHINE	4/13/22	7,015				7,015	7	MQ	200DB	2,899	1,176
4	2004 FORD SERVICE TRUCK	11/03/21	16,500		X		10,500	5	HY	200DB	13,476	1,210
5	JD 320E SKIDSTEER	12/04/21	27,500		X		0	7	HY	200DB	27,500	0
6	2015 RAM 5500 SERVICE TRUCK	10/19/22	120,000				120,000	7	MQ	200DB	37,347	23,615
7	FLOOR FLATBED LG TRUCK	10/01/22	3,904				3,904	7	MQ	200DB	1,215	768
8	SHOP	11/06/19	132,000				132,000	39	MM	S/L	13,962	3,384
9	TOOLS	11/06/19	20,000				20,000	7	HY	200DB	15,538	1,785
10	SHOP PORCH ADDITION	5/18/23	13,782		X		0	39	MM	S/L	13,782	0
11	AIR COMPRESSOR	6/30/23	2,788		X		0	7	HY	200DB	2,788	0
12	OVER DOOR	1/05/23	2,848		X		0	7	HY	200DB	2,848	0
13	TIRE CUTTER	6/30/23	6,500		X		0	7	HY	200DB	6,500	0
15	QUINCY AIR COMPRESSOR	8/03/23	2,500		X		0	7	HY	200DB	2,500	0
16	2019 FORD F550	9/28/23	125,000		X		8,365	5	HY	200DB	118,308	2,677
17	AG TIRE CHANGER	10/17/23	13,440		X		0	7	HY	200DB	13,440	0
18	2009 CHEVY KODIAK C5500	12/27/23	17,100		X		0	5	HY	200DB	17,100	0
25	1985 FORD	1/01/21	3,900				3,900	5	HY	200DB	0	780
	Sold/Scrapped: 1/01/24											
			514,777				305,684				289,203	35,395
Listed Property:												
29	2007 CHEVY TRAILBLAZER	12/05/24	N/A*		X		0	5	HY	200DB	0	0
14	2021 GMC YUKON XL DENALI	6/12/23	60,616		X		31,716	5	HY	200DB	35,243	10,149
			60,616				31,716				35,243	10,149
	Grand Totals		1,895,044				1,537,148				324,446	185,229
	Less: Dispositions and Transfers		3,900				3,900				0	780
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		1,891,144				1,533,248				324,446	184,449

*Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

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312-17-4777

Federal Asset Report

FYE: 12/31/2024

DEER RECOVERY / LOST PET SEARCH

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
7-year GDS Property:												
1	DRONE	9/20/24	14,980				14,980	7	HY	200DB	0	2,140
			14,980				14,980				0	2,140
Start-up/Organization Expense:												
2	START UP COSTS	11/07/24	806				N/A	15	MO	Amort	0	806
			806				N/A				0	806
Amortization:												
2	START UP COSTS	11/07/24	0				0	15	MO	Amort	0	0
			0				0				0	0
	Grand Totals		15,786				14,980				0	2,946
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		806				0				0	806
	Net Grand Totals		14,980				14,980				0	2,140

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312-17-4777

FYE: 12/31/2024

AMT Asset Report

TIRE REPAIR

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Section 179 Expense:												
19	GENIE BOOM LIFT	7/24/24	9,233		X		N/A	7	HY	200DB	0	9,233
20	TWIST BACK TIRE CHANGER	3/27/24	8,925		X		N/A	7	HY	200DB	0	8,925
21	SWING ARM TIRE CHANGER	3/27/24	7,875		X		N/A	7	HY	200DB	0	7,875
26	DELETE KIT FOR 2021 YUKON	8/09/24	3,650		X		N/A	7	HY	200DB	0	3,650
27	TRANSMISSION FOR 2009 CHEVY	10/01/24	6,521		X		N/A	7	HY	200DB	0	6,521
28	2015 GENIE GTH2506 AND 2022 GENIE	8/21/24	40,320		X		N/A	7	HY	200DB	0	40,320
29	2007 CHEVY TRAILBLAZER	12/05/24	3,500		X		N/A	5	HY	200DB	0	3,500
30	MEZZANINE TIRE RACKING	11/22/24	39,879		X		N/A	7	HY	200DB	0	39,879
			119,903				N/A				0	119,903
7-year GDS Property:												
19	GENIE BOOM LIFT	7/24/24	N/A*		X		0	7	HY	200DB	0	0
20	TWIST BACK TIRE CHANGER	3/27/24	N/A*		X		0	7	HY	200DB	0	0
21	SWING ARM TIRE CHANGER	3/27/24	N/A*		X		0	7	HY	200DB	0	0
26	DELETE KIT FOR 2021 YUKON	8/09/24	N/A*		X		0	7	HY	200DB	0	0
27	TRANSMISSION FOR 2009 CHEVY	10/01/24	N/A*		X		0	7	HY	200DB	0	0
28	2015 GENIE GTH2506 AND 2022 GENIE	8/21/24	N/A*		X		0	7	HY	200DB	0	0
30	MEZZANINE TIRE RACKING	11/22/24	N/A*		X		0	7	HY	200DB	0	0
			0				0				0	0
Non-Residential Real Property:												
23	NEW BUILDING	1/12/24	443,227				443,227	39	MM	S/L	0	10,891
24	BUILDING ADDITION	7/01/24	756,521				756,521	39	MM	S/L	0	8,891
			1,199,748				1,199,748				0	19,782
Prior MACRS:												
1	HUNTER TC X50E TIRE MACHINE	4/13/22	7,015				7,015	7	MQ	200DB	2,899	1,176
4	2004 FORD SERVICE TRUCK	11/03/21	16,500		X		10,500	5	HY	200DB	13,476	1,210
5	JD 320E SKIDSTEER	12/04/21	27,500		X		0	7	HY	200DB	27,500	0
6	2015 RAM 5500 SERVICE TRUCK	10/19/22	120,000				120,000	7	MQ	200DB	37,347	23,615
7	FLOOR FLATBED LG TRUCK	10/01/22	3,904				3,904	7	MQ	200DB	1,215	768
8	SHOP	11/06/19	132,000				132,000	39	MM	S/L	13,962	3,384
9	TOOLS	11/06/19	20,000				20,000	7	HY	200DB	15,538	1,785
10	SHOP PORCH ADDITION	5/18/23	13,782		X		0	39	MM	S/L	13,782	0
11	AIR COMPRESSOR	6/30/23	2,788		X		0	7	HY	200DB	2,788	0
12	OVER DOOR	1/05/23	2,848		X		0	7	HY	200DB	2,848	0
13	TIRE CUTTER	6/30/23	6,500		X		0	7	HY	200DB	6,500	0
15	QUINCY AIR COMPRESSOR	8/03/23	2,500		X		0	7	HY	200DB	2,500	0
16	2019 FORD F550	9/28/23	125,000		X		8,365	5	HY	200DB	116,635	3,346
17	AG TIRE CHANGER	10/17/23	13,440		X		0	7	HY	200DB	13,440	0
18	2009 CHEVY KODIAK C5500	12/27/23	17,100		X		0	5	HY	200DB	17,100	0
25	1985 FORD	1/01/21	3,900				3,900	5	HY	200DB	0	780
	Sold/Scrapped: 1/01/24											
			514,777				305,684				287,530	36,064
Listed Property:												
29	2007 CHEVY TRAILBLAZER	12/05/24	N/A*		X		0	5	HY	200DB	0	0
14	2021 GMC YUKON XL DENALI	6/12/23	60,616		X		31,716	5	HY	200DB	35,243	10,149
			60,616				31,716				35,243	10,149
	Grand Totals		1,895,044				1,537,148				322,773	185,898
	Less: Dispositions and Transfers		3,900				3,900				0	780
	Net Grand Totals		1,891,144				1,533,248				322,773	185,118

*Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

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AMT Asset Report

FYE: 12/31/2024

DEER RECOVERY / LOST PET SEARCH

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
7-year GDS Property:												
1	DRONE	9/20/24	14,980				14,980	7	HY	200DB	0	2,140
			14,980				14,980				0	2,140
	Grand Totals		14,980				14,980				0	2,140
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		14,980				14,980				0	2,140

Depreciation Adjustment Report

All Business Activities

FYE: 12/31/2024

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
C	1	1	HUNTER TC X50E TIRE MACHINE	1,176	1,176	0
C	1	4	2004 FORD SERVICE TRUCK	1,210	1,210	0
C	1	5	JD 320E SKIDSTEER	0	0	0
C	1	6	2015 RAM 5500 SERVICE TRUCK	23,615	23,615	0
C	1	7	FLOOR FLATBED LG TRUCK	768	768	0
C	1	8	SHOP	3,384	3,384	0
C	1	9	TOOLS	1,785	1,785	0
C	1	10	SHOP PORCH ADDITION	0	0	0
C	1	11	AIR COMPRESSOR	0	0	0
C	1	12	OVER DOOR	0	0	0
C	1	13	TIRE CUTTER	0	0	0
C	1	14	2021 GMC YUKON XL DENALI	10,149	10,149	0
C	1	15	QUINCY AIR COMPRESSOR	0	0	0
C	1	16	2019 FORD F550	2,677	3,346	-669
C	1	17	AG TIRE CHANGER	0	0	0
C	1	18	2009 CHEVY KODIAK C5500	0	0	0
C	1	19	GENIE BOOM LIFT	9,233	9,233	0
C	1	20	TWIST BACK TIRE CHANGER	8,925	8,925	0
C	1	21	SWING ARM TIRE CHANGER	7,875	7,875	0
C	1	23	NEW BUILDING	10,891	10,891	0
C	1	24	BUILDING ADDITION	8,891	8,891	0
C	1	25	1985 FORD	780	780	0
C	1	26	DELETE KIT FOR 2021 YUKON	3,650	3,650	0
C	1	27	TRANSMISSION FOR 2009 CHEVY	6,521	6,521	0
C	1	28	2015 GENIE GTH2506 AND 2022 GENIE COU	40,320	40,320	0
C	1	29	2007 CHEVY TRAILBLAZER	3,500	3,500	0
C	1	30	MEZZANINE TIRE RACKING	39,879	39,879	0
C	2	1	DRONE	2,140	2,140	0
				187,369	188,038	-669

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312-17-4777 **Future Depreciation Report FYE: 12/31/25**

FYE: 12/31/2024 **TIRE REPAIR**

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	HUNTER TC X50E TIRE MACHINE	4/13/22	7,015	840	840
4	2004 FORD SERVICE TRUCK	11/03/21	16,500	1,209	1,209
5	JD 320E SKIDSTEER	12/04/21	27,500	0	0
6	2015 RAM 5500 SERVICE TRUCK	10/19/22	120,000	16,868	16,868
7	FLOOR FLATBED LG TRUCK	10/01/22	3,904	549	549
8	SHOP	11/06/19	132,000	3,385	3,385
9	TOOLS	11/06/19	20,000	1,785	1,785
10	SHOP PORCH ADDITION	5/18/23	13,782	0	0
11	AIR COMPRESSOR	6/30/23	2,788	0	0
12	OVER DOOR	1/05/23	2,848	0	0
13	TIRE CUTTER	6/30/23	6,500	0	0
15	QUINCY AIR COMPRESSOR	8/03/23	2,500	0	0
16	2019 FORD F550	9/28/23	125,000	1,606	2,008
17	AG TIRE CHANGER	10/17/23	13,440	0	0
18	2009 CHEVY KODIAK C5500	12/27/23	17,100	0	0
19	GENIE BOOM LIFT	7/24/24	9,233	0	0
20	TWIST BACK TIRE CHANGER	3/27/24	8,925	0	0
21	SWING ARM TIRE CHANGER	3/27/24	7,875	0	0
23	NEW BUILDING	1/12/24	443,227	11,365	11,365
24	BUILDING ADDITION	7/01/24	756,521	19,398	19,398
26	DELETE KIT FOR 2021 YUKON	8/09/24	3,650	0	0
27	TRANSMISSION FOR 2009 CHEVY	10/01/24	6,521	0	0
28	2015 GENIE GTH2506 AND 2022 GENIE COU	8/21/24	40,320	0	0
30	MEZZANINE TIRE RACKING	11/22/24	39,879	0	0
			1,827,028	57,005	57,407
Listed Property:					
29	2007 CHEVY TRAILBLAZER	12/05/24	3,500	0	0
14	2021 GMC YUKON XL DENALI	6/12/23	60,616	6,089	6,089
			64,116	6,089	6,089
	Grand Totals		1,891,144	63,094	63,496

312-17-4777

Future Depreciation Report FYE: 12/31/25

FYE: 12/31/2024

DEER RECOVERY / LOST PET SEARCH

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	DRONE	9/20/24	14,980	3,669	3,669
			14,980	3,669	3,669
Amortization:					
2	START UP COSTS	11/07/24	0	0	0
			0	0	0
	Grand Totals		14,980	3,669	3,669

Form **1040**

Carryover Report

2024

Name
JOSHUA & AMANDA M NOLT

Taxpayer Identification Number
312-17-4777

Carryover Item	Available to 2024	2024 Amounts		Carryover to 2025
Minimum tax credit				
Investment interest				
Investment interest - AMT				
Short-term capital loss				
Short-term capital loss - AMT				
Long-term capital loss				
Long-term capital loss - AMT				
Residential energy efficient property				
D.C. first-time homebuyer credit				
Tax credit bonds				
Qualified business income loss				
Qualified REIT income and PTP loss				
Excess business loss portion of NOL				

Nonrecaptured Section 1231 Losses - Line 8, Form 4797

2019 Amounts		
2020 Amounts		
2021 Amounts		
2022 Amounts		
2023 Amounts	**Generated**	**237**
Available to 2024		**237**
2024 Amounts	**Generated**	**1,095**
Carryover to 2025		**1,332**

AMT Nonrecaptured Section 1231 Losses - Line 8, Form 4797

2019 Amounts		
2020 Amounts		
2021 Amounts		
2022 Amounts		
2023 Amounts	**Generated**	**237**
Available to 2024		**237**
2024 Amounts	**Generated**	**1,095**
Carryover to 2025		**1,332**

Form **1040** | **Salaries & Wages Report** | **2024**

Name: **JOSHUA & AMANDA M NOLT**

Taxpayer Identification Number: **312-17-4777**

	T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	T	FENNIMORE RURAL FIRE DEPARMENT I	555		
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
Taxpayer			555		
Spouse					
Totals			555		

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A							555
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer							555
Spouse							
Totals							555

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	WI	555				
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer		555				
Spouse						
Totals		555				

Form **1040** | **Two Year Comparison Report - Page 1** | **2023 & 2024**

Name: **JOSHUA & AMANDA M NOLT**

Taxpayer Identification Number: **312-17-4777**

			2023	2024	Differences
	Filing Status		MFJ	MFJ	
	Dependents		4	4	
	1. Salaries and wages	1.	13	555	542
	2. Interest income	2.		16	16
	3. Tax exempt interest income	3.			
	4. Dividend income	4.		195	195
	5. Qualified dividend income	5.		155	155
	6. Taxable state/local refunds	6.		28	28
	7. Alimony received	7.			
Income	8. Business income/loss	8.	1,277	250,901	249,624
Income	9. Capital gain/loss	9.		17,577	17,577
Income	10. Other gains/losses	10.	119,329	-1,095	-120,424
Income	11. Taxable IRA distributions	11.			
Income	12. Taxable pensions	12.			
Income	13. Rent and royalty income including farm rental	13.			
Income	14. Partnership/S corp income	14.			
Income	15. Estate or trust income	15.			
Income	16. Farm income/loss	16.			
Income	17. Unemployment compensation	17.			
Income	18. Taxable social security	18.			
Income	19. Other income	19.			
Income	20. **Total income**	20.	120,619	268,177	147,558
Adjustments	21. Moving expenses	21.			
Adjustments	22. Deductible part of self-employment tax	22.			
Adjustments	23. SEP/SIMPLE/Qualified plans deductions	23.			
Adjustments	24. SE health insurance	24.			
Adjustments	25. Penalty on early withdrawal of savings	25.			
Adjustments	26. Alimony paid	26.			
Adjustments	27. IRA deductions	27.			
Adjustments	28. Student loan interest	28.			
Adjustments	29. Other adjustments	29.			
Adjustments	30. **Adjusted gross income**	30.	120,619	268,177	147,558
Deductions	31. Medical	31.	1,288		-1,288
Deductions	32. Taxes	32.	10,000	8,417	-1,583
Deductions	33. Interest	33.	4,581	4,256	-325
Deductions	34. Contributions	34.	16,815	26,345	9,530
Deductions	35. Casualty losses	35.			
Deductions	36. Miscellaneous expenses	36.			
Deductions	37. **Allowable itemized deductions**	37.	32,684	39,018	6,334
Deductions	38. Standard deduction	38.	27,700	29,200	1,500
Deductions	39. Deduction taken	39.	Itemized 32,684	Itemized 39,018	6,334
Deductions	40. Taxable income before Qual Bus Inc Ded (QBID)	40.	87,935	229,159	141,224
Deductions	41. QBID	41.	17,587	42,285	24,698
Deductions	42. **Taxable income**	42.	70,348	186,874	116,526

Form **1040** | **Two Year Comparison Report - Page 2** | **2023 & 2024**

Name: **JOSHUA & AMANDA M NOLT**

Taxpayer Identification Number: **312-17-4777**

			2023	2024	Differences
	43. Taxable income from 2YR page 1, line 42	43.	70,348	186,874	116,526
	44. Tax on taxable income	44.	7,999	29,977	21,978
	45. Alternative minimum tax	45.			
	46. Excess advance premium tax credit & other advanced repayments	46.			
	47. Child care credit	47.			
	48. Education credits	48.			
T	49. Retirement savings credit	49.			
a	50. Child & other dependent tax credit	50.	7,999	8,000	1
x	51. General business credit	51.			
	52. Other credits	52.		6	6
C	53. **Total credits**	53.	7,999	8,006	7
o	54. **Net tax liability**	54.	0	21,971	21,971
m	55. Self-employment taxes	55.			
p	56. Other taxes	56.		668	668
u	57. **Total tax**	57.		22,639	22,639
t	58. Income tax withheld	58.			
a	59. Estimated tax payments	59.	31,600		-31,600
t	60. Earned income credit	60.			
i	61. Additional Child tax credit	61.	1		-1
o	62. Other refundable tax credits	62.			
n	63. Other payments	63.			
	64. **Total payments**	64.	31,601		-31,601
	65. **Tax due/-refund**	65.	-31,601	22,639	54,240
	66. Penalties and interest	66.			
	67. **Net tax due/-refund**	67.	-31,601	22,639	54,240
	68. Refund applied to estimated tax payments	68.			
	69. Refund received	69.	-31,601		31,601
	70. **Effective tax rate**	70.	%	12.0 %	

Two Year Comparison - Tax Reconciliation Marginal Tax Rates

	2023 Taxable Income	2023 Marginal Tax Rate	2024 Taxable Income	2024 Marginal Tax Rate
Ordinary income	70,348	12.0 %	169,142	22.0 %
Capital income		%	17,732	15.0 %
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%

Form **1040**	**Two Year Comparison Report - Schedule C**	**2023 & 2024**

Name **JOSHUA NOLT**

Taxpayer identification number **312-17-4777**

Principal business or profession **TIRE REPAIR**

Unit **1**

Income		2023	2024	Differences
1. Gross receipts or sales	1.	3,393,882	4,697,910	1,304,028
2. Returns and allowances	2.			
3. **Cost of goods sold**	3.	2,626,703	3,595,769	969,066
4. **Gross profit**	4.	767,179	1,102,141	334,962
5. Other income	5.	1,017		-1,017
6. **Gross income**	6.	768,196	1,102,141	333,945
Expenses				
7. Advertising	7.	5,965	22,721	16,756
8. Car and truck expenses	8.			
9. Commissions and fees	9.			
10. Contract labor	10.	11,519	52,815	41,296
11. Depletion	11.			
12. Depreciation and section 179 expense deduction	12.	268,113	185,229	-82,884
13. Employee benefit programs	13.		3,135	3,135
14. Insurance (other than health)	14.	11,710	31,306	19,596
15. Interest - mortgage (paid to banks, etc.)	15.			
16. Interest - other	16.	3,451	26,926	23,475
17. Legal and professional services	17.	6,764	10,324	3,560
18. Office expense	18.			
19. Pension and profit-sharing plans	19.		5,173	5,173
20. Rent or lease - vehicles, machinery, and equipment	20.			
21. Rent or lease - other business property	21.	4,800	7,670	2,870
22. Repairs and maintenance	22.	9,487	2,325	-7,162
23. Supplies (not included in cost of goods sold)	23.	27,202	32,359	5,157
24. Taxes and licenses	24.	23,322	26,031	2,709
25. Travel	25.			
26. Total meals and entertainment	26.	2,765	2,228	-537
26a. Nondeductible meals and entertainment	26a.	1,382	1,114	-268
26b. Deductible meals and entertainment	26b.	1,383	1,114	-269
27. Utilities	27.			
28. Wages (less employment credits)	28.	248,818	318,314	69,496
29. Other expenses	29.	144,385	122,852	-21,533
30. Energy efficient commercial buildings deduction (Form 7205)	30.			
31. **Total expenses**	31.	766,919	848,294	81,375
Profit/ (loss)				
32. Tentative profit (loss)	32.	1,277	253,847	252,570
33. Expenses for business use of home	33.			
34. **Net profit or (loss)**	34.	1,277	253,847	252,570
Cost of Goods Sold				
35. Inventory - Beginning of year	35.			
36. Purchases	36.	2,653,558	3,455,308	801,750
37. Labor	37.			
38. Materials	38.			
39. Other costs	39.	-26,855	140,461	167,316
40. **Goods available for sale (sum of lines 34-38)**	40.	2,626,703	3,595,769	969,066
41. Inventory - End of year	41.			

Form **1040**	**Schedule A - Actual vs. IRS Comparison Analysis**	**2024**

Name **JOSHUA & AMANDA M NOLT**

Taxpayer identification number **312-17-4777**

AGI Range Used From IRS Spreadsheet	2024 Return		2022 Average Estimates[1]			2024 Return's
$200,000 - $499,999	Amounts	Percent of AGI	Amounts	Percent of AGI		Difference From IRS Average
AGI						
Adjusted gross income	**268,177**		**268,177**			
Medical and Dental Expenses						
Total medical and dental expenses	**3,594**	**1.34**%	**48,406**	**18.05**%	*	**-16.71**%
Limited medical and dental expenses	**0**	**0.00**%	**30,358**	**11.32**%	*	**-11.32**%
Taxes Paid						
State and local income taxes	**3,000**	**1.12**%	**17,914**	**6.68**%	*	**-5.56**%
General sales taxes		%		%		%
Real estate taxes	**5,417**	**2.02**%	**8,501**	**3.17**%	*	**-1.15**%
Personal property taxes	**0**	**0.00**%	**724**	**0.27**%	*	**-0.27**%
Total SALT before limitation	**8,417**	**3.14**%	**22,715**	**8.47**%	*	**-5.33**%
Total SALT allowed	**8,417**	**3.14**%	**8,448**	**3.15**%	*	**-0.01**%
Other taxes	**0**	**0.00**%	**2,306**	**0.86**%	*	**-0.86**%
Total taxes paid	**8,417**	**3.14**%	**8,528**	**3.18**%	*	**-0.04**%
Interest Paid						
Home mortgage interest/points on Form 1098	**4,256**	**1.59**%	**13,436**	**5.01**%	*	**-3.42**%
Home mortgage interest not on Form 1098	**0**	**0.00**%	**9,762**	**3.64**%	*	**-3.64**%
Deductible points not on Form 1098	**0**	**0.00**%	**965**	**0.36**%	*	**-0.36**%
Investment interest	**0**	**0.00**%	**8,528**	**3.18**%	*	**-3.18**%
Total interest paid	**4,256**	**1.59**%	**13,999**	**5.22**%	*	**-3.63**%
Gifts to Charity						
Cash contributions	**26,345**	**9.82**%	**10,137**	**3.78**%	*	**6.04**%
Other than cash contributions	**0**	**0.00**%	**3,969**	**1.48**%	*	**-1.48**%
Carryover from prior years	**0**	**0.00**%	**33,495**	**12.49**%	*	**-12.49**%
Total allowable charitable gifts	**26,345**	**9.82**%	**11,558**	**4.31**%	*	**5.51**%
Unlimited Miscellaneous Deductions						
Gambling loss	**0**	**0.00**%	**51,356**	**19.15**%	*	**-19.15**%
Other non-gambling misc deductions [2]	**0**	**0.00**%	**10,191**	**3.80**%	*	**-3.80**%
Total unlimited miscellaneous deductions	**0**	**0.00**%	**41,755**	**15.57**%	*	**-15.57**%
Total Itemized Deductions						
Total itemized deductions	**39,018**	**14.55**%	**268**	**0.10**%	*	**14.45**%

[1] The average estimates are based on the most recently published statistics included in IRS Table 2.1 - Returns with Itemized Deductions: Sources of Income, Adjustments, Itemized Deductions by Type, Exemptions, and Tax Items, by Size of Adjusted Gross Income, Tax Year 2022. This table is available through the Tax Stats section of the IRS website.

[2] Other non-gambling miscellaneous deductions includes casualty or theft loss amounts. The IRS does not list separate casualty or theft loss amounts on the 2022 IRS Table 2.1. The IRS includes casualty or theft loss amounts with other non-gambling miscellaneous deductions.

*** - The difference is outside the specified 0% deviation range.**

Form **1040**	**Schedule C - Actual vs. IRS Comparison Analysis**	**2024**

Name **JOSHUA NOLT**

Taxpayer identification number **312-17-4777**

Principal business or profession **TIRE REPAIR**

Unit **1**

PBA code and description **441300 Automotive Parts, Accessories, & Tire Retailers**

	2024 Return		2022 Average Estimates[1]			2024 Return's Difference From IRS Average
	Amounts	Percent of Sales	Amounts	Percent of Sales		
Income Amounts						
Gross receipts (less returns and allowances)	4,697,910		4,697,910			
Separate cost of goods sold items:						
Beginning inventory	0	0.00%	542,609	11.55%	*	-11.55%
Purchases	3,455,308	73.55%	3,175,317	67.59%	*	5.96%
Cost of labor	0	0.00%	56,845	1.21%	*	-1.21%
Materials and supplies	0	0.00%	148,454	3.16%	*	-3.16%
Other costs	140,461	2.99%	241,942	5.15%	*	-2.16%
Ending inventory	0	0.00%	591,467	12.59%	*	-12.59%
Total cost of goods sold	3,595,769	76.54%	3,573,230	76.06%	*	0.48%
Gross profit	1,102,141	23.46%	1,124,680	23.94%	*	-0.48%
Other income	0	0.00%	52,147	1.11%	*	-1.11%
Total income	1,102,141	23.46%	1,176,826	25.05%	*	-1.59%
Expense Amounts						
Advertising	22,721	0.48%	27,248	0.58%	*	-0.10%
Car and truck expenses	0	0.00%	61,543	1.31%	*	-1.31%
Commissions and fees	0	0.00%	19,261	0.41%	*	-0.41%
Contract labor	52,815	1.12%	55,435	1.18%	*	-0.06%
Depletion	0	0.00%	0	0.00%	*	0.00%
Depreciation and Sec 179 expense deduction	185,229	3.94%	66,710	1.42%	*	2.52%
Employee benefit programs	3,135	0.07%	6,577	0.14%	*	-0.07%
Insurance other than health insurance	31,306	0.67%	26,308	0.56%	*	0.11%
Mortgage interest	0	0.00%	4,228	0.09%	*	-0.09%
Other interest	26,926	0.57%	15,033	0.32%	*	0.25%
Legal and professional services	10,324	0.22%	13,154	0.28%	*	-0.06%
Office expense	0	0.00%	19,261	0.41%	*	-0.41%
Pension and profit-sharing plans	5,173	0.11%	470	0.01%	*	0.10%
Rent or lease of vehicles, machinery, equipment	0	0.00%	7,517	0.16%	*	-0.16%
Rent or lease of other business property	7,670	0.16%	62,952	1.34%	*	-1.18%
Repairs and maintenance	2,325	0.05%	30,536	0.65%	*	-0.60%
Supplies (not included in cost of goods sold)	32,359	0.69%	55,905	1.19%	*	-0.50%
Taxes and licenses	26,031	0.55%	40,872	0.87%	*	-0.32%
Travel	0	0.00%	8,926	0.19%	*	-0.19%
Deductible meals	1,114	0.02%	6,577	0.14%	*	-0.12%
Utilities	0	0.00%	34,765	0.74%	*	-0.74%
Wages (less employment credits)	318,314	6.78%	167,715	3.57%	*	3.21%
Other expenses (incl Energy Efficient Bldg Deduction)	122,852	2.62%	204,359	4.35%	*	-1.73%
Expenses for business use of home	0	0.00%	3,758	0.08%	*	-0.08%
Total expenses	848,294	18.06%	940,052	20.01%	*	-1.95%
Net Profit	253,847	5.40%	139,528	2.97%	*	2.43%

[1] Average estimates are based on IRS Table 2 - Nonfarm Sole Proprietorships: Income Statements, by Industrial Sectors, Tax Year 2022. The table is included in the most recent statistics published by the IRS in the IRS 2024 Statistics of Income Bulletin for sole proprietorships.

*** - The difference is outside the specified 0% deviation range.**

Form **1040**	**Schedule C - Actual vs. IRS Comparison Analysis**	**2024**

Name **JOSHUA NOLT**

Taxpayer identification number **312-17-4777**

Principal business or profession **DEER RECOVERY / LOST PET SEARCH**

Unit **2**

PBA code and description **114210 Hunting & Trapping**

	2024 Return		2022 Average Estimates[1]		2024 Return's Difference From IRS Average
	Amounts	Percent of Sales	Amounts	Percent of Sales	
Income Amounts					
Gross receipts (less returns and allowances)					
Separate cost of goods sold items:					
Beginning inventory	0	0.00%	0	1.69%	* -1.69%
Purchases	0	0.00%	0	12.24%	* -12.24%
Cost of labor	0	0.00%	0	0.93%	* -0.93%
Materials and supplies	0	0.00%	0	4.71%	* -4.71%
Other costs	0	0.00%	0	3.55%	* -3.55%
Ending inventory	0	0.00%	0	2.75%	* -2.75%
Total cost of goods sold	0	0.00%	0	20.37%	* -20.37%
Gross profit	0	0.00%	0	79.63%	* -79.63%
Other income	0	0.00%	0	4.94%	* -4.94%
Total income	0	0.00%	0	84.57%	* -84.57%
Expense Amounts					
Advertising	0	0.00%	0	0.90%	* -0.90%
Car and truck expenses	0	0.00%	0	6.21%	* -6.21%
Commissions and fees	0	0.00%	0	0.75%	* -0.75%
Contract labor	0	0.00%	0	2.98%	* -2.98%
Depletion	0	0.00%	0	0.00%	* 0.00%
Depreciation and Sec 179 expense deduction	2,140	0.00%	0	16.26%	* -16.26%
Employee benefit programs	0	0.00%	0	0.08%	* -0.08%
Insurance other than health insurance	0	0.00%	0	2.29%	* -2.29%
Mortgage interest	0	0.00%	0	0.79%	* -0.79%
Other interest	0	0.00%	0	0.87%	* -0.87%
Legal and professional services	0	0.00%	0	0.71%	* -0.71%
Office expense	0	0.00%	0	0.64%	* -0.64%
Pension and profit-sharing plans	0	0.00%	0	0.00%	* 0.00%
Rent or lease of vehicles, machinery, equipment	0	0.00%	0	0.91%	* -0.91%
Rent or lease of other business property	0	0.00%	0	2.97%	* -2.97%
Repairs and maintenance	0	0.00%	0	6.44%	* -6.44%
Supplies (not included in cost of goods sold)	0	0.00%	0	8.24%	* -8.24%
Taxes and licenses	0	0.00%	0	1.85%	* -1.85%
Travel	0	0.00%	0	1.36%	* -1.36%
Deductible meals	0	0.00%	0	0.88%	* -0.88%
Utilities	0	0.00%	0	2.04%	* -2.04%
Wages (less employment credits)	0	0.00%	0	1.73%	* -1.73%
Other expenses (incl Energy Efficient Bldg Deduction)	806	0.00%	0	19.96%	* -19.96%
Expenses for business use of home	0	0.00%	0	0.69%	* -0.69%
Total expenses	2,946	0.00%	0	79.56%	* -79.56%
Net Profit	-2,946	0.00%	0	7.06%	* -7.06%

[1] Average estimates are based on IRS Table 2 - Nonfarm Sole Proprietorships: Income Statements, by Industrial Sectors, Tax Year 2022. The table is included in the most recent statistics published by the IRS in the IRS 2024 Statistics of Income Bulletin for sole proprietorships.

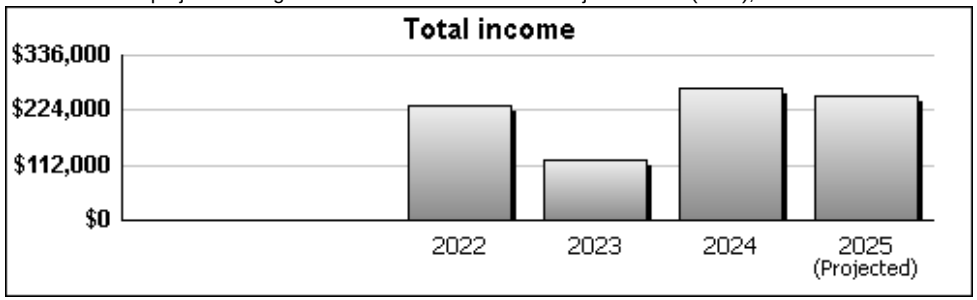
*** - The difference is outside the specified 0% deviation range.**

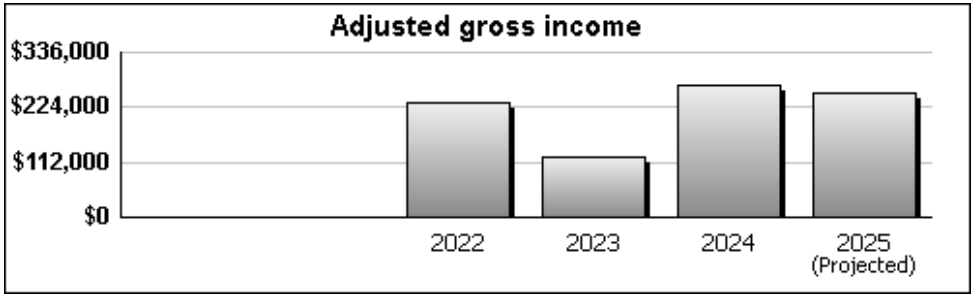
Form **1040** | **Tax Return History Report - Page 1** | **2024**

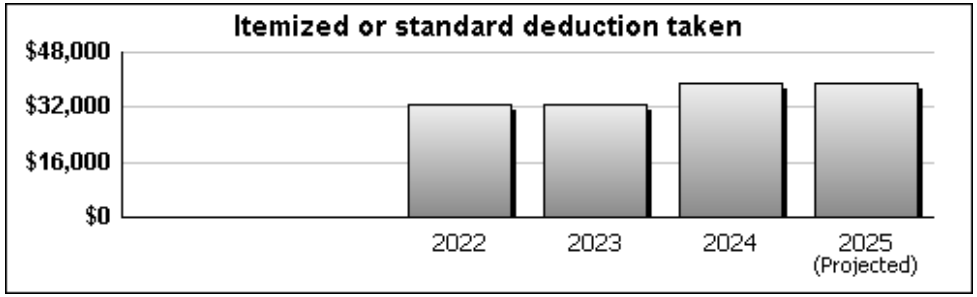
Name **JOSHUA & AMANDA M NOLT** | Taxpayer Identification Number **312-17-4777**

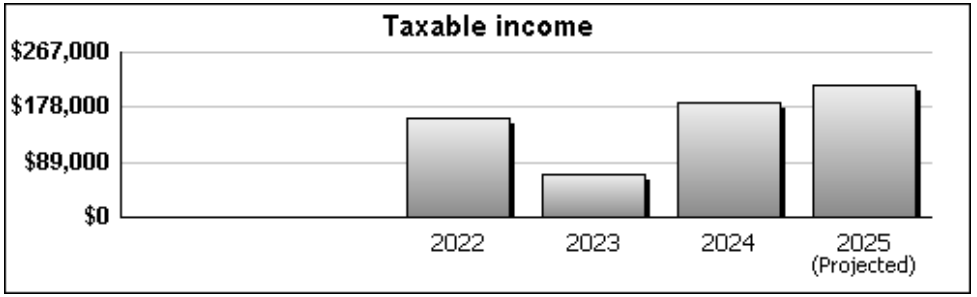
			2022	2023	2024	2025 Projected
Filing Status			MFJ	MFJ	MFJ	MFJ
Salaries and wages			694	13	555	555
Interest income					16	16
Dividend income					195	195
Business income/loss			156,356	1,277	250,901	250,901
Capital gains/losses					17,577	
Other gains/losses			75,480	119,329	-1,095	
IRA distributions, pensions, annuities						
Rent, royalty, farm rental income						
Partnership/S corp income						*
Estate or trust income						*
Farm income/loss						
Other income/loss					28	
Total income			232,530	120,619	268,177	251,667
Total adjustments						
Adjusted gross income			232,530	120,619	268,177	251,667
Allowable itemized deductions			32,997	32,684	39,018	39,018
Standard deduction			25,900	27,700	29,200	30,000
Itemized or standard deduction taken			32,997	32,684	39,018	39,018
Exemptions						
Taxable income before Qual Bus Inc Ded			199,533	87,935	229,159	212,649
Qual Bus Inc Ded			39,907	17,587	42,285	
Taxable income			159,626	70,348	186,874	212,649

* Amts in the projected col generate from the federal Tax Projection Wrk (TPW); this field is incl in the total Sch E income/loss amt on the TPW.





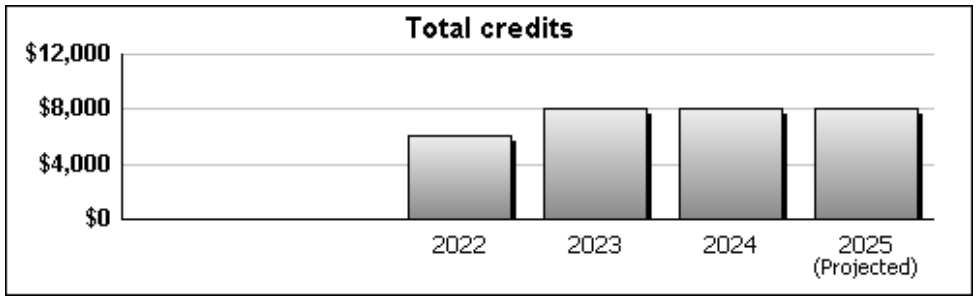


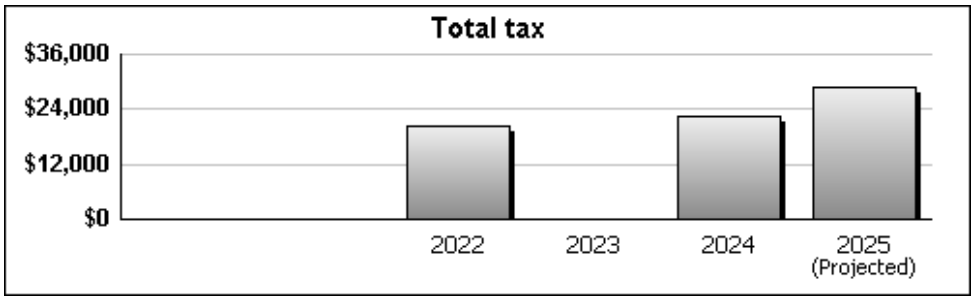


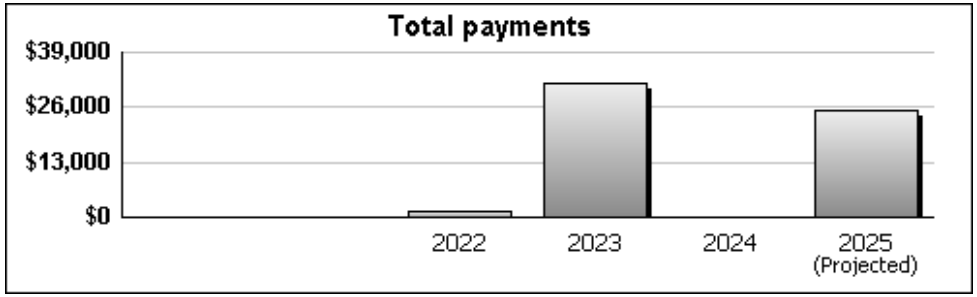
Form **1040** | **Tax Return History Report - Page 2** | **2024**

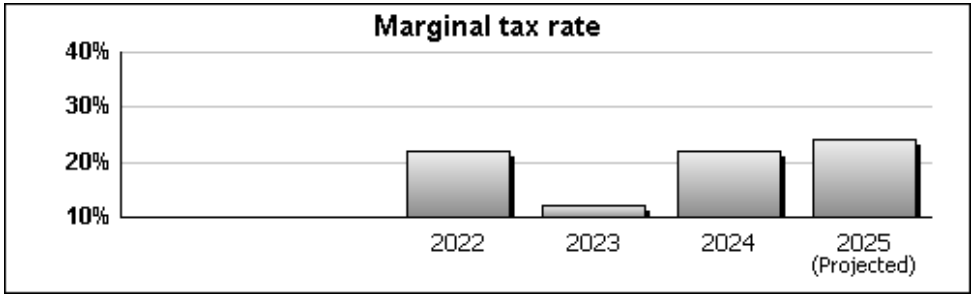
Name **JOSHUA & AMANDA M NOLT** | Taxpayer Identification Number **312-17-4777**

			2022	2023	2024	2025 Projected
Taxable income			159,626	70,348	186,874	212,649
Tax on taxable income and Form 8962			26,352	7,999	29,977	36,716
Alternative minimum tax						
Total credits			6,000	7,999	8,006	8,006
Net tax liability			20,352		21,971	28,710
Self-employment taxes						
Other taxes					668	8
Total tax			20,352		22,639	28,718
Income tax withheld						
Estimated tax payments			1,200	31,600		25,200
Other payments				1		
Total payments			1,200	31,601		25,200
Total due/-refund			19,152	-31,601	22,639	3,518
Penalties and interest			51			
Net tax due/-refund			19,203	-31,601	22,639	3,518
Refund applied to estimated tax payments						
Refund received				-31,601		
Marginal tax rate	%	%	22.0%	12.0%	22.0%	24.0%
Effective tax rate	%	%	13.0%	%	12.0%	14.0%









1 Wisconsin income tax

2024

For the year Jan. 1-Dec. 31, 2024, or other tax year beginning _____, 2024 ending _____, 20____.

Check here if an amended return } ___

Note

DO NOT STAPLE

See page 5 before assembling return

Your legal last name	Legal first name	M.I.	Your social security number
NOLT	JOSHUA		312 17 4777
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	Spouse's social security number
NOLT	AMANDA	M	193 76 4642

Home address (number and street). If you have a PO Box, see page 12.: 14981 TIMBER LANE E

Apt. no.:

City or post office: BOSCOBEL

State: WI

Zip code: 53805

Filing status Check ü below

___ Single

X Married filing joint return

___ Married filing separate return. Fill in spouse's SSN above and full name here } Legal **last** name / Legal **first** name / M.I.

___ Head of household, NOT married (see page 13).

___ Head of household, married (see page 13). If married, fill in spouse's SSN above and full name here

Tax district

Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2024.

___ City ___ Village X Town

City, village, or town } MARION

County of } GRANT

School district number See page 45 0609

Special conditions

___ Form 804 filed with return (see page 10)

Use BLACK Ink ● ● **NO COMMAS; NO CENTS**

1	Federal adjusted gross income from Form 1040, line 11	**1**	268177.00
2	Adjustments to federal adjusted gross income from *Schedule I*, line 3 (see page 13)	**2**	2677.00
3	Add lines 1 and 2. This is your federal adjusted gross income for Wisconsin purposes	**3**	270854.00
	Form W-2 wages included in line 3 }		555.00
4	Total additions to income from Schedule AD, line 33. **Include Schedule AD** (see page 14)	**4**	.00
5	Add lines 3 and 4	**5**	270854.00
6	Total subtractions from income from Schedule SB, line 50. **Include Schedule SB** (see page 14) Enter as a positive number	**6**	5301.00
7	Subtract line 6 from line 5. This is your Wisconsin income	**7**	265553.00
8	Standard deduction. See table on page 35, **OR** q If someone else can claim you (or your spouse) as a dependent, see page 15 and check here } ___	**8**	.00
9	Subtract line 8 from line 7. If line 8 is larger than line 7, fill in 0	**9**	265553.00
10	Exemptions **(Caution: See page 15)**		
a	Fill in exemptions allowed 6 x $700	**10a**	4200.00
b	Check if 65 or older ___ You + ___ Spouse = ____ x $250	**10b**	.00
c	Add lines 10a and 10b	**10c**	4200.00

PAPER CLIP payment here

NO COMMAS; NO CENTS

11	Subtract line 10c from line 9. If line 10c is larger than line 9, fill in 0. This is taxable income	**11**		261353 .00
12	Tax (see table on page 38)	**12**		13336 .00
13	Itemized deduction credit. Complete Schedule 1 on page 4	**13**	1530 .00	
14	Additional child and dependent care tax credit. Include Schedule WI-2441	**14**	.00	
15	Blind worker transportation services credit Qualifying expenses } .00 x 50% =	**15**	.00	
16	School property tax credit **a** Rent paid in 2024 – heat included .00 Rent paid in 2024 – heat not included .00 (Find credit from table page 19)	**16a**	.00	
	b Property taxes paid on home in 2024 5417.00 (Find credit from table page 20)	**16b**	300 .00	
17	Working families tax credit (see page 20)	**17**	.00	
18	Married couple credit. Complete Schedule 2 on page 4	**18**	.00	
19	Nonrefundable credits from line 34 of Schedule CR	**19**	.00	
20	Net income tax paid to another state. Include Schedule OS	**20**	.00	
21	Add lines 13 through 20	**21**		1830 .00
22	Subtract line 21 from line 12. If line 21 is larger than line 12, fill in 0. This is your net tax	**22**		11506 .00
23	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 23) If you certify that no sales or use tax is due, check here } X	**23**		0 .00
24	Donations. Complete Part I of Schedule 3 on page 5	**24**		.00
25	Penalties on IRAs, retirement plans, MSAs, etc. (see page 24) .00 x .33 =	**25**		.00
26	Other penalties (see page 25)	**26**		.00
27	Add lines 22 through 26	**27**		11506 .00
28	Wisconsin tax withheld. Include withholding statements	**28**	.00	
29	2024 estimated tax payments and amount applied from 2023 return	**29**	4000 .00	
30	Earned income credit. Number of qualifying children } Federal credit (see instructions) .00 x % =	**30**	.00	
31	Farmland preservation credit. **a** Schedule FC, line 17	**31a**	.00	
	b Schedule FC-A, line 13	**31b**	.00	
32	Repayment credit (see page 27)	**32**	.00	
33	Homestead credit. Include Schedule H or H-EZ	**33**	.00	
34	Eligible veterans and surviving spouses property tax credit	**34**	.00	

Name(s) shown on Form 1	Your social security number
JOSHUA & AMANDA M NOLT	312 17 4777

NO COMMAS; NO CENTS

35	Refundable credits from Schedule CR, line 40. Include Schedule CR	**35**	.00	
36	AMENDED RETURN ONLY – Amounts previously paid (see page 31)	**36**	.00	
37	Add lines 28 through 36	**37**	4000.00	
38	AMENDED RETURN ONLY – Amounts previously refunded (see page 31)	**38**	.00	
39	Subtract line 38 from line 37			**39** 4000.00
40	If line 39 is larger than line 27, subtract line 27 from line 39. This is the **AMOUNT YOU OVERPAID**			**40** .00
41	Amount of line 40 you want **REFUNDED TO YOU**			**41** .00
42	Amount of line 40 you want **APPLIED TO YOUR 2025 ESTIMATED TAX**	**42**	.00	
43	If line 39 is smaller than line 27, subtract line 39 from line 27. This is the **AMOUNT YOU UNDERPAID**			**43** 7506.00
44	Underpayment interest. Fill in exception code - See Sch. U			**44** .00
45	Add lines 43 and 44. This is the **AMOUNT YOU OWE.** Paper clip payment to front of return			**45** 7506.00
46	Interest (see page 33)			**46** .00

Third Party Designee — Do you want to allow another person to discuss this return with the department *(see page 34)?* X **Yes** Complete the following. ___ **No**

Designee's name ▶ BRIEN P BATLEY CPA Phone no. ▶ 920-497-1040 Personal identification number (PIN) ▶ 54303

Paper clip copies of your federal income tax return and sch. to this return. Assemble your return (pages 1-5) and withholding statements in the order listed on page 5 of the instructions.

Sign here

q *Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.*

Your signature	Date	Daytime Phone	Wisconsin Identity Protection PIN (7 characters)
Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime Phone	Wisconsin Identity Protection PIN (7 characters)

I-010ai

Caution: Only enter a Wisconsin Identity Protection PIN if you received one from the department *(see page 34).*

Mail your return to: Wisconsin Department of Revenue

If payment enclosed ..... PO Box 268, Madison WI 53790-0001

If refund or no payment enclosed ..... PO Box 59, Madison WI 53785-0001

If homestead credit claimed ..... PO Box 34, Madison WI 53786-0001

Do Not Submit Photocopies

NO COMMAS; NO CENTS

Schedule 1 – Itemized Deduction Credit (see page 16)

1	Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions	**1**	.00
2	Interest paid from federal Schedule A (Form 1040). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction	**2**	4256.00
3	Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions	**3**	26345.00
4	Casualty losses from federal Schedule A (Form 1040)	**4**	.00
5	Add lines 1 through 4	**5**	30601.00
6	Fill in your standard deduction from line 8 on page 1 of Form 1	**6**	.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0	**7**	30601.00
8	Rate of credit is .05 (5%)	**8**	**x .05**
9	Multiply line 7 by line 8. Fill in here and on line 13 on page 2 of Form 1	**9**	1530.00

u You must submit this page with Form 1 if you claim either of these credits t

Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 20)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

			(A) YOURSELF	(B) SPOUSE
1	Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income	**1**	.00	.00
2	Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income	**2**	.00	.00
3	Combine lines 1 and 2. This is earned income	**3**	.00	.00
4	Add the amounts from federal **Schedule 1** (Form 1040), lines 12, 16, 20, 24e, 24f, and 24g, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income	**4**	.00	.00
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	**5**	0.00	0.00

6	Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than $16,000, fill in $16,000	**6**	.00
7	Rate of credit is .03 (3%)	**7**	**X .03**
8	Multiply line 6 by line 7. Fill in here and on line 18 on page 2 of Form 1	**8**	0.00 Do not fill in more than $480.

Schedule I

Wisconsin Department of Revenue

Adjustments to Convert Federal Adjusted Gross Income, Itemized Deductions, and Credits to the Amounts Allowable for Wisconsin

Include with Wisconsin Form 1 or Form 1NPR

2024

Name(s) shown on Form 1 or Form 1NPR		Your social security number
NOLT	JOSHUA	312 17 4777
NOLT	AMANDA M	193 76 4642

PART I – Adjustments to Federal Adjusted Gross Income

(Read instructions before completing Schedule I)

1 Additions to federal adjusted gross income (enter as positive numbers):

a	Discharge of indebtedness on principal residence	1a	.00	
b	Federal depreciation and sec. 179 expense	1b	187369 .00	
c	Federal capital losses from line 7 of federal Form 1040 or 1040-SR	1c	.00	
d	Federal ordinary losses from line 4 of federal Schedule 1 (Form 1040)	1d	.00	
e	Wisconsin capital gains from line 7 of revised federal Form 1040 or 1040-SR	1e	.00	
f	Wisconsin ordinary gains from line 4 of revised federal Schedule 1 (Form 1040)	1f	.00	
g	Certain student loan forgiveness *(see instructions)*	1g	.00	
h	Other _____	1h	.00	
i	Other _____	1i	.00	
j	Total additions - Add lines 1a through 1i	1j		187369 .00

2 Subtractions from federal adjusted gross income (enter as positive numbers):

a	Health savings account adjustment	2a	.00	
b	Wisconsin depreciation and sec. 179 expense	2b	184692 .00	
c	Wisconsin capital losses from line 7 of revised federal Form 1040 or 1040-SR	2c	.00	
d	Wisconsin ordinary losses from line 4 of revised federal Schedule 1 (Form 1040)	2d	.00	
e	Federal capital gains from line 7 of federal Form 1040 or 1040-SR	2e	.00	
f	Federal ordinary gains from line 4 of federal Schedule 1 (Form 1040)	2f	.00	
g	Other _____	2g	.00	
h	Other _____	2h	.00	
i	Other _____	2i	.00	
j	Total subtractions - Add lines 2a through 2i	2j		184692 .00

3 Subtract line 2j from line 1j. If line 3 is a negative number, place a minus sign (-) in front of the number. Fill in here and on line 2 of Wisconsin Form 1. (**Note:** The above figures must also be used to complete Columns A and B for each of the lines 1 through 29 of Form 1NPR) ..... 3 2677 .00

Schedule SB

Wisconsin Department of Revenue

Form 1 – Subtractions from Income

File with Wisconsin Form 1

2024

Name	Social Security Number
JOSHUA & AMANDA M NOLT	312 17 4777

See the instructions for additional information on the subtractions listed below. Enter all amounts as positive numbers.

Subtractions from Income

1	Taxable refund of state income tax (from line 1 of federal Schedule 1)	1	28.00
2	United States government interest	2	.00
3	Unemployment compensation	3	.00
4	Social security adjustment	4	.00
5	Capital gain/loss subtraction	5	5273.00
6	Medical care insurance	6	.00
7	Long-term care insurance	7	.00
8	Tuition and fee expenses	8	.00
9	Private school tuition (Schedule PS)	9	.00
10	Contributions to an Edvest or Tomorrow's Scholar college savings account (Schedule CS)	10	.00
11	Distributions of certain earnings from Wisconsin state-sponsored college tuition programs	11	.00
12	Military and uniformed services retirement benefits	12	.00
13	Local and state retirement benefits	13	.00
14	Federal retirement benefits	14	.00
15	Railroad retirement benefits, railroad unemployment insurance, and sickness benefits	15	.00
16	Retirement income subtraction	16	.00
17	Reserved for future use	17	.00
18	Active duty pay for U.S. Armed Forces (including Reserve and National Guard)	18	.00
19	Combat zone related death	19	.00
20	Adoption expenses	20	.00
21	Contributions to ABLE accounts	21	.00
22	Disability income exclusion (Schedule 2440W)	22	.00
23	Wisconsin net operating loss deduction	23	.00
24	Farm loss carryover	24	.00
25	Native Americans	25	.00
26	Sale of business assets or assets used in farming to a related person	26	.00
27	Recoveries of federal itemized deductions	27	.00
28	Repayment of income previously taxed	28	.00
29	Add lines 1 through 28. Enter here and on line 30, page 2	29	5301.00

Now go to page 2 à

Name	Social Security Number
JOSHUA & AMANDA M NOLT	312 17 4777

30	Enter amount from line 29 on page 1	**30**	5301 .00
31	Human organ donation	**31**	.00
32	Expenses paid to related entities	**32**	.00
33	Income from a related entity	**33**	.00
34	Legislator's per diem	**34**	.00
35	Sales of certain insurance policies	**35**	.00
36	Physician or psychiatrist grant	**36**	.00
37	Olympic, Paralympic, and Special Olympic medals and United States Olympic Committee and Special Olympic Board of Directors prize money	**37**	.00
38	AmeriCorps education awards	**38**	.00
39	Differences in federal and Wisconsin basis of assets	**39**	.00
40	Reserved for future use	**40**	.00
41	Differences in federal and Wisconsin reporting of marital property (community) income	**41**	.00

42 Charitable contributions from tax-option (S) corporations (list and provide amount)

a Name _____

FEIN _____ Amount **42a** .00

b Name _____

FEIN _____ Amount **42b** .00

c Name _____

FEIN _____ Amount **42c** .00

d	Add lines 42a through 42c	**42d**	.00

43 Tax-option (S) corporation adjustments. Do not include adjustments listed on line 46 (list and provide amount)

a Name _____

FEIN _____ Amount **43a** .00

b Name _____

FEIN _____ Amount **43b** .00

c Name _____

FEIN _____ Amount **43c** .00

d	Add lines 43a through 43c	**43d**	.00
44	Add lines 30 through 41, 42d and 43d. Enter here and on line 45, page 3	**44**	5301 .00

Name	Social Security Number
JOSHUA & AMANDA M NOLT	312 17 4777

45 Enter amount from line 44 on page 2 ..... **45** 5301.00

46 Tax-option (S) corporation entity level tax election adjustments (list and provide amount)

a Name _____

FEIN _____ Amount **46a** .00

b Name _____

FEIN _____ Amount **46b** .00

c Name _____

FEIN _____ Amount **46c** .00

d Add lines 46a through 46c ..... **46d** .00

47 Partnership, limited liability company, trust, or estate adjustments. Do not include adjustments listed on line 48 (list and provide amount)

a Name _____

FEIN _____ Amount **47a** .00

b Name _____

FEIN _____ Amount **47b** .00

c Name _____

FEIN _____ Amount **47c** .00

d Add lines 47a through 47c ..... **47d** .00

48 Partnership entity level tax election adjustments (list and provide amount)

a Name _____

FEIN _____ Amount **48a** .00

b Name _____

FEIN _____ Amount **48b** .00

c Name _____

FEIN _____ Amount **48c** .00

d Add lines 48a through 48c ..... **48d** .00

49 Other subtractions from income (list and provide amount)

a _____ Amount **49a** .00

b _____ Amount **49b** .00

c _____ Amount **49c** .00

d Add lines 49a through 49c ..... **49d** .00

50 Add lines 45, 46d, 47d, 48d, and 49d. This is your total subtraction from income. Enter on Form 1, line 6 ..... **50** 5301.00

Schedule WD
Wisconsin Department of Revenue

Capital Gains and Losses

u Include with Wisconsin Form 1 or 1NPR u

2024

Name(s) shown on Form 1 or Form 1NPR: JOSHUA & AMANDA M NOLT

Your social security number: 312 17 4777

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
1a Amount from line 1a of Schedule D	.00	.00		.00
1b Amount from line 1b of Schedule D	.00	.00	.00	.00
2 Amount from line 2 of Schedule D	.00	.00	.00	.00
3 Amount from line 3 of Schedule D	.00	.00	.00	.00

4	Short-term gain from Form 6252 and short-term gain or loss from Forms 4684, 6781, and 8824	**4**	.00
5	Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**5**	.00
6	Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)	**6**	.00
7	Short-term capital loss carryover from 2023 Wisconsin Schedule WD, line 34. Enter amount as a negative number	**7**	.00
8	**Net short-term capital gain or loss.** Combine lines 1a through 7 in column (h)	**8**	.00

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
9a Amount from line 8a of Schedule D	.00	.00		.00
9b Amount from line 8b of Schedule D	151.00	1059.00	.00	-908.00
10 Amount from line 9 of Schedule D	.00	.00	.00	.00
11 Amount from line 10 of Schedule D	76021.00	57536.00	.00	18485.00

12	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or loss from Forms 4684, 6781, and 8824	**12**	.00
13	Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**13**	.00
14	Capital gain distributions	**14**	.00
15	Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)	**15**	.00
15a	Adjustment from Wisconsin Schedule QI. Enter amount as a negative number	**15a**	.00
16	Long-term capital loss carryover from 2023 Wisconsin Schedule WD, line 39. Enter amount as a negative number	**16**	.00
17	**Net long-term capital gain or loss.** Combine lines 9a through 16 in column (h)	**17**	17577.00

Go on to Part III "

Name	Social Security Number
JOSHUA & AMANDA M NOLT	312 17 4777

Part III **Summary of Parts I and II** *(see instructions)* - use a minus sign (-) for negative amounts.

18	Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to line 28)	**18**		17577.00
19	Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17	**19**	17577.00	
20	Fill in 30% of line 19	**20**	5273.00	
21	Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26	**21**	.00	
22	Gain included in line 17. Do not include any losses in this amount	**22**	.00	
23	Divide line 21 by line 22. Carry the decimal to 4 places	**23**		
24	Multiply line 19 by the decimal amount on line 23	**24**	.00	
25	Fill in 30% of line 24	**25**	.00	
26	Add lines 20 and 25	**26**		5273.00
27	Subtract line 26 from line 18	**27**		12304.00
28	If line 18 shows a loss, fill in the smaller of: (a) The loss on line 18, (b) $3,000/$1,500 (see instructions), or (c) Wisconsin ordinary income (see instructions)	**28**		.00

Note: When figuring whether a, b, or c is smaller, treat all numbers as if they are positive.

Part IV **Computation of Wisconsin Adjustment to Income**

29	Adjustment (see instructions for Part IV and Schedule I adjustments)			
a	Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 1e of Schedule I, if filed (if a loss, fill in -0-)	**29a**	17577.00	
b	Fill in gain from Part III, line 27, (if blank, fill in -0-)	**29b**	12304.00	
c	If line 29b is more than 29a, subtract line 29a from line 29b. See instructions on where to enter this amount	**29c**		.00
d	If line 29b is less than 29a, subtract line 29b from line 29a. See instructions on where to enter this amount	**29d**		5273.00
e	Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 2c of Schedule I, if filed (if a gain, fill in -0-)	**29e**	0.00	
f	Fill in loss from Part III, line 28 as a positive amount	**29f**	0.00	
g	If line 29f is more than 29e, subtract line 29e from line 29f. See instructions for where to enter this amount	**29g**		.00
h	If line 29f is less than 29e, subtract line 29f from line 29e. See instructions for where to enter this amount	**29h**		.00

Part V **Computation of Capital Loss Carryovers from 2024 to 2025** *(Complete this part if the loss on line 18 is more than the loss on line 28.)*

30	Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34	**30**	.00
31	Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0-	**31**	.00
32	Subtract line 31 from line 30	**32**	.00
33	Fill in the smaller of line 28 or line 32, treating both as positive amounts	**33**	.00
34	Subtract line 33 from line 32. This is your **short-term capital loss carryover** from 2024 to 2025	**34**	.00
35	Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39	**35**	.00
36	Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0-	**36**	.00
37	Subtract line 36 from line 35	**37**	.00
38	Subtract line 33 from line 28, treating both as positive amounts. (*Note: If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.)*	**38**	.00
39	Subtract line 38 from line 37. This is your **long-term capital loss carryover** from 2024 to 2025	**39**	.00

Wisconsin COPY - Do not file

1-ES Estimated Income Tax Voucher

(on bottom of page)

CUT HERE

2024 **WISCONSIN ESTIMATED INCOME TAX VOUCHER**

Form **1-ES**

File only if submitting payment. Make your check payable to and mail your voucher to:

Wisconsin Department of Revenue
PO Box 3028
Milwaukee WI 53201-3028

Calendar year due dates:		Fiscal year filers:
Apr 15, 2024	Sep 16, 2024	Enter year ending _____ *(month and year)*
Jun 17, 2024	Jan 15, 2025	

☐ Check box if address is corrected and new address was not provided on a prior payment voucher.

Your legal last name	Your legal first name and initial	Your social security number
NOLT	JOSHUA	312 17 4777
Spouse's legal last name	**Spouse's legal first name and initial**	**Spouse's social security number**
NOLT	AMANDA M	193 76 4642
Home address (number and street or rural route)		Telephone number
14981 TIMBER LANE E		
City or post office	State	Zip code
BOSCOBEL	WI	53805

Check the box below which applies to you.

- ☐ Trust (Enter FEIN as "your social security number")
- ☐ Estate (Enter decedent's social security number)
- ☐ Individual
- ☒ Joint

Amount of Payment

$ .00

Please do not staple your payment to this voucher.

D-101 (R. 11-18)

CS Professional Suite

20801640133121747771937646420202406431320000000000

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312-17-4777

WI Asset Report

FYE: 12/31/2024

TIRE REPAIR

Asset	Description	Date In Service	Cost	Basis for Depr	WI Prior	WI Current	Federal Current	Difference Fed - WI
Section 179 Expense:								
19	GENIE BOOM LIFT	7/24/24	9,233	N/A	0	9,233	9,233	0
20	TWIST BACK TIRE CHANGER	3/27/24	8,925	N/A	0	8,925	8,925	0
21	SWING ARM TIRE CHANGER	3/27/24	7,875	N/A	0	7,875	7,875	0
26	DELETE KIT FOR 2021 YUKON	8/09/24	3,650	N/A	0	3,650	3,650	0
27	TRANSMISSION FOR 2009 CHEVY	10/01/24	6,521	N/A	0	6,521	6,521	0
28	2015 GENIE GTH2506 AND 2022 GENIE	8/21/24	40,320	N/A	0	40,320	40,320	0
29	2007 CHEVY TRAILBLAZER	12/05/24	3,500	N/A	0	3,500	3,500	0
30	MEZZANINE TIRE RACKING	11/22/24	39,879	N/A	0	39,879	39,879	0
			119,903	N/A	0	119,903	119,903	0
7-year GDS Property:								
19	GENIE BOOM LIFT	7/24/24	N/A*	0	0	0	0	0
20	TWIST BACK TIRE CHANGER	3/27/24	N/A*	0	0	0	0	0
21	SWING ARM TIRE CHANGER	3/27/24	N/A*	0	0	0	0	0
26	DELETE KIT FOR 2021 YUKON	8/09/24	N/A*	0	0	0	0	0
27	TRANSMISSION FOR 2009 CHEVY	10/01/24	N/A*	0	0	0	0	0
28	2015 GENIE GTH2506 AND 2022 GENIE	8/21/24	N/A*	0	0	0	0	0
30	MEZZANINE TIRE RACKING	11/22/24	N/A*	0	0	0	0	0
			0	0	0	0	0	0
Non-Residential Real Property:								
23	NEW BUILDING	1/12/24	443,227	443,227	0	10,891	10,891	0
24	BUILDING ADDITION	7/01/24	756,521	756,521	0	8,891	8,891	0
			1,199,748	1,199,748	0	19,782	19,782	0
Prior MACRS:								
1	HUNTER TC X50E TIRE MACHINE	4/13/22	7,015	7,015	2,899	1,176	1,176	0
4	2004 FORD SERVICE TRUCK	11/03/21	16,500	10,500	13,476	1,210	1,210	0
5	JD 320E SKIDSTEER	12/04/21	27,500	0	27,500	0	0	0
6	2015 RAM 5500 SERVICE TRUCK	10/19/22	120,000	120,000	37,347	23,615	23,615	0
7	FLOOR FLATBED LG TRUCK	10/01/22	3,904	3,904	1,215	768	768	0
8	SHOP	11/06/19	132,000	132,000	13,962	3,384	3,384	0
9	TOOLS	11/06/19	20,000	20,000	15,538	1,785	1,785	0
10	SHOP PORCH ADDITION	5/18/23	13,782	0	13,782	0	0	0
11	AIR COMPRESSOR	6/30/23	2,788	0	2,788	0	0	0
12	OVER DOOR	1/05/23	2,848	0	2,848	0	0	0
13	TIRE CUTTER	6/30/23	6,500	0	6,500	0	0	0
15	QUINCY AIR COMPRESSOR	8/03/23	2,500	0	2,500	0	0	0
16	2019 FORD F550	9/28/23	125,000	0	125,000	0	2,677	2,677
17	AG TIRE CHANGER	10/17/23	13,440	0	13,440	0	0	0
18	2009 CHEVY KODIAK C5500	12/27/23	17,100	0	17,100	0	0	0
25	1985 FORD	1/01/21	3,900	3,900	0	780	780	0
	Sold/Scrapped: 1/01/24							
			514,777	297,319	295,895	32,718	35,395	2,677
Listed Property:								
29	2007 CHEVY TRAILBLAZER	12/05/24	N/A*	0	0	0	0	0
14	2021 GMC YUKON XL DENALI	6/12/23	60,616	31,716	35,243	10,149	10,149	0
			60,616	31,716	35,243	10,149	10,149	0
	Grand Totals		1,895,044	1,528,783	331,138	182,552	185,229	2,677
	Less: Dispositions		3,900	3,900	0	780	780	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		1,891,144	1,524,883	331,138	181,772	184,449	2,677

*Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

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312-17-4777

WI Asset Report

FYE: 12/31/2024

DEER RECOVERY / LOST PET SEARCH

Asset	Description	Date In Service	Cost	Basis for Depr	WI Prior	WI Current	Federal Current	Difference Fed - WI
7-year GDS Property:								
1	DRONE	9/20/24	14,980	14,980	0	2,140	2,140	0
			14,980	14,980	0	2,140	2,140	0
Start-up/Organization Expense:								
2	START UP COSTS	11/07/24	806	N/A	0	806	806	0
			806	N/A	0	806	806	0
Amortization:								
2	START UP COSTS	11/07/24	0	0	0	0	0	0
			0	0	0	0	0	0
	Grand Totals		15,786	14,980	0	2,946	2,946	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		806	0	0	806	806	0
	Net Grand Totals		14,980	14,980	0	2,140	2,140	0

312-17-4777 **WI Future Depreciation Report FYE: 12/31/25**

FYE: 12/31/2024 **TIRE REPAIR**

Asset	Description	Date In Service	Cost	WI
Prior MACRS:				
1	HUNTER TC X50E TIRE MACHINE	4/13/22	7,015	840
4	2004 FORD SERVICE TRUCK	11/03/21	16,500	1,209
5	JD 320E SKIDSTEER	12/04/21	27,500	0
6	2015 RAM 5500 SERVICE TRUCK	10/19/22	120,000	16,868
7	FLOOR FLATBED LG TRUCK	10/01/22	3,904	549
8	SHOP	11/06/19	132,000	3,385
9	TOOLS	11/06/19	20,000	1,785
10	SHOP PORCH ADDITION	5/18/23	13,782	0
11	AIR COMPRESSOR	6/30/23	2,788	0
12	OVER DOOR	1/05/23	2,848	0
13	TIRE CUTTER	6/30/23	6,500	0
15	QUINCY AIR COMPRESSOR	8/03/23	2,500	0
16	2019 FORD F550	9/28/23	125,000	0
17	AG TIRE CHANGER	10/17/23	13,440	0
18	2009 CHEVY KODIAK C5500	12/27/23	17,100	0
19	GENIE BOOM LIFT	7/24/24	9,233	0
20	TWIST BACK TIRE CHANGER	3/27/24	8,925	0
21	SWING ARM TIRE CHANGER	3/27/24	7,875	0
23	NEW BUILDING	1/12/24	443,227	11,365
24	BUILDING ADDITION	7/01/24	756,521	19,398
26	DELETE KIT FOR 2021 YUKON	8/09/24	3,650	0
27	TRANSMISSION FOR 2009 CHEVY	10/01/24	6,521	0
28	2015 GENIE GTH2506 AND 2022 GENIE COU	8/21/24	40,320	0
30	MEZZANINE TIRE RACKING	11/22/24	39,879	0
			1,827,028	55,399
Listed Property:				
29	2007 CHEVY TRAILBLAZER	12/05/24	3,500	0
14	2021 GMC YUKON XL DENALI	6/12/23	60,616	6,089
			64,116	6,089
	Grand Totals		1,891,144	61,488

312-17-4777 **WI Future Depreciation Report FYE: 12/31/25**

FYE: 12/31/2024 **DEER RECOVERY / LOST PET SEARCH**

Asset	Description	Date In Service	Cost	WI
Prior MACRS:				
1	DRONE	9/20/24	14,980	3,669
			14,980	3,669
Amortization:				
2	START UP COSTS	11/07/24	0	0
			0	0
	Grand Totals		14,980	3,669

Form **1/1NPR**

Wisconsin Reconciliation Report of Business, Rental, Farm, and Farm Rental Activities

2024

Name: JOSHUA & AMANDA M NOLT

Taxpayer Identification Number: 312-17-4777

Activity Type: TIRE REPAIR **TSJ:** T **Form:** C **Unit:** 1 **Entire disposition of activity:**

	Federal	(Subtraction)/Addition	Wisconsin	Wisconsin Sources (PY/NR only)
Gross Income	1,102,141		1,102,141	
Car/Truck expense				
Depletion				
Depreciation	185,229	(2,677)	182,552	
Vehicle rentals				
Amortization				
Prior year at-risk				
Other expenses	663,065		663,065	
Adjustment				
Total expenses	848,294	(2,677)	845,617	0
Tentative Profit/(Loss)	253,847	2,677	256,524	0
Home office				
Net Profit/(Loss)	253,847	2,677	256,524	0
At-risk adjustment				
Disallowed excess farm losses				
Prior year PAL carryover				
PAL adjustment				
Taxable Income/(Loss)	253,847	2,677	256,524	0

Form **1**

Wisconsin Two Year Comparison Report

2023 & 2024

Name: JOSHUA & AMANDA M NOLT

Taxpayer Identification Number: 312-17-4777

			2023	2024	Differences
Income	1. Federal adjusted gross income	1.	120,619	268,177	147,558
	2. Schedule I adjustment	2.	-6,692	2,677	9,369
	3. State and municipal bond interest	3.			
	4. Capital gain/loss	4.			
	5. Other additions	5.			
	6. **Total income and additions**	6.	113,927	270,854	156,927
Adjustments	7. State tax refund	7.		28	28
	8. US obligations	8.			
	9. Unemployment	9.			
	10. Social Security	10.			
	11. Capital gain/loss	11.		5,273	5,273
	12. Other subtractions	12.			
	13. **Total subtractions from income**	13.		5,301	5,301
	14. **Income**	14.	113,927	265,553	151,626
	15. Standard deduction	15.	6,374		-6,374
	16. Personal exemptions	16.	4,200	4,200	
Tax Computation	17. Tax	17.	4,980	13,336	8,356
	18. Itemized deduction credit	18.	841	1,530	689
	19. Additional child and dependent care tax credit	19.			
	20. School property tax credit	20.	300	300	
	21. Historic rehabilitation credits	21.			
	22. Working families credit	22.			
	23. Married couple credit	23.			
	24. Schedule CR (nonrefundable credits)	24.			
	25. Schedule OS	25.			
	26. **Net tax**	26.	3,839	11,506	7,667
	27. Sales/use tax	27.			
	28. Contributions	28.			
	29. Penalties ret plans/Recap DC/HR repayment credit	29.			
	30. **Total tax before refundable credits**	30.	3,839	11,506	7,667
	31. Income tax withheld	31.			
	32. Estimate payments	32.	10,320	4,000	-6,320
	33. Other payments	33.			
	34. Earned income credit	34.			
	35. Homestead credit/Farmland preservation credit	35.			
	36. Repayment credit	36.			
	37. Veterans property tax credit	37.			
	38. Schedule CR (refundable)	38.			
	39. **Tax due/ -refund**	39.	-6,481	7,506	13,987
	40. Penalties and interest	40.			
	41. **Net tax due/-refund**	41.	-6,481	7,506	13,987
	42. **Marginal tax rate**	42.	5.300 %	5.300 %	
	43. **Effective tax rate**	43.	3.714 %	4.402 %	