

TAXABLE YEAR

2025

California Resident Income Tax Return

FORM

540

APE

ATTACH FEDERAL RETURN

SHER 25
BRAD J SHERMAN
LISA K SHERMAN

SHERMAN OAKS CA 91403

Principal Residence section: Enter your county at time of filing (see instructions). LOS ANGELES. If your address above is the same as your principal/physical residence address at the time of filing, check this box. Street address (number and street) (If foreign address, see instructions). SHERMAN OAKS. State CA. ZIP code 91423.

Filing Status section: If your California filing status is different from your federal filing status, check the box here. 1 Single, 2 Married/RDP filing jointly (even if only one spouse/RDP had income). See instr. 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. 4 Head of household (with qualifying person). See instructions. 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died. See instructions. 6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr.

Exemptions section: For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line. 7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. 9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions.

Your name: **BRAD J SHERMAN** Your SSN or ITIN: [REDACTED]

**10 Dependents: Do not include yourself or your spouse/RDP.**

	Dependent 1	Dependent 2	Dependent 3
First Name	<input checked="" type="radio"/> MOLLY	<input checked="" type="radio"/> NAOMI	<input checked="" type="radio"/> LUCY
Last Name	<input checked="" type="radio"/> SHERMAN	<input checked="" type="radio"/> SHERMAN	<input checked="" type="radio"/> SHERMAN
SSN. See inst.	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>
Dependent's relationship to you	<input checked="" type="radio"/> DAUGHTER	<input checked="" type="radio"/> DAUGHTER	<input checked="" type="radio"/> DAUGHTER

Total dependent exemptions .....  10  3 X \$475 =  \$ **1,425**

**11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 .....  11 \$ **1,884**

**12** State wages from your federal Form(s) W-2, box 16 .....  12 **298,614** .00

**13** Enter federal adjusted gross income (AGI) from federal Form 1040 or 1040-SR, line 11b .....  13 **445,644** .00

**14** California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B .....  14 **65,662** .00

**15** Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions .....  15 **379,982** .00

**16** California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C .....  16 .00

**17** California adjusted gross income. Combine line 15 and line 16 .....  17 **379,982** .00

**18** Enter the larger of   
 { Your California **itemized deductions** from Schedule CA (540), Part II, line 30. OR   
 Your California **standard deduction** shown below for your filing status:   
 Single or Married/RDP filing separately ..... \$ 5,706   
 Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP ..... \$11,412   
 If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions .....  18 **56,968** .00

**19** Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- .....  19 **323,014** .00

**31** Tax. Check the box if from:   
 Tax Table  Tax Rate Schedule   
 FTB 3800  FTB 3803 .....  31 **22,918** .00

**32** Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$252,203, see instructions .....  32 **1,884** .00

**33** Subtract line 32 from line 31. If less than zero, enter -0- .....  33 **21,034** .00

**34** Tax. See instructions. Check the box if from:  Schedule G-1  FTB 5870A .....  34 .00

**35** Add line 33 and line 34 .....  35 **21,034** .00

**40** Nonrefundable Child and Dependent Care Expenses Credit. See instructions .....  40 .00

**43** Enter credit name **OTHER STATE** code  **187** and amount .....  43 **8,426** .00

**44** Enter credit name   code    and amount .....  44 .00

Your name: **BRAD J SHERMAN** Your SSN or ITIN: XXXXXXXXXX

Special Credits	45 To claim more than two credits, see instructions. Attach Schedule P (540) .....	• 45		.00
	46 Nonrefundable Renter's Credit. See instructions .....	• 46		.00
	47 Add line 40 through line 46. These are your total credits .....	⊙ 47	8,426	.00
	48 Subtract line 47 from line 35. If less than zero, enter -0- .....	⊙ 48	12,608	.00

Other Taxes	61 Alternative Minimum Tax. Attach Schedule P (540) .....	• 61		.00
	62 Behavioral Health Services Tax. See instructions .....	• 62		.00
	63 Other taxes and credit recapture. See instructions .....	• 63		.00
	64 Add line 48, line 61, line 62, and line 63. This is your total tax .....	• 64	12,608	.00

Payments	71 California income tax withheld. See instructions .....	• 71	22,700	.00
	72 2025 California estimated tax and other payments. See instructions .....	• 72		.00
	73 Withholding (Form 592-B and/or Form 593). See instructions .....	• 73		.00
	74 Refundable Program 4.0 California Motion Picture and Television Production Credit. See instructions .....	• 74		.00
	75 Earned Income Tax Credit (EITC). See instructions .....	• 75		.00
	76 Young Child Tax Credit (YCTC). See instructions .....	• 76		.00
	77 Foster Youth Tax Credit (FYTC). See instructions .....	• 77		.00
	78 Add line 71 through line 77. These are your total payments. See instructions .....	⊙ 78	22,700	.00

Use Tax	91 Use Tax. Do not leave blank. See instructions .....	• 91	0	.00
	If line 91 is zero, check if: <input checked="" type="radio"/> <b>X</b> No use tax is owed. <input type="radio"/> You paid your use tax obligation directly to CDTFA.			

ISR Penalty	92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage .....	•	<input checked="" type="checkbox"/> <b>X</b>	
	Individual Shared Responsibility (ISR) Penalty. See instructions .....	• 92		.00

Overpaid Tax/Tax Due	93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 .....	⊙ 93	22,700	.00
	94 Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 .....	⊙ 94		.00
	95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93 .....	⊙ 95	22,700	.00
	96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92 .....	⊙ 96		.00
	97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95 .....	⊙ 97	10,092	.00

Your name: **BRAD J SHERMAN** Your SSN or ITIN: XXXXXXXXXX

<b>Overpaid Tax/Tax Due</b>	<b>98</b> Amount of line 97 you want applied to your <b>2025</b> estimated tax .....	<input type="radio"/> <b>98</b>	<b>6,000</b>	.00
	<b>99</b> Overpaid tax available this year. Subtract line 98 from line 97 .....	<input type="radio"/> <b>99</b>	<b>4,092</b>	.00
	<b>100</b> Tax due. If line 95 is less than line 64, subtract line 95 from line 64 .....	<input checked="" type="radio"/> <b>100</b>		.00

		<b>Code</b>	<b>Amount</b>	
<b>Contributions</b>	California Seniors Special Fund. See instructions .....	<input type="radio"/> <b>400</b>		.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund .....	<input type="radio"/> <b>401</b>		.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program .....	<input type="radio"/> <b>403</b>		.00
	California Breast Cancer Research Voluntary Tax Contribution Fund .....	<input type="radio"/> <b>405</b>		.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund .....	<input type="radio"/> <b>406</b>		.00
	Emergency Food for Families Voluntary Tax Contribution Fund .....	<input type="radio"/> <b>407</b>		.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund .....	<input type="radio"/> <b>408</b>		.00
	California Cancer Research Voluntary Tax Contribution Fund .....	<input type="radio"/> <b>413</b>		.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund .....	<input type="radio"/> <b>422</b>		.00
	State Parks Protection Fund/Parks Pass Purchase .....	<input type="radio"/> <b>423</b>		.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund .....	<input type="radio"/> <b>424</b>		.00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund .....	<input type="radio"/> <b>431</b>		.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund .....	<input type="radio"/> <b>438</b>		.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund .....	<input type="radio"/> <b>439</b>		.00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund .....	<input type="radio"/> <b>445</b>		.00
	California ALS Research Network Voluntary Tax Contribution Fund .....	<input type="radio"/> <b>447</b>		.00
	California Pediatric Cancer Research Voluntary Tax Contribution Fund .....	<input type="radio"/> <b>448</b>		.00
Parkinson's Disease Research Voluntary Tax Contribution Fund .....	<input type="radio"/> <b>449</b>		.00	
<b>110</b> Add amounts in code 400 through code 449. This is your total contribution .....	<input type="radio"/> <b>110</b>		.00	

Your name: **BRAD J SHERMAN** Your SSN or ITIN: [REDACTED]

**Amount You Owe**

**111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** • 111 [REDACTED] .00

Pay Online - Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

**Interest and Penalties**

**112** Interest, late return penalties, and late payment penalties ..... **112** [REDACTED] .00

**113** Underpayment of estimated tax.

Check the box •  **FTB 5805 attached** •  **FTB 5805F attached** ..... • **113** [REDACTED] 0 .00

**114** Total amount due. See instructions. Enclose, but **do not** staple, any payment ..... **114** [REDACTED] .00

**115 REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ... • **115** [REDACTED] **4,092** .00

**Refund and Direct Deposit**

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

• Routing number [REDACTED] • Type  Checking  Savings • Account number [REDACTED] • **116** Direct deposit amount [REDACTED] **4,092** .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

• Routing number [REDACTED] • Type  Checking  Savings • Account number [REDACTED] • **117** Direct deposit amount [REDACTED] .00

**Voter Info.**

For voter registration information, check the box and go to [sos.ca.gov/elections](http://sos.ca.gov/elections). See instructions .....

**Health Care Coverage Info.**

Do you want information on no-cost or low-cost health care coverage?  
 By checking the "Yes" box, you authorize the Franchise Tax Board to share limited information from your tax return with Covered California. See instructions .....  Yes  No

**Organ Donor Election**

By checking the applicable box you authorize written consent for Donate Life California to enroll you in the Donate Life California Organ and Tissue Donor Registry, and for the Franchise Tax Board to share limited information from your tax return with Donate Life California.

If your individual information has changed since the last time you filed a tax return, and are already registered with Donate Life California, re-checking the box will send your most updated individual information to Donate Life California. If you do not check the box, Donate Life California will not enroll you in the registry at this time.

To remove your name from the registry contact Donate Life California directly. For more information, see the Consent Language in the instructions.

Primary taxpayer  
 Spouse/RDP (if joint tax return)

Sign your tax return on Side 6

Your name: **BRAD J SHERMAN**

Your SSN or ITIN: [REDACTED]

**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to [ftb.ca.gov/privacy](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **048** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature: [REDACTED] Date: [REDACTED] Spouse's/RDP's signature (if a joint tax return, both must sign): [REDACTED]

Your email address. Enter only one email address.

[REDACTED]

Preferred phone number

[REDACTED]

**Sign Here**

Print paid preparer's name

[REDACTED]

Paid preparer's phone number

[REDACTED]

It is unlawful to forge a spouse's/ RDP's signature.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

[REDACTED]

Joint tax return? See instructions.

Firm's name (or yours, if self-employed)

[REDACTED]

PTIN

[REDACTED]

Firm's address

[REDACTED]

Firm's FEIN

[REDACTED]

Do you want to allow another person to discuss this tax return with us? See instructions .....  Yes  No

Print Third Party Designee's Name

[REDACTED]

Telephone Number

[REDACTED]

2025

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 540NR.

Caution: If this schedule is filled out, do not send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, attach copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

\*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number \*

b. Employer identification number (EIN)

c. Employer's name

Employer's address

City  State  ZIP code

e. Employee's first name \*  Initial \*  Last name \*  Suffix \*

f. Employee's address \*

City \*  State \*  ZIP code \*

1. <input type="text" value="146,390"/> Wages, tips, other compensation	4. <input type="text" value="10,918"/> Social security tax withheld	8. <input type="text" value=""/> Allocated tips (not included in box 1)
2. <input type="text" value="77,500"/> Federal income tax withheld	6. <input type="text" value="2,572"/> Medicare tax withheld	10. <input type="text" value=""/> Dependent care benefits
3. <input type="text" value="176,100"/> Social security wages	7. <input type="text" value=""/> Social security tips	11. <input type="text" value=""/> Nonqualified plans

12. Codes and amounts

12a. <input type="text" value="D"/> Code <input type="text" value="31,000"/> Amount	12c. <input type="text" value=""/> Code <input type="text" value=""/> Amount
12b. <input type="text" value=""/> Code <input type="text" value=""/> Amount	12d. <input type="text" value=""/> Code <input type="text" value=""/> Amount

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee  Retirement plan  Third-party sick pay

14. SDI, VPOI, or CA SDI (from federal Form W-2, box 14 or 19)

Type  Amount

16. State wages, tips, etc.

15. State and employer's state ID number

State  Employer's state ID number

17. State income tax

Franchise Tax Board Privacy Notice on Collection

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2025

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 540NR.

Caution: If this schedule is filled out, do not send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, attach copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

\*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number \*

b. Employer identification number (EIN)

c. Employer's name

Employer's address

City  State  ZIP code

e. Employee's first name \*  Initial \*  Last name \*  Suffix \*

f. Employee's address \*

City \*  State \*  ZIP code \*

1. <input type="text" value="152,224"/> Wages, tips, other compensation	4. <input type="text" value="10,918"/> Social security tax withheld	8. <input type="text" value=""/> Allocated tips (not included in box 1)
2. <input type="text" value="16,599"/> Federal income tax withheld	6. <input type="text" value="2,599"/> Medicare tax withheld	10. <input type="text" value=""/> Dependent care benefits
3. <input type="text" value="176,100"/> Social security wages	7. <input type="text" value=""/> Social security tips	11. <input type="text" value=""/> Nonqualified plans

12. Codes and amounts

12a. <input type="text" value="D"/> Code <input type="text" value="27,014"/> Amount	12c. <input type="text" value=""/> Code <input type="text" value=""/> Amount
12b. <input type="text" value="DD"/> Code <input type="text" value="29,367"/> Amount	12d. <input type="text" value=""/> Code <input type="text" value=""/> Amount

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee  Retirement plan  Third-party sick pay

14. SDI, VPOI, or CA SDI (from federal Form W-2, box 14 or 19)

Type  Amount

16. State wages, tips, etc.

15. State and employer's state ID number

State  Employer's state ID number

17. State income tax

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Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return

BRAD J SHERMAN AND LISA N K SHERMAN

SSN or ITIN

[REDACTED]

**Part I Income Adjustment Schedule**

**Section A - Income** from federal Form 1040 or 1040-SR

	<b>A Federal Amounts</b> (taxable amounts from your federal tax return)	<b>B Subtractions</b> See instructions	<b>C Additions</b> See instructions
<b>1</b> <sup>Total amount from federal</sup> <b>a</b> Form(s) W-2, box 1. See instructions ..... <b>1a</b>	<input checked="" type="radio"/> 298,614 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>b</b> Household employee wages not reported on federal Form(s) W-2 ..... <b>1b</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>c</b> Tip income not reported on line 1a ..... <b>1c</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>d</b> Medicaid waiver payments not reported on federal Form(s) W-2. See instructions ..... <b>1d</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>e</b> Taxable dependent care benefits from federal Form 2441, line 26 ..... <b>1e</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>f</b> Employer-provided adoption benefits from federal Form 8839, line 31 ..... <b>1f</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>g</b> Wages from federal Form 8919, line 6 ..... <b>1g</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>h</b> Other earned income. See instr. Enter type & amount <input checked="" type="radio"/> ..... <b>1h</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>i</b> Nontaxable combat pay election. See instructions ..... <b>1i</b>			<input checked="" type="radio"/>
<b>z</b> Add line 1a through line 1i ..... <b>1z</b>	<input checked="" type="radio"/> 298,614 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>2</b> Taxable interest. <input checked="" type="radio"/> ..... <b>2b</b>	<input checked="" type="radio"/> 11,581 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>3</b> Ordinary dividends. See instructions. <input checked="" type="radio"/> 27,531 ..... <b>3b</b>	<input checked="" type="radio"/> 46,472 <input checked="" type="radio"/>	<input checked="" type="radio"/> 17,262 <input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>4</b> IRA distributions. See instructions. <input checked="" type="radio"/> ..... <b>4b</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>5</b> Pensions and annuities. See instructions ..... <input checked="" type="radio"/> 38,943 ..... <b>5b</b>	<input checked="" type="radio"/> 38,894 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>6</b> Social security benefits ..... <input checked="" type="radio"/> 56,941 ..... <b>6b</b>	<input checked="" type="radio"/> 48,400 <input checked="" type="radio"/>	<input checked="" type="radio"/> 48,400	
<b>7 a</b> Capital gain or (loss). See instr. .... <b>7a</b>	<input checked="" type="radio"/> 1,683 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

**Section B - Additional Income** from federal Schedule 1 (Form 1040)

<b>1</b> Taxable refunds, credits, or offsets of state and local income taxes ..... <b>1</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
<b>2 a</b> Alimony <b>b</b> Date of original divorce or received. separation agreement. <input checked="" type="radio"/> ..... <b>2a</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>3</b> Business income or (loss). See instructions ..... <b>3</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>4</b> Other gains or (losses) ..... <b>4</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>5</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. .... <b>5</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>6</b> Farm income or (loss) ..... <b>6</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>7</b> Unemployment compensation ..... <b>7</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	

Section B - Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
<b>B</b> Other income:			
a Federal net operating loss ..... 8a	⊙ ( )		⊙
b Gambling ..... 8b	⊙	⊙	
c Cancellation of debt ..... 8c	⊙	⊙	⊙
d Foreign earned income exclusion from federal Form 2555 ..... 8d	⊙ ( )		⊙
e Income from federal Form 8853 ..... 8e	⊙		⊙
f Income from federal 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 ..... 8m	⊙		
n IRC Section 951(a) inclusion ..... 8n	⊙	⊙	
o IRC Section 951A(a) inclusion ..... 8o	⊙	⊙	
p IRC Section 461(f) excess business loss adjustment ..... 8p	⊙	⊙	⊙
q Taxable distributions from an ABLÉ account ..... 8q	⊙		
r Scholarship and fellowship grants not reported on federal Form(s) W-2 ..... 8r	⊙		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d ..... 8s	⊙ ( )		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan ..... 8t	⊙		
u Wages earned while incarcerated ..... 8u	⊙		
v Digital assets received as ordinary income not reported elsewhere ..... 8v	⊙	⊙	⊙
z Other income. List type and amount.			
⊙ ..... 8z	⊙	⊙	⊙

Section B - Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
<b>9 a</b> Total other income. Add line 8a through line 8z <b>9a</b>	⊙	⊙	⊙
<b>b1</b> Disaster loss deduction from form FTB 3805V <b>9b1</b>		⊙	
<b>b2</b> NOL deduction from form FTB 3805V <b>9b2</b>		⊙	
<b>b3</b> NOL deduction from form FTB 3805Z, FTB 3807, or FTB 3809 <b>9b3</b>		⊙	
<b>10 Total.</b> Add Section A, line 1z through line 7a, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7a, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions <b>10</b>	⊙ <b>445,644</b>	⊙ <b>65,662</b>	⊙

**Section C - Adjustments to Income**  
from federal Schedule 1 (Form 1040)

<b>11</b> Educator expenses <b>11</b>	⊙	⊙	
<b>12</b> Certain business expenses of reservists, performing artists, and fee-basis government officials <b>12</b>	⊙	⊙	⊙
<b>13</b> Health savings account deduction <b>13</b>	⊙	⊙	
<b>14</b> Moving expenses. Attach form FTB 3913. See instructions <b>14</b>	⊙		⊙
<b>15</b> Deductible part of self-employment tax. See instructions <b>15</b>	⊙	⊙	
<b>16</b> Self-employed SEP, SIMPLE, and qualified plans <b>16</b>	⊙		
<b>17</b> Self-employed health insurance deduction. See instructions <b>17</b>	⊙	⊙	
<b>18</b> Penalty on early withdrawal of savings <b>18</b>	⊙		
<b>19 a</b> Alimony paid <b>19a</b>	⊙		⊙
<b>b</b> Recipient's SSN ⊙ _____  Last Name ⊙ _____			
<b>c</b> Date of original divorce or separation agreement. See instr. ⊙ _____			
<b>20</b> IRA deduction <b>20</b>	⊙	⊙	⊙
<b>21</b> Student loan interest deduction <b>21</b>	⊙		⊙
<b>22</b> Reserved for future use <b>22</b>			
<b>23</b> Archer MSA deduction <b>23</b>	⊙		

Section C - Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
<b>24</b> Other adjustments:			
<b>a</b> Jury duty pay ..... <b>24a</b>	⊙		
<b>b</b> Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit ..... <b>24b</b>	⊙	⊙	⊙
<b>c</b> Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m ..... <b>24c</b>	⊙	⊙	
<b>d</b> Reforestation amortization and expenses ..... <b>24d</b>	⊙	⊙	
<b>e</b> Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 ... <b>24e</b>	⊙		
<b>f</b> Contributions to IRC Section 501(c)(18)(D) pension plans ..... <b>24f</b>	⊙	⊙	⊙
<b>g</b> Contributions by certain chaplains to IRC Section 403(b) plans ..... <b>24g</b>	⊙	⊙	⊙
<b>h</b> Attorney fees and court costs for actions involving certain unlawful discrimination claims ..... <b>24h</b>	⊙		
<b>i</b> Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations <b>24i</b>	⊙	⊙	
<b>j</b> Housing deduction from federal Form 2555 ..... <b>24j</b>	⊙	⊙	
<b>k</b> Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) ..... <b>24k</b>	⊙		
<b>z</b> Other adjustments. List type and amount. ⊙ ..... <b>24z</b>	⊙	⊙	⊙
<b>25</b> Total other adjustments. Add line 24a through line 24z ..... <b>25</b>	⊙	⊙	⊙
<b>26</b> Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions ..... <b>26</b>	⊙	⊙	⊙
<b>27</b> Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions ..... <b>27</b>	⊙	⊙	⊙
	445,644	⊙	65,662

**Part II Adjustments to Federal Itemized Deductions**

Check the box if you did NOT itemize for federal but will itemize for California .....

	<b>A Federal Amounts</b> (from federal Schedule A (Form 1040))	<b>B Subtractions</b> See instructions	<b>C Additions</b> See instructions
<b>Medical and Dental Expenses</b> See instructions.			
<b>1</b> Medical and dental expenses <input checked="" type="radio"/> <u>55,295</u> <b>1</b>			
<b>2</b> Enter amount from federal Form 1040 or 1040-SR, line 11b <input checked="" type="radio"/> <u>445,644</u> <b>2</b>			
<b>3</b> Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> <u>33,423</u> <b>3</b>			
<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/> <u>21,872</u> <b>4</b>			<input checked="" type="radio"/>
<b>Taxes You Paid</b>			
<b>5 a</b> State and local income tax or general sales taxes <b>5a</b> <input checked="" type="radio"/> <u>32,474</u> <input checked="" type="radio"/> <u>32,474</u>			
<b>b</b> State and local real estate taxes <b>5b</b> <input checked="" type="radio"/> <u>18,416</u>			
<b>c</b> State and local personal property taxes <b>5c</b> <input checked="" type="radio"/> <u>198</u>			
<b>d</b> Add line 5a through line 5c <b>5d</b> <input checked="" type="radio"/> <u>51,088</u>			
<b>e</b> Enter the smaller of line 5d or \$40,000 (\$20,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="radio"/> <u>40,000</u> <input checked="" type="radio"/> <u>32,474</u> <input checked="" type="radio"/> <u>11,088</u> <b>5e</b>			
<b>6</b> Other taxes. List type <input checked="" type="radio"/> <b>6</b> <input checked="" type="radio"/>			
<b>7</b> Add line 5e and line 6 <b>7</b> <input checked="" type="radio"/> <u>40,000</u> <input checked="" type="radio"/> <u>32,474</u> <input checked="" type="radio"/> <u>11,088</u>			
<b>Interest You Paid</b>			
<b>8 a</b> Home mortgage interest and points reported to you on federal Form 1098 <b>8a</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>b</b> Home mortgage interest not reported to you on federal Form 1098 <b>8b</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>c</b> Points not reported to you on federal Form 1098 <b>8c</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>d</b> Reserved for future use <b>8d</b>			
<b>e</b> Add line 8a through line 8c <b>8e</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>9</b> Investment interest <b>9</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>10</b> Add line 8e and line 9 <b>10</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>

Part II Adjustments to Federal Itemized Deductions Continued		A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
<b>Gifts to Charity</b>				
11	Gifts by cash or check .....	11 <input checked="" type="radio"/> 16,482	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12	Other than by cash or check .....	12 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13	Carryover from prior year .....	13 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14	Add line 11 through line 13 .....	14 <input checked="" type="radio"/> 16,482	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>Casualty and Theft Losses</b>				
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions .....	15 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>Other Itemized Deductions</b>				
16	Other - from list in federal instructions .....	16 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C .....	17 <input checked="" type="radio"/> 78,354	<input checked="" type="radio"/> 32,474	<input checked="" type="radio"/> 11,088
18	<b>Total.</b> Combine line 17 column A less column B plus column C .....	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 56,968
<b>Job Expenses and Certain Miscellaneous Deductions</b>				
19	Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions .....	<input checked="" type="radio"/> 19		
20	Tax preparation fees .....	<input checked="" type="radio"/> 20	2,450	
21	Other expenses: investment, safe deposit box, etc. List type .....	<input checked="" type="radio"/> STMT 3	<input checked="" type="radio"/> 21	125
22	Add line 19 through line 21 .....	<input checked="" type="radio"/> 22	2,575	
23	Enter amount from federal Form 1040 or 1040-SR, line 11b .....	<input checked="" type="radio"/> 445,644		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0 .....	<input checked="" type="radio"/> 24	8,913	
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 .....	<input checked="" type="radio"/> 25		0
26	<b>Total Itemized Deductions.</b> Add line 18 and line 25 .....	<input checked="" type="radio"/> 26		56,968
27	Other adjustments. See instructions. Specify .....	<input checked="" type="radio"/> 27		
28	Combine line 26 and line 27 .....	<input checked="" type="radio"/> 28		56,968
29	<b>Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?</b>			
	Single or married/RDP filing separately .....		\$252,203	
	Head of household .....		\$378,310	
	Married/RDP filing jointly or qualifying surviving spouse/RDP .....		\$504,411	
	<b>No.</b> Transfer the amount on line 28 to line 29.			
	<b>Yes.</b> Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 .....	<input checked="" type="radio"/> 29		56,968
30	<b>Enter the larger of the amount on line 29 or your standard deduction shown below:</b>			
	Single or married/RDP filing separately. See instructions .....		\$5,708	
	Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP .....		\$11,412	
	Transfer the amount on line 30 to Form 540, line 18 .....	<input checked="" type="radio"/> 30		56,968

**2025**

**Other State Tax Credit**

**S**

Attach to Form 540, Form 540NR, or Form 541.

Name(s) as shown on your California tax return

SSN, ITIN, or FEIN

**BRAD J. & LISA N K. SHERMAN**

**Part I Double-Taxed Income** (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> US DEPARTMENT OF STATE	<input checked="" type="radio"/> 152,224	<input checked="" type="radio"/> 152,224
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1 Total double-taxed income</b>	<input checked="" type="radio"/> <b>152,224</b>	<input checked="" type="radio"/> <b>152,224</b>

**Part II Figure Your Other State Tax Credit** (Read specific line instructions for Part II before completing.)

<b>2</b> California tax liability. See instructions	<input checked="" type="radio"/> <b>2</b>	<b>21,034</b>	<b>00</b>
<b>3</b> Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> <b>3</b>	<b>152,224</b>	<b>00</b>
<b>4</b> California adjusted gross income. See instructions	<input checked="" type="radio"/> <b>4</b>	<b>379,982</b>	<b>00</b>
<b>5</b> Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> <b>5</b>	<b>.4006</b>	
<b>6</b> Multiply line 2 by line 5	<input checked="" type="radio"/> <b>6</b>	<b>8,426</b>	<b>00</b>
<b>7</b> Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> <b>DC</b> See instructions	<input checked="" type="radio"/> <b>7</b>	<b>9,774</b>	<b>00</b>
<b>8</b> Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> <b>8</b>	<b>152,224</b>	<b>00</b>
<b>9</b> Adjusted gross income taxable by other state. See instructions	<input checked="" type="radio"/> <b>9</b>	<b>152,224</b>	<b>00</b>
<b>10</b> Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> <b>10</b>	<b>1.0000</b>	
<b>11</b> Multiply line 7 by line 10	<input checked="" type="radio"/> <b>11</b>	<b>9,774</b>	<b>00</b>
<b>12</b> Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code <b>187</b> . See instructions	<input checked="" type="radio"/> <b>12</b>	<b>8,426</b>	<b>00</b>



LISA SHERMAN IS A DUAL RESIDENT OF BOTH CALIFORNIA AND THE DISTRICT OF COLUMBIA. SHE WORKS IN DC. SHE IS THE WIFE OF A US CONGRESSMAN FROM CALIFORNIA.




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CA SCHEDULE CA	ORDINARY DIVIDENDS - SUBTRACTION	STATEMENT	2
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DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMENT
MERRILL LYNCH	18,606.	18,606.	0.
MERRILL LYNCH	0.	17,262.	-17,262.
VANGUARD MARKETING CORPORATION	10,604.	10,604.	0.
TO SCH CA (540), PART IA, LINE 3BB			-17,262.

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SCHEDULE CA	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	AMOUNT
INVESTMENT FEES	125.
TOTAL TO SCHEDULE CA, PART II, LINE 21	125.

For the year Jan. 1 - Dec. 31, 2025, or other tax year beginning , ending See separate instructions.

Filed pursuant to section 301.9100-2 Combat zone Deceased Spouse Other

Your first name and middle initial BRAD J. Last name SHERMAN Your social security number

If joint return, spouse's first name and middle initial LISA N K. Last name SHERMAN Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025.

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code SHERMAN OAKS CA 91403 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.

Foreign country name Foreign province/state/country Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS). Enter spouse's SSN above and full name here: If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Table with columns for Dependents (1-4) and rows for (1) First name, (2) Last name, (3) SSN, (4) Relationship, (5) Check if lived with you more than half of 2025, (6) Check if (Full-time student, Permanently and totally disabled), (7) Credits (Child tax credit, Credit for other dependents).

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

Income section table with rows 1a through 11a and columns for amounts. Includes sub-rows for interest, dividends, IRA distributions, pensions, social security, and capital gains.

Tax and Credits

Table with 2 columns: Line number and Amount. Rows include 11b (445,644), 12a (Someone can claim), 12e (78,354), 13a (336), 14 (78,690), 15 (366,954), 16 (71,134), 17, 18 (71,134), 19 (4,300), 20, 21 (4,300), 22 (66,834), 23 (6,606), 24 (73,440).

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

Payments and Refundable Credits

Table with 2 columns: Line number and Amount. Rows include 25 (Federal income tax withheld from: 25a 94,099, 25b 10,260, 25c, 25d 104,359), 26 (2025 estimated tax payments and amount applied from 2024 return STATEMENT 8 3,399), 27a (Earned income credit (EIC)), 28 (Additional child tax credit (ACTC)), 29 (American opportunity credit from Form 8863, line 8), 30 (Refundable adoption credit from Form 8839, line 13), 31 (Amount from Schedule 3, line 15), 32 (Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits), 33 (Add lines 25d, 26, and 32. These are your total payments 107,758).

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

Refund

Table with 2 columns: Line number and Amount. Rows include 34 (If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34,318), 35a (Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 9,318), 36 (Amount of line 34 you want applied to your 2026 estimated tax 25,000).

Direct deposit? See instructions.

Amount You Owe

Table with 2 columns: Line number and Amount. Rows include 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), 38 (Estimated tax penalty (see instructions)).

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. [X] Yes. Complete below. [ ] No. Designer's name, Phone no., Personal identification number (PIN).

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature, Date, Your occupation (CONGRESSMAN/CPA), Spouse's signature, Date, Spouse's occupation (DIPLOMAT).

Paid Preparer Use Only

Preparer's name, Preparer's signature, Date, PIN, Check it: [X] Self-employed, Firm's name, Firm's address, Firm's EIN.

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074

**2025**

Attachment  
Sequence No. **01**

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

**BRAD J. & LISA N K. SHERMAN**

Your social security number

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

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

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes	STMT 10	STMT 11	<b>1</b>	0.
<b>2a</b>	Alimony received			<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions)				
<b>3</b>	Business income or (loss). Attach Schedule C			<b>3</b>	
<b>4</b>	Other gains or (losses). Check if any from Form(s): <input type="checkbox"/> 4797 <input type="checkbox"/> 4684			<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F			<b>6</b>	
<b>7</b>	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here <input type="checkbox"/> and enter amount repaid:			<b>7</b>	
<b>8</b>	Other income:				
<b>a</b>	Net operating loss	<b>8a</b>	( )		
<b>b</b>	Gambling	<b>8b</b>			
<b>c</b>	Cancellation of debt	<b>8c</b>			
<b>d</b>	Foreign earned income exclusion from Form 2555	<b>8d</b>	( )		
<b>e</b>	Income from Form 8853	<b>8e</b>			
<b>f</b>	Income from Form 8889	<b>8f</b>			
<b>g</b>	Alaska Permanent Fund dividends	<b>8g</b>			
<b>h</b>	Jury duty pay	<b>8h</b>			
<b>i</b>	Prizes and awards	<b>8i</b>			
<b>j</b>	Activity not engaged in for profit income	<b>8j</b>			
<b>k</b>	Stock options	<b>8k</b>			
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	<b>8l</b>			
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions)	<b>8m</b>			
<b>n</b>	Section 951(a) inclusion (see instructions)	<b>8n</b>			
<b>o</b>	Section 951A(a) inclusion (see instructions)	<b>8o</b>			
<b>p</b>	Section 461(l) excess business loss adjustment	<b>8p</b>			
<b>q</b>	Taxable distributions from an ABL account (see instructions)	<b>8q</b>			
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2	<b>8r</b>			
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	<b>8s</b>	( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	<b>8t</b>			
<b>u</b>	Wages earned while incarcerated	<b>8u</b>			
<b>v</b>	Digital assets received as ordinary income not reported elsewhere. See instructions	<b>8v</b>			
<b>z</b>	Other income. List type and amount:	<b>8z</b>			
<b>9</b>	Total other income. Add lines 8a through 8z			<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			<b>10</b>	0.

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

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

**Part II Adjustments to Income**

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

**SCHEDULE 1-A**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Deductions**

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

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

OMB No. 1545-0074

**2025**  
Attachment  
Sequence No. **1A**

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

**BRAD J. & LISA N K. SHERMAN**

Your social security number

[REDACTED]

**Part I Modified Adjusted Gross Income (MAGI) Amount**

<b>1</b>	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11b .....	<b>1</b>	<b>445,644.</b>
<b>2a</b>	Enter any income from Puerto Rico that you excluded .....	<b>2a</b>	
<b>b</b>	Enter the amount from Form 2555, line 45 .....	<b>2b</b>	
<b>c</b>	Enter the amount from Form 2555, line 50 .....	<b>2c</b>	
<b>d</b>	Enter the amount from Form 4563, line 15 .....	<b>2d</b>	
<b>e</b>	Add lines 2a, 2b, 2c, and 2d .....	<b>2e</b>	
<b>3</b>	Add lines 1 and 2e .....	<b>3</b>	<b>445,644.</b>

**Part II No Tax on Tips**

**Caution:** Fill out Part II only if you received qualified tips. These tips must have been received in an occupation listed at [IRS.gov/TippedOccupations](http://IRS.gov/TippedOccupations). You and/or your spouse who received qualified tips must have a valid social security number to claim the deduction. If married, you must file jointly to claim this deduction. See instructions.

<b>4</b>	Qualified tips received as an employee. If you received tips as an employee with respect to employment with more than one employer, enter -0- on lines 4a and 4b and see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions.		
<b>a</b>	Enter qualified tips included on Form W-2, box 7, but see the instructions if Form W-2, box 5 is more than \$176,100 or you received tips that are not subject to social security and Medicare taxes .....	<b>4a</b>	
<b>b</b>	Qualified tips included on Form 4137, line 1, row A, column (c). If Form 4137 is not filed, enter -0- .....	<b>4b</b>	
<b>c</b>	If you only received qualified tips as an employee with respect to employment with one employer, enter the larger of line 4a or line 4b. Otherwise, see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions .....	<b>4c</b>	
<b>5</b>	Qualified tips received in the course of a trade or business. Qualified tip amount included in Form 1099-NEC, box 1; Form 1099-MISC, box 3; or Form 1099-K, box 1a. Do not enter more than the net profit from the trade or business. If you received qualified tips in the course of more than one trade or business or in more than one occupation, see instructions .....	<b>5</b>	
<b>6</b>	Add lines 4c and 5 .....	<b>6</b>	
<b>7</b>	Enter the smaller of the amount on line 6 or \$25,000 .....	<b>7</b>	
<b>8</b>	Enter the amount from line 3 .....	<b>8</b>	
<b>9</b>	Enter \$150,000 (\$300,000 if married filing jointly) .....	<b>9</b>	
<b>10</b>	Subtract line 9 from line 8. If zero or less, enter the amount from line 7 on line 13 .....	<b>10</b>	
<b>11</b>	Divide line 10 by \$1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.) .....	<b>11</b>	
<b>12</b>	Multiply line 11 by \$100 .....	<b>12</b>	
<b>13</b>	<b>Qualified tips deduction.</b> Subtract line 12 from line 7. If zero or less, enter -0- .....	<b>13</b>	

**Part III No Tax on Overtime**

**Caution:** Fill out Part III only if you received qualified overtime compensation. You and/or your spouse who received the qualified overtime compensation must have a valid social security number to claim this deduction. If married, you must file jointly to claim this deduction. See instructions.

<b>14a</b>	Qualified overtime compensation included in Form W-2, box 1. If you received qualified overtime compensation not reported on Form W-2, box 1, see instructions .....	<b>14a</b>	
<b>b</b>	Qualified overtime compensation included in Form 1099-NEC, box 1 or Form 1099-MISC, box 3 (see instructions) .....	<b>14b</b>	
<b>c</b>	Add lines 14a and 14b .....	<b>14c</b>	
<b>15</b>	Enter the smaller of the amount on line 14c or \$12,500 (\$25,000 if married filing jointly) .....	<b>15</b>	
<b>16</b>	Enter the amount from line 3 .....	<b>16</b>	
<b>17</b>	Enter \$150,000 (\$300,000 if married filing jointly) .....	<b>17</b>	
<b>18</b>	Subtract line 17 from line 16. If zero or less, enter the amount from line 15 on line 21 .....	<b>18</b>	
<b>19</b>	Divide line 18 by \$1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.) .....	<b>19</b>	
<b>20</b>	Multiply line 19 by \$100 .....	<b>20</b>	
<b>21</b>	<b>Qualified overtime compensation deduction.</b> Subtract line 20 from line 15. If zero or less, enter -0- .....	<b>21</b>	

**Part IV No Tax on Car Loan Interest**

**Caution:** Fill out Part IV only if you, or your spouse if married filing jointly, paid or accrued qualified passenger vehicle loan interest (QPVLI). Column (iii) is the total QPVL I paid in 2025 less the amounts reported in column (ii). See instructions.

**22** Applicable passenger vehicle (see instructions). If more than two VINs, see instructions.

	(i) Vehicle identification number (VIN)	Interest for this loan:	
		(ii) Deducted on Schedule C, Schedule E, or Schedule F	(iii) Schedule 1-A
<b>a</b>			
<b>b</b>			
<b>23</b>	Add lines 22a and 22b, column (iii)	<b>23</b>	
<b>24</b>	Enter the smaller of the amount on line 23 or \$10,000	<b>24</b>	
<b>25</b>	Enter the amount from line 3	<b>25</b>	
<b>26</b>	Enter \$100,000 (\$200,000 if married filing jointly)	<b>26</b>	
<b>27</b>	Subtract line 26 from line 25. If zero or less, enter the amount from line 24 on line 30	<b>27</b>	
<b>28</b>	Divide line 27 by \$1,000. If the resulting number isn't a whole number, increase the result to the next higher whole number. (For example, increase 1.5 to 2, and increase 0.05 to 1.)	<b>28</b>	
<b>29</b>	Multiply line 28 by \$200	<b>29</b>	
<b>30</b>	<b>Qualified passenger vehicle loan interest deduction.</b> Subtract line 29 from line 24. If zero or less, enter -0-	<b>30</b>	

**Part V Enhanced Deduction for Seniors**

**Caution:** You and/or your spouse must have a valid social security number. If married, you must file jointly to claim this deduction.

See instructions.

<b>31</b>	Enter the amount from line 3	<b>31</b>	445,644.
<b>32</b>	Enter \$75,000 (\$150,000 if married filing jointly)	<b>32</b>	150,000.
<b>33</b>	Subtract line 32 from line 31. If zero or less, enter \$6,000 on line 35	<b>33</b>	295,644.
<b>34</b>	Multiply line 33 by 6% (0.06)	<b>34</b>	17,739.
<b>35</b>	Subtract line 34 from \$6,000. If zero or less, enter -0-	<b>35</b>	0.
<b>36a</b>	If you have a valid social security number (see instructions) and were born before January 2, 1961, enter the amount from line 35	<b>36a</b>	
<b>b</b>	If you are married filing jointly, your spouse has a valid social security number (see instructions), and your spouse was born before January 2, 1961, enter the amount from line 35	<b>36b</b>	
<b>37</b>	<b>Enhanced deduction for seniors.</b> Add lines 36a and 36b	<b>37</b>	

**Part VI Total Additional Deductions**

<b>38</b>	Add lines 13, 21, 30, and 37. Enter here and on Form 1040 or 1040-SR, line 13b, or on Form 1040-NR, line 13c	<b>38</b>	
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**SCHEDULE 2**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2025**  
Attachment  
Sequence No. **02**

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

**BRAD J. & LISA N K. SHERMAN**

Your social security number

[REDACTED]

**Part I Tax**

<b>1</b> Additions to tax:			
<b>a</b> Excess advance premium tax credit repayment. Attach Form 8962 .....	<b>1a</b>		
<b>b</b> Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936) .....	<b>1b</b>		
<b>c</b> Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936) .....	<b>1c</b>		
<b>d</b> Recapture of net EPE from Form 4255, line 2a, column (I) .....	<b>1d</b>		
<b>e</b> Excessive payments (EPs) on gross EPE from Form 4255. Check applicable box and enter amount. See instructions. <b>(i)</b> <input type="checkbox"/> Line 1a <b>(ii)</b> <input type="checkbox"/> Line 1c <b>(iii)</b> <input type="checkbox"/> Line 1d <b>(iv)</b> <input type="checkbox"/> Line 2a .....	<b>1e</b>		
<b>f</b> 20% EP from Form 4255. Check applicable box and enter amount. See instructions <b>(i)</b> <input type="checkbox"/> Line 1a <b>(ii)</b> <input type="checkbox"/> Line 1c <b>(iii)</b> <input type="checkbox"/> Line 1d <b>(iv)</b> <input type="checkbox"/> Line 2a .....	<b>1f</b>		
<b>y</b> Other additions to tax (see instructions): .....	<b>1y</b>		
<b>z</b> Add lines 1a through 1y .....		<b>1z</b>	
<b>2</b> Alternative minimum tax. Attach Form 6251 .....		<b>2</b>	
<b>3</b> Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 .....		<b>3</b>	<b>0.</b>

**Part II Other Taxes**

<b>4</b> Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions): <b>1</b> <input type="checkbox"/> 4361 <b>2</b> <input type="checkbox"/> 4029 <b>3</b> <input type="checkbox"/> .....		<b>4</b>	
<b>5</b> Social security and Medicare tax on unreported tip income. Attach Form 4137 ...	<b>5</b>		
<b>6</b> Uncollected social security and Medicare tax on wages. Attach Form 8919 .....	<b>6</b>		
<b>7</b> Total additional social security and Medicare tax. Add lines 5 and 6 .....		<b>7</b>	
<b>8</b> Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here .....		<b>8</b>	
<b>9</b> Household employment taxes. Attach Schedule H .....		<b>9</b>	<b>3,399.</b>
<b>10</b> Reserved for future use .....		<b>10</b>	
<b>11</b> Additional Medicare Tax. Attach Form 8959 .....		<b>11</b>	<b>960.</b>
<b>12</b> Net investment income tax. Attach Form 8960 .....		<b>12</b>	<b>2,247.</b>
<b>13</b> Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 .....		<b>13</b>	
<b>14</b> Interest on tax due on installment income from the sale of certain residential lots and timeshares .....		<b>14</b>	
<b>15</b> Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 .....		<b>15</b>	
<b>16</b> Recapture of low-income housing credit. Attach Form 8611 .....		<b>16</b>	

(continued on page 2)

**Part II Other Taxes** (continued)

<b>17</b>	Other additional taxes:		
<b>a</b>	Recapture of other credits. List type, form number, and amount	<b>17a</b>	
<b>b</b>	Recapture of federal mortgage subsidy. If you sold your home see instructions ...	<b>17b</b>	
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889 .....	<b>17c</b>	
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 .....	<b>17d</b>	
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853 .....	<b>17e</b>	
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 .....	<b>17f</b>	
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property .....	<b>17g</b>	
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A .....	<b>17h</b>	
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A .....	<b>17i</b>	
<b>j</b>	Section 72(m)(5) excess benefits tax .....	<b>17j</b>	
<b>k</b>	Golden parachute payments .....	<b>17k</b>	
<b>l</b>	Tax on accumulation distribution of trusts .....	<b>17l</b>	
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation .....	<b>17m</b>	
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 .....	<b>17n</b>	
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR .....	<b>17o</b>	
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund .....	<b>17p</b>	
<b>q</b>	Any interest from Form 8621, line 24 .....	<b>17q</b>	
<b>z</b>	Any other taxes. List type and amount:		
	_____	<b>17z</b>	
<b>18</b>	Total additional taxes. Add lines 17a through 17z .....	<b>18</b>	
<b>19</b>	Recapture of net EPE from Form 4255, line 1d, column (l) .....	<b>19</b>	
<b>20</b>	Section 965 net tax liability installment from Form 965-A .....	<b>20</b>	
<b>21</b>	Add lines 4, 7 through 16, 18, and 19. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23; or Form 1040-NR, line 23b .....	<b>21</b>	<b>6,606.</b>

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2025**

Attachment  
Sequence No. **07**

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

Your social security number

**BRAD J. & LISA N K. SHERMAN**

Medical and Dental Expenses		Taxes You Paid		Interest You Paid		Gifts to Charity		Casualty and Theft Losses		Other Itemized Deductions		Total Itemized Deductions	
<b>Caution:</b> Do not include expenses reimbursed or paid by others.		<b>SEE STATEMENT 12</b>											
1	Medical and dental expenses (see instructions) <b>SEE STATEMENT 13</b>	1	55,295.	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 <input type="checkbox"/>	8a		11	16,482.	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	17	78,354.
2	Enter amount from Form 1040 or 1040-SR, line 11b <b>445,644.</b>	2	445,644.	8b	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		12		16	Other - from list in instructions. List type and amount:	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>
3	Multiply line 2 by 7.5% (0.075)	3	33,423.	8c	Points not reported to you on Form 1098. See instructions for special rules	8c		13					
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	21,872.	8d	Reserved for future use	8d		14	16,482.				
5	State and local taxes (SALT) <b>SEE STATEMENT 12</b>	5a	32,474.	8e	Add lines 8a through 8c	8e							
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 <input type="checkbox"/>	5b	18,416.	9	Investment interest. Attach Form 4952 if required. See instructions	9							
b	State and local real estate taxes (see instructions)	5c	198.	10	Add lines 8e and 9	10							
c	State and local personal property taxes	5d	51,088.										
d	Add lines 5a through 5c	5e	40,000.										
e	Enter the smaller of line 5d or \$40,000 (\$20,000 if married filing separately). If Form 1040 or 1040-SR, line 11b is more than \$500,000 (\$250,000 if married filing separately), or if you completed Form 2555, Form 4563, or excluded income from Puerto Rico, see instructions	6	40,000.										
6	Other taxes. List type and amount:	7	40,000.										
7	Add lines 5e and 6												

**SCHEDULE B  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Interest and Ordinary Dividends**

Attach to Form 1040 or 1040-SR.  
Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.

OMB No. 1545-0074

**2025**  
Attachment  
Sequence No. **08**

Name(s) shown on return

Your social security number

**BRAD J. & LISA N K. SHERMAN**



**Part I**

**Interest**

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

**CONGRESSIONAL FEDERAL CREDIT UNION**  
**MERRILL LYNCH**  
**WESCOM CREDIT UNION**  
**DEPARTMENT OF THE TREASURY**

**Amount**

157.  
11,294.  
97.  
33.

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

**2** Add the amounts on line 1  
**3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815  
**4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

**1**

**2**

**3**

**4**

**11,581.**

**11,581.**

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

**Amount**

**Part II**

**Ordinary Dividends**

**5** List name of payer:

**MERRILL LYNCH**  
**MERRILL LYNCH**  
**VANGUARD MARKETING CORPORATION**

18,606.  
17,262.  
10,604.

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

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

**5**

**6**

**46,472.**

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

**Part III**

**Foreign Accounts and Trusts**

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

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

**7a** At any time during 2025, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions  
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements  
**b** If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:  
**8** During 2025, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes	No
	X
	X

# Interest and Dividend Summary

Name: BRAD J. & LISA N K. SHERMAN

FEIN/SSN: [REDACTED]

Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A CONGRESSIONAL FEDERAL CREDIT UNION	157.							
B MERRILL LYNCH	11,294.							
C WESCOM CREDIT UNION	97.							
D MERRILL LYNCH							18,606.	17,608.
E MERRILL LYNCH							17,262.	
F VANGUARD MARKETING CORPORATION							10,604.	9,923.
G DEPARTMENT OF THE TREASURY	33.							
H								
I								
J								
K								
Totals	11,581.						46,472.	27,531.

Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 199A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
A								
B								
C								
D 1,683.				999.				
E								
F				681.				
G								
H								
I								
J								
K								
Totals 1,683.				1,680.				

**SCHEDULE H  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Household Employment Taxes**

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

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

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

OMB No. 1545-0074

**2025**  
Attachment  
Sequence No. **44**

Name of employer

**BRAD J. SHERMAN**

Social security number

Employer identification number (EIN)

Calendar year taxpayers having no household employees in 2025 don't have to complete this form for 2025.

**A** Did you pay **any one** household employee cash wages of \$2,800 or more in 2025? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

- Yes.** Skip lines B and C and go to line 1.
- No.** Go to line B.

**B** Did you withhold federal income tax during 2025 for any household employee?

- Yes.** Skip line C and go to line 7.
- No.** Go to line C.

**C** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2024 or 2025 to **all** household employees? (**Don't** count cash wages paid in 2024 or 2025 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Don't file this schedule.
- Yes.** Skip lines 1-9 and go to line 10.

**Part I Social Security, Medicare, and Federal Income Taxes**

<b>1</b>	Total cash wages subject to social security tax .....	<b>1</b>	<b>21,940.</b>	
<b>2</b>	Social security tax. Multiply line 1 by 12.4% (0.124) .....	<b>2</b>		<b>2,721.</b>
<b>3</b>	Total cash wages subject to Medicare tax .....	<b>3</b>	<b>21,940.</b>	
<b>4</b>	Medicare tax. Multiply line 3 by 2.9% (0.029) .....	<b>4</b>		<b>636.</b>
<b>5</b>	Total cash wages subject to Additional Medicare Tax withholding .....	<b>5</b>		
<b>6</b>	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009) .....	<b>6</b>		
<b>7</b>	Federal income tax withheld, if any .....	<b>7</b>		
<b>8</b>	Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7 .....	<b>8</b>		<b>3,357.</b>

**9** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2024 or 2025 to **all** household employees? (**Don't** count cash wages paid in 2024 or 2025 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Include the amount from line 8 above on Schedule 2 (Form 1040), line 9. If you're not required to file Form 1040, see the line 9 instructions.
- Yes.** Go to line 10.

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

Schedule H (Form 1040) 2025 Created 4/15/25

**Part II Federal Unemployment (FUTA) Tax**

	Yes	No
10 Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No."	X	
11 Did you pay all state unemployment contributions for 2025 by April 15, 2026? Fiscal year filers, see instructions	X	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	X	

**Next:** If you checked the "Yes" box on **all** the lines above, complete Section A.  
If you checked the "No" box on **any** of the lines above, skip Section A and complete Section B.

**Section A**

13 Name of the state where you paid unemployment contributions	DC		
14 Contributions paid to your state unemployment fund	14	171.	
15 Total cash wages subject to FUTA tax	15		7,000.
16 FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25	16		42.

**Section B**

17 Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-	(h) Contributions paid to state unemployment fund
		From	To					

18 Totals	18		
19 Add columns (g) and (h) of line 18	19		
20 Total cash wages subject to FUTA tax (see the line 15 instructions)	20		
21 Multiply line 20 by 6.0% (0.06)	21		
22 Multiply line 20 by 5.4% (0.054)	22		
23 Enter the <b>smaller</b> of line 19 or line 22. (If you paid state unemployment contributions late or you're in a credit reduction state, see instructions and check here)	23		
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25	24		

**Part III Total Household Employment Taxes**

25 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-	25	3,357.
26 Add line 16 (or line 24) and line 25	26	3,399.

27 Are you required to file Form 1040?  
 **Yes. Stop.** Include the amount from line 26 above on Schedule 2 (Form 1040), line 9. **Don't** complete Part IV below.  
 **No.** You may have to complete Part IV. See instructions for details.

**Part IV Address and Signature - Complete this part only if required. See the line 27 instructions.**

Address (number and street) or P.O. box if mail isn't delivered to street address \_\_\_\_\_ Apt., room, or suite no. \_\_\_\_\_

City, town, or post office \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's signature _____	Date _____
<b>Paid Preparer Use Only</b>	Preparer's name _____
	Preparer's signature _____
	Date _____
	Check <input type="checkbox"/> if self-employed PTIN _____
	Firm's name _____
	Firm's EIN _____
	Firm's address _____
	Phone no. _____

**SCHEDULE 8812  
(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2025**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Attachment  
Sequence No. **47**

Name(s) shown on return

**BRAD J. & LISA N K. SHERMAN**

Your social security number

[REDACTED]

**Part I Child Tax Credit and Credit for Other Dependents**

<b>1</b>	Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR	<b>1</b>	<b>445,644.</b>
<b>2a</b>	Enter income from Puerto Rico that you excluded	<b>2a</b>	
<b>b</b>	Enter the amounts from lines 45 and 50 of your Form 2555	<b>2b</b>	
<b>c</b>	Enter the amount from line 15 of your Form 4563	<b>2c</b>	
<b>d</b>	Add lines 2a through 2c	<b>2d</b>	
<b>3</b>	Add lines 1 and 2d	<b>3</b>	<b>445,644.</b>
<b>4</b>	Number of qualifying children under age 17 with the required social security number	<b>4</b>	<b>3</b>
<b>5</b>	Multiply line 4 by \$2,200	<b>5</b>	<b>6,600.</b>
<b>6</b>	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number <b>Caution:</b> 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.	<b>6</b>	
<b>7</b>	Multiply line 6 by \$500	<b>7</b>	
<b>8</b>	Add lines 5 and 7	<b>8</b>	<b>6,600.</b>
<b>9</b>	Enter the amount shown below for your filing status. • Married filing jointly - \$400,000 • All other filing statuses - \$200,000	<b>9</b>	<b>400,000.</b>
<b>10</b>	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.	<b>10</b>	<b>46,000.</b>
<b>11</b>	Multiply line 10 by 5% (0.05)	<b>11</b>	<b>2,300.</b>
<b>12</b>	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> <b>No. Stop here.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.	<b>12</b>	<b>4,300.</b>
<b>13</b>	Enter the amount from <b>Credit Limit Worksheet A</b> <span style="float: right;"><b>STMT 14</b></span>	<b>13</b>	<b>71,134.</b>
<b>14</b>	Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents</b>	<b>14</b>	<b>4,300.</b>

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

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

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

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

**Part II-A Additional Child Tax Credit for All Filers**

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

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

<b>21</b>	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 ...	<b>21</b>	
<b>22</b>	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 .....	<b>22</b>	
<b>23</b>	Add lines 21 and 22 .....	<b>23</b>	
<b>24</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.	<b>24</b>	
<b>25</b>	Subtract line 24 from line 23. If zero or less, enter -0- .....	<b>25</b>	
<b>26</b>	Enter the <b>larger</b> of line 20 or line 25 .....	<b>26</b>	
	<b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.		

**Part II-C Additional Child Tax Credit**

<b>27</b>	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 ...	<b>27</b>	0.
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## Qualified Business Income Deduction Simplified Computation

# 2025

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Attachment  
Sequence No. **55**

Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number

**BRAD J. & LISA N K. SHERMAN**

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

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

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c) .....	2	
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	
5	Qualified business income component. Multiply line 4 by 20% (0.20) .....	5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) ..... <b>SEE STATEMENT 15</b>	6	1,680.
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	1,680.
9	REIT and PTP component. Multiply line 8 by 20% (0.20) .....	9	336.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9 .....	10	336.
11	Taxable income before qualified business income deduction (see instructions) .....	11	367,290.
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions) .....	12	29,214.
13	Subtract line 12 from line 11. If zero or less, enter -0- .....	13	338,076.
14	Income limitation. Multiply line 13 by 20% (0.20) .....	14	67,615.
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	336.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- .....	16	( )
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- .....	17	( )

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

### Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.  
Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.  
Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

Name(s) shown on return <b>BRAD J. &amp; LISA N K. SHERMAN</b>	Your social security number <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>
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**Part I Additional Medicare Tax on Medicare Wages**

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 .....	<b>1</b>	356,628.		
2 Unreported tips from Form 4137, line 6 .....	<b>2</b>			
3 Wages from Form 8919, line 6 .....	<b>3</b>			
4 Add lines 1 through 3 .....	<b>4</b>	356,628.		
5 Enter the following amount for your filing status:				
Married filing jointly ..... \$250,000				
Married filing separately ..... \$125,000				
Single, Head of household, or Qualifying surviving spouse ..... \$200,000	<b>5</b>	250,000.		
6 Subtract line 5 from line 4. If zero or less, enter -0- .....	<b>6</b>			106,628.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II .....	<b>7</b>			960.

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

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

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

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

**Part IV Total Additional Medicare Tax**

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V .....	<b>18</b>			960.
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**Part V Withholding Reconciliation**

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 .....	<b>19</b>	5,171.		
20 Enter the amount from line 1 .....	<b>20</b>	356,628.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages .....	<b>21</b>	5,171.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages .....	<b>22</b>			0.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) .....	<b>23</b>			
24 <b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions) .....	<b>24</b>			

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

# Net Investment Income Tax - Individuals, Estates, and Trusts

Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Attach to your tax return.

Name(s) shown on your tax return: **BRAD J. & LISA N K. SHERMAN**  
 Your social security number or EIN: XXXXXXXXXX

- 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) .....		<b>1</b>	11,581.
2 Ordinary dividends (see instructions) .....		<b>2</b>	46,472.
3 Annuities (see instructions) .....		<b>3</b>	
4a Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions) .....	<b>4a</b>		
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) .....	<b>4b</b>		
c Combine lines 4a and 4b .....		<b>4c</b>	
5a Net gain or loss from disposition of property (see instructions) .....	<b>5a</b>	1,683.	
b Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) .....	<b>5b</b>		
c Adjustment from disposition of partnership interest or S corporation stock (see instructions) .....	<b>5c</b>		
d Combine lines 5a through 5c .....		<b>5d</b>	1,683.
6 Adjustments to investment income for certain CFCs and PFICs (see instructions) .....		<b>6</b>	
7 Other modifications to investment income (see instructions) <b>SEE STATEMENT 16</b> .....		<b>7</b>	1,938.
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 .....		<b>8</b>	61,674.

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

9a Investment interest expenses (see instructions) .....	<b>9a</b>		
b State, local, and foreign income tax (see instructions) .....	<b>9b</b>	2,537.	
c Miscellaneous investment expenses (see instructions) .....	<b>9c</b>		
d Add lines 9a, 9b, and 9c .....		<b>9d</b>	2,537.
10 Additional modifications (see instructions) .....		<b>10</b>	
11 Total deductions and modifications. Add lines 9d and 10 .....		<b>11</b>	2,537.

**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- .....		<b>12</b>	59,137.
<b>Individuals:</b>			
13 Modified adjusted gross income (see instructions) .....	<b>13</b>	445,644.	
14 Threshold based on filing status (see instructions) .....	<b>14</b>	250,000.	
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	195,644.	
16 Enter the smaller of line 12 or line 15 .....		<b>16</b>	59,137.
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) .....		<b>17</b>	2,247.
<b>Estates and Trusts:</b>			
18a Net investment income (line 12 above) .....	<b>18a</b>		
b Deductions for distributions of net investment income and charitable deductions (see instructions) .....	<b>18b</b>		
c Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0- .....	<b>18c</b>		
19a Adjusted gross income (see instructions) .....	<b>19a</b>		
b Highest tax bracket for estates and trusts for the year (see instructions) .....	<b>19b</b>		
c Subtract line 19b from line 19a. If zero or less, enter -0- .....	<b>19c</b>		
20 Enter the smaller of line 18c or line 19c .....		<b>20</b>	
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) .....		<b>21</b>	

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

**Net Investment Income Tax -  
Individuals, Estates, and Trusts**

CALIFORNIA

Name(s) **BRAD J. & LISA N K. SHERMAN** Your social security number or EIN XXXXXXXXXX

**Part I Investment Income**  Section 6013(g) election  
 Regulations section 1.1411-10(g) election

<b>1</b>	Taxable interest .....	<b>1</b>	11,581.
<b>2</b>	Ordinary dividends .....	<b>2</b>	29,210.
<b>3</b>	Annuities from nonqualified plans .....	<b>3</b>	
<b>4a</b>	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. ....	<b>4a</b>	
<b>b</b>	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business .....	<b>4b</b>	
<b>c</b>	Combine lines 4a and 4b .....	<b>4c</b>	
<b>5a</b>	Net gain or loss from disposition of property .....	<b>5a</b>	1,683.
<b>b</b>	Net gain or loss from disposition of property that is not subject to net investment income tax .....	<b>5b</b>	
<b>c</b>	Adjustment from disposition of partnership interest or S corporation stock .....	<b>5c</b>	
<b>d</b>	Combine lines 5a through 5c .....	<b>5d</b>	1,683.
<b>6</b>	Changes in investment income for certain CFCs and PFICs .....	<b>6</b>	
<b>7</b>	Other modifications to investment income .....	<b>7</b>	
<b>8</b>	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 .....	<b>8</b>	42,474.

**Part II State Income Tax Pro-ration for 2025 Income Tax Payments**

<b>9</b>	State total income .....	<b>9</b>	379,982.
<b>10</b>	State income tax payments for 2025 ..... <b>SEE STATEMENT 17</b>	<b>10</b>	22,700.
<b>11</b>	2025 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10 .....	<b>11</b>	2,537.

**Part III State Income Tax Pro-ration for 2024 Estimate Payments Made in 2025**

<b>12</b>	State estimate payments for 2024 .....	<b>12</b>	
<b>13</b>	Percent of state income taxes attributable to investment income for 2024 .....	<b>13</b>	.164224
<b>14</b>	2024 state estimate payments attributable to investment income. Line 12 times line 13 .....	<b>14</b>	

**Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2025**

<b>15</b>	Balance of prior years tax plus extension payments paid in 2025 .....	<b>15</b>	
<b>16</b>	Percent of state income taxes attributable to investment income for 2024 .....	<b>16</b>	.164224
<b>17</b>	Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16 .....	<b>17</b>	

**Part V Reduction of State Tax Deduction**

<b>18</b>	Reduction of state tax deduction .....	<b>18</b>	( )
<b>19</b>	Percent of state income taxes attributable to investment income for 2024 .....	<b>19</b>	
<b>20</b>	Reduction of state tax deduction attributable to investment income. Line 18 times line 19 .....	<b>20</b>	( )

**Part VI Total State Income Tax Payments Attributable to Investment Income**

<b>21</b>	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2 .....	<b>21</b>	2,537.
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FORM 1040	CAPITAL GAIN DISTRIBUTIONS	STATEMENT	1
NAME OF PAYER		TOTAL CAPITAL GAIN	28% GAIN
MERRILL LYNCH		1,683.	
TOTALS TO FORM 1040, LINE 7		1,683.	

FORM 1040	WAGES RECEIVED AND TAXES WITHHELD					STATEMENT	2
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX	
T HOUSE OF REP-MEMBERS SERVICES	146,390.	77,500.	18,500.		10,918.	2,572.	
S US DEPT OF STATE	152,224.	16,599.	9,774.		10,918.	2,599.	
TOTALS	298,614.	94,099.	28,274.		21,836.	5,171.	

FORM 1040	QUALIFIED DIVIDENDS	STATEMENT	3
NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS	
MERRILL LYNCH	18,606.	17,608.	
VANGUARD MARKETING CORPORATION	10,604.	9,923.	
TOTAL INCLUDED IN FORM 1040, LINE 3A		27,531.	



FORM 1040

PENSIONS AND ANNUITIES

STATEMENT 4

LEGISLATORS' RETIREMENT SYSTEM

AMOUNT RECEIVED THIS YEAR	38,943.	
NONTAXABLE AMOUNT	49.	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		<hr/>
		38,894.
TOTAL INCLUDED IN FORM 1040, LINE 5B		<hr/>
		38,894.
		<hr/>



FORM 1040	TAX	STATEMENT	6
DESCRIPTION		AMOUNT	
FROM QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET			71,134.
TOTAL TO FORM 1040, LINE 16			71,134.

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) W-2	STATEMENT	7
T S DESCRIPTION		AMOUNT	
T HOUSE OF REP-MEMBERS SERVICES			77,500.
S US DEPT OF STATE			16,599.
TOTAL TO FORM 1040, LINE 25A			94,099.

FORM 1040	CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT	8
DESCRIPTION		AMOUNT	
1ST QTR ESTIMATE PAYMENT - JOINT			656.
2ND QTR ESTIMATE PAYMENT - JOINT			952.
3RD QTR ESTIMATE PAYMENT - JOINT			861.
4TH QTR ESTIMATE PAYMENT - JOINT			930.
TOTAL TO FORM 1040, LINE 26			3,399.

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) 1099	STATEMENT	9
T S DESCRIPTION		AMOUNT	
T LEGISLATORS' RETIREMENT SYSTEM			10,260.
TOTAL TO FORM 1040, LINE 25B			10,260.




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SCHEDULE 1 STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 10

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	2024	2023	2022
	CALIFORNIA		
GROSS STATE/LOCAL INC TAX REFUNDS	11,802.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS CALIFORNIA	11,802.		
	DISTRICT OF CO		
GROSS STATE/LOCAL INC TAX REFUNDS	4,666.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS DISTRICT OF CO	4,666.		
		DISTRICT OF CO	
GROSS STATE/LOCAL INC TAX REFUNDS		664.	
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS DISTRICT OF CO		664.	
TOTAL NET TAX REFUNDS	16,468.	664.	

SCHEDULE 1		TAXABLE STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT 11
		2022	2023	2024
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.			664.	16,468.
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION				
1	NET REFUNDS FOR RECALCULATION		664.	16,468.
2	AMOUNT FROM PRIOR YEAR SCHEDULE A, LINE 5E		10,000.	10,000.
3	TOTAL OF PRIOR YEAR SCHEDULE A, LINES 5B AND 5C		14,298.	17,831.
4	SUBTRACT LINE 3 FROM LINE 2 IF ZERO OR LESS, STOP HERE NONE OF YOUR REFUND IS TAXABLE	0.	-4,298.	-7,831.
5	ENTER THE STATE AND LOCAL INCOME TAXES FROM PRIOR YEAR SCHEDULE A, LINE 5A			
6	ENTER THE AMOUNT FROM LINE 1			
7	SUBTRACT LINE 6 FROM LINE 5			
8	ADD LINE 7 TO LINE 3			
9	SUBTRACT LINE 8 FROM LINE 2			
10	ENTER THE LESSER OF LINE 4, LINE 6 OR LINE 9. IF ZERO OR LESS, STOP HERE. NONE OF YOUR REFUND IS TAXABLE. IF GREATER THAN ZERO, PROCEED TO LINE 11			
11	ALLOWABLE PRIOR YEAR ITEMIZED DEDUCTIONS			
12	ENTER YOUR PRIOR YEAR STANDARD DEDUCTION			
13	SUBTRACT LINE 12 FROM LINE 11			
14	ENTER THE SMALLER OF LINE 10 OR LINE 13.			
15	PRIOR YEAR TAXABLE INCOME			
16	AMOUNT TO INCLUDE ON SCHEDULE 1, LINE 1			
	* IF LINE 15 IS -0- OR MORE, USE AMOUNT FROM LINE 14			
	* IF LINE 15 IS A NEGATIVE AMOUNT, NET LINES 14 AND 15			
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2022				
TOTAL TO SCHEDULE 1, LINE 1				




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SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 12
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DESCRIPTION	AMOUNT
LEGISLATORS' RETIREMENT SYSTEM	4,200.
HOUSE OF REP-MEMBERS SERVICES	18,500.
US DEPT OF STATE	9,774.
TOTAL TO SCHEDULE A, LINE 5A	32,474.

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SCHEDULE A	MEDICAL AND DENTAL EXPENSES	STATEMENT 13
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DESCRIPTION	AMOUNT
PRESCRIPTION MEDICINES AND DRUGS	12,389.
MEDICAL INSURANCE PREMIUMS PAID	650.
INSURANCE REIMBURSEMENT	-3,658.
TRANSPORTATION	156.
LAB FEES	1,319.
EYEGASSES AND CONTACTS	3,736.
MEDICAL SAVINGS REIMBURSEMENT	-6,600.
PARKING	270.
DOCTORS, DENTISTS, AUTISM PROFESSIONALS	47,033.
TOTAL TO SCHEDULE A, LINE 1	55,295.

SCHEDULE 8812

CREDIT LIMIT WORKSHEET A

STATEMENT 14

1. ENTER THE AMOUNT FROM LINE 18 OF FORM 1040 OR FORM 1040-NR 71,134.

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

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

3. SUBTRACT LINE 2 FROM LINE 1 71,134.

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

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

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

2. YOU ARE NOT FILING FORM 2555

3. LINE 4 OF SCHEDULE 8812 IS MORE THAN ZERO

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

5. SUBTRACT LINE 4 FROM LINE 3. ENTER THIS AMOUNT ON SCHEDULE 8812, LINE 13. 71,134.

FORM 8995

QUALIFIED REIT DIVIDENDS AND PTP INCOME

STATEMENT 15

NAME OF ENTITY/ACTIVITY

REIT DIVIDENDS

PTP INCOME

MERRILL LYNCH  
 VANGUARD MARKETING CORPORATION

999.

681.

TOTAL TO FORM 8995, LINE 6

1,680.



FORM 8960	OTHER MODIFICATIONS TO INVESTMENT INCOME	STATEMENT 16
AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR CA	1,938.	
TOTAL RECOVERY OF PRIOR YEAR FORM 8960, LINE 9B	1,938.	1,938.
AMOUNT TO FORM 8960, LINE 7		1,938.

FORM 8960	STATE INCOME TAX PAYMENTS	STATEMENT 17
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## CALIFORNIA

DESCRIPTION	AMOUNT
HOUSE OF REP-MEMBERS SERVICES	18,500.
LEGISLATORS' RETIREMENT SYSTEM	4,200.
TOTAL TO STATE FORM 8960, LINE 10	22,700.