

TAXABLE YEAR

2025

California Resident Income Tax Return

FORM

540

APE

ATTACH FEDERAL RETURN

SHERMAN OAKS CA 91403
BRAD J SHERMAN
LISA K SHERMAN

25

SHERMAN OAKS CA 91403

Principal Residence section with fields for county (LOS ANGELES), address (SHERMAN OAKS), city, state (CA), and ZIP code (91423).

Filing Status section with options for Single, Married/RDP filing jointly, Head of household, and Married/RDP filing separately.

Exemptions section with fields for Personal (306), Blind, and Senior (153) exemptions.

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.	[REDACTED]	[REDACTED]	[REDACTED]
Dependent's relationship to you	<input checked="" type="radio"/> DAUGHTER	<input checked="" type="radio"/> DAUGHTER	<input checked="" type="radio"/> DAUGHTER

Exemptions

Total dependent exemptions 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Total dependent exemptions 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Total dependent exemptions 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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** 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

13 Enter federal adjusted gross income (AGI) from federal Form 1040 or 1040-SR, line 11b ...	<input checked="" type="radio"/> 13	445,644	<input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31 <input type="radio"/> 32 <input type="radio"/> 33 <input type="radio"/> 34 <input type="radio"/> 35 <input type="radio"/> 36 <input type="radio"/> 37 <input type="radio"/> 38 <input type="radio"/> 39 <input type="radio"/> 40 <input type="radio"/> 41 <input type="radio"/> 42 <input type="radio"/> 43 <input type="radio"/> 44 <input type="radio"/> 45 <input type="radio"/> 46 <input type="radio"/> 47 <input type="radio"/> 48 <input type="radio"/> 49 <input type="radio"/> 50 <input type="radio"/> 51 <input type="radio"/> 52 <input type="radio"/> 53 <input type="radio"/> 54 <input type="radio"/> 55 <input type="radio"/> 56 <input type="radio"/> 57 <input type="radio"/> 58 <input type="radio"/> 59 <input type="radio"/> 60 <input type="radio"/> 61 <input type="radio"/> 62 <input type="radio"/> 63 <input type="radio"/> 64 <input type="radio"/> 65 <input type="radio"/> 66 <input type="radio"/> 67 <input type="radio"/> 68 <input type="radio"/> 69 <input type="radio"/> 70 <input type="radio"/> 71 <input type="radio"/> 72 <input type="radio"/> 73 <input type="radio"/> 74 <input type="radio"/> 75 <input type="radio"/> 76 <input type="radio"/> 77 <input type="radio"/> 78 <input type="radio"/> 79 <input type="radio"/> 80 <input type="radio"/> 81 <input type="radio"/> 82 <input type="radio"/> 83 <input type="radio"/> 84 <input type="radio"/> 85 <input type="radio"/> 86 <input type="radio"/> 87 <input type="radio"/> 88 <input type="radio"/> 89 <input type="radio"/> 90 <input type="radio"/> 91 <input type="radio"/> 92 <input type="radio"/> 93 <input type="radio"/> 94 <input type="radio"/> 95 <input type="radio"/> 96 <input type="radio"/> 97 <input type="radio"/> 98 <input type="radio"/> 99 <input type="radio"/> 100
14 California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B	<input type="radio"/> 14	65,662	<input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31 <input type="radio"/> 32 <input type="radio"/> 33 <input type="radio"/> 34 <input type="radio"/> 35 <input type="radio"/> 36 <input type="radio"/> 37 <input type="radio"/> 38 <input type="radio"/> 39 <input type="radio"/> 40 <input type="radio"/> 41 <input type="radio"/> 42 <input type="radio"/> 43 <input type="radio"/> 44 <input type="radio"/> 45 <input type="radio"/> 46 <input type="radio"/> 47 <input type="radio"/> 48 <input type="radio"/> 49 <input type="radio"/> 50 <input type="radio"/> 51 <input type="radio"/> 52 <input type="radio"/> 53 <input type="radio"/> 54 <input type="radio"/> 55 <input type="radio"/> 56 <input type="radio"/> 57 <input type="radio"/> 58 <input type="radio"/> 59 <input type="radio"/> 60 <input type="radio"/> 61 <input type="radio"/> 62 <input type="radio"/> 63 <input type="radio"/> 64 <input type="radio"/> 65 <input type="radio"/> 66 <input type="radio"/> 67 <input type="radio"/> 68 <input type="radio"/> 69 <input type="radio"/> 70 <input type="radio"/> 71 <input type="radio"/> 72 <input type="radio"/> 73 <input type="radio"/> 74 <input type="radio"/> 75 <input type="radio"/> 76 <input type="radio"/> 77 <input type="radio"/> 78 <input type="radio"/> 79 <input type="radio"/> 80 <input type="radio"/> 81 <input type="radio"/> 82 <input type="radio"/> 83 <input type="radio"/> 84 <input type="radio"/> 85 <input type="radio"/> 86 <input type="radio"/> 87 <input type="radio"/> 88 <input type="radio"/> 89 <input type="radio"/> 90 <input type="radio"/> 91 <input type="radio"/> 92 <input type="radio"/> 93 <input type="radio"/> 94 <input type="radio"/> 95 <input type="radio"/> 96 <input type="radio"/> 97 <input type="radio"/> 98 <input type="radio"/> 99 <input type="radio"/> 100
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	<input type="radio"/> 15	379,982	<input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31 <input type="radio"/> 32 <input type="radio"/> 33 <input type="radio"/> 34 <input type="radio"/> 35 <input type="radio"/> 36 <input type="radio"/> 37 <input type="radio"/> 38 <input type="radio"/> 39 <input type="radio"/> 40 <input type="radio"/> 41 <input type="radio"/> 42 <input type="radio"/> 43 <input type="radio"/> 44 <input type="radio"/> 45 <input type="radio"/> 46 <input type="radio"/> 47 <input type="radio"/> 48 <input type="radio"/> 49 <input type="radio"/> 50 <input type="radio"/> 51 <input type="radio"/> 52 <input type="radio"/> 53 <input type="radio"/> 54 <input type="radio"/> 55 <input type="radio"/> 56 <input type="radio"/> 57 <input type="radio"/> 58 <input type="radio"/> 59 <input type="radio"/> 60 <input type="radio"/> 61 <input type="radio"/> 62 <input type="radio"/> 63 <input type="radio"/> 64 <input type="radio"/> 65 <input type="radio"/> 66 <input type="radio"/> 67 <input type="radio"/> 68 <input type="radio"/> 69 <input type="radio"/> 70 <input type="radio"/> 71 <input type="radio"/> 72 <input type="radio"/> 73 <input type="radio"/> 74 <input type="radio"/> 75 <input type="radio"/> 76 <input type="radio"/> 77 <input type="radio"/> 78 <input type="radio"/> 79 <input type="radio"/> 80 <input type="radio"/> 81 <input type="radio"/> 82 <input type="radio"/> 83 <input type="radio"/> 84 <input type="radio"/> 85 <input type="radio"/> 86 <input type="radio"/> 87 <input type="radio"/> 88 <input type="radio"/> 89 <input type="radio"/> 90 <input type="radio"/> 91 <input type="radio"/> 92 <input type="radio"/> 93 <input type="radio"/> 94 <input type="radio"/> 95 <input type="radio"/> 96 <input type="radio"/> 97 <input type="radio"/> 98 <input type="radio"/> 99 <input type="radio"/> 100
16 California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C	<input type="radio"/> 16		<input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31 <input type="radio"/> 32 <input type="radio"/> 33 <input type="radio"/> 34 <input type="radio"/> 35 <input type="radio"/> 36 <input type="radio"/> 37 <input type="radio"/> 38 <input type="radio"/> 39 <input type="radio"/> 40 <input type="radio"/> 41 <input type="radio"/> 42 <input type="radio"/> 43 <input type="radio"/> 44 <input type="radio"/> 45 <input type="radio"/> 46 <input type="radio"/> 47 <input type="radio"/> 48 <input type="radio"/> 49 <input type="radio"/> 50 <input type="radio"/> 51 <input type="radio"/> 52 <input type="radio"/> 53 <input type="radio"/> 54 <input type="radio"/> 55 <input type="radio"/> 56 <input type="radio"/> 57 <input type="radio"/> 58 <input type="radio"/> 59 <input type="radio"/> 60 <input type="radio"/> 61 <input type="radio"/> 62 <input type="radio"/> 63 <input type="radio"/> 64 <input type="radio"/> 65 <input type="radio"/> 66 <input type="radio"/> 67 <input type="radio"/> 68 <input type="radio"/> 69 <input type="radio"/> 70 <input type="radio"/> 71 <input type="radio"/> 72 <input type="radio"/> 73 <input type="radio"/> 74 <input type="radio"/> 75 <input type="radio"/> 76 <input type="radio"/> 77 <input type="radio"/> 78 <input type="radio"/> 79 <input type="radio"/> 80 <input type="radio"/> 81 <input type="radio"/> 82 <input type="radio"/> 83 <input type="radio"/> 84 <input type="radio"/> 85 <input type="radio"/> 86 <input type="radio"/> 87 <input type="radio"/> 88 <input type="radio"/> 89 <input type="radio"/> 90 <input type="radio"/> 91 <input type="radio"/> 92 <input type="radio"/> 93 <input type="radio"/> 94 <input type="radio"/> 95 <input type="radio"/> 96 <input type="radio"/> 97 <input type="radio"/> 98 <input type="radio"/> 99 <input type="radio"/> 100
17 California adjusted gross income. Combine line 15 and line 16	<input type="radio"/> 17	379,982	<input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31 <input type="radio"/> 32 <input type="radio"/> 33 <input type="radio"/> 34 <input type="radio"/> 35 <input type="radio"/> 36 <input type="radio"/> 37 <input type="radio"/> 38 <input type="radio"/> 39 <input type="radio"/> 40 <input type="radio"/> 41 <input type="radio"/> 42 <input type="radio"/> 43 <input type="radio"/> 44 <input type="radio"/> 45 <input type="radio"/> 46 <input type="radio"/> 47 <input type="radio"/> 48 <input type="radio"/> 49 <input type="radio"/> 50 <input type="radio"/> 51 <input type="radio"/> 52 <input type="radio"/> 53 <input type="radio"/> 54 <input type="radio"/> 55 <input type="radio"/> 56 <input type="radio"/> 57 <input type="radio"/> 58 <input type="radio"/> 59 <input type="radio"/> 60 <input type="radio"/> 61 <input type="radio"/> 62 <input type="radio"/> 63 <input type="radio"/> 64 <input type="radio"/> 65 <input type="radio"/> 66 <input type="radio"/> 67 <input type="radio"/> 68 <input type="radio"/> 69 <input type="radio"/> 70 <input type="radio"/> 71 <input type="radio"/> 72 <input type="radio"/> 73 <input type="radio"/> 74 <input type="radio"/> 75 <input type="radio"/> 76 <input type="radio"/> 77 <input type="radio"/> 78 <input type="radio"/> 79 <input type="radio"/> 80 <input type="radio"/> 81 <input type="radio"/> 82 <input type="radio"/> 83 <input type="radio"/> 84 <input type="radio"/> 85 <input type="radio"/> 86 <input type="radio"/> 87 <input type="radio"/> 88 <input type="radio"/> 89 <input type="radio"/> 90 <input type="radio"/> 91 <input type="radio"/> 92 <input type="radio"/> 93 <input type="radio"/> 94 <input type="radio"/> 95 <input type="radio"/> 96 <input type="radio"/> 97 <input type="radio"/> 98 <input type="radio"/> 99 <input type="radio"/> 100

Taxable Income

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** 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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

31 Tax. Check the box if from:
 Tax Table Tax Rate Schedule
 FTB 3800 FTB 3803 31 **22,918** 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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

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

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

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

Tax

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

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

44 Enter credit name code and amount 44

Special Credits

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)	<input type="radio"/>	45		.00
	46 Nonrefundable Renter's Credit. See instructions	<input type="radio"/>	46		.00
	47 Add line 40 through line 46. These are your total credits	<input checked="" type="radio"/>	47	8,426	.00
	48 Subtract line 47 from line 35. If less than zero, enter -0-	<input checked="" type="radio"/>	48	12,608	.00

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

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

Use Tax	91 Use Tax. Do not leave blank. See instructions	<input type="radio"/>	91	0	.00
	If line 91 is zero, check if: <input checked="" type="radio"/> X 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="radio"/>	X		
	Individual Shared Responsibility (ISR) Penalty. See instructions	<input type="radio"/>	92		.00

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

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

Overpaid Tax/Tax Due	98 Amount of line 97 you want applied to your 2026 estimated tax	<input type="radio"/> 98	6,000	.00
	99 Overpaid tax available this year. Subtract line 98 from line 97	<input type="radio"/> 99	4,092	.00
	100 Tax due. If line 95 is less than line 64, subtract line 95 from line 64	<input checked="" type="radio"/> 100		.00

Contributions		Code	Amount	
	California Seniors Special Fund. See instructions	<input type="radio"/> 400		.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	<input type="radio"/> 401		.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	<input type="radio"/> 403		.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	<input type="radio"/> 405		.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	<input type="radio"/> 406		.00
	Emergency Food for Families Voluntary Tax Contribution Fund	<input type="radio"/> 407		.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	<input type="radio"/> 408		.00
	California Cancer Research Voluntary Tax Contribution Fund	<input type="radio"/> 413		.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	<input type="radio"/> 422		.00
	State Parks Protection Fund/Parks Pass Purchase	<input type="radio"/> 423		.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	<input type="radio"/> 424		.00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	<input type="radio"/> 431		.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	<input type="radio"/> 438		.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	<input type="radio"/> 439		.00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	<input type="radio"/> 445		.00
	California ALS Research Network Voluntary Tax Contribution Fund	<input type="radio"/> 447		.00
	California Pediatric Cancer Research Voluntary Tax Contribution Fund	<input type="radio"/> 448		.00
	Parkinson's Disease Research Voluntary Tax Contribution Fund	<input type="radio"/> 449		.00
	110 Add amounts in code 400 through code 449. This is your total contribution	<input type="radio"/> 110		.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** 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:
• Type
• Routing number [REDACTED] • Account number [REDACTED] • 116 Direct deposit amount [REDACTED] 4,092 .00
• Checking [X] • Savings []
The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
• Type
• Routing number [] • Account number [] • 117 Direct deposit amount [] .00
• Checking [] • Savings []

Voter Info.
For voter registration information, check the box and go to **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 • [X] 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 to learn about our privacy policy statement, or go to 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 **948** 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]

Sign Here

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

Joint tax return? See instructions.

Your email address. Enter only one email address. [REDACTED] Preferred phone number [REDACTED]

Print paid preparer's name [REDACTED] Paid preparer's phone number [REDACTED]

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

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 * [redacted] c. Employer's name [HOUSE OF REP-MEMBERS SERVICES] b. Employer identification number (EIN) [redacted] Employer's address [139A CANNON HOUSE OFFICE BLD] City [WASHINGTON] State [DC] ZIP code [20515]

e. Employee's first name * [BRAD] Initial * [J] Last name * [SHERMAN] Suffix * [] f. Employee's address * [redacted] City * [SHERMAN OAKS] State * [CA] ZIP code * [91403]

1. Wages, tips, other compensation [146,390] 2. Federal income tax withheld [77,500] 3. Social security wages [176,100] 4. Social security tax withheld [10,918] 5. Medicare tax withheld [2,572] 6. Social security tips [] 7. Allocated tips (not included in box 1) [] 8. Dependent care benefits [] 9. Nonqualified plans []

12. Codes and amounts

12a. Code [D] Amount [31,000] 12b. Code [] Amount [] 12c. Code [] Amount [] 12d. Code [] Amount []

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

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19) Type [] Amount []

15. State and employer's state ID number State [CA] Employer's state ID number [redacted]

16. State wages, tips, etc. [146,390]

17. State income tax [18,500]

Franchise Tax Board Privacy Notice on Collection

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection - Aviso de Privacidad del Franchise Tax Board sobre la Recaudacion. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

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 * [redacted] c. Employer's name [US DEPT OF STATE]
b. Employer identification number (EIN) [redacted] Employer's address [PO BOX 150008]
City [CHARLESTON] State [SC] ZIP code [29415]

e. Employee's first name * [LISA] Initial * [K] Last name * [SHERMAN] Suffix * []
f. Employee's address * [redacted]
City * [SHERMAN OAKS] State * [CA] ZIP code * [91403]

1. Wages, tips, other compensation [152,224] 4. Social security tax withheld [10,918] 8. Allocated tips (not included in box 1) []
2. Federal income tax withheld [16,599] 6. Medicare tax withheld [2,599] 10. Dependent care benefits []
3. Social security wages [176,100] 7. Social security tips [] 11. Nonqualified plans []

12. Codes and amounts

12a. Code [D] Amount [27,014] 12c. Code [] Amount []
12b. Code [DD] Amount [29,367] 12d. Code [] Amount []

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

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

Type [] Amount []

16. State wages, tips, etc. [152,224]

15. State and employer's state ID number

State [DC] Employer's state ID number [redacted]

17. State income tax [9,774]

Franchise Tax Board Privacy Notice on Collection

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection - Aviso de Privacidad del Franchise Tax Board sobre la Recaudacion. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

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

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

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

1 Taxable refunds, credits, or offsets of state and local income taxes 1 <input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
2 a Alimony b Date of original divorce or received. <input checked="" type="radio"/> separation agreement. 2a <input checked="" type="radio"/>			<input checked="" type="radio"/>
3 Business income or (loss). See instructions 3 <input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
4 Other gains or (losses) 4 <input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5 <input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
6 Farm income or (loss) 6 <input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
7 Unemployment compensation 7 <input checked="" type="radio"/>	<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
8 Other income:			
a Federal net operating loss 8a	<input checked="" type="radio"/> ()		<input checked="" type="radio"/>
b Gambling 8b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
c Cancellation of debt 8c	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
d Foreign earned income exclusion from federal Form 2555 8d	<input checked="" type="radio"/> ()		<input checked="" type="radio"/>
e Income from federal Form 8853 8e	<input checked="" type="radio"/>		<input checked="" type="radio"/>
f Income from federal Form 8889 8f	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
g Alaska Permanent Fund dividends 8g	<input checked="" type="radio"/>		
h Jury duty pay 8h	<input checked="" type="radio"/>		
i Prizes and awards 8i	<input checked="" type="radio"/>		
j Activity not engaged in for profit income 8j	<input checked="" type="radio"/>		
k Stock options 8k	<input checked="" type="radio"/>		<input checked="" type="radio"/>
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	<input checked="" type="radio"/>		
m Olympic and Paralympic medals and USOC prize money 8m	<input checked="" type="radio"/>		
n IRC Section 951(a) inclusion 8n	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
o IRC Section 951A(a) inclusion 8o	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
p IRC Section 461(f) excess business loss adjustment 8p	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
q Taxable distributions from an ABLÉ account 8q	<input checked="" type="radio"/>		
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	<input checked="" type="radio"/>		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d 8s	<input checked="" type="radio"/> ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	<input checked="" type="radio"/>		
u Wages earned while incarcerated 8u	<input checked="" type="radio"/>		
v Digital assets received as ordinary income not reported elsewhere. 8v	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
z Other income. List type and amount. <input checked="" type="radio"/> _____ 8z	<input checked="" type="radio"/>	<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
9 a Total other income. Add line 8a through line 8z 9a	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b1 Disaster loss deduction from form FTB 3805V ... 9b1		<input checked="" type="radio"/>	
b2 NOL deduction from form FTB 3805V 9b2		<input checked="" type="radio"/>	
b3 NOL deduction from form FTB 3805Z, FTB 3807, or FTB 3809 9b3		<input checked="" type="radio"/>	
10 Total. 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 10	<input checked="" type="radio"/> 445,644	<input checked="" type="radio"/> 65,662	<input checked="" type="radio"/>

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

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

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

Part II Adjustments to Federal Itemized Deductions

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

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses <input checked="" type="radio"/> <u>55,295</u> 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11b <input checked="" type="radio"/> <u>445,644</u> 2			
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> <u>33,423</u> 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/> <u>21,872</u> 4	<input checked="" type="radio"/>		<input checked="" type="radio"/>
Taxes You Paid			
5 a State and local income tax or general sales taxes 5a	<input checked="" type="radio"/> <u>32,474</u>	<input checked="" type="radio"/> <u>32,474</u>	
b State and local real estate taxes 5b	<input checked="" type="radio"/> <u>18,416</u>		
c State and local personal property taxes 5c	<input checked="" type="radio"/> <u>198</u>		
d Add line 5a through line 5c 5d	<input checked="" type="radio"/> <u>51,088</u>		
e 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 5e	<input checked="" type="radio"/> <u>40,000</u>	<input checked="" type="radio"/> <u>32,474</u>	<input checked="" type="radio"/> <u>11,088</u>
6 Other taxes. List type <input checked="" type="radio"/> 6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Add line 5e and line 6 7	<input checked="" type="radio"/> <u>40,000</u>	<input checked="" type="radio"/> <u>32,474</u>	<input checked="" type="radio"/> <u>11,088</u>
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 8a	<input checked="" type="radio"/>		<input checked="" type="radio"/>
b Home mortgage interest not reported to you on federal Form 1098 8b	<input checked="" type="radio"/>		<input checked="" type="radio"/>
c Points not reported to you on federal Form 1098 8c	<input checked="" type="radio"/>		<input checked="" type="radio"/>
d Reserved for future use 8d			
e Add line 8a through line 8c 8e	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Investment interest 9	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9 10	<input checked="" type="radio"/>	<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
Gifts to Charity			
11 Gifts by cash or check 11	16,482		
12 Other than by cash or check 12			
13 Carryover from prior year 13			
14 Add line 11 through line 13 14	16,482		
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions 15			
Other Itemized Deductions			
16 Other - from list in federal instructions 16			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C 17	78,354	32,474	11,088
18 Total. Combine line 17 column A less column B plus column C 18			56,968

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions 19			
20 Tax preparation fees 20		2,450	
21 Other expenses: investment, safe deposit box, etc. List type 21	STMT 3		125
22 Add line 19 through line 21 22			2,575
23 Enter amount from federal Form 1040 or 1040-SR, line 11b 23	445,644		
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 24		8,913	
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 25			0
26 Total Itemized Deductions. Add line 18 and line 25 26			56,968
27 Other adjustments. See instructions. Specify. 27			
28 Combine line 26 and line 27 28			56,968
29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?			
Single or married/RDP filing separately \$252,203			
Head of household \$378,310			
Married/RDP filing jointly or qualifying surviving spouse/RDP \$504,411			
No. Transfer the amount on line 28 to line 29.			
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 29			56,968
30 Enter the larger of the amount on line 29 or your standard deduction shown below:			
Single or married/RDP filing separately. See instructions \$5,706			
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 30			56,968

2025 Other State Tax Credit

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	[REDACTED]

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"/>
1 Total double-taxed income	<input checked="" type="radio"/> 152,224	<input checked="" type="radio"/> 152,224

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

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



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.



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.

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

Foreign country name Foreign province/state/country Foreign postal code 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.

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 5 columns: Dependents (see instructions), Dependent 1, Dependent 2, Dependent 3, Dependent 4. Rows include (1) First name, (2) Last name, (3) SSN, (4) Relationship, (5) Check if lived with you more than half of 2025, (6) Check if, (7) Credits.

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 columns 1a-1z and 2a-2z. Includes rows for Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, Add lines 1a through 1h, Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Capital gain or (loss), Additional income from Schedule 1, Adjustments to income from Schedule 1, Subtract line 10 from line 9. Total income: 445,644.

Tax and Credits

Table with 2 columns: Line number and Amount. Rows include 11b (445,644), 12a (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 (104,359), 26 (3,399), 27a, 28, 29, 30, 31, 32, 33 (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 (34,318), 35a (9,318), 36 (25,000).

Direct deposit? See instructions.

Amount You Owe

Table with 2 columns: Line number and Amount. Row 37 (Amount you owe).

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. [X] Yes. Complete below. [] No. Designee'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, PTIN, Check if: [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 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.

Part I Additional Income

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

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

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 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

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

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. 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.

4	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.		
a	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	4a	
b	Qualified tips included on Form 4137, line 1, row A, column (c). If Form 4137 is not filed, enter -0-	4b	
c	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	4c	
5	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	5	
6	Add lines 4c and 5	6	
7	Enter the smaller of the amount on line 6 or \$25,000	7	
8	Enter the amount from line 3	8	
9	Enter \$150,000 (\$300,000 if married filing jointly)	9	
10	Subtract line 9 from line 8. If zero or less, enter the amount from line 7 on line 13	10	
11	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.)	11	
12	Multiply line 11 by \$100	12	
13	Qualified tips deduction. Subtract line 12 from line 7. If zero or less, enter -0-	13	

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.

14a	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	14a	
b	Qualified overtime compensation included in Form 1099-NEC, box 1 or Form 1099-MISC, box 3 (see instructions)	14b	
c	Add lines 14a and 14b	14c	
15	Enter the smaller of the amount on line 14c or \$12,500 (\$25,000 if married filing jointly)	15	
16	Enter the amount from line 3	16	
17	Enter \$150,000 (\$300,000 if married filing jointly)	17	
18	Subtract line 17 from line 16. If zero or less, enter the amount from line 15 on line 21	18	
19	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.)	19	
20	Multiply line 19 by \$100	20	
21	Qualified overtime compensation deduction. Subtract line 20 from line 15. If zero or less, enter -0-	21	

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
a			
b			
23	Add lines 22a and 22b, column (iii)	23	
24	Enter the smaller of the amount on line 23 or \$10,000	24	
25	Enter the amount from line 3	25	
26	Enter \$100,000 (\$200,000 if married filing jointly)	26	
27	Subtract line 26 from line 25. If zero or less, enter the amount from line 24 on line 30	27	
28	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.)	28	
29	Multiply line 28 by \$200	29	
30	Qualified passenger vehicle loan interest deduction. Subtract line 29 from line 24. If zero or less, enter -0-	30	

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.

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

Part VI Total Additional Deductions

38	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	38	
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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 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

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

Part II Other Taxes

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

(continued on page 2)

Part II Other Taxes (continued)

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

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2025
Attachment
Sequence No. **08**

BRAD J. & LISA N K. SHERMAN

Your social security number

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.

1

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 **2** **11,581.**
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 **3**
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b **4** **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.

5

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..... **6** **46,472.**

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

Amount

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 **X**
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 **X**

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 for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment
Sequence No. **44**

Name of employer BRAD J. SHERMAN	Social security number [REDACTED]
	Employer identification number (EIN) [REDACTED]

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

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

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.

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 smaller 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 _____
Paid Preparer Use Only	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 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

1	Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR	1	445,644.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	445,644.
4	Number of qualifying children under age 17 with the required social security number	4	3
5	Multiply line 4 by \$2,200	5	6,600.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.	6	
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	6,600.
9	Enter the amount shown below for your filing status. • Married filing jointly - \$400,000 • All other filing statuses - \$200,000	9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	46,000.
11	Multiply line 10 by 5% (0.05)	11	2,300.
12	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> No. Stop here. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.	12	4,300.
13	Enter the amount from Credit Limit Worksheet A STMT 14	13	71,134.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	4,300.

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

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

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

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

Part II-A Additional Child Tax Credit for All Filers

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

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

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

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

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 ...	27	0.
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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 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) SEE STATEMENT 15	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 for instructions and the latest information.

Name(s) shown on return BRAD J. & LISA N K. SHERMAN	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	1	356,628.		
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	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	5	250,000.		
6 Subtract line 5 from line 4. If zero or less, enter -0-	6			106,628.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7			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-	8			
9 Enter the following amount for your filing status:				
Married filing jointly \$250,000				
Married filing separately \$125,000				
Single, Head of household, or Qualifying surviving spouse \$200,000	9			
10 Enter the amount from line 4	10			
11 Subtract line 10 from line 9. If zero or less, enter -0-	11			
12 Subtract line 11 from line 8. If zero or less, enter -0-	12			
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13			

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

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

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18			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	19	5,171.		
20 Enter the amount from line 1	20	356,628.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	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	22			0.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23			
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24			

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

Net Investment Income Tax - Individuals, Estates, and Trusts

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

Part II Investment Expenses Allocable to Investment Income and Modifications

9a Investment interest expenses (see instructions)	9a		
b State, local, and foreign income tax (see instructions)	9b	2,537.	
c Miscellaneous investment expenses (see instructions)	9c		
d Add lines 9a, 9b, and 9c		9d	2,537.
10 Additional modifications (see instructions)		10	
11 Total deductions and modifications. Add lines 9d and 10		11	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-		12	59,137.
Individuals:			
13 Modified adjusted gross income (see instructions)	13	445,644.	
14 Threshold based on filing status (see instructions)	14	250,000.	
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	195,644.	
16 Enter the smaller of line 12 or line 15		16	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)		17	2,247.
Estates and Trusts:			
18a Net investment income (line 12 above)	18a		
b Deductions for distributions of net investment income and charitable deductions (see instructions)	18b		
c Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a Adjusted gross income (see instructions)	19a		
b Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20 Enter the smaller of line 18c or line 19c		20	
21 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	

**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

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

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

9	State total income	9	379,982.
10	State income tax payments for 2025	10	22,700.
11	2025 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10	11	2,537.

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

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

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

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

Part V Reduction of State Tax Deduction

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

Part VI Total State Income Tax Payments Attributable to Investment Income

21	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2	21	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/> <hr/>
		38,894.

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.



SCHEDULE 1 STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 10

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

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				



SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 12

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.

SCHEDULE A MEDICAL AND DENTAL EXPENSES STATEMENT 13

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
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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
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NAME OF ENTITY/ACTIVITY	REIT DIVIDENDS	PTP INCOME
MERRILL LYNCH	999.	
VANGUARD MARKETING CORPORATION	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.

TAXABLE YEAR

2024 California Resident Income Tax Return

FORM

540

APE

ATTACH FEDERAL RETURN

SHER 24
 BRAD J SHERMAN
 LISA K SHERMAN

SHERMAN OAKS CA 91403

Principal Residence

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

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.

City State ZIP code

SHERMAN OAKS CA 91423

Filing Status

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. • 6

Exemptions

► 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. Whole dollars only

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. 7 2 X \$149 = \$ 298

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions 8 X \$149 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions 9 1 X \$149 = \$ 149

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

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

Exemptions

	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.	<input type="radio"/> [REDACTED]	<input type="radio"/> [REDACTED]	<input type="radio"/> [REDACTED]
Dependent's relationship to you	<input checked="" type="radio"/> DAUGHTER	<input checked="" type="radio"/> DAUGHTER	<input checked="" type="radio"/> DAUGHTER

Total dependent exemptions 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Total dependent exemptions 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Total dependent exemptions 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 11 \$ **1,830**

12 State wages from your federal Form(s) W-2, box 16 12 **319,185** 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Taxable Income

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	<input checked="" type="radio"/> 13	484,630	<input type="radio"/> 00
14 California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B	<input type="radio"/> 14	57,567	<input type="radio"/> 00
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	<input type="radio"/> 15	427,063	<input type="radio"/> 00
16 California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C	<input type="radio"/> 16		<input type="radio"/> 00
17 California adjusted gross income. Combine line 15 and line 16	<input type="radio"/> 17	427,063	<input type="radio"/> 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 \$ 5,540 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP \$11,080 If Married/RDP filing separately or the box on line 6 is checked, STOP . See instructions	<input type="radio"/> 18	41,515	<input type="radio"/> 00
19 Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-	<input checked="" type="radio"/> 19	385,548	<input type="radio"/> 00

Tax

31 Tax. Check the box if from: <input type="radio"/> Tax Table <input checked="" type="radio"/> Tax Rate Schedule <input type="radio"/> FTB 3800 <input type="radio"/> FTB 3803	<input type="radio"/> 31	28,941	<input type="radio"/> 00
32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$244,857, see instructions	<input checked="" type="radio"/> 32	1,830	<input type="radio"/> 00
33 Subtract line 32 from line 31. If less than zero, enter -0-	<input checked="" type="radio"/> 33	27,111	<input type="radio"/> 00
34 Tax. See instructions. Check the box if from: <input type="radio"/> Schedule G-1 <input type="radio"/> FTB 5870A	<input type="radio"/> 34		<input type="radio"/> 00
35 Add line 33 and line 34	<input checked="" type="radio"/> 35	27,111	<input type="radio"/> 00

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions	<input type="radio"/> 40		<input type="radio"/> 00
43 Enter credit name OTHER STATE code 187 and amount	<input type="radio"/> 43	9,256	<input type="radio"/> 00
44 Enter credit name <input type="text"/> code <input type="text"/> and amount	<input type="radio"/> 44		<input type="radio"/> 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)	<input type="radio"/>	45		.00
	46	Nonrefundable Renter's Credit. See instructions	<input type="radio"/>	46		.00
	47	Add line 40 through line 46. These are your total credits	<input checked="" type="radio"/>	47	9,256	.00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	<input checked="" type="radio"/>	48	17,855	.00

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540)	<input type="radio"/>	61		.00
	62	Mental Health Services Tax. See instructions	<input type="radio"/>	62		.00
	63	Other taxes and credit recapture. See instructions	<input type="radio"/>	63		.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	<input type="radio"/>	64	17,855	.00

Payments	71	California income tax withheld. See instructions	<input type="radio"/>	71	29,657	.00
	72	2024 California estimated tax and other payments. See instructions	<input type="radio"/>	72		.00
	73	Withholding (Form 592-B and/or Form 593). See instructions	<input type="radio"/>	73		.00
	74	Reserved for future use		74		.00
	75	Earned Income Tax Credit (EITC). See instructions	<input type="radio"/>	75		.00
	76	Young Child Tax Credit (YCTC). See instructions	<input type="radio"/>	76		.00
	77	Foster Youth Tax Credit (FYTC). See instructions	<input type="radio"/>	77		.00
	78	Add line 71 through line 77. These are your total payments. See instructions	<input checked="" type="radio"/>	78	29,657	.00

Use Tax	91	Use Tax. Do not leave blank. See instructions	<input type="radio"/>	91	0	.00
	If line 91 is zero, check if: <input checked="" type="radio"/> X 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="radio"/>	92		.00
	If you did not check the box, see instructions. Individual Shared Responsibility (ISR) Penalty. See instructions		<input type="radio"/>	92		.00

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	<input checked="" type="radio"/>	93	29,657	.00
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	<input checked="" type="radio"/>	94		.00
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	<input checked="" type="radio"/>	95	29,657	.00
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	<input checked="" type="radio"/>	96		.00
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	<input checked="" type="radio"/>	97	11,802	.00

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

Overpaid Tax/Tax Due	98 Amount of line 97 you want applied to your 2025 estimated tax	<input type="radio"/> 98		.00
	99 Overpaid tax available this year. Subtract line 98 from line 97	<input type="radio"/> 99	11,802	.00
	100 Tax due. If line 95 is less than line 64, subtract line 95 from line 64	<input checked="" type="radio"/> 100		.00

Contributions		Code	Amount	
	California Seniors Special Fund. See instructions	<input type="radio"/> 400		.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	<input type="radio"/> 401		.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	<input type="radio"/> 403		.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	<input type="radio"/> 405		.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	<input type="radio"/> 406		.00
	Emergency Food for Families Voluntary Tax Contribution Fund	<input type="radio"/> 407		.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	<input type="radio"/> 408		.00
	California Sea Otter Voluntary Tax Contribution Fund	<input type="radio"/> 410		.00
	California Cancer Research Voluntary Tax Contribution Fund	<input type="radio"/> 413		.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	<input type="radio"/> 422		.00
	State Parks Protection Fund/Parks Pass Purchase	<input type="radio"/> 423		.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	<input type="radio"/> 424		.00
	Keep Arts in Schools Voluntary Tax Contribution Fund	<input type="radio"/> 425		.00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	<input type="radio"/> 431		.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	<input type="radio"/> 438		.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	<input type="radio"/> 439		.00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	<input type="radio"/> 445		.00
	California ALS Research Network Voluntary Tax Contribution Fund	<input type="radio"/> 447		.00
	110 Add amounts in code 400 through code 447. This is your total contribution	<input type="radio"/> 110		.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** 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] 11,802 .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:
• Type
• Routing number [REDACTED] • Account number [REDACTED] • 116 Direct deposit amount [REDACTED] 11,802 .00
 Checking
 Savings

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
• Type
• Routing number [REDACTED] • Account number [REDACTED] • 117 Direct deposit amount [REDACTED] .00
 Checking
 Savings

Voter Info.
For voter registration information, check the box and go to **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 FTB to share limited information from your tax return with Covered California. See instructions Yes No

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 to learn about our privacy policy statement, or go to 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 **948** 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

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

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

Firm's name (or yours, if self-employed) [REDACTED] PTIN [REDACTED]

Joint tax return? See instructions.

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]

2024

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 * [redacted]
c. Employer's name [HOUSE OF REP-MEMBERS SERVICES]
b. Employer identification number (EIN) [redacted]
Employer's address [139A CANNON HOUSE OFFICE BLD]
City [WASHINGTON] State [DC] ZIP code [20515]

e. Employee's first name * [BRAD] Initial * [J] Last name * [SHERMAN] Suffix * []
f. Employee's address * [redacted]
City * [SHERMAN OAKS] State * [CA] ZIP code * [91403]

1. Wages, tips, other compensation [173,385]
2. Federal income tax withheld [43,303]
3. Social security wages [168,600]
4. Social security tax withheld [10,453]
5. Medicare tax withheld [2,991]
6. Social security tips []
7. Allocated tips (not included in box 1) []
8. Dependent care benefits []
9. Nonqualified plans []

12. Codes and amounts

12a. Code [D] Amount [30,500]
12b. Code [] Amount []
12c. Code [] Amount []
12d. Code [] Amount []

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

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)
Type [] Amount []

16. State wages, tips, etc. [173,385]

15. State and employer's state ID number
State [CA] Employer's state ID number [redacted]

17. State income tax [25,457]

Franchise Tax Board Privacy Notice on Collection

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection - Aviso de Privacidad del Franchise Tax Board sobre la Recaudacion. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

2024

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 * [redacted]
c. Employer's name [US DEPT OF STATE]
b. Employer identification number (EIN) [redacted]
Employer's address [PO BOX 150008]
City [CHARLESTON] State [SC] ZIP code [29415]

e. Employee's first name * [LISA] Initial * [K] Last name * [SHERMAN] Suffix * []
f. Employee's address * [redacted]
City * [SHERMAN OAKS] State * [CA] ZIP code * [91403]

1. Wages, tips, other compensation [145,800]
2. Federal income tax withheld [15,984]
3. Social security wages [168,600]
4. Social security tax withheld [10,453]
5. Medicare tax withheld [2,506]
6. Social security tips []
7. Allocated tips (not included in box 1) []
8. Dependent care benefits []
9. Nonqualified plans []

12. Codes and amounts
12a. Code [D] Amount [27,014]
12b. Code [DD] Amount [26,323]
12c. Code [] Amount []
12d. Code [] Amount []

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

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)
Type [] Amount []
16. State wages, tips, etc. [145,800]

15. State and employer's state ID number
State [DC] Employer's state ID number [redacted]
17. State income tax [9,331]

Franchise Tax Board Privacy Notice on Collection
Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection - Aviso de Privacidad del Franchise Tax Board sobre la Recaudacion. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

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

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1 a <small>Total amount from federal Form(s) W-2, box 1. See instructions</small> 1a <input checked="" type="radio"/> 319,185 <input checked="" type="radio"/>			<input checked="" type="radio"/>
b Household employee wages not reported on federal Form(s) W-2 1b <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
c Tip income not reported on line 1a 1c <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
e Taxable dependent care benefits from federal Form 2441, line 26 1e <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
f Employer-provided adoption benefits from federal Form 8839, line 29 1f <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
g Wages from federal Form 8919, line 6 1g <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
h Other earned income. See instructions 1h <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
i Nontaxable combat pay election. See instructions 1i <input checked="" type="radio"/>			<input checked="" type="radio"/>
z Add line 1a through line 1i 1z <input checked="" type="radio"/> 319,185 <input checked="" type="radio"/>			<input checked="" type="radio"/>
2 Taxable interest. a <input checked="" type="radio"/> 2b <input checked="" type="radio"/> 41,051 <input checked="" type="radio"/>			<input checked="" type="radio"/>
3 Ordinary dividends. See instructions. a <input checked="" type="radio"/> 26,082 3b <input checked="" type="radio"/> 38,818 <input checked="" type="radio"/> 10,900 <input checked="" type="radio"/>			<input checked="" type="radio"/>
4 IRA distributions. See instructions. a <input checked="" type="radio"/> 4b <input checked="" type="radio"/>			<input checked="" type="radio"/>
5 Pensions and annuities. See instructions. a <input checked="" type="radio"/> 37,793 5b <input checked="" type="radio"/> 37,744 <input checked="" type="radio"/>			<input checked="" type="radio"/>
6 Social security benefits. a <input checked="" type="radio"/> 54,902 6b <input checked="" type="radio"/> 46,667 <input checked="" type="radio"/> 46,667			<input checked="" type="radio"/>
7 Capital gain or (loss). See instr. 7 <input checked="" type="radio"/> 1,165 <input checked="" type="radio"/>			<input checked="" type="radio"/>

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

1 Taxable refunds, credits, or offsets of state and local income taxes 1 <input checked="" type="radio"/>	<input checked="" type="radio"/>	
2 a Alimony received. See instructions 2a <input checked="" type="radio"/>		<input checked="" type="radio"/>
3 Business income or (loss). See instructions 3 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4 Other gains or (losses) 4 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6 Farm income or (loss) 6 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Unemployment compensation 7 <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
8 Other income:			
a Federal net operating loss 8a	<input checked="" type="radio"/> ()		<input checked="" type="radio"/>
b Gambling 8b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
c Cancellation of debt 8c	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
d Foreign earned income exclusion from federal Form 2555 8d	<input checked="" type="radio"/> ()		<input checked="" type="radio"/>
e Income from federal Form 8853 8e	<input checked="" type="radio"/>		<input checked="" type="radio"/>
f Income from federal Form 8889 8f	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
g Alaska Permanent Fund dividends 8g	<input checked="" type="radio"/>		
h Jury duty pay 8h	<input checked="" type="radio"/>		
i Prizes and awards 8i	<input checked="" type="radio"/>		
j Activity not engaged in for profit income 8j	<input checked="" type="radio"/>		
k Stock options 8k	<input checked="" type="radio"/>		<input checked="" type="radio"/>
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	<input checked="" type="radio"/>		
m Olympic and Paralympic medals and USOC prize money 8m	<input checked="" type="radio"/>		
n IRC Section 951(a) inclusion 8n	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
o IRC Section 951A(a) inclusion 8o	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
p IRC Section 461(f) excess business loss adjustment 8p	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
q Taxable distributions from an ABLE account 8q	<input checked="" type="radio"/>		
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	<input checked="" type="radio"/>		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d 8s	<input checked="" type="radio"/> ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	<input checked="" type="radio"/>		
u Wages earned while incarcerated 8u	<input checked="" type="radio"/>		
v Digital assets received as ordinary income not reported elsewhere 8v	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
z Other income. List type and amount. <input checked="" type="radio"/>	<input checked="" type="radio"/>	<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
9 a Total other income. Add line 8a through line 8z 9a	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b1 Disaster loss deduction from form FTB 3805V ... 9b1		<input checked="" type="radio"/>	
b2 NOL deduction from form FTB 3805V 9b2		<input checked="" type="radio"/>	
b3 NOL deduction from form FTB 3805Z, 3807, or 3809 9b3		<input checked="" type="radio"/>	
10 Total. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions 10	<input checked="" type="radio"/> 484,630	<input checked="" type="radio"/> 57,567	<input checked="" type="radio"/>

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

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

Section C - Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:			
a Jury duty pay 24a	<input checked="" type="radio"/>		
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
d Reforestation amortization and expenses 24d	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 ... 24e	<input checked="" type="radio"/>		
f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	<input checked="" type="radio"/>		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations 24i	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
j Housing deduction from federal Form 2555 24j	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	<input checked="" type="radio"/>		
z Other adjustments. List type and amount. 24z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Total other adjustments. Add line 24a through line 24z 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	<input checked="" type="radio"/> 484,630	<input checked="" type="radio"/> 57,567	<input checked="" type="radio"/>

Part II Adjustments to Federal Itemized Deductions

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

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses <input checked="" type="radio"/> <u>51,591</u> 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> <u>484,630</u> 2			
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> <u>36,347</u> 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/> <u>15,244</u> 4			<input checked="" type="radio"/>
Taxes You Paid			
5 a State and local income tax or general sales taxes 5a <input checked="" type="radio"/> <u>47,156</u> <input checked="" type="radio"/> <u>47,156</u>	<input checked="" type="radio"/> <u>47,156</u>	<input checked="" type="radio"/> <u>47,156</u>	
b State and local real estate taxes 5b <input checked="" type="radio"/> <u>17,831</u>	<input checked="" type="radio"/> <u>17,831</u>		
c State and local personal property taxes 5c <input checked="" type="radio"/>	<input checked="" type="radio"/>		
d Add line 5a through line 5c 5d <input checked="" type="radio"/> <u>64,987</u>	<input checked="" type="radio"/> <u>64,987</u>		
e Enter the smaller of line 5d or \$10,000 (\$5,000 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 5e <input checked="" type="radio"/> <u>10,000</u> <input checked="" type="radio"/> <u>47,156</u> <input checked="" type="radio"/> <u>54,987</u>	<input checked="" type="radio"/> <u>10,000</u>	<input checked="" type="radio"/> <u>47,156</u>	<input checked="" type="radio"/> <u>54,987</u>
6 Other taxes. List type <input checked="" type="radio"/> 6 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Add line 5e and line 6 7 <input checked="" type="radio"/> <u>10,000</u> <input checked="" type="radio"/> <u>47,156</u> <input checked="" type="radio"/> <u>54,987</u>	<input checked="" type="radio"/> <u>10,000</u>	<input checked="" type="radio"/> <u>47,156</u>	<input checked="" type="radio"/> <u>54,987</u>
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 8a <input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
b Home mortgage interest not reported to you on federal Form 1098 8b <input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
c Points not reported to you on federal Form 1098 8c <input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
d Reserved for future use 8d			
e Add line 8a through line 8c 8e <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Investment interest 9 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9 10 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<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
Gifts to Charity			
11 Gifts by cash or check 11	8,440		
12 Other than by cash or check 12			
13 Carryover from prior year 13			
14 Add line 11 through line 13 14	8,440		
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions 15			
Other Itemized Deductions			
16 Other - from list in federal instructions 16			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C 17	33,684	47,156	54,987
18 Total. Combine line 17 column A less column B plus column C 18			41,515

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions 19			
20 Tax preparation fees 20		2,315	
21 Other expenses: investment, safe deposit box, etc. List type 21	STMT 3		125
22 Add line 19 through line 21 22			2,440
23 Enter amount from federal Form 1040 or 1040-SR, line 11 23	484,630		
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 24		9,693	
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 25			0
26 Total Itemized Deductions. Add line 18 and line 25 26			41,515
27 Other adjustments. See instructions. Specify. 27			
28 Combine line 26 and line 27 28			41,515
29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?			
Single or married/RDP filing separately \$244,857			
Head of household \$367,291			
Married/RDP filing jointly or qualifying surviving spouse/RDP \$489,719			
No. Transfer the amount on line 28 to line 29.			
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 29			41,515
30 Enter the larger of the amount on line 29 or your standard deduction shown below:			
Single or married/RDP filing separately. See instructions \$5,540			
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP \$11,080			
Transfer the amount on line 30 to Form 540, line 18 30			41,515

2024

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"/> 145,800	<input checked="" type="radio"/> 145,800
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 Total double-taxed income	<input checked="" type="radio"/> 145,800	<input checked="" type="radio"/> 145,800

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

2 California tax liability	<input checked="" type="radio"/> 2	27,111	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	145,800	00
4 California adjusted gross income	<input checked="" type="radio"/> 4	427,063	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	.3414	
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	9,256	00
7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> DC	<input checked="" type="radio"/> 7	9,331	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	145,800	00
9 Adjusted gross income taxable by other state	<input checked="" type="radio"/> 9	145,800	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> 10	1.0000	
11 Multiply line 7 by line 10	<input checked="" type="radio"/> 11	9,331	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187	<input checked="" type="radio"/> 12	9,256	00



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.



CA SCHEDULE CA	ORDINARY DIVIDENDS - SUBTRACTION	STATEMENT	2
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DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMENT
MERRILL LYNCH	17,667.	17,667.	0.
MERRILL LYNCH	0.	10,791.	-10,791.
VANGUARD MARKETING CORPORATION	10,251.	10,251.	0.
VANGUARD MARKETING CORPORATION	0.	109.	-109.
			-10,900.
TO SCH CA (540), PART IA, LINE 3BB			-10,900.

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, 2024, or other tax year beginning , ending
Your first name and middle initial BRAD J. Last name SHERMAN
If joint return, spouse's first name and middle initial LISA N K. Last name SHERMAN
Home address (number and street). If you have a P.O. box, see instructions.
City, town, or post office. If you have a foreign address, also complete spaces below. SHERMAN OAKS State ZIP code CA 91403
Foreign country name Foreign province/state/county Foreign postal code
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. [X] You [X] Spouse

Filing Status [X] Married filing jointly (even if only one had income)
Check only one box. [] Single [] Head of household (HOH) [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:
[] If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No
Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [X] Were born before January 2, 1960 [] Are blind Spouse: [] Was born before January 2, 1960 [] Is blind

Table with 4 columns: (1) First name Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instr.): Child tax credit, Credit for other dependents. Rows for MOLLY H SHERMAN, NAOMI C SHERMAN, LUCY R SHERMAN.

Income section table with rows 1a through 15. Total taxable income: 450,638. Includes sub-sections for Attach Form(s) W-2 here, Attach Sch. B if required, and Standard Deduction for -.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	94,945.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	94,945.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	1,750.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	1,750.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	93,195.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	7,683.
24	Add lines 22 and 23. This is your total tax	24	100,878.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	SEE STATEMENT 6	25a 59,287.
	b	Form(s) 1099	SEE STATEMENT 8	25b 10,177.
	c	Other forms (see instructions)	SEE STATEMENT 9	25c 35.
	d	Add lines 25a through 25c		25d 69,499.
	26	2024 estimated tax payments and amount applied from 2023 return	STATEMENT 7	26 35,237.
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	104,736.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid ...	34	3,858.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,858.
	b	Routing number <input type="text"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="text"/>		
36	Amount of line 34 you want applied to your 2025 estimated tax ...	36		

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

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes. Complete below.** **No**

Designee's name Phone 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** If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Spouse's signature. If a joint return, **both** must sign. Date Spouse's occupation **DIPLOMAT** If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. Email address

Paid Preparer Use Only Preparer's name Preparer's signature Date PTIN

Check if: Self-employed

Phone no.

Firm's name Phone no.

Firm's address Firm's EIN

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **02**

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

BRAD J. & LISA N K. SHERMAN

Your social security number

[REDACTED]

Part I Tax

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

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE		4	
5 Social security and Medicare tax on unreported tip income. Attach Form 4137	5		
6 Uncollected social security and Medicare tax on wages. Attach Form 8919	6		
7 Total additional social security and Medicare tax. Add lines 5 and 6		7	
8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>		8	
9 Household employment taxes. Attach Schedule H		9	3,649.
10 Repayment of first-time homebuyer credit. Attach Form 5405 if required		10	
11 Additional Medicare Tax. Attach Form 8959		11	1,140.
12 Net investment income tax. Attach Form 8960		12	2,894.
13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12		13	
14 Interest on tax due on installment income from the sale of certain residential lots and timeshares		14	
15 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000		15	
16 Recapture of low-income housing credit. Attach Form 8611		16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2024

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount:	17z	
18	Total additional taxes. Add lines 17a through 17z	18	
19	Recapture of net EPE from Form 4255, line 1d, column (l)	19	
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	7,683.

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2024

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service

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

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

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

Your social security number

BRAD J. & LISA N K. SHERMAN

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions) SEE STATEMENT 11	1	51,591.	
	2	Enter amount from Form 1040 or 1040-SR, line 11 2 484,630.			
	3	Multiply line 2 by 7.5% (0.075)	3	36,347.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	15,244.	
Taxes You Paid	5	State and local taxes.			
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box SEE STATEMENT 10 <input type="checkbox"/>	5a	47,156.	
	b	State and local real estate taxes (see instructions)	5b	17,831.	
	c	State and local personal property taxes	5c		
	d	Add lines 5a through 5c	5d	64,987.	
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000.	
	6	Other taxes. List type and amount:	6		
	7	Add lines 5e and 6	7	10,000.	
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>			
	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a		
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b		
	c	Points not reported to you on Form 1098. See instructions for special rules	8c		
	d	Reserved for future use	8d		
	e	Add lines 8a through 8c	8e		
	9	Investment interest. Attach Form 4952 if required. See instructions	9		
	10	Add lines 8e and 9	10		
	Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions.	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	8,440.
		12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12	
13		Carryover from prior year	13		
14		Add lines 11 through 13	14	8,440.	
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15		
Other Itemized Deductions	16	Other - from list in instructions. List type and amount:	16		
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	17	33,684.	
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>			

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **08**

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

Amount

313.
40,585.
153.

1

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 **2** 41,051.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 **3**
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b **4** 41,051.

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
VANGUARD MARKETING CORPORATION

17,667.
10,791.
10,251.
109.

5

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..... **6** 38,818.

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

Part III

Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instr. 427501 10-25-24

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.

Yes No

7a At any time during 2024, 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 **X**
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 2024, 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 **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	313.							
B	MERRILL LYNCH	40,585.							
C	WESCOM CREDIT UNION	153.							
D	MERRILL LYNCH							17,667.	16,762.
E	MERRILL LYNCH							10,791.	
F	VANGUARD MARKETING CORPORATION							10,251.	9,320.
G	VANGUARD MARKETING CORPORATION							109.	
H									
I									
J									
K									
Totals		41,051.						38,818.	26,082.

	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	1,165.				905.				
E									
F					637.				
G									
H									
I									
J									
K									
Totals	1,165.				1,542.				

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **12**

Name(s) shown on return

BRAD J. & LISA N K. SHERMAN

Your social security number

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	249,000.	249,000.		0.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	476,000.	476,000.		0.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions STMT 12				13 1,165.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on page 2				15 1,165.

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

Schedule D (Form 1040) 2024

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 	16	1,165.
<p>17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet(see instructions), enter the amount, if any, from line 7 of that worksheet</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) <p style="margin-left: 40px;">}</p> <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	()
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

BRAD J. & LISA N K. SHERMAN

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	249000.000 SH - CD WELLS FARGO BANK NA	02/06/23	08/15/24	249,000.	249,000.			0.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)				249,000.	249,000.			0.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

BRAD J. & LISA N K. SHERMAN

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	238000.000 SH - CD JPM (FKA FIRST REP)	02/06/23	02/09/24	238,000.	238,000.			0.
	238000.000 SH - CD CITIZENS BANK NA	02/07/23	02/15/24	238,000.	238,000.			0.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)				476,000.	476,000.			0.

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

Qualified Dividends and Capital Gain Tax Worksheet - Line 16

Keep for Your Records

Name(s) shown on return BRAD J. & LISA N K. SHERMAN	Your SSN [REDACTED]
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Before you begin:

- ✓ See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- ✓ If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

1. Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	450,638.	
2. Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	26,082.	
3. Are you filing Schedule D?*	3.	1,165.	
<input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or line 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0-.			
<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.			
4. Add lines 2 and 3	4.	27,247.	
5. Subtract line 4 from line 1. If zero or less, enter -0-	5.	423,391.	
6. Enter:	6.	94,050.	
\$47,025 if single or married filing separately, \$94,050 if married filing jointly or qualifying surviving spouse, \$63,000 if head of household.			
7. Enter the smaller of line 1 or line 6	7.	94,050.	
8. Enter the smaller of line 5 or line 7	8.	94,050.	
9. Subtract line 8 from line 7. This amount is taxed at 0%	9.	0.	
10. Enter the smaller of line 1 or line 4	10.	27,247.	
11. Enter the amount from line 9	11.	0.	
12. Subtract line 11 from line 10	12.	27,247.	
13. Enter:	13.	583,750.	
\$518,900 if single, \$291,850 if married filing separately, \$583,750 if married filing jointly or qualifying surviving spouse, \$551,350 if head of household.			
14. Enter the smaller of line 1 or line 13	14.	450,638.	
15. Add lines 5 and 9	15.	423,391.	
16. Subtract line 15 from line 14. If zero or less, enter -0-	16.	27,247.	
17. Enter the smaller of line 12 or line 16	17.	27,247.	
18. Multiply line 17 by 15% (0.15)	18.	4,087.	
19. Add lines 9 and 17	19.	27,247.	
20. Subtract line 19 from line 10	20.	0.	
21. Multiply line 20 by 20% (0.20)	21.	0.	
22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet	22.	90,858.	
23. Add lines 18, 21, and 22	23.	94,945.	
24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24.	99,577.	
25. Tax on all taxable income. Enter the smaller of line 23 or line 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25.	94,945.	

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

Child and Dependent Care Expenses

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

Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

Your social security number

BRAD J. & LISA N K. SHERMAN

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under Married Persons Filing Separately. If you meet these requirements, check this box

B If you or your spouse was a student or was disabled during 2024 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under If You or Your Spouse Was a Student or Disabled check this box

Part I Persons or Organizations Who Provided the Care - You must complete this part.

If you have more than three care providers, see the instructions and check this box

Table with 5 columns: (a) Care provider's name, (b) Address, (c) Identifying number (SSN or EIN), (d) Was the care provider your household employee in 2024?, (e) Amount paid. Row 1: NONE, Yes/No checkboxes.

Did you receive dependent care benefits? No/Yes options with instructions to complete Part II or Part III.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040).

Part II Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). If you have more than three qualifying persons, see the instructions and check this box

Table with 4 columns: (a) Qualifying person's name (First/Last), (b) Qualifying person's social security number, (c) Check here if the qualifying person was over age 12 and was disabled, (d) Qualified expenses you incurred and paid in 2024.

Summary section with lines 3-11. Line 3: Add amounts in column (d) of line 2. Line 4: Enter your earned income. Line 5: If married filing jointly, enter your spouse's earned income. Line 6: Enter the smallest of line 3, 4, or 5. Line 7: Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11. Line 8: Enter on line 8 the decimal amount shown below that applies to the amount on line 7. Line 9a: Multiply line 6 by the decimal amount on line 8. Line 9b: If you paid 2023 expenses in 2024, complete Worksheet A. Line 9c: Add lines 9a and 9b and enter the result. Line 10: Tax liability limit. Line 11: Credit for child and dependent care expenses.

Part III Dependent Care Benefits

12 Enter the total amount of dependent care benefits you received in 2024. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	
13 Enter the amount, if any, you carried over from 2023 and used in 2024 during the grace period. See instructions ...	13	
14 If you forfeited or carried over to 2025 any of the amounts reported on line 12 or 13, enter the amount. See instructions	14	()
15 Combine lines 12 through 14. See instructions	15	
16 Enter the total amount of qualified expenses incurred in 2024 for the care of the qualifying person(s)	16	
17 Enter the smaller of line 15 or 16	17	
18 Enter your earned income . See instructions	18	
19 Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	
20 Enter the smallest of line 17, 18, or 19	20	
21 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19). However, don't enter more than the maximum amount allowed under your dependent care plan. See instructions	21	
22 Is any amount on line 12 or 13 from your sole proprietorship or partnership? <input type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	
23 Subtract line 22 from line 15	23	
24 Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	
25 Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or line 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-	25	
26 Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0-. Also, enter this amount on Form 1040, 1040-SR, or 1040-NR, line 1e	26	

To claim the child and dependent care credit, complete lines 27 through 31 below.

27 Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	
28 Add lines 24 and 25	28	
29 Subtract line 28 from line 27. If zero or less, stop . You can't take the credit. Exception. If you paid 2023 expenses in 2024, see the instructions for line 9b	29	
30 Complete line 2 on page 1 of this form. Don't include in column (d) any benefits shown on line 28 above. Then, add the amounts in column (d) and enter the total here	30	
31 Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	

**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 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. **44**

Name of employer

BRAD J. SHERMAN

Social security number

Employer identification number

Calendar year taxpayers having no household employees in 2024 don't have to complete this form for 2024.

A Did you pay **any one** household employee cash wages of \$2,700 or more in 2024? (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 2024 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 2023 or 2024 to **all** household employees? (**Don't** count cash wages paid in 2023 or 2024 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

1	Total cash wages subject to social security tax	1	23,575.	
2	Social security tax. Multiply line 1 by 12.4% (0.124)	2		2,923.
3	Total cash wages subject to Medicare tax	3	23,575.	
4	Medicare tax. Multiply line 3 by 2.9% (0.029)	4		684.
5	Total cash wages subject to Additional Medicare Tax withholding	5		
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	6		
7	Federal income tax withheld, if any	7		
8	Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7	8		3,607.

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2023 or 2024 to **all** household employees? (**Don't** count cash wages paid in 2023 or 2024 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) 2024

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 2024 by April 15, 2025? 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 smaller 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	<input type="checkbox"/>
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	3,607.
26 Add line 16 (or line 24) and line 25	26	3,649.

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, and 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 _____
Paid Preparer Use Only	Print/Type 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

2024

Department of the Treasury
Internal Revenue Service

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

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	484,630.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	484,630.
4	Number of qualifying children under age 17 with the required social security number ...	4	3
5	Multiply line 4 by \$2,000	5	6,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	6,000.
9	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly - \$400,000 • All other filing statuses - \$200,000 	9	400,000.
10	Subtract line 9 from line 3. <ul style="list-style-type: none"> • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. 	10	85,000.
11	Multiply line 10 by 5% (0.05)	11	4,250.
12	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.	12	1,750.
13	Enter the amount from Credit Limit Worksheet A	13	94,945.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	1,750.

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

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

Schedule 8812 (Form 1040) 2024

Part II-A Additional Child Tax Credit for All Filers

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

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

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

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

Part II-C Additional Child Tax Credit

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

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 above \$191,950 (\$383,900 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

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

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

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$191,950 or less (\$383,900 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3		
4 Allocable share of W-2 wages from the trade, business, or aggregation	4		
5 Multiply line 4 by 50% (0.50)	5		
6 Multiply line 4 by 25% (0.25)	6		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7		
8 Multiply line 7 by 2.5% (0.025)	8		
9 Add lines 6 and 8	9		
10 Enter the greater of line 5 or line 9	10		
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11		
12 Phased-in reduction. Enter the amount from line 26, if any	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14		
15 Qualified business income component. Subtract line 14 from line 13	15		
16 Total qualified business income component. Add all amounts reported on line 15	16		

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

Form **8995-A** (2024)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$191,950 but not \$241,950 (\$383,900 and \$483,900 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
17	Enter the amounts from line 3	17		
18	Enter the amounts from line 10	18		
19	Subtract line 18 from line 17	19		
20	Taxable income before qualified business income deduction	20		
21	Threshold. Enter \$191,950 (\$383,900 if married filing jointly)	21		
22	Subtract line 21 from line 20	22		
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23		
24	Phase-in percentage. Divide line 22 by line 23	24	%	
25	Total phase-in reduction. Multiply line 19 by line 24	25		
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26		

Part IV Determine Your Qualified Business Income Deduction

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27			
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions SEE STATEMENT 14	28	1,542.		
29	Qualified REIT dividends and PTP (loss) carryforward from prior years	29	()		
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30	1,542.		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31	308.		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		308.	
33	Taxable income before qualified business income deduction	33	450,946.		
34	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	34	27,247.		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		423,699.	
36	Income limitation. Multiply line 35 by 20% (0.20)	36		84,740.	
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37		308.	
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38			
39	Total qualified business income deduction. Add lines 37 and 38	39		308.	
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40		()	

Paid Preparer's Due Diligence Checklist

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

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

Taxpayer name(s) shown on return BRAD J. & LISA N K. SHERMAN	Taxpayer identification number [REDACTED]
Preparer's name [REDACTED]	Preparer tax identification number [REDACTED]

Part I Due Diligence Requirements

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

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-SS or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)			
	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)			
	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)		
	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)		
	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification		
You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:		
<ul style="list-style-type: none"> A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s); B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed; C. Submit Form 8867 in the manner required; and D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under <i>Document Retention</i>. <ul style="list-style-type: none"> 1. A copy of this Form 8867. 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed. 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s). 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained. 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s). 		
If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).		
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Medicare Tax

2024

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **71**

Name(s) shown on return BRAD J. & LISA N K. SHERMAN	Your social security number <div style="background-color: black; width: 100px; height: 15px;"></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	1	376,699.		
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	376,699.		
5 Enter the following amount for your filing status:				
Married filing jointly \$250,000				
Married filing separately \$125,000				
Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000.		
6 Subtract line 5 from line 4. If zero or less, enter -0-	6			126,699.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7			1,140.

Part II Additional Medicare Tax on Self-Employment Income

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

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

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

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18			1,140.
---	----	--	--	--------

Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	5,497.		
20 Enter the amount from line 1	20	376,699.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	5,462.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22			35.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23			
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24			35.

Net Investment Income Tax - Individuals, Estates, and Trusts

2024

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. 72

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

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)		1	41,051.
2 Ordinary dividends (see instructions)		2	38,818.
3 Annuities (see instructions)		3	
4a Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a		
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c Combine lines 4a and 4b		4c	
5a Net gain or loss from disposition of property (see instructions)	5a		1,165.
b Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d Combine lines 5a through 5c		5d	1,165.
6 Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7 Other modifications to investment income (see instructions)		7	
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	81,034.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a Investment interest expenses (see instructions)	9a		
b State, local, and foreign income tax (see instructions)	9b		4,870.
c Miscellaneous investment expenses (see instructions)	9c		
d Add lines 9a, 9b, and 9c		9d	4,870.
10 Additional modifications (see instructions)		10	
11 Total deductions and modifications. Add lines 9d and 10		11	4,870.

Part III Tax Computation

12 Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a - 21. If zero or less, enter -0-		12	76,164.
Individuals:			
13 Modified adjusted gross income (see instructions)	13		484,630.
14 Threshold based on filing status (see instructions)	14		250,000.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15		234,630.
16 Enter the smaller of line 12 or line 15		16	76,164.
17 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	2,894.
Estates and Trusts:			
18a Net investment income (line 12 above)	18a		
b Deductions for distributions of net investment income and charitable deductions (see instructions)	18b		
c Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a Adjusted gross income (see instructions)	19a		
b Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20 Enter the smaller of line 18c or line 19c		20	
21 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	

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

Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet

Keep for Your Records

Part III - Deductions Properly Allocable to Investment Income (Individuals Only)

1. Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from column (C) of Part II:

	Description	Line	Amount
(a)	N/A	N/A	N/A
(b)	N/A	N/A	N/A

2. Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income (limited to \$10,000, \$5,000 if MFS) **2.** 4,870.

3. Enter the amounts of other Itemized Deductions properly allocable to investment income
(Description and Form 8960 line number where they'll be reported):

	Description	Line	Amount
(a)			
(b)			

4. Enter the total deductions properly allocable to investment income. Enter the sum of lines 2 and 3 **4.** 4,870.

5. Enter the amount of total itemized deductions reported on Form 1040 **5.** 33,684.

6. Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:

(a)	Investment Interest Expense	N/A
(b)	Casualty Losses (other than losses described in section 165(c)(1))	N/A
(c)	Medical Expenses	N/A
(d)	Gambling Losses	N/A
(e)	Total of lines 6(a) through 6(d)	6e. <u>N/A</u>

7. Subtract line 6e from line 5 **7.** 33,684.

8. Enter the lesser of line 7 or line 4 **8.** 4,870.

TIP

This is the amount of itemized deductions that are properly allocable to investment income. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10.

Part IV - Reconciliation of Schedule A Deductions to Form 8960, Lines 9 and 10 (Individuals Only)

		(A)	(B)	(C)
		Reenter the amounts and descriptions from Part III, lines 1 - 3.	IF Part III, line 8 is less than Part III, line 4, THEN divide line 8 by line 4 AND enter the amount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B).	Multiply the individual amounts in column (A) by the amount in column (B). Enter these amounts in the appropriate location on lines 9 and 10.
Miscellaneous Itemized Deductions properly allocable to investment income:				
1.	(a)	N/A	X	N/A
	(b)	N/A	X	N/A
2.	State, local, and foreign income taxes	4,870.	X	1.0000
Itemized Deductions Included on Line 3 of Part III:				
3.	(a)		X	
	(b)		X	

**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

1 Taxable interest		1	41,051.
2 Ordinary dividends		2	27,918.
3 Annuities from nonqualified plans		3	
4a Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc.	4a		
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business	4b		
c Combine lines 4a and 4b		4c	
5a Net gain or loss from disposition of property	5a		1,165.
b Net gain or loss from disposition of property that is not subject to net investment income tax	5b		
c Adjustment from disposition of partnership interest or S corporation stock	5c		
d Combine lines 5a through 5c		5d	1,165.
6 Changes in investment income for certain CFCs and PFICs		6	
7 Other modifications to investment income		7	
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	70,134.

Part II State Income Tax Pro-ration for 2024 Income Tax Payments

9 State total income		9	427,063.
10 State income tax payments for 2024	SEE STATEMENT 15		29,657.
11 2024 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10		11	4,870.

Part III State Income Tax Pro-ration for 2023 Estimate Payments Made in 2024

12 State estimate payments for 2023		12	
13 Percent of state income taxes attributable to investment income for 2023		13	
14 2023 state estimate payments attributable to investment income. Line 12 times line 13		14	

Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2024

15 Balance of prior years tax plus extension payments paid in 2024		15	8,168.
16 Percent of state income taxes attributable to investment income for 2023		16	
17 Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16		17	

Part V Reduction of State Tax Deduction

18 Reduction of state tax deduction		18	()
19 Percent of state income taxes attributable to investment income for 2023		19	
20 Reduction of state tax deduction attributable to investment income. Line 18 times line 19		20	()

Part VI Total State Income Tax Payments Attributable to Investment Income

21 Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2		21	4,870.
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FORM 1040	WAGES RECEIVED AND TAXES WITHHELD	STATEMENT	1
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	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T S EMPLOYER'S NAME						
T HOUSE OF REP-MEMBERS SERVICES	173,385.	43,303.	25,457.		10,453.	2,991.
S US DEPT OF STATE	145,800.	15,984.	9,331.		10,453.	2,506.
TOTALS	319,185.	59,287.	34,788.		20,906.	5,497.

FORM 1040	QUALIFIED DIVIDENDS	STATEMENT	2
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	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
NAME OF PAYER		
MERRILL LYNCH	17,667.	16,762.
VANGUARD MARKETING CORPORATION	10,251.	9,320.
TOTAL INCLUDED IN FORM 1040, LINE 3A		26,082.



FORM 1040

PENSIONS AND ANNUITIES

STATEMENT 3

LEGISLATORS' RETIREMENT SYSTEM

AMOUNT RECEIVED THIS YEAR	37,793.	
NONTAXABLE AMOUNT	49.	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		<hr/>
		37,744.
TOTAL INCLUDED IN FORM 1040, LINE 5B		<hr/>
		37,744.
		<hr/>

CHECK ONLY ONE BOX:

- A. SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING SURVIVING SPOUSE
X B. MARRIED FILING JOINTLY
C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE
AT ANY TIME DURING 2024
D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE
FOR ALL OF 2024
1. ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR
FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON
FORM 1040, LINE 6A 54,902.
IF YOU CHECKED BOX B: TAXPAYER AMOUNT 54,902.
SPOUSE AMOUNT
2. MULTIPLY LINE 1 BY 50% (0.50) 27,451.
3. ADD THE AMOUNTS ON FORM 1040, LINES 1Z, 2A, 2B, 3B, 4B, 5B,
7 AND 8. IF FILING FORM 8815, DON'T INCLUDE THE AMOUNT FROM
LINE 2B. INSTEAD, USE THE AMOUNT FROM SCHEDULE B, LINE 2.
DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR
RRB-1099 437,963.
4. ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED
INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS,
OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF
PUERTO RICO THAT YOU CLAIMED
5. ADD LINES 2, 3, AND 4 465,414.
6. ADD THE AMOUNTS FROM SCHEDULE 1, LINES 11 THROUGH 20,
AND 23 AND 25 0.
7. SUBTRACT LINE 6 FROM LINE 5 465,414.
8. ENTER: \$25,000 IF YOU CHECKED BOX A OR D, OR
\$32,000 IF YOU CHECKED BOX B, OR
\$-0- IF YOU CHECKED BOX C 32,000.
9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7?
[] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE
TAXABLE. ENTER -0- ON FORM 1040, LINE 6B. IF YOU ARE
MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR
SPOUSE FOR ALL OF 2024, BE SURE YOU ENTERED 'D' TO THE
RIGHT OF THE WORD "BENEFITS" ON LINE 6A.
[X] YES. SUBTRACT LINE 8 FROM LINE 7 433,414.
10. ENTER \$9,000 IF YOU CHECKED BOX A OR D,
\$12,000 IF YOU CHECKED BOX B
\$-0- IF YOU CHECKED BOX C 12,000.
11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 421,414.
12. ENTER THE SMALLER OF LINE 9 OR LINE 10 12,000.
13. ENTER ONE HALF OF LINE 12 6,000.
14. ENTER THE SMALLER OF LINE 2 OR LINE 13 6,000.
15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- 358,202.
16. ADD LINES 14 AND 15 364,202.
17. MULTIPLY LINE 1 BY 85% (.85) 46,667.
-
18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 46,667.
* ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 6B

FORM 1040	TAX	STATEMENT	5
DESCRIPTION		AMOUNT	
FROM QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET		94,945.	
TOTAL TO FORM 1040, LINE 16		94,945.	

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) W-2	STATEMENT	6
T S DESCRIPTION		AMOUNT	
T HOUSE OF REP-MEMBERS SERVICES		43,303.	
S US DEPT OF STATE		15,984.	
TOTAL TO FORM 1040, LINE 25A		59,287.	

FORM 1040	CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT	7
DESCRIPTION		AMOUNT	
1ST QTR ESTIMATE PAYMENT - JOINT		914.	
2ND QTR ESTIMATE PAYMENT - JOINT		10,964.	
3RD QTR ESTIMATE PAYMENT - JOINT		10,913.	
4TH QTR ESTIMATE PAYMENT - JOINT		858.	
PRIOR YEAR OVERPAYMENT APPLIED - JOINT		11,588.	
TOTAL TO FORM 1040, LINE 26		35,237.	

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) 1099	STATEMENT	8
T S DESCRIPTION		AMOUNT	
T LEGISLATORS' RETIREMENT SYSTEM		10,177.	
TOTAL TO FORM 1040, LINE 25B		10,177.	

FORM 1040 FEDERAL INCOME TAX WITHHELD - OTHER FORMS STATEMENT 9

T S DESCRIPTION	AMOUNT
FORM 8959, LINE 24	35.
TOTAL TO FORM 1040, LINE 25C	35.

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 10

DESCRIPTION	AMOUNT
LEGISLATORS' RETIREMENT SYSTEM	4,200.
HOUSE OF REP-MEMBERS SERVICES	25,457.
US DEPT OF STATE	9,331.
CALIFORNIA PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	8,168.
TOTAL TO SCHEDULE A, LINE 5A	47,156.

SCHEDULE A MEDICAL AND DENTAL EXPENSES STATEMENT 11

DESCRIPTION	AMOUNT
PRESCRIPTION MEDICINES AND DRUGS	16,388.
MEDICAL INSURANCE PREMIUMS PAID	650.
INSURANCE REIMBURSEMENT	-9,977.
TRANSPORTATION	159.
LAB FEES	1,017.
EYEGASSES AND CONTACTS	1,524.
PARKING	285.
DOCTORS, DENTISTS, AUTISM PROFESSIONALS	41,545.
TOTAL TO SCHEDULE A, LINE 1	51,591.



SCHEDULE D

CAPITAL GAIN DISTRIBUTIONS

STATEMENT 12

NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
MERRILL LYNCH	1,165.	
TOTALS TO SCHEDULE D, LINE 13	1,165.	

SCHEDULE 8812

CREDIT LIMIT WORKSHEET A

STATEMENT 13

1. ENTER THE AMOUNT FROM LINE 18 OF FORM 1040 OR FORM 1040-NR 94,945.

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 94,945.

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. 94,945.

FORM 8995-A

QUALIFIED REIT DIVIDENDS AND PTP INCOME

STATEMENT 14

NAME OF ENTITY/ACTIVITY

REIT DIVIDENDS

PTP INCOME

MERRILL LYNCH
 VANGUARD MARKETING CORPORATION

905.

637.

TOTAL TO FORM 8995-A, LINE 28

1,542.



FORM 8960

STATE INCOME TAX PAYMENTS

STATEMENT 15

CALIFORNIA

DESCRIPTION

AMOUNT

HOUSE OF REP-MEMBERS SERVICES
LEGISLATORS' RETIREMENT SYSTEM

25,457.
4,200.

TOTAL TO STATE FORM 8960, LINE 10

29,657.

TAXABLE YEAR

2023

California Resident Income Tax Return

FORM

540

APE

ATTACH FEDERAL RETURN

SHERMAN
BRAD J SHERMAN
LISA K SHERMAN

23

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 [X].

Filing Status section: If your California filing status is different from your federal filing status, check the box here. 1 Single, 2 [X] Married/RDP filing jointly, 3 Married/RDP filing separately, 4 Head of household, 5 Qualifying surviving spouse/RDP, 6 If someone can claim you as a dependent.

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: 2 x \$144 = \$288. 8 Blind: 0 x \$144 = \$0. 9 Senior: 1 x \$144 = \$144.

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

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

Exemptions

	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.	[REDACTED]	[REDACTED]	[REDACTED]
Dependent's relationship to you	<input checked="" type="radio"/> DAUGHTER	<input checked="" type="radio"/> DAUGHTER	<input checked="" type="radio"/> DAUGHTER

Total dependent exemptions • 10 X \$446 = \$

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

12 State wages from your federal Form(s) W-2, box 16 • 12

Taxable Income

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	<input checked="" type="radio"/> 13	<input type="text" value="564,448"/>	<input type="text" value="00"/>
14 California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B	• 14	<input type="text" value="20,596"/>	<input type="text" value="00"/>
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	• 15	<input type="text" value="543,852"/>	<input type="text" value="00"/>
16 California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C	• 16	<input type="text" value=""/>	<input type="text" value="00"/>
17 California adjusted gross income. Combine line 15 and line 16	• 17	<input type="text" value="543,852"/>	<input type="text" value="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 \$ 5,363
 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP \$10,726
 If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions • 18

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

Tax

31 Tax. Check the box if from: Tax Table Tax Rate Schedule FTB 3800 FTB 3803

31	<input type="text" value="42,042"/>	<input type="text" value="00"/>
32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions	<input checked="" type="radio"/> 32	<input type="text" value="672"/>
33 Subtract line 32 from line 31. If less than zero, enter -0-	<input checked="" type="radio"/> 33	<input type="text" value="41,370"/>
34 Tax. See instructions. Check the box if from: <input type="text"/> Schedule G-1 <input type="text"/> FTB 5870A	• 34	<input type="text" value=""/>
35 Add line 33 and line 34	<input checked="" type="radio"/> 35	<input type="text" value="41,370"/>

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions • 40

43 Enter credit name code • and amount • 43

44 Enter credit name code • and amount • 44

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)	<input type="radio"/>	45		.00
	46	Nonrefundable Renter's Credit. See instructions	<input type="radio"/>	46		.00
	47	Add line 40 through line 46. These are your total credits	<input checked="" type="radio"/>	47	8,373	.00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	<input checked="" type="radio"/>	48	32,997	.00

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540)	<input type="radio"/>	61		.00
	62	Mental Health Services Tax. See instructions	<input type="radio"/>	62		.00
	63	Other taxes and credit recapture. See instructions	<input type="radio"/>	63		.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	<input type="radio"/>	64	32,997	.00

Payments	71	California income tax withheld. See instructions	<input type="radio"/>	71	9,837	.00
	72	2023 California estimated tax and other payments. See instructions	<input type="radio"/>	72	14,992	.00
	73	Withholding (Form 592-B and/or Form 593). See instructions	<input type="radio"/>	73		.00
	74	Excess SDI (or VPDI) withheld. See instructions	<input type="radio"/>	74		.00
	75	Earned Income Tax Credit (EITC). See instructions	<input type="radio"/>	75		.00
	76	Young Child Tax Credit (YCTC). See instructions	<input type="radio"/>	76		.00
	77	Foster Youth Tax Credit (FYTC). See instructions	<input type="radio"/>	77		.00
	78	Add line 71 through line 77. These are your total payments. See instructions	<input checked="" type="radio"/>	78	24,829	.00

Use Tax 91 **Use Tax.** Do not leave blank. See instructions 91 0 .00

If line 91 is zero, check if: X No use tax is owed. 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. X

If you did not check the box, see instructions. 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	<input checked="" type="radio"/>	93	24,829	.00
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	<input checked="" type="radio"/>	94		.00
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	<input checked="" type="radio"/>	95	24,829	.00
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	<input checked="" type="radio"/>	96		.00
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	<input checked="" type="radio"/>	97		.00

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

Overpaid Tax/Tax Due	98 Amount of line 97 you want applied to your 2024 estimated tax	<input type="radio"/> 98		.00
	99 Overpaid tax available this year. Subtract line 98 from line 97	<input type="radio"/> 99		.00
	100 Tax due. If line 95 is less than line 64, subtract line 95 from line 64	<input checked="" type="radio"/> 100	8,168	.00

Contributions		Code	Amount	
	California Seniors Special Fund. See instructions	<input type="radio"/> 400		.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	<input type="radio"/> 401		.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	<input type="radio"/> 403		.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	<input type="radio"/> 405		.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	<input type="radio"/> 406		.00
	Emergency Food for Families Voluntary Tax Contribution Fund	<input type="radio"/> 407		.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	<input type="radio"/> 408		.00
	California Sea Otter Voluntary Tax Contribution Fund	<input type="radio"/> 410		.00
	California Cancer Research Voluntary Tax Contribution Fund	<input type="radio"/> 413		.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	<input type="radio"/> 422		.00
	State Parks Protection Fund/Parks Pass Purchase	<input type="radio"/> 423		.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	<input type="radio"/> 424		.00
	Keep Arts in Schools Voluntary Tax Contribution Fund	<input type="radio"/> 425		.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	<input type="radio"/> 438		.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	<input type="radio"/> 439		.00
	Rape Kit Backlog Voluntary Tax Contribution Fund	<input type="radio"/> 440		.00
	Suicide Prevention Voluntary Tax Contribution Fund	<input type="radio"/> 444		.00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	<input type="radio"/> 445		.00
	110 Add amounts in code 400 through code 445. This is your total contribution	<input type="radio"/> 110		.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 8,168 .00
Pay Online - Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties
112 Interest, late return penalties, and late payment penalties 112 .00
113 Underpayment of estimated tax.
Check the box: • **FTB 5805 attached** • **FTB 5805F attached** • 113 0 .00
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment 114 8,168 .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 .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 • Type Checking • Account number • 116 Direct deposit amount .00
 Savings
The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
• Routing number • Type Checking • Account number • 117 Direct deposit amount .00
 Savings

Voter Info.
For voter registration information, check the box and go to **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 FTB to share limited information from your tax return with Covered California. See instructions Yes No

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 to learn about our privacy policy statement, or go to 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 **948** 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 Signature]

Date

[Redacted Date]

Spouse's/RDP's signature (if a joint tax return, both must sign)

[Redacted Signature]

Your email address. Enter only one email address.

[Redacted Email Address]

Preferred phone number

[Redacted Phone Number]

Sign Here

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

[Redacted Signature]

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

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

[Redacted Firm Name]

PTIN

[Redacted PTIN]

Firm's address

[Redacted Address] KIRKLAND, WA [Redacted]

Firm's FEIN

[Redacted FEIN]

Joint tax return? See instructions.

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 Name]

Telephone Number

[Redacted Telephone Number]

2023

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 * [redacted]
c. Employer's name [HOUSE OF REP-MEMBERS SERVICES]
b. Employer identification number (EIN) [redacted]
Employer's address [139A CANNON HOUSE OFFICE BLD]
City [WASHINGTON] State [DC] ZIP code [20515]

e. Employee's first name * [BRAD] Initial * [J] Last name * [SHERMAN] Suffix * []
f. Employee's address * [redacted]
City * [SHERMAN OAKS] State * [CA] ZIP code * [91403]

1. Wages, tips, other compensation [155,020]
2. Federal income tax withheld [39,283]
3. Social security wages [160,200]
4. Social security tax withheld [9,932]
5. Medicare tax withheld [2,666]
6. Social security tips []
7. Allocated tips (not included in box 1) []
8. Dependent care benefits []
9. Nonqualified plans []

12. Codes and amounts

12a. Code [D] Amount [28,876]
12b. Code [] Amount []
12c. Code [] Amount []
12d. Code [] Amount []

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

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

Type [] Amount []

16. State wages, tips, etc. [155,020]

15. State and employer's state ID number

State [CA] Employer's state ID number [redacted]

17. State income tax [5,637]

Franchise Tax Board Privacy Notice on Collection

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection - Aviso de Privacidad del Franchise Tax Board sobre la Recaudacion. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

2023

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 * [redacted]
c. Employer's name [US DEPT OF STATE]
b. Employer identification number (EIN) [redacted]
Employer's address [PO BOX 150008]
City [CHARLESTON] State [SC] ZIP code [29415]

e. Employee's first name * [LISA] Initial * [K] Last name * [SHERMAN] Suffix * []
f. Employee's address * [redacted]
City * [SHERMAN OAKS] State * [CA] ZIP code * [91403]

1. Wages, tips, other compensation [134,415]
2. Federal income tax withheld [24,590]
3. Social security wages [160,200]
4. Social security tax withheld [9,932]
5. Medicare tax withheld [2,341]
6. Social security tips []
7. Allocated tips (not included in box 1) []
8. Dependent care benefits []
9. Nonqualified plans []

12. Codes and amounts

12a. Code [D] Amount [27,014]
12b. Code [DD] Amount [24,871]
12c. Code [] Amount []
12d. Code [] Amount []

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

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)
Type [] Amount []

16. State wages, tips, etc. [134,415]

15. State and employer's state ID number
State [DC] Employer's state ID number [redacted]

17. State income tax [8,373]

Franchise Tax Board Privacy Notice on Collection

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection - Aviso de Privacidad del Franchise Tax Board sobre la Recaudacion. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

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

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1 a Total amount from federal Form(s) W-2, box 1. See instructions	289,435		
b Household employee wages not reported on federal Form(s) W-2			
c Tip income not reported on line 1a			
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions			
e Taxable dependent care benefits from federal Form 2441, line 26			
f Employer-provided adoption benefits from federal Form 8839, line 29			
g Wages from federal Form 8919, line 6			
h Other earned income. See instructions			
i Nontaxable combat pay election. See instructions			
z Add line 1a through line 1i	289,435		
2 Taxable interest. a	30,801	237	
3 Ordinary dividends. See instructions. a	40,619	16,797	
4 IRA distributions. See instructions. a			
5 Pensions and annuities. See instructions. a	36,145		
6 Social security benefits. a	3,562	3,562	
7 Capital gain or (loss). See instr.	163,872		

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

1 Taxable refunds, credits, or offsets of state and local income taxes			
2 a Alimony received. See instructions			
3 Business income or (loss). See instructions			
4 Other gains or (losses)			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
6 Farm income or (loss)			
7 Unemployment compensation			

Section B - Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:			
a Federal net operating loss 8a	<input checked="" type="radio"/> ()		<input checked="" type="radio"/>
b Gambling 8b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
c Cancellation of debt 8c	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
d Foreign earned income exclusion from federal Form 2555 8d	<input checked="" type="radio"/> ()		<input checked="" type="radio"/>
e Income from federal Form 8853 8e	<input checked="" type="radio"/>		<input checked="" type="radio"/>
f Income from federal Form 8889 8f	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
g Alaska Permanent Fund dividends 8g	<input checked="" type="radio"/>		
h Jury duty pay 8h	<input checked="" type="radio"/>		
i Prizes and awards 8i	<input checked="" type="radio"/>		
j Activity not engaged in for profit income 8j	<input checked="" type="radio"/>		
k Stock options 8k	<input checked="" type="radio"/>		<input checked="" type="radio"/>
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	<input checked="" type="radio"/>		
m Olympic and Paralympic medals and USOC prize money 8m	<input checked="" type="radio"/>		
n IRC Section 951(a) inclusion 8n	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
o IRC Section 951A(a) inclusion 8o	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
p IRC Section 461(l) excess business loss adjustment 8p	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
q Taxable distributions from an ABLE account 8q	<input checked="" type="radio"/>		
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	<input checked="" type="radio"/>		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d 8s	<input checked="" type="radio"/> ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	<input checked="" type="radio"/>		
u Wages earned while incarcerated 8u	<input checked="" type="radio"/>		
z Other income. List type and amount. <input checked="" type="radio"/> 8z	<input checked="" type="radio"/> 14	<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
9 a Total other income. Add lines 8a through 8z 9a	14		
b1 Disaster loss deduction from form FTB 3805V ... 9b1			
b2 NOL deduction from form FTB 3805V 9b2			
b3 NOL deduction from form FTB 3805Z, 3807, or 3809 9b3			
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions 10	564,448	20,596	

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

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

Section C - Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:			
a Jury duty pay 24a	<input checked="" type="radio"/>		
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
d Reforestation amortization and expenses 24d	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 ... 24e	<input checked="" type="radio"/>		
f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	<input checked="" type="radio"/>		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations 24i	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
j Housing deduction from federal Form 2555 24j	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	<input checked="" type="radio"/>		
z Other adjustments. List type and amount. 24z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Total other adjustments. Add line 24a through line 24z 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	<input checked="" type="radio"/> 564,448	<input checked="" type="radio"/> 20,596	<input checked="" type="radio"/>

Part II Adjustments to Federal Itemized Deductions

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

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses <input checked="" type="radio"/> <u>25,125</u> 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> <u>564,448</u> 2			
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> <u>42,334</u> 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/> <u>0</u> 4			<input checked="" type="radio"/>
Taxes You Paid			
5 a State and local income tax or general sales taxes <input checked="" type="radio"/> <u>33,202</u> 5a	<input checked="" type="radio"/> <u>33,202</u>	<input checked="" type="radio"/> <u>33,202</u>	
b State and local real estate taxes <input checked="" type="radio"/> <u>13,817</u> 5b	<input checked="" type="radio"/> <u>13,817</u>		
c State and local personal property taxes <input checked="" type="radio"/> <u>481</u> 5c	<input checked="" type="radio"/> <u>481</u>		
d Add line 5a through line 5c <input checked="" type="radio"/> <u>47,500</u> 5d	<input checked="" type="radio"/> <u>47,500</u>		
e Enter the smaller of line 5d or \$10,000 (\$5,000 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>10,000</u> 5e	<input checked="" type="radio"/> <u>10,000</u>	<input checked="" type="radio"/> <u>33,202</u>	<input checked="" type="radio"/> <u>37,500</u>
6 Other taxes. List type <input checked="" type="radio"/> <input checked="" type="radio"/> 6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Add line 5e and line 6 <input checked="" type="radio"/> <u>10,000</u> 7	<input checked="" type="radio"/> <u>10,000</u>	<input checked="" type="radio"/> <u>33,202</u>	<input checked="" type="radio"/> <u>37,500</u>
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 <input checked="" type="radio"/> <u>2,562</u> 8a	<input checked="" type="radio"/> <u>2,562</u>		<input checked="" type="radio"/>
b Home mortgage interest not reported to you on federal Form 1098 <input checked="" type="radio"/> 8b	<input checked="" type="radio"/>		<input checked="" type="radio"/>
c Points not reported to you on federal Form 1098 <input checked="" type="radio"/> 8c	<input checked="" type="radio"/>		<input checked="" type="radio"/>
d Reserved for future use 8d			
e Add line 8a through line 8c <input checked="" type="radio"/> <u>2,562</u> 8e	<input checked="" type="radio"/> <u>2,562</u>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Investment interest <input checked="" type="radio"/> <u>58</u> 9	<input checked="" type="radio"/> <u>58</u>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9 <input checked="" type="radio"/> <u>2,620</u> 10	<input checked="" type="radio"/> <u>2,620</u>	<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
Gifts to Charity				
11	Gifts by cash or check	8,111		
12	Other than by cash or check	200		
13	Carryover from prior year			
14	Add line 11 through line 13	8,311		
Casualty and Theft Losses				
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions			
Other Itemized Deductions				
16	Other - from list in federal instructions			
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	20,931	33,202	37,500
18	Total. Combine line 17 column A less column B plus column C			25,229

Job Expenses and Certain Miscellaneous Deductions

19	Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions			
20	Tax preparation fees		2,145	
21	Other expenses: investment, safe deposit box, etc. List type	STMT 5	125	
22	Add line 19 through line 21		2,270	
23	Enter amount from federal Form 1040 or 1040-SR, line 11	564,448		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0		11,289	
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0			0
26	Total Itemized Deductions. Add line 18 and line 25			25,229
27	Other adjustments. See instructions. Specify			
28	Combine line 26 and line 27			25,229
29	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?			
	Single or married/RDP filing separately		\$237,035	
	Head of household		\$355,558	
	Married/RDP filing jointly or qualifying surviving spouse/RDP		\$474,075	
	No. Transfer the amount on line 28 to line 29. LIMITED			
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29			19,807
30	Enter the larger of the amount on line 29 or your standard deduction shown below:			
	Single or married/RDP filing separately. See instructions		\$5,363	
	Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP		\$10,726	
	Transfer the amount on line 30 to Form 540, line 18			19,807

2023

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"/> 134,415	<input checked="" type="radio"/> 134,415
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 Total double-taxed income	<input checked="" type="radio"/> 134,415	<input checked="" type="radio"/> 134,415

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

2 California tax liability	<input checked="" type="radio"/> 2	41,370	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	134,415	00
4 California adjusted gross income	<input checked="" type="radio"/> 4	543,852	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	.2472	
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	10,227	00
7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> DC	<input checked="" type="radio"/> 7	8,373	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	134,415	00
9 Adjusted gross income taxable by other state	<input checked="" type="radio"/> 9	134,415	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> 10	1.0000	
11 Multiply line 7 by line 10	<input checked="" type="radio"/> 11	8,373	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187	<input checked="" type="radio"/> 12	8,373	00

Investment Interest Expense Deduction

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

Name(s) as shown on tax return

SSN, ITIN, or FEIN

BRAD J. & LISA N K. SHERMAN

1	Investment interest expense paid or accrued in 2023. See instructions	SEE STATEMENT 6	<input checked="" type="radio"/>	1	58	00
2	Disallowed investment interest expense from 2022 form FTB 3526, line 7. If zero or less, enter -0-		<input checked="" type="radio"/>	2	0	00
3	Total investment interest expense. Add line 1 and line 2			3	58	00
4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment). See instructions	SEE STATEMENT 7		4a	54,400	00
4b	Net gain from the disposition of property held for investment. See instructions	4b 105,340				00
4c	Net capital gain from the disposition of property held for investment. See instructions	4c 105,340				00
4d	Subtract line 4c from line 4b. If zero or less, enter -0-			4d	0	00
4e	Enter all or part of the amount on line 4c that you elect to include in investment income. Do not include more than the amount on line 4b. See instructions			4e		00
4f	Investment income. Add line 4a, line 4d, and line 4e			4f	54,400	00
5	Investment expenses. See instructions			5		00
6	Net investment income. Subtract line 5 from line 4f			6	54,400	00
7	Disallowed investment interest expense to be carried forward to 2024. Subtract line 6 from line 3. If zero or less, enter -0-		<input checked="" type="radio"/>	7	0	00
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. Form 541 filers, stop here and see instructions. All other filers, go to line 9		<input checked="" type="radio"/>	8	58	00
9	Enter the amount from federal Form 4952, line 8			9	58	00
10	California investment interest expense deduction adjustment. Enter the difference between line 8 and line 9. See instructions		<input checked="" type="radio"/>	10	0	00

Installment Sale Income

Attach to your California tax return. Use a separate form for each sale or other disposition of property on the installment method.

Name(s) as shown on tax return

SSN, ITIN, FEIN, CA SOS file no., or CA corporation no.

BRAD J SHERMAN AND LISA N K SHERMAN

1 Description of property

PORTER RANCH, CA 91326

2 a Date acquired (mm/dd/yyyy)

12/04/2013

2b Date sold (mm/dd/yyyy)

08/22/2022

3 Was the property sold to a related party after December 31, 1980? If "Yes," complete Part III for the year of sale and 2 years after the year of the sale unless you received the final payment during the tax year.

Yes No (X)

4 Reserved for future use

Yes No

Part I Gross Profit and Contract Price. Complete this part for the year of sale only.

5 Selling price including mortgages and other debts (do not include stated or unstated interest)

5 [] .00

6 Mortgages and other debts the buyer assumed or took the property subject to, but not new mortgages the buyer got from a bank or other source

6 [] .00

7 Subtract line 6 from line 5

7 [] .00

8 Cost or other basis of property sold

8 [] .00

9 Depreciation allowed or allowable. Use California amounts

9 [] .00

10 Adjusted basis. Subtract line 9 from line 8

10 [] .00

11 Commissions and other expenses of sale

11 [] .00

12 Income recapture from Schedule D-1, Part III and Part IV. See instructions

12 [] .00

13 Add line 10, line 11, and line 12

13 [] .00

14 Subtract line 13 from line 5. If zero or less, stop here. Do not complete the rest of this form

14 [] .00

15 If the above property was your main home, using California amounts, enter your excluded gain. Otherwise, enter -0-

15 250,000 .00

16 Gross profit. Subtract line 15 from line 14

16 [] .00

17 Subtract line 13 from line 6. If zero or less, enter -0-

17 [] .00

18 Contract price. Add line 7 and line 17

18 [] .00

Part II Installment Sale Income. Complete this part for the year of sale and any year you receive a payment or have certain debts you must treat as payments on installment obligations.

19 Gross profit percentage (expressed as a decimal amount, see instructions). Divide line 16 by line 18. For years after the sale, see instructions

19 .21907

20 For year of sale only - Enter amount from line 17 above. Otherwise, enter -0-

20 [] .00

21 Payments received during the year (do not include stated or unstated interest)

21 550,000 .00

22 Add line 20 and line 21

22 550,000 .00

- 23 Payments received in prior years (do not include stated or unstated interest) 23
- 24 **Installment sale income.** Multiply line 22 by line 19 24
- 25 Enter the part of line 24 that is ordinary income under recapture rules. See instructions 25
- 26 Subtract line 25 from line 24. Enter the result here and on Schedule D (540, 540NR, 541, 565, 568, or 100S) or Schedule D-1 26

Part III Related Party Installment Sale Income. Do not complete this part if you received the final installment payment this taxable year.

27 Name, address, and taxpayer identification number of related party

28 Did the related party, during this taxable year, resell or dispose of the property ("second disposition")? Yes No

29 If you checked "Yes," on line 28, complete line 30 through line 37 below unless one of the following conditions is met. Check only the box that applies.

- a The second disposition was more than two years after the first disposition (other than dispositions of marketable securities). If this box is checked, enter the date of the disposition (mm/dd/yyyy)
- b The first disposition was a sale or exchange of stock to the issuing corporation.
- c The second disposition was an involuntary conversion where the threat of conversion occurred after the first disposition.
- d The second disposition occurred after the death of the original seller or buyer.
- e It can be established to the satisfaction of the Franchise Tax Board that tax avoidance was not a principal purpose for either of the dispositions. If you check this box, attach an explanation.

- 30 Selling price of property sold by related party 30
- 31 Enter contract price from line 18 for year of first sale 31
- 32 Enter the **smaller** of line 30 or line 31 32
- 33 Total payments received by the end of your 2023 taxable year. Add line 22 and line 23 33
- 34 Subtract line 33 from line 32. If zero or less, enter-0- 34
- 35 Multiply line 34 by the gross profit percentage on line 19 for year of first sale 35
- 36 Enter the part of line 35 that is ordinary income under recapture rules. See instructions 36
- 37 Subtract line 36 from line 35. Enter the result here and on Schedule D (540, 540NR, 541, 565, 568, or 100S) or Schedule D-1 37

California	Exemption Credit - AGI Limitation Worksheet	2023
Name(s) as shown on return BRAD J. & LISA N K. SHERMAN		social security number [REDACTED]

- a. Enter the amount from Form 540, line 13 a 564,448
- b. Enter the amount for your filing status on line b:

Single or married/RDP filing separately	\$237,035	}	b	474,075
Married/RDP filing jointly or qualifying surviving spouse/RDP	\$474,075			
Head of household	\$355,558			
- c. Subtract line b from line a c 90,373
- d. Divide line c by \$2,500 (\$1,250 if married/RDP filing separately).
If the result is not a whole number, round it to the next higher whole number d 37
- e. Multiply line d by \$6 e 222
- f. Add the numbers from the boxes on Form 540, line 7, line 8 and line 9 (not the dollar amounts) f 3
- g. Multiply line e by line f g 666
- h. Add the total dollar amount from Form 540, line 7, line 8 and line 9 h 432
- i. Subtract line g from line h. If zero or less, enter -0- i 0
- j. Enter the number from the box on Form 540, line 10 (not the dollar amounts) j 3
- k. Multiply line e by line j k 666
- l. Enter the dollar amount from Form 540, line 10 l 1,338
- m. Subtract line k from line l. If zero or less, enter -0- m 672
- n. Add line i and m. Enter the result here and on Form 540, line 32 n 672

California	Itemized Deductions Worksheet	2023
Name(s) as shown on return BRAD J. & LISA N K. SHERMAN		Social security number [REDACTED]
1. Amount from Schedule CA (540), Part II, line 28 or Schedule CA (540NR), Part III, line 28		25,229
2. Add the amounts on federal Schedule A (Form 1040), line 4, line 9, and line 15 plus any gambling losses included on line 16 (or on Schedule A (Form 1040NR), line 6 plus any investment interest expense and gambling losses included on line 7)		58
3. Subtract line 2 from line 1. If the result is zero, STOP. Enter the amount from line 1 above on Schedule CA (540), Part II, line 29 or Schedule CA (540NR), Part III, line 29		25,171
4. Multiply line 3 by 80% (.80)		20,137
5. Amount from Form 540 or Form 540NR, line 13		564,448
6. Enter the amount shown below for your filing status: - Single or married/RDP filing separately, enter \$237,035 - Head of household, enter \$355,558 - Married/RDP filing jointly or qualifying surviving spouse/RDP, enter \$474,075		474,075
7. Subtract line 6 from line 5. If the result is zero, STOP. Enter the amount from line 1 above on Schedule CA (540), Part II, line 29 or Schedule CA (540NR), Part III, line 29		90,373
8. Multiply line 7 by 6% (.06)		5,422
9. Compare line 4 and line 8. Enter the smaller amount here		5,422
10. Total itemized deductions. Subtract line 9 from line 1. Enter the result here and on Schedule CA (540), Part II, line 29 or Schedule CA (540NR), Part III, line 29		19,807



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.

PROPERTY KNOWN AS [REDACTED] WAS PRINCIPAL RESIDENCE OF CONGRESSMAN BRAD SHERMAN. HE MET RESIDENCY REQUIREMENTS DURING THE FIVE YEARS PRIOR TO SALE. HIS WIFE, LISA, MAY NOT QUALIFY FOR FULL RESIDENCY DURING THIS PERIOD, SO THIS RETURN ONLY TAKES A \$250,000 EXCLUSION.

[REDACTED] WAS CONGRESSMAN SHERMAN'S PRIMARY RESIDENCE FROM JULY 15, 2013, TO APRIL 17, 2022. DURING THIS TIME, THE PROPERTY WAS HIS PRIMARY ADDRESS FOR TAX AND VOTING PURPOSES. THROUGHOUT THIS PERIOD, HE HAD A CALIFORNIA DRIVER'S LICENSE, WAS REGISTERED TO VOTE IN CALIFORNIA, AND PAID CA INCOME TAX. UNDER US CONSTITUTION, ART. 1, SECT. 1, CL. 2, HE IS A CALIFORNIA RESIDENT. PER SECTION 162(A), CONGRESSMEMBER'S HOME IS IN HIS OR HER DISTRICT. HE SPENDS A LOT OF TIME IN D.C. TO FULFILL HIS CONGRESSIONAL DUTIES AND WORK WITH STAFF. ALL CARS OWNED BY THE TAXPAYER ARE REGISTERED IN CALIFORNIA, INCLUDING THOSE USED IN DC. DUE TO SECURITY CONCERNS, CONGRESSMAN SHERMAN SEEKS TO LIMIT THOSE WHO KNOW HIS PERSONAL ADDRESS, SO HE RECIEVES MAIL THROUGH A PRIVATE POSTAL BOX CLOSE TO HIS HOME. THE PROPERTY IS CLOSE TO HIS DISTRICT OFFICE, HIS BANK, AND WAS CLOSE TO THE HOME OF HIS MOTHER UNTIL HER DEATH IN 2020. IT IS CLOSE TO THE SYNAGOGUE HE HAS BEEN A MEMBER OF SINCE 1995.

CA SCHEDULE CA	TAXABLE INTEREST INCOME - SUBTRACTION		STATEMENT	2
DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMENT	
MERRILL LYNCH	0.	237.	-237.	
TO SCH CA (540), PART IA, LINE 2BB			-237.	

CA SCHEDULE CA	ORDINARY DIVIDENDS - SUBTRACTION		STATEMENT	3
DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMENT	
MERRILL LYNCH	15,146.	15,146.	0.	
VANGUARD FED MONEY MKT FUND	0.	3,353.	-3,353.	
VANGUARD TOTAL STOCK MKT IDX ADM	1,986.	1,986.	0.	
VANGUARD MARKETING CORPORATION	6,690.	6,690.	0.	
MERRILL LYNCH	0.	11,475.	-11,475.	
VANGUARD MARKETING CORPORATION	0.	1,969.	-1,969.	
TO SCH CA (540), PART IA, LINE 3BB			-16,797.	

CA SCHEDULE CA	OTHER INCOME - FEDERAL AMOUNTS		STATEMENT	4
DESCRIPTION			AMOUNT	
MERRILL LYNCH			14.	
TO SCH CA (540), PART IB, LINE 8Z			14.	

SCHEDULE CA	OTHER EXPENSES		STATEMENT	5
DESCRIPTION			AMOUNT	
INVESTMENT FEES			125.	
TOTAL TO SCHEDULE CA, PART II, LINE 21			125.	



CA FORM 3526	INVESTMENT INTEREST EXPENSE	STATEMENT	6
--------------	-----------------------------	-----------	---

DESCRIPTION	CURRENT	CARRYOVER
MERRIL LYNCH	58.	
TOTAL TO FORM 3526, LINE 1 AND/OR LINE 2	58.	

CA FORM 3526	INCOME FROM PROPERTY HELD FOR INVESTMENT	STATEMENT	7
--------------	--	-----------	---

DESCRIPTION	AMOUNT
INTEREST INCOME	30,564.
DIVIDEND INCOME	23,822.
MERRILL LYNCH	14.
TOTAL TO FORM 3526, LINE 4A	54,400.

For the year Jan. 1 - Dec. 31, 2023, or other tax year beginning , ending
Your first name and middle initial BRAD J. Last name SHERMAN
If joint return, spouse's first name and middle initial LISA N K. Last name SHERMAN
Home address (number and street). If you have a P.O. box, see instructions.
City, town, or post office. If you have a foreign address, also complete spaces below. SHERMAN OAKS CA 91403
Foreign country name Foreign province/state/county Foreign postal code
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. [X] You [X] Spouse

Filing Status Single [] Head of household (HOH) []
Check only one box. [X] Married filing jointly (even if only one had income)
[] Married filing separately (MFS) [] Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent

Digital Assets At any time during 2023, 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 [X] No
Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [X] Were born before January 2, 1959 [] Are blind Spouse: [] Was born before January 2, 1959 [] Is blind

Table with 4 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instr.): Child tax credit, Credit for other dependents. Rows include MOLLY H SHERMAN, NAOMI C SHERMAN, and LUCY R SHERMAN, all DAUGHTER.

Income section table with columns for description, amount, and line number. Includes rows for Total amount from Form(s) W-2 (289,435), Tax-exempt interest, Qualified dividends (21,307), IRA distributions, Pensions and annuities (36,194), Social security benefits (4,190), Capital gain or (loss) (163,872), and Total income (564,448). Final taxable income is 534,933.

Tax and Credits

Table with 4 columns: Line number, Description, Amount, Total. Rows 16-24 including Tax, Credits, and Total Tax.

Payments

Table with 4 columns: Line number, Description, Amount, Total. Rows 25-33 including Federal income tax withheld, EIC, and Total Payments.

Refund

Table with 4 columns: Line number, Description, Amount, Total. Rows 34-36 including overpaid amount and applied to 2024 tax.

Amount You Owe

Table with 4 columns: Line number, Description, Amount, Total. Rows 37-38 including amount owed and estimated tax penalty.

Third Party Designee

Form section for Third Party Designee with fields for name, phone, and identification number.

Sign Here

Signature area with fields for preparer and spouse signatures, dates, and occupations.

Paid Preparer Use Only

Form section for Paid Preparer Use Only with fields for name, signature, date, and PTIN.

Form section for Firm's name and address with fields for name, address, and EIN.

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

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

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

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

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

[REDACTED]

Part I Additional Income

	STMT 10	STMT 11		
1 Taxable refunds, credits, or offsets of state and local income taxes			1	0.
2a Alimony received			2a	
b Date of original divorce or separation agreement (see instructions)				
3 Business income or (loss). Attach Schedule C			3	
4 Other gains or (losses). Attach Form 4797			4	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	
6 Farm income or (loss). Attach Schedule F			6	
7 Unemployment compensation			7	
8 Other income:				
a Net operating loss	8a	()		
b Gambling	8b			
c Cancellation of debt	8c			
d Foreign earned income exclusion from Form 2555	8d	()		
e Income from Form 8853	8e			
f Income from Form 8889	8f			
g Alaska Permanent Fund dividends	8g			
h Jury duty pay	8h			
i Prizes and awards	8i			
j Activity not engaged in for profit income	8j			
k Stock options	8k			
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n Section 951(a) inclusion (see instructions)	8n			
o Section 951A(a) inclusion (see instructions)	8o			
p Section 461(l) excess business loss adjustment	8p			
q Taxable distributions from an ABL account (see instructions)	8q			
r Scholarship and fellowship grants not reported on Form W-2	8r			
s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t			
u Wages earned while incarcerated	8u			
z Other income. List type and amount:				
MERRILL LYNCH		14.	8z	14.
9 Total other income. Add lines 8a through 8z			9	14.
10 Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	14.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

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

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2023
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

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	3,246.
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	858.
12	Net investment income tax. Attach Form 8960	12	8,992.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2023

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount:	17z	
18	Total additional taxes. Add lines 17a through 17z	18	
19	Reserved for future use	19	
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	13,096.

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **08**

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
SINA EDALAT

Amount

334.
23,022.
158.
7,287.

1

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

2 30,801.

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

3

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

4 30,801.

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
VANGUARD FED MONEY MKT FUND
VANGUARD TOTAL STOCK MKT IDX ADM
VANGUARD MARKETING CORPORATION
MERRILL LYNCH
VANGUARD MARKETING CORPORATION

15,146.
3,353.
1,986.
6,690.
11,475.
1,969.

5

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

6

40,619.

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

Part III

Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instr. 327501 11-03-23

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.

Yes No

7a At any time during 2023, 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

X

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 2023, 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

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	334.							
B	MERRILL LYNCH	22,785.	237.						
C	WESCOM CREDIT UNION	158.							
D	MERRILL LYNCH							15,146.	13,092.
E	VANGUARD FED MONEY MKT FUND							3,353.	
F	VANGUARD TOTAL STOCK MKT IDX ADM							1,986.	1,881.
G	SINA EDALAT	7,287.							
H	VANGUARD MARKETING CORPORATION							6,690.	6,334.
I	MERRILL LYNCH							11,475.	
J	VANGUARD MARKETING CORPORATION							1,969.	
K									
Totals		30,564.	237.					40,619.	21,307.

	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	946.				1,113.				
E									
F					106.				
G									
H					356.				
I									
J									
K									
Totals	946.				1,575.				

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **12**

Name(s) shown on return

BRAD J. & LISA N K. SHERMAN

Your social security number

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	665,795.	678,095.	<3,795.>	<16,095.>
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	100,000.	100,000.		0.
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 <16,095.>

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	115,500.	115,500.		0.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	1,525,000.	1,109,454.	<357,014.>	58,532.
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11 120,489.
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 946.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on page 2				15 179,967.

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

Schedule D (Form 1040) 2023

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p>	16	163,872.
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
<p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet(see instructions), enter the amount, if any, from line 7 of that worksheet</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) <p style="margin-left: 40px;">}</p> <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	()
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Department of the Treasury
Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.
Go to www.irs.gov/Form8949 for instructions and the latest information.

Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or
taxpayer identification no.

BRAD J. & LISA N K. SHERMAN

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.
Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	100000.000 SH - CD CHARLES SCHWAB BK SSB	02/24/23	09/08/23	100,000.	100,000.			0.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)								
				100,000.	100,000.			0.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

BRAD J. & LISA N K. SHERMAN

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

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

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

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Adjustment code, (g) Amount of adjustment, (h) Gain or loss. Rows include 60000.000 SH - CD, UBS BANK USA, and BURIAL PLOTS.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) 115,500. 115,500. 0.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

BRAD J. & LISA N K. SHERMAN

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

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

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

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Row 1: SALE OF YOUR HOME, 03/30/07, 02/22/23, 1525000., 1109454., EH, <357,014.>, 58,532.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) 1525000. 1109454. <357,014.> 58,532.

Child and Dependent Care Expenses

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

Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

Your social security number

BRAD J. & LISA N K. SHERMAN

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under Married Persons Filing Separately. If you meet these requirements, check this box

B If you or your spouse was a student or was disabled during 2023 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under If You or Your Spouse Was a Student or Disabled check this box

Part I Persons or Organizations Who Provided the Care - You must complete this part.

If you have more than three care providers, see the instructions and check this box

Table with 5 columns: (a) Care provider's name, (b) Address, (c) Identifying number (SSN or EIN), (d) Was the care provider your household employee in 2023?, (e) Amount paid. Includes 'NONE' entry.

Did you receive dependent care benefits? No Complete only Part II below. Yes Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2023 but didn't pay them until 2024, or if you prepaid in 2023 for care to be provided in 2024, don't include these expenses in column (d) of line 2 for 2023. See the instructions.

Part II Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). If you have more than three qualifying persons, see the instructions and check this box

Table with 4 columns: (a) Qualifying person's name (First, Last), (b) Qualifying person's social security number, (c) Check here if the qualifying person was over age 12 and was disabled, (d) Qualified expenses you incurred and paid in 2023 for the person listed in column (a)

Summary section with lines 3-11. Line 3: Add the amounts in column (d) of line 2. Line 4: Enter your earned income. Line 5: If married filing jointly, enter your spouse's earned income. Line 6: Enter the smallest of line 3, 4, or 5. Line 7: Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11. Line 8: Enter on line 8 the decimal amount shown below that applies to the amount on line 7. Line 9a: Multiply line 6 by the decimal amount on line 8. Line 9b: If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Line 9c: Add lines 9a and 9b and enter the result. Line 10: Tax liability limit. Line 11: Credit for child and dependent care expenses.

Part III Dependent Care Benefits

12 Enter the total amount of dependent care benefits you received in 2023. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	
13 Enter the amount, if any, you carried over from 2022 and used in 2023 during the grace period. See instructions ...	13	
14 If you forfeited or carried over to 2024 any of the amounts reported on line 12 or 13, enter the amount. See instructions	14	()
15 Combine lines 12 through 14. See instructions	15	
16 Enter the total amount of qualified expenses incurred in 2023 for the care of the qualifying person(s)	16	
17 Enter the smaller of line 15 or 16	17	
18 Enter your earned income . See instructions	18	
19 Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	
20 Enter the smallest of line 17, 18, or 19	20	
21 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19). However, don't enter more than the maximum amount allowed under your dependent care plan. See instructions	21	
22 Is any amount on line 12 or 13 from your sole proprietorship or partnership? <input type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	
23 Subtract line 22 from line 15	23	
24 Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	
25 Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or line 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-	25	
26 Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0-. Also, enter this amount on Form 1040, 1040-SR, or 1040-NR, line 1e	26	

To claim the child and dependent care credit, complete lines 27 through 31 below.

27 Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	
28 Add lines 24 and 25	28	
29 Subtract line 28 from line 27. If zero or less, stop . You can't take the credit. Exception. If you paid 2022 expenses in 2023, see the instructions for line 9b	29	
30 Complete line 2 on page 1 of this form. Don't include in column (d) any benefits shown on line 28 above. Then, add the amounts in column (d) and enter the total here	30	
31 Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	

**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-NR, 1040-SS, or 1041.

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **44**

Name of employer

Social security number

Employer identification number

BRAD J. SHERMAN

Calendar year taxpayers having no household employees in 2023 don't have to complete this form for 2023.

A Did you pay **any one** household employee cash wages of \$2,600 or more in 2023? (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 1a.
- No.** Go to line B.

B Did you withhold federal income tax during 2023 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 2022 or 2023 to **all** household employees?

(Don't count cash wages paid in 2022 or 2023 to your spouse, your child under age 21, or your parent.)

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

Part I Social Security, Medicare, and Federal Income Taxes

1 a	Total cash wages subject to social security tax	1a	20,945.	
b	Qualified sick and family leave wages paid in 2023 for leave taken after March 31, 2020, and before April 1, 2021, included on line 1a	1b		
2 a	Social security tax. Multiply line 1a by 12.4% (0.124)	2a		2,597.
b	Employer share of social security tax on qualified sick and family leave wages paid in 2023 for leave taken after March 31, 2020, and before April 1, 2021. Multiply line 1b by 6.2% (0.062)	2b		
c	Total social security tax. Subtract line 2b from line 2a	2c		2,597.
3	Total cash wages subject to Medicare tax	3	20,945.	
4	Medicare tax. Multiply line 3 by 2.9% (0.029)	4		607.
5	Total cash wages subject to Additional Medicare Tax withholding	5		
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	6		
7	Federal income tax withheld, if any	7		
8 a	Total social security, Medicare, and federal income taxes. Add lines 2c, 4, 6, and 7	8a		3,204.
b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	8b		
c	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	8c		
d	Total social security, Medicare, and federal income taxes after nonrefundable credits. Add lines 8b and 8c and then subtract that total from line 8a	8d		3,204.
e	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	8e		
f	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	8f		
g	Qualified sick leave wages for leave taken before April 1, 2021	8g		
h	Qualified health plan expenses allocable to qualified sick leave wages reported on line 8g	8h		
i	Qualified family leave wages for leave taken before April 1, 2021	8i		
j	Qualified health plan expenses allocable to qualified family leave wages reported on line 8i	8j		
k	Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021	8k		
l	Qualified health plan expenses allocable to qualified sick leave wages reported on line 8k	8l		
m	Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021	8m		
n	Qualified health plan expenses allocable to qualified family leave wages reported on line 8m	8n		

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2022 or 2023 to **all** household employees?

(Don't count cash wages paid in 2022 or 2023 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Include the amount from line 8d above on Schedule 2 (Form 1040), line 9. Include the amounts, if any, from lines 8e and 8f on Schedule 3 (Form 1040), line 13z. 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 instructions.

Schedule H (Form 1040) 2023

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 2023 by April 15, 2024? 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 smaller 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 8d. If you checked the "Yes" box on line C of page 1, enter -0-	25	3,204.
26 Add line 16 (or line 24) and line 25	26	3,246.

27 Are you required to file Form 1040?
 Yes. Stop. Include the amount from line 26 above on Schedule 2 (Form 1040), line 9. Include the amounts, if any, from lines 8e and 8f on Schedule 3 (Form 1040), line 13z. **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, and 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 _____
Paid Preparer Use Only	Print/Type 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

2023

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **47**

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

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

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	564,448.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	564,448.
4	Number of qualifying children under age 17 with the required social security number ...	4	3
5	Multiply line 4 by \$2,000	5	6,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	6,000.
9	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly - \$400,000 • All other filing statuses - \$200,000 	9	400,000.
10	Subtract line 9 from line 3. <ul style="list-style-type: none"> • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. 	10	165,000.
11	Multiply line 10 by 5% (0.05)	11	8,250.
12	Is the amount on line 8 more than the amount on line 11?	12	0.
<input checked="" type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
<input type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A	13	
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	0.

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

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

Schedule 8812 (Form 1040) 2023

Part II-A Additional Child Tax Credit for All Filers

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

15 Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 <input type="checkbox"/>			
16a Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a		
b Number of qualifying children under 17 with the required social security number: _____ x \$1,600. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b		
TIP: The number of children you use for this line is the same as the number of children you used for line 4.			
17 Enter the smaller of line 16a or line 16b	17		
18a Earned income (see instructions)	18a		
b Nontaxable combat pay (see instructions)	18b		
19 Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19		
20 Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,800 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20		

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

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

Part II-C Additional Child Tax Credit

27 This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28			0.
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Investment Interest Expense Deduction

Attach to your tax return.

Go to www.irs.gov/Form4952 for the latest information.

Name(s) shown on return

BRAD J. & LISA N K. SHERMAN

Identifying number



Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2023 (see instructions) SEE STATEMENT 14	1	58.
2	Disallowed investment interest expense from 2022 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	58.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) STMT 15	4a	71,434.	
b	Qualified dividends included on line 4a	4b	21,307.	
c	Subtract line 4b from line 4a	4c		50,127.
d	Net gain from the disposition of property held for investment STMT 16	4d	105,340.	
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions STMT 17	4e	105,340.	
f	Subtract line 4e from line 4d	4f		0.
g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions	4g		
h	Investment income. Add lines 4c, 4f, and 4g	4h		50,127.
5	Investment expenses (see instructions)	5		
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6		50,127.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2024. Subtract line 6 from line 3. If zero or less, enter -0-	7		0.
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions STMT 18	8		58.

For Paperwork Reduction Act Notice, see separate instructions.

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 above \$182,100 (\$364,200 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

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

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

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$182,100 or less (\$364,200 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3		
4 Allocable share of W-2 wages from the trade, business, or aggregation	4		
5 Multiply line 4 by 50% (0.50)	5		
6 Multiply line 4 by 25% (0.25)	6		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7		
8 Multiply line 7 by 2.5% (0.025)	8		
9 Add lines 6 and 8	9		
10 Enter the greater of line 5 or line 9	10		
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11		
12 Phased-in reduction. Enter the amount from line 26, if any	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14		
15 Qualified business income component. Subtract line 14 from line 13	15		
16 Total qualified business income component. Add all amounts reported on line 15	16		

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

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$182,100 but not \$232,100 (\$364,200 and \$464,200 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
17	Enter the amounts from line 3	17		
18	Enter the amounts from line 10	18		
19	Subtract line 18 from line 17	19		
20	Taxable income before qualified business income deduction	20		
21	Threshold. Enter \$182,100 (\$364,200 if married filing jointly)	21		
22	Subtract line 21 from line 20	22		
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23		
24	Phase-in percentage. Divide line 22 by line 23	24	%	
25	Total phase-in reduction. Multiply line 19 by line 24	25		
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26		

Part IV Determine Your Qualified Business Income Deduction

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27			
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions SEE STATEMENT 19	28	1,575.		
29	Qualified REIT dividends and PTP (loss) carryforward from prior years	29	()		
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30	1,575.		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31	315.		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32			315.
33	Taxable income before qualified business income deduction	33	535,248.		
34	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	34	185,179.		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35			350,069.
36	Income limitation. Multiply line 35 by 20% (0.20)	36			70,014.
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37			315.
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38			
39	Total qualified business income deduction. Add lines 37 and 38	39			315.
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40			()

Form 6252

Installment Sale Income

OMB No. 1545-0228

2023

Department of the Treasury Internal Revenue Service

Attach to your tax return. Use a separate form for each sale or other disposition of property on the installment method. Go to www.irs.gov/Form6252 for the latest information.

Attachment Sequence No. 67

Name(s) shown on return

Identifying number

BRAD J. & LISA N K. SHERMAN

[Redacted]

1 Description of property [Redacted], PORTER RANCH, CA 91326
2a Date acquired (mm/dd/yyyy) 12/04/13 b Date sold (mm/dd/yyyy) 08/22/22
3 Was the property sold to a related party? See instructions. If "Yes," complete Part III for the year of sale and 2 years after the year of the sale unless you received the final payment during the tax year.
4 Reserved for future use

Part I Gross Profit and Contract Price. Complete this part for all years of the installment agreement.

Table with 18 rows and 2 columns. Row 5: Selling price including mortgages and other debts. 1,470,000. Row 6: Mortgages, debts, and other liabilities the buyer assumed or took the property subject to. 1,470,000. Row 7: Subtract line 6 from line 5. 789,501. Row 8: Cost or other basis of property sold. 789,501. Row 9: Depreciation allowed or allowable. 108,464. Row 10: Adjusted basis. Subtract line 9 from line 8. 897,965. Row 11: Commissions and other expenses of sale. 572,035. Row 12: Income recapture from Form 4797, Part III. 250,000. Row 13: Add lines 10, 11, and 12. 322,035. Row 14: Subtract line 13 from line 5. If zero or less, don't complete the rest of this form. 0. Row 15: If the property described on line 1 above was your main home, enter the amount of your excluded gain. Otherwise, enter -0-. 1,470,000. Row 16: Gross profit. Subtract line 15 from line 14. Row 17: Subtract line 13 from line 6. If zero or less, enter -0-. Row 18: Contract price. Add line 7 and line 17.

Part II Installment Sale Income. Complete this part for all years of the installment agreement.

Table with 6 rows and 2 columns. Row 19: Gross profit percentage (expressed as a decimal amount). Divide line 16 by line 18. (For years after the year of sale, see instructions.) .21907. Row 20: If this is the year of sale, enter the amount from line 17. Otherwise, enter -0-. 0. Row 21: Payments received during year. Don't include interest, whether stated or unstated. 550,000. Row 22: Add lines 20 and 21. 550,000. Row 23: Payments received in prior years. Don't include interest, whether stated or unstated. 812,677. Row 24: Installment sale income. Multiply line 22 by line 19. 120,489. Row 25: Enter the part of line 24 that is ordinary income under the recapture rules. Row 26: Subtract line 25 from line 24. Enter here and on Schedule D or Form 4797. 120,489.

Part III Related Party Installment Sale Income. Don't complete if you received the final payment this tax year.

27 Name, address, and taxpayer identifying number of related party

28 Did the related party resell or dispose of the property ("second disposition") during this tax year? Yes No

29 If the answer to question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions is met.

Check the box that applies.

- a The second disposition was more than 2 years after the first disposition (other than dispositions of marketable securities). If this box is checked, enter the date of disposition (mm/dd/yyyy)
b The first disposition was a sale or exchange of stock to the issuing corporation.
c The second disposition was an involuntary conversion and the threat of conversion occurred after the first disposition.
d The second disposition occurred after the death of the original seller or buyer.
e It can be established to the satisfaction of the IRS that tax avoidance wasn't a principal purpose for either of the dispositions. If this box is checked, attach an explanation.

Table with 6 rows and 2 columns. Row 30: Selling price of property sold by related party. Row 31: Enter contract price from line 18 for year of first sale. Row 32: Enter the smaller of line 30 or line 31. Row 33: Total payments received by the end of your 2023 tax year. Row 34: Subtract line 33 from line 32. If zero or less, enter -0-. Row 35: Multiply line 34 by the gross profit percentage on line 19 for year of first sale. Row 36: Enter the part of line 35 that is ordinary income under the recapture rules. Row 37: Subtract line 36 from line 35. Enter here and on Schedule D or Form 4797.

Installment Sale Income

Department of the Treasury Internal Revenue Service

Attach to your tax return. Use a separate form for each sale or other disposition of property on the installment method. Go to www.irs.gov/Form6252 for the latest information.

Name(s) shown on return

Identifying number

BRAD J. & LISA N K. SHERMAN

[Redacted]

1 Description of property [Redacted], PORTER RANCH, CA 91326
2a Date acquired (mm/dd/yyyy) 12/04/13 b Date sold (mm/dd/yyyy) 08/22/22
3 Was the property sold to a related party? See instructions. If "Yes," complete Part III for the year of sale and 2 years after the year of the sale unless you received the final payment during the tax year.
4 Reserved for future use

Part I Gross Profit and Contract Price. Complete this part for all years of the installment agreement.

Table with 18 rows and 3 columns. Row 5: Selling price including mortgages and other debts. 1,470,000. Row 6: Mortgages, debts, and other liabilities the buyer assumed or took the property subject to. 1,470,000. Row 7: Subtract line 6 from line 5. 789,501. Row 8: Cost or other basis of property sold. 789,501. Row 9: Depreciation allowed or allowable. 108,464. Row 10: Adjusted basis. Subtract line 9 from line 8. 897,965. Row 11: Commissions and other expenses of sale. 572,035. Row 12: Income recapture from Form 4797, Part III. 250,000. Row 13: Add lines 10, 11, and 12. 322,035. Row 14: Subtract line 13 from line 5. If zero or less, don't complete the rest of this form. 0. Row 15: If the property described on line 1 above was your main home, enter the amount of your excluded gain. Otherwise, enter -0-. 1,470,000. Row 16: Gross profit. Subtract line 15 from line 14. Row 17: Subtract line 13 from line 6. If zero or less, enter -0-. Row 18: Contract price. Add line 7 and line 17.

Part II Installment Sale Income. Complete this part for all years of the installment agreement.

Table with 6 rows and 3 columns. Row 19: Gross profit percentage (expressed as a decimal amount). Divide line 16 by line 18. (For years after the year of sale, see instructions.) .21907. Row 20: If this is the year of sale, enter the amount from line 17. Otherwise, enter -0-. 0. Row 21: Payments received during year. Don't include interest, whether stated or unstated. 550,000. Row 22: Add lines 20 and 21. 550,000. Row 23: Payments received in prior years. Don't include interest, whether stated or unstated. 812,677. Row 24: Installment sale income. Multiply line 22 by line 19. 120,489. Row 25: Enter the part of line 24 that is ordinary income under the recapture rules. Row 26: Subtract line 25 from line 24. Enter here and on Schedule D or Form 4797. 120,489.

Part III Related Party Installment Sale Income. Don't complete if you received the final payment this tax year.

27 Name, address, and taxpayer identifying number of related party

28 Did the related party resell or dispose of the property ("second disposition") during this tax year? Yes No

29 If the answer to question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions is met.

Check the box that applies.

- a The second disposition was more than 2 years after the first disposition (other than dispositions of marketable securities). If this box is checked, enter the date of disposition (mm/dd/yyyy)
b The first disposition was a sale or exchange of stock to the issuing corporation.
c The second disposition was an involuntary conversion and the threat of conversion occurred after the first disposition.
d The second disposition occurred after the death of the original seller or buyer.
e It can be established to the satisfaction of the IRS that tax avoidance wasn't a principal purpose for either of the dispositions. If this box is checked, attach an explanation.

Table with 7 rows and 3 columns. Row 30: Selling price of property sold by related party. Row 31: Enter contract price from line 18 for year of first sale. Row 32: Enter the smaller of line 30 or line 31. Row 33: Total payments received by the end of your 2023 tax year. Row 34: Subtract line 33 from line 32. If zero or less, enter -0-. Row 35: Multiply line 34 by the gross profit percentage on line 19 for year of first sale. Row 36: Enter the part of line 35 that is ordinary income under the recapture rules. Row 37: Subtract line 36 from line 35. Enter here and on Schedule D or Form 4797.

Installment sale description [REDACTED], PORTER RANCH, CA 91326

Exemption amount allocated to this installment sale * _____

Capital Gain:

1. Deferred obligation	1.	107,323.
2. Gross profit percentage	2.	.21907
3. Gain to be recognized (multiply line 1 by line 2)	3.	23,511.
4. Maximum tax rate	4.	20%
5. Deferred tax (multiply line 3 by line 4)	5.	4,702.
6. Exemption amount	6.	
7. Subtract line 6 from line 1	7.	
8. Applicable percentage (divide line 7 by line 1) **	8.	.00000
9. Interest rate	9.	0.08
10. 453A interest (multiply line 5 by line 8 by line 9)	10.	

Ordinary Gain:

1. Deferred obligation	1.	
2. Gross profit percentage	2.	
3. Gain to be recognized (multiply line 1 by line 2)	3.	
4. Maximum tax rate	4.	
5. Deferred tax (multiply line 3 by line 4)	5.	
6. Exemption amount	6.	
7. Subtract line 6 from line 1	7.	
8. Applicable percentage (divide line 7 by line 1) **	8.	
9. Interest rate	9.	
10. 453A interest (multiply line 5 by line 8 by line 9)	10.	

* \$5,000,000 exemption amount is allocated to each current year installment sale based on the deferred obligation of that installment sale. 1040 returns have separate exemption amounts for taxpayer and spouse if filing jointly.

** Applicable percentage is only calculated in the year of sale and is used in all subsequent years of the installment sale.

Additional Medicare Tax

2023

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **71**

Name(s) shown on return BRAD J. & LISA N K. SHERMAN	Your social security number <div style="background-color: black; width: 100px; height: 15px;"></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	1	345,325.		
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	345,325.		
5 Enter the following amount for your filing status:				
Married filing jointly \$250,000				
Married filing separately \$125,000				
Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000.		
6 Subtract line 5 from line 4. If zero or less, enter -0-	6		95,325.	
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7			858.

Part II Additional Medicare Tax on Self-Employment Income

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

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

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

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18		858.	
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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	19	5,007.		
20 Enter the amount from line 1	20	345,325.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	5,007.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		0.	
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23			
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24			

Net Investment Income Tax - Individuals, Estates, and Trusts

2023

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Attachment
Sequence No. **72**

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)		1	30,801.
2 Ordinary dividends (see instructions)		2	40,619.
3 Annuities (see instructions)		3	
4a Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a		
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c Combine lines 4a and 4b		4c	
5a Net gain or loss from disposition of property (see instructions)	5a		163,872.
b Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d Combine lines 5a through 5c		5d	163,872.
6 Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7 Other modifications to investment income (see instructions) SEE STATEMENT 20		7	1,345.
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	236,637.

Part II Investment Expenses Allocable to Investment Income and Modifications

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

Part III Tax Computation

12 Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a - 21. If zero or less, enter -0-		12	236,637.
Individuals:			
13 Modified adjusted gross income (see instructions)	13		564,448.
14 Threshold based on filing status (see instructions)	14		250,000.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15		314,448.
16 Enter the smaller of line 12 or line 15		16	236,637.
17 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	8,992.
Estates and Trusts:			
18a Net investment income (line 12 above)	18a		
b Deductions for distributions of net investment income and charitable deductions (see instructions)	18b		
c Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a Adjusted gross income (see instructions)	19a		
b Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20 Enter the smaller of line 18c or line 19c		20	
21 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	

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

IN 2023 THE TAXPAYER AND SPOUSE SOLD A HOME LOCATED IN WASHINGTON DC. THIS WAS THE PRIMARY RESIDENCE OF THE SPOUSE AND ACCORDINGLY A \$250,000 EXCLUSION FROM CAPITAL GAIN IS REFLECTED IN THESE TAX RETURNS, AS THE SPOUSE MET ALL OF THE REQUIREMENTS FOR SUCH EXCLUSION. THE TAXPAYER IS A UNITED STATES CONGRESSMAN FROM CALIFORNIA AND HIS PRINCIPAL RESIDENCE IS IN CALIFORNIA, AND ACCORDINGLY A SECOND \$250,000 EXCLUSION WAS NOT TAKEN.

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	155,020.	39,283.	5,637.		9,932.	2,666.
S US DEPT OF STATE	134,415.	24,590.	8,373.		9,932.	2,341.
TOTALS	289,435.	63,873.	14,010.		19,864.	5,007.



FORM 1040

QUALIFIED DIVIDENDS

STATEMENT 3

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
MERRILL LYNCH	15,146.	13,092.
VANGUARD TOTAL STOCK MKT IDX ADM	1,986.	1,881.
VANGUARD MARKETING CORPORATION	6,690.	6,334.
TOTAL INCLUDED IN FORM 1040, LINE 3A		21,307.



FORM 1040

PENSIONS AND ANNUITIES

STATEMENT 4

LEGISLATORS' RETIREMENT SYSTEM

AMOUNT RECEIVED THIS YEAR	36,194.	
NONTAXABLE AMOUNT	49.	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		<hr/>
		36,145.
TOTAL INCLUDED IN FORM 1040, LINE 5B		<hr/>
		36,145.
		<hr/>

CHECK ONLY ONE BOX:

- A. SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING SURVIVING SPOUSE
X B. MARRIED FILING JOINTLY
C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE
AT ANY TIME DURING 2023
D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE
FOR ALL OF 2023
1. ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR
FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON
FORM 1040, LINE 6A 4,190.
IF YOU CHECKED BOX B: TAXPAYER AMOUNT 4,190.
SPOUSE AMOUNT
2. MULTIPLY LINE 1 BY 50% (0.50) 2,095.
3. ADD THE AMOUNTS ON FORM 1040, LINES 1Z, 2A, 2B, 3B, 4B, 5B,
7 AND 8. IF FILING FORM 8815, DON'T INCLUDE THE AMOUNT FROM
LINE 2B. INSTEAD, USE THE AMOUNT FROM SCHEDULE B, LINE 2.
DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR
RRB-1099 560,886.
4. ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED
INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS,
OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF
PUERTO RICO THAT YOU CLAIMED
5. ADD LINES 2, 3, AND 4 562,981.
6. ADD THE AMOUNTS FROM SCHEDULE 1, LINES 11 THROUGH 20,
AND 23 AND 25 0.
7. SUBTRACT LINE 6 FROM LINE 5 562,981.
8. ENTER: \$25,000 IF YOU CHECKED BOX A OR D, OR
\$32,000 IF YOU CHECKED BOX B, OR
\$-0- IF YOU CHECKED BOX C 32,000.
9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7?
[] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE
TAXABLE. ENTER -0- ON FORM 1040, LINE 6B. IF YOU ARE
MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR
SPOUSE FOR ALL OF 2023, BE SURE YOU ENTERED 'D' TO THE
RIGHT OF THE WORD "BENEFITS" ON LINE 6A.
[X] YES. SUBTRACT LINE 8 FROM LINE 7 530,981.
10. ENTER \$9,000 IF YOU CHECKED BOX A OR D,
\$12,000 IF YOU CHECKED BOX B
\$-0- IF YOU CHECKED BOX C 12,000.
11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 518,981.
12. ENTER THE SMALLER OF LINE 9 OR LINE 10 12,000.
13. ENTER ONE HALF OF LINE 12 6,000.
14. ENTER THE SMALLER OF LINE 2 OR LINE 13 2,095.
15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- 441,134.
16. ADD LINES 14 AND 15 443,229.
17. MULTIPLY LINE 1 BY 85% (.85) 3,562.
-
18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 3,562.
* ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 6B

FORM 1040	TAX	STATEMENT	6
DESCRIPTION		AMOUNT	
FROM QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET		98,518.	
TOTAL TO FORM 1040, LINE 16		98,518.	

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) W-2	STATEMENT	7
DESCRIPTION		AMOUNT	
HOUSE OF REP-MEMBERS SERVICES		39,283.	
US DEPT OF STATE		24,590.	
TOTAL TO FORM 1040, LINE 25A		63,873.	

FORM 1040	CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT	8
DESCRIPTION		AMOUNT	
1ST QTR ESTIMATE PAYMENT - JOINT		878.	
2ND QTR ESTIMATE PAYMENT - JOINT		780.	
3RD QTR ESTIMATE PAYMENT - JOINT		15,738.	
4TH QTR ESTIMATE PAYMENT - JOINT		16,351.	
PRIOR YEAR OVERPAYMENT APPLIED - JOINT		15,506.	
TOTAL TO FORM 1040, LINE 26		49,253.	

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) 1099	STATEMENT	9
DESCRIPTION		AMOUNT	
LEGISLATORS' RETIREMENT SYSTEM		10,076.	
TOTAL TO FORM 1040, LINE 25B		10,076.	



SCHEDULE 1 STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 10

	2022	2021	2020
	<u>CALIFORNIA</u>		
GROSS STATE/LOCAL INC TAX REFUNDS	14,992.		
LESS: TAX PAID IN FOLLOWING YEAR			
	<hr/>		
NET TAX REFUNDS CALIFORNIA	14,992.		
	<u>DISTRICT OF CO</u>		
GROSS STATE/LOCAL INC TAX REFUNDS	1,602.		
LESS: TAX PAID IN FOLLOWING YEAR			
	<hr/>		
NET TAX REFUNDS DISTRICT OF CO	1,602.		
	<hr/>		
TOTAL NET TAX REFUNDS	16,594.		
	<hr/> <hr/>		



SCHEDULE 1		TAXABLE STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT 11
		2020	2021	2022
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.				16,594.
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION				
1	NET REFUNDS FOR RECALCULATION		0.	16,594.
2	AMOUNT FROM PRIOR YEAR SCHEDULE A, LINE 5E			10,000.
3	TOTAL OF PRIOR YEAR SCHEDULE A, LINES 5B AND 5C			16,826.
4	SUBTRACT LINE 3 FROM LINE 2 IF ZERO OR LESS, STOP HERE NONE OF YOUR REFUND IS TAXABLE	0.	0.	-6,826.
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 2020				
TOTAL TO SCHEDULE 1, LINE 1				

SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824	STATEMENT 12
------------	--	--------------

DESCRIPTION OF PROPERTY	GAIN OR LOSS	28% GAIN
INSTALLMENT SALE NO. 1	120,489.	
TOTAL TO SCHEDULE D, PART II, LINE 11	120,489.	

SCHEDULE D	CAPITAL GAIN DISTRIBUTIONS	STATEMENT 13
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NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
MERRILL LYNCH	946.	
TOTALS TO SCHEDULE D, LINE 13	946.	

FORM 4952	INVESTMENT INTEREST EXPENSE	STATEMENT 14
-----------	-----------------------------	--------------

DESCRIPTION	CURRENT	CARRYOVER
MERRIL LYNCH	58.	
TOTALS TO FORM 4952, LINES 1 AND 2	58.	

FORM 4952	INCOME FROM PROPERTY HELD FOR INVESTMENT	STATEMENT 15
-----------	--	--------------

DESCRIPTION	AMOUNT
MISCELLANEOUS INCOME (LOSS)	14.
INTEREST INCOME	30,801.
DIVIDEND INCOME	40,619.
TOTAL TO FORM 4952, LINE 4A	71,434.

FORM 4952	NET GAIN FROM THE DISPOSITION OF PROPERTY HELD FOR INVESTMENT	STATEMENT 16
-----------	--	--------------

DESCRIPTION	AMOUNT
SCH D, LINE 16 NET CAPITAL GAINS(LOSSES)	163,872.
LESS: LONG TERM GAIN ON SALE OF HOME	-58,532.
TOTAL TO FORM 4952, LINE 4D	105,340.

FORM 4952	NET CAPITAL GAIN FROM THE DISPOSITION OF PROPERTY HELD FOR INVESTMENT	STATEMENT 17
-----------	--	--------------

DESCRIPTION	AMOUNT
60000.000 SH - CD UBS BANK USA	0.
BURIAL PLOTS	0.
INSTALLMENT SALE NO. 1	120,489.
CAPITAL GAIN DISTRIBUTIONS	946.
LESS SHORT-TERM CAPITAL LOSS	-16,095.
TOTAL TO FORM 4952, LINE 4E	105,340.

FORM 4952	INVESTMENT INTEREST EXPENSE DEDUCTION SUMMARY	STATEMENT 18
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NAME	FORM OR SCHEDULE	INVESTMENT INTEREST EXPENSE	INVESTMENT INTEREST EXPENSE C/O	DISALLOWED INVESTMENT INTEREST EXPENSE	ALLOWED INVESTMENT INTEREST EXPENSE
MERRIL LYNCH	SCH A	58.	0.	0.	58.
TOTALS		58.	0.	0.	58.

FORM 8995-A	QUALIFIED REIT DIVIDENDS AND PTP INCOME	STATEMENT 19
-------------	---	--------------

NAME OF ENTITY/ACTIVITY	REIT DIVIDENDS	PTP INCOME
MERRILL LYNCH	1,113.	
VANGUARD TOTAL STOCK MKT IDX ADM	106.	
VANGUARD MARKETING CORPORATION	356.	
TOTAL TO FORM 8995-A, LINE 28	1,575.	



FORM 8960 OTHER MODIFICATIONS TO INVESTMENT INCOME STATEMENT 20

MERRILL LYNCH		14.
AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR CA	1,331.	
TOTAL RECOVERY OF PRIOR YEAR FORM 8960, LINE 9B	1,331.	1,331.
AMOUNT TO FORM 8960, LINE 7		<u>1,345.</u>

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2023

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service

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

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

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	
Caution: Do not include expenses reimbursed or paid by others.													
1	Medical and dental expenses (see instructions) SEE STATEMENT 11	1	25,125.	5	State and local taxes.	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"/>	11	8,111.	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	20,931.
2	Enter amount from Form 1040 or 1040-SR, line 11 2 564,448.	2	564,448.	5a	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 SEE STATEMENT 8 <input type="checkbox"/>	8a	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	12	200.	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	42,334.	5b	b State and local real estate taxes (see instructions)	8b	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	13					
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.	5c	c State and local personal property taxes	8c	c Points not reported to you on Form 1098. See instructions for special rules						
				5d	d Add lines 5a through 5c	8d	d Reserved for future use						
				5e	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	8e	e Add lines 8a through 8c		2,562.				
				6	6 Other taxes. List type and amount:	9	9 Investment interest. Attach Form 4952 if required. See instructions SEE STATEMENT 9						
				7	7 Add lines 5e and 6	10	10 Add lines 8e and 9						
													10,000.
													2,620.
													8,311.

SCHEDULE A		STATE AND LOCAL INCOME TAXES	STATEMENT	8
DESCRIPTION			AMOUNT	
LEGISLATORS' RETIREMENT SYSTEM				4,200.
HOUSE OF REP-MEMBERS SERVICES				5,637.
US DEPT OF STATE				8,373.
CALIFORNIA PRIOR YEAR OVERPAYMENT APPLIED				14,992.
TOTAL TO SCHEDULE A, LINE 5A				33,202.

SCHEDULE A		INVESTMENT INTEREST	STATEMENT	9
DESCRIPTION			AMOUNT	
MERRIL LYNCH				58.
TOTAL TO SCHEDULE A, LINE 9				58.

SCHEDULE A		CONTRIBUTIONS OTHER THAN CASH OR CHECK			STATEMENT	10
DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT		
MISC CLOTHES + HOUSEHOLD ITEMS (LIKE NEW / VERY GOOD)		200.				
SUBTOTALS		200.				
TOTAL TO SCHEDULE A, LINE 12				200.		

SCHEDULE A		MEDICAL AND DENTAL EXPENSES	STATEMENT	11
DESCRIPTION			AMOUNT	
PRESCRIPTION MEDICINES AND DRUGS				9,354.
MEDICAL INSURANCE PREMIUMS PAID				650.
INSURANCE REIMBURSEMENT				-9,773.
TRANSPORTATION				175.
LAB FEES				838.
MEDICAL SAVINGS REIMBURSEMENT				-3,050.
PARKING				355.

BRAD J. & LISA N K. SHERMAN



DOCTORS, DENTISTS, AUTISM PROFESSIONALS
EYEGASSES AND CONTACTS

25,142.
1,434.

TOTAL TO SCHEDULE A, LINE 1

25,125.

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **12**

Name(s) shown on return

BRAD J. & LISA N K. SHERMAN

Your social security number

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	665,795.	678,095.	<3,795.>	<16,095.>
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	100,000.	100,000.		0.
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 <16,095.>

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	115,500.	115,500.		0.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	1,525,000.	1,109,454.	<357,014.>	58,532.
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11 120,489.
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 946.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on page 2				15 179,967.

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

Schedule D (Form 1040) 2023

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 	16	163,872.
<p>17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet(see instructions), enter the amount, if any, from line 7 of that worksheet</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	()
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Department of the Treasury
Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.
Go to www.irs.gov/Form8949 for instructions and the latest information.

Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or
taxpayer identification no.

BRAD J. & LISA N K. SHERMAN

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	100000.000 SH - CD CHARLES SCHWAB BK SSB	02/24/23	09/08/23	100,000.	100,000.			0.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)								
				100,000.	100,000.			0.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

BRAD J. & LISA N K. SHERMAN

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.
Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	SALE OF YOUR HOME	03/30/07	02/22/23	1525000.	1109454.	EH	<357,014.>	58,532.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)								
				1525000.	1109454.		<357,014.>	58,532.

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

TAXABLE YEAR

2022

California Resident Income Tax Return

FORM

540

APE

ATTACH FEDERAL RETURN

SHERMAN
BRAD J SHERMAN
LISA K SHERMAN

22

SHERMAN OAKS CA 91403

Principal Residence section with fields for county (LOS ANGELES), address, city, state, and ZIP code.

Filing Status section with options for Single, Married/RDP filing jointly, Head of household, etc.

Exemptions section with fields for Personal, Blind, and Senior exemptions.

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.	[REDACTED]	[REDACTED]	[REDACTED]
Dependent's relationship to you	<input checked="" type="radio"/> DAUGHTER	<input checked="" type="radio"/> DAUGHTER	<input checked="" type="radio"/> DAUGHTER

Exemptions

Total dependent exemptions 10 3 X \$433 = \$ **1,299**

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 11 \$ **1,719**

12 State wages from your federal Form(s) W-2, box 16 12 **268,477** .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 13 **424,037** .00

14 California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B 14 **92,594** .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 **331,443** .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 **331,443** .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 \$ 5,202
 Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP \$10,404
 If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions 18 **60,944** .00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- 19 **270,499** .00

Taxable Income

31 Tax. Check the box if from:
 Tax Table Tax Rate Schedule
 FTB 3800 FTB 3803 31 **18,663** .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$229,908, see instructions 32 **1,719** .00

33 Subtract line 32 from line 31. If less than zero, enter -0- 33 **16,944** .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 **16,944** .00

Tax

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

43 Enter credit name **OTHER STATE** code **187** and amount 43 **6,445** .00

44 Enter credit name and amount 44 .00

Special Credits

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

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	6,445	.00
	48 Subtract line 47 from line 35. If less than zero, enter -0-	⊙ 48	10,499	.00

Other Taxes	61 Alternative Minimum Tax. Attach Schedule P (540)	• 61		.00
	62 Mental 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	10,499	.00

Payments	71 California income tax withheld. See instructions	• 71	19,069	.00
	72 2022 California estimated tax and other payments. See instructions	• 72	6,422	.00
	73 Withholding (Form 592-B and/or Form 593). See instructions	• 73		.00
	74 Excess SDI (or VPDI) withheld. 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	25,491	.00

Use Tax 91 **Use Tax.** Do not leave blank. See instructions • 91 0 .00

If line 91 is zero, check if: X No use tax is owed. 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. • X

If you did not check the box, see instructions.
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	25,491	.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	25,491	.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	14,992	.00

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

Overpaid Tax/Tax Due	98	Amount of line 97 you want applied to your 2023 estimated tax	• 98	14,992	.00
	99	Overpaid tax available this year. Subtract line 98 from line 97	• 99		.00
	100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	• 100		.00

		Code	Amount	
Contributions	California Seniors Special Fund. See instructions	• 400		.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	• 401		.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 403		.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	• 405		.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	• 406		.00
	Emergency Food for Families Voluntary Tax Contribution Fund	• 407		.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	• 408		.00
	California Sea Otter Voluntary Tax Contribution Fund	• 410		.00
	California Cancer Research Voluntary Tax Contribution Fund	• 413		.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	• 422		.00
	State Parks Protection Fund/Parks Pass Purchase	• 423		.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	• 424		.00
	Keep Arts in Schools Voluntary Tax Contribution Fund	• 425		.00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	• 431		.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	• 438		.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 439		.00
	Rape Kit Backlog Voluntary Tax Contribution Fund	• 440		.00
	Suicide Prevention Voluntary Tax Contribution Fund	• 444		.00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	• 445		.00
	California Community and Neighborhood Tree Voluntary Tax Contribution Fund	• 446		.00
110	Add amounts in code 400 through code 446. This is your total contribution	• 110		.00

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.	• 111		.00
		Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 Pay Online - Go to ftb.ca.gov/pay for more information.			

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

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] 0 .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] 0 .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 [REDACTED] • Account number [REDACTED] • 116 Direct deposit amount [REDACTED] .00

• Routing number [REDACTED] • Type [REDACTED] • 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. See instructions

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 to learn about our privacy policy statement, or go to 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 948 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

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

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

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]

2022

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 * [redacted]
c. Employer's name [HOUSE OF REP-MEMBERS SERVICES]
b. Employer identification number (EIN) [redacted]
Employer's address [139A CANNON HOUSE OFFICE BLD]
City [WASHINGTON] State [DC] ZIP code [20515]

e. Employee's first name * [BRAD] Initial * [J] Last name * [SHERMAN] Suffix * []
f. Employee's address * [redacted]
City * [SHERMAN OAKS] State * [CA] ZIP code * [91403]

1. Wages, tips, other compensation [142,394]
2. Federal income tax withheld [59,123]
3. Social security wages [147,000]
4. Social security tax withheld [9,114]
5. Medicare tax withheld [2,456]
6. Social security tips []
7. Allocated tips (not included in box 1) []
8. Dependent care benefits []
9. Nonqualified plans []

12. Codes and amounts

12a. Code [D] Amount [27,000]
12b. Code [] Amount []
12c. Code [] Amount []
12d. Code [] Amount []

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

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)
Type [] Amount []

16. State wages, tips, etc. [142,394]

15. State and employer's state ID number
State [CA] Employer's state ID number [redacted]

17. State income tax [14,869]

Franchise Tax Board Privacy Notice on Collection

Our privacy notice can be found in annual tax booklets or online. Go to ftp.ca.gov/privacy to learn about our privacy policy statement, or go to ftp.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP. Franchise Tax Board Privacy Notice on Collection - Aviso de Privacidad del Franchise Tax Board sobre la Recaudacion. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

2022

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 * [REDACTED]

c. Employer's name **US DEPT OF STATE**

b. Employer identification number (EIN) [REDACTED]

Employer's address **PO BOX 150008**

City **CHARLESTON** State **SC** ZIP code **29415**

e. Employee's first name * **LISA** Initial * **K** Last name * **SHERMAN** Suffix * [REDACTED]

f. Employee's address * [REDACTED]

City * **SHERMAN OAKS** State * **CA** ZIP code * **91403**

1. <input type="radio"/> Wages, tips, other compensation 126,083	4. <input type="radio"/> Social security tax withheld 9,114	8. <input type="radio"/> Allocated tips (not included in box 1)
2. <input type="radio"/> Federal income tax withheld 21,346	6. <input type="radio"/> Medicare tax withheld 2,209	10. <input type="radio"/> Dependent care benefits
3. <input type="radio"/> Social security wages 147,000	7. <input type="radio"/> Social security tips	11. <input type="radio"/> Nonqualified plans

12. Codes and amounts

12a. <input type="radio"/> Code D Amount 26,280	12c. <input type="radio"/> Code Amount
12b. <input type="radio"/> Code DD Amount 23,068	12d. <input type="radio"/> Code 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, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)

Type Amount

16. State wages, tips, etc. **126,083**

15. State and employer's state ID number

State **DC** Employer's state ID number [REDACTED]

17. State income tax **7,706**

Franchise Tax Board Privacy Notice on Collection

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Important: Attach this schedule behind Form 540, Side 5 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		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions.	C Additions See instructions.
Section A - Income from federal Form 1040 or 1040-SR				
1 a	Total amount from federal Form(s) W-2, box 1. See instructions	268,477		
b	Household employee wages not reported on federal Form(s) W-2			
c	Tip income not reported on line 1a			
d	Medicaid waiver payments not reported on federal Form(s) W-2. See instructions			
e	Taxable dependent care benefits from federal Form 2441, line 26			
f	Employer-provided adoption benefits from federal Form 8839, line 29			
g	Wages from federal Form 8919, line 6			
h	Other earned income. See instructions			
i	Nontaxable combat pay election. See instructions			
z	Add line 1a through line 1i	268,477		
2	Taxable interest. a 7,614	91,794	90,636	
3	Ordinary dividends. See instructions. a 15,155	19,400	1,958	
4	IRA distributions. See instructions. a			
5	Pensions and annuities. See instructions. a 33,594	33,545		
6	Social security benefits. a			
7	Capital gain or (loss). See instr.	10,821		
Section B - Additional Income from federal Schedule 1 (Form 1040)				
1	Taxable refunds, credits, or offsets of state and local income taxes			
2 a	Alimony received. See instructions			
3	Business income or (loss). See instructions			
4	Other gains or (losses)			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
6	Farm income or (loss)			
7	Unemployment compensation			

Section B - Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 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(l) excess business loss adjustment 8p	⊙	⊙	⊙
q Taxable distributions from an ABL 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	⊙		
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
9 a Total other income. Add lines 8a through 8z 9a	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b1 Disaster loss deduction from form FTB 3805V ... 9b1		<input checked="" type="radio"/>	
b2 NOL deduction from form FTB 3805V 9b2		<input checked="" type="radio"/>	
b3 NOL from form FTB 3805Z, 3807, or 3809 9b3		<input checked="" type="radio"/>	
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions 10	<input checked="" type="radio"/> 424,037	<input checked="" type="radio"/> 92,594	<input checked="" type="radio"/>

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

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

Section C - Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:			
a Jury duty pay 24a	<input checked="" type="radio"/>		
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
d Reforestation amortization and expenses 24d	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 ... 24e	<input checked="" type="radio"/>		
f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	<input checked="" type="radio"/>		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations 24i	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
j Housing deduction from federal Form 2555 24j	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	<input checked="" type="radio"/>		
z Other adjustments. List type and amount. 24z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Total other adjustments. Add line 24a through line 24z 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	<input checked="" type="radio"/> 424,037	<input checked="" type="radio"/> 92,594	<input checked="" type="radio"/>

Part II Adjustments to Federal Itemized Deductions

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

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses <input checked="" type="radio"/> <u>46,269</u> 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> <u>424,037</u> 2			
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> <u>31,803</u> 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/> <u>14,466</u> 4			<input checked="" type="radio"/>
Taxes You Paid			
5 a State and local income tax or general sales taxes 5a <input checked="" type="radio"/> <u>33,197</u> <input checked="" type="radio"/> <u>33,197</u>			
b State and local real estate taxes 5b <input checked="" type="radio"/> <u>16,623</u>			
c State and local personal property taxes 5c <input checked="" type="radio"/> <u>203</u>			
d Add line 5a through line 5c 5d <input checked="" type="radio"/> <u>50,023</u>			
e Enter the smaller of line 5d or \$10,000 (\$5,000 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>10,000</u> <input checked="" type="radio"/> <u>33,197</u> <input checked="" type="radio"/> <u>40,023</u> 5e			
6 Other taxes. List type <input checked="" type="radio"/> 6 <input checked="" type="radio"/>			
7 Add line 5e and line 6 7 <input checked="" type="radio"/> <u>10,000</u> <input checked="" type="radio"/> <u>33,197</u> <input checked="" type="radio"/> <u>40,023</u>			
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 8a <input checked="" type="radio"/> <u>12,126</u> <input checked="" type="radio"/>			
b Home mortgage interest not reported to you on federal Form 1098 8b <input checked="" type="radio"/>			
c Points not reported to you on federal Form 1098 8c <input checked="" type="radio"/>			
d Reserved for future use 8d			
e Add line 8a through line 8c 8e <input checked="" type="radio"/> <u>12,126</u> <input checked="" type="radio"/>			
9 Investment interest 9 <input checked="" type="radio"/>			
10 Add line 8e and line 9 10 <input checked="" type="radio"/> <u>12,126</u> <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
Gifts to Charity				
11	Gifts by cash or check	13,876		
12	Other than by cash or check	3,650		
13	Carryover from prior year			
14	Add line 11 through line 13	17,526		
Casualty and Theft Losses				
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions			
Other Itemized Deductions				
16	Other - from list in federal instructions			
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	54,118	33,197	40,023
18	Total. Combine line 17 column A less column B plus column C			60,944

Job Expenses and Certain Miscellaneous Deductions

19	Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions			
20	Tax preparation fees		3,100	
21	Other expenses: investment, safe deposit box, etc. List type STMT 4		125	
22	Add line 19 through line 21		3,225	
23	Enter amount from federal Form 1040 or 1040-SR, line 11	424,037		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0		8,481	
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0			0
26	Total Itemized Deductions. Add line 18 and line 25			60,944
27	Other adjustments. See instructions. Specify			
28	Combine line 26 and line 27			60,944
29	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?			
	Single or married/RDP filing separately		\$229,908	
	Head of household		\$344,867	
	Married/RDP filing jointly or qualifying surviving spouse/RDP		\$459,821	
	No. Transfer the amount on line 28 to line 29.			
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29			60,944
30	Enter the larger of the amount on line 29 or your standard deduction listed below:			
	Single or married/RDP filing separately. See instructions		\$5,202	
	Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP		\$10,404	
	Transfer the amount on line 30 to Form 540, line 18			60,944

**Alternative Minimum Tax and
Credit Limitations - Residents**

Attach this schedule to Form 540.

Name(s) as shown on Form 540

Your SSN or ITIN

BRAD J. & LISA N K. SHERMAN

Part I Alternative Minimum Taxable Income (AMTI) Important: See instructions for information regarding California/federal differences.

1	If you itemized deductions, go to line 2. If you did not itemize deductions, enter your standard deduction from Form 540, line 18, and go to line 6	1		00
2	Medical and dental expenses. Enter the smaller of federal Schedule A (Form 1040), line 4, or 2 1/2% (.025) of federal Form 1040 or 1040-SR, line 11. See instructions	2	10,601	00
3	Personal property taxes and real property taxes. See instructions	3	16,826	00
4	Certain interest on a home mortgage not used to buy, build, or improve your home. See instructions	4		00
5	Miscellaneous itemized deductions. See instructions	5		00
6	Refund of personal property taxes and real property taxes. See instructions Do not include your state income tax refund on this line.	6		00
7	Investment interest expense adjustment. See instructions	7		00
8	Post-1986 depreciation. See instructions	8		00
9	Adjusted gain or loss. See instructions	9		00
10	Incentive stock options (ISOs) and California qualified stock options (CQSOs). See instructions	10		00
11	Passive activities adjustment. See instructions	11		00
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a	12	19	00
13	Other adjustments and preferences. Enter the amount, if any, for each item, a through l. See instructions.			
	a Circulation expenditures	g Mining costs		00
	b Depletion	h Patron's adjustment		00
	c Installment sales	i Pollution control facilities		00
	d Intangible drilling costs	j Research and experimental		00
	e Long-term contracts	k Tax shelter farm activities		00
	f Loss limitations	l Related adjustments		00
	Add amounts on line a through line l, and enter total here	13		00
14	Total Adjustments and Preferences. Combine line 1 through line 13	14	27,446	00
15	Enter taxable income from Form 540, line 19. See instructions	15	270,499	00
16	Net operating loss (NOL) deductions from Schedule CA (540), Part I, Section B, line 9b1, line 9b2, and line 9b3, column B. Enter as a positive amount	16		00
17	AMTI exclusion. See instructions	17		00
18	If your federal adjusted gross income (AGI) is less than the amount for your filing status (listed below), skip this line and go to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instructions	18		00
	Single or married/RDP filing separately		\$229,908	
	Married/RDP filing jointly or qualifying surviving spouse/RDP		\$459,821	
	Head of household		\$344,867	
19	Combine line 14 through line 18	19	297,945	00
20	Alternative minimum tax NOL deduction. See instructions	20		00
21	Alternative Minimum Taxable Income. Subtract line 20 from line 19 (if married/RDP filing separately and line 21 is more than \$436,827, see instructions)	21	297,945	00

Part II Alternative Minimum Tax (AMT)

22	Exemption Amount. (If this schedule is for a certain child under age 24, see instructions.) If your filing status is: Single or head of household Married/RDP filing jointly or qualifying surviving spouse/RDP Married/RDP filing separately If Part I, line 21 is more than the amount shown above for your filing status, see instructions.	And line 21 is not over: \$317,062 \$422,750 \$211,371	Enter on line 22: \$84,550 \$112,734 \$56,364	22	112,734	00
23	Subtract line 22 from line 21. If zero or less, enter -0-. See instructions	23	185,211		00	
24	Tentative Minimum Tax. Multiply line 23 by 7.0% (.07)	24	12,965		00	
25	Regular tax before credits from Form 540, line 31	25	18,663		00	
26	Alternative Minimum Tax. Subtract line 25 from line 24. If zero or less, enter -0- here and on Form 540, line 61. If more than zero, enter here and on Form 540, line 61. If you make estimated tax payments for taxable year 2023, enter amount from line 26 on the 2023 Form 540-ES, California Estimated Tax Worksheet, line 16. (Exception: If you have carryover credit for solar energy or commercial solar energy, first enter the result on Side 2, Part III, Section C, line 23 or 24)	26			0	00

Part III Credits that Reduce Tax Note: Be sure to attach your credit forms to Form 540.

1	Enter the amount from Form 540, line 35	<input type="radio"/> 1	16,944	00
2	Enter the tentative minimum tax from Side 1, Part II, line 24	<input checked="" type="radio"/> 2	12,965	00

	(a) Credit amount	(b) Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
Section A - Credits that reduce excess tax.				
3	Subtract line 2 from line 1. If zero or less enter -0- and see instr. This is your excess tax which may be offset by credits		<input checked="" type="radio"/> 3,979	
A1 Credits that reduce excess tax and have no carryover provisions.				
4	Code: 162 Prison inmate labor credit (FTB 3507)	<input type="radio"/>		
5	Code: 232 Child and dependent care expenses credit (FTB 3506)	<input type="radio"/>		
A2 Credits that reduce excess tax and have carryover provisions.				
6	Code: <input type="radio"/> Credit Name:	<input type="radio"/>		<input type="radio"/>
7	Code: <input type="radio"/> Credit Name:	<input type="radio"/>		<input type="radio"/>
8	Code: <input type="radio"/> Credit Name:	<input type="radio"/>		<input type="radio"/>
9	Code: <input type="radio"/> Credit Name:	<input type="radio"/>		<input type="radio"/>
10	Code: 188 Credit for prior year alternative minimum tax	<input checked="" type="radio"/>		<input type="radio"/>
Section B - Credits that may reduce tax below tentative minimum tax.				
11	If Part III, line 3 is zero, enter the amount from line 1. If line 3 is more than zero, enter the total of line 2 and the last entry in column (c)		<input checked="" type="radio"/> 16,944	
B1 Credits that reduce net tax and have no carryover provisions.				
12	Code: 170 Credit for joint custody head of household	<input type="radio"/>		
13	Code: 173 Credit for dependent parent	<input type="radio"/>		
14	Code: 163 Credit for senior head of household	<input type="radio"/>		
15	Nonrefundable renter's credit	<input type="radio"/>		
B2 Credits that reduce net tax and have carryover provisions.				
16	Code: <input type="radio"/> Credit Name:	<input type="radio"/>		<input type="radio"/>
17	Code: <input type="radio"/> Credit Name:	<input type="radio"/>		<input type="radio"/>
18	Code: <input type="radio"/> Credit Name:	<input type="radio"/>		<input type="radio"/>
19	Code: <input type="radio"/> Credit Name:	<input type="radio"/>		<input type="radio"/>
B3 Other state tax credit.				
20	Code: 187 Other state tax credit	<input checked="" type="radio"/> 6,445	6,445	10,499
B4 Pass-through entity elective tax credit. See instructions.				
21	Code: 242 Pass-through entity elective tax credit	<input type="radio"/>		<input type="radio"/>
Section C - Credits that may reduce alternative minimum tax.				
22	Enter your alternative minimum tax from Side 1, Part II, line 26		<input type="radio"/>	
23	Code: 180 Solar energy credit carryover from Section B2, column (d)	<input type="radio"/>		<input type="radio"/>
24	Code: 181 Commercial solar energy credit carryover from Section B2, column (d)	<input type="radio"/>		<input type="radio"/>
25	Adjusted AMT. Enter the balance from line 24, column (c) here and on Form 540, line 61		<input type="radio"/>	



2022

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"/> 126,083	<input checked="" type="radio"/> 126,083
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 Total double-taxed income	<input checked="" type="radio"/> 126,083	<input checked="" type="radio"/> 126,083

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

2 California tax liability	<input checked="" type="radio"/> 2	16,944	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	126,083	00
4 California adjusted gross income	<input checked="" type="radio"/> 4	331,443	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	.3804	
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	6,445	00
7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> DC	<input checked="" type="radio"/> 7	7,706	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	126,083	00
9 Adjusted gross income taxable by other state	<input checked="" type="radio"/> 9	126,083	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> 10	1.0000	
11 Multiply line 7 by line 10	<input checked="" type="radio"/> 11	7,706	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187	<input checked="" type="radio"/> 12	6,445	00

Installment Sale Income

Attach to your California tax return. Use a separate form for each sale or other disposition of property on the installment method.

Name(s) as shown on tax return

SSN, ITIN, FEIN, CA SOS file no., or CA corporation no.

BRAD J SHERMAN AND LISA N K SHERMAN

1 Description of property

PORTER RANCH, CA 91326

2 a Date acquired (mm/dd/yyyy)

12/04/2013

2b Date sold (mm/dd/yyyy)

08/22/2022

3 Was the property sold to a related party after December 31, 1980? If "Yes," complete Part III for the year of sale and 2 years after the year of the sale unless you received the final payment during the tax year.

Yes No

4 Reserved for future use

Yes No

Part I Gross Profit and Contract Price. Complete this part for the year of sale only.

5 Selling price including mortgages and other debts (do not include stated or unstated interest)

5 1,470,000.00

6 Mortgages and other debts the buyer assumed or took the property subject to, but not new mortgages the buyer got from a bank or other source

6 .00

7 Subtract line 6 from line 5

7 1,470,000.00

8 Cost or other basis of property sold

8 789,501.00

9 Depreciation allowed or allowable. Use California amounts

9 .00

10 Adjusted basis. Subtract line 9 from line 8

10 789,501.00

11 Commissions and other expenses of sale

11 108,464.00

12 Income recapture from Schedule D-1, Part III and Part IV. See instructions

12 .00

13 Add line 10, line 11, and line 12

13 897,965.00

14 Subtract line 13 from line 5. If zero or less, stop here. Do not complete the rest of this form

14 572,035.00

15 If the above property was your main home, using California amounts, enter your excluded gain. Otherwise, enter -0-

15 250,000.00

16 Gross profit. Subtract line 15 from line 14

16 322,035.00

17 Subtract line 13 from line 6. If zero or less, enter -0-

17 0.00

18 Contract price. Add line 7 and line 17

18 1,470,000.00

Part II Installment Sale Income. Complete this part for the year of sale and any year you receive a payment or have certain debts you must treat as payments on installment obligations.

19 Gross profit percentage (expressed as a decimal amount, see instructions).

Divide line 16 by line 18. For years after the sale, see instructions

19 .21907

20 For year of sale only - Enter amount from line 17 above. Otherwise, enter -0-

20 0.00

21 Payments received during the year (do not include stated or unstated interest)

21 812,677.00

22 Add line 20 and line 21

22 812,677.00

23 Payments received in prior years (do not include stated or unstated interest) 23 .00

24 Installment sale income. Multiply line 22 by line 19 24 .00

25 Enter the part of line 24 that is ordinary income under recapture rules. See instructions 25 .00

26 Subtract line 25 from line 24. Enter the result here and on Schedule D (540, 540NR, 541, 565, 568, or 100S) or Schedule D-1 26 .00

Part III Related Party Installment Sale Income. Do not complete this part if you received the final installment payment this taxable year.

27 Name, address, and taxpayer identification number of related party

28 Did the related party, during this taxable year, resell or dispose of the property ("second disposition")? Yes No

29 If you checked "Yes," on line 28, complete lines 30 through 37 below unless one of the following conditions is met. Check only the box that applies.

- a The second disposition was more than two years after the first disposition (other than dispositions of marketable securities). If this box is checked, enter the date of the disposition (mm/dd/yyyy)
- b The first disposition was a sale or exchange of stock to the issuing corporation.
- c The second disposition was an involuntary conversion where the threat of conversion occurred after the first disposition.
- d The second disposition occurred after the death of the original seller or buyer.
- e It can be established to the satisfaction of the Franchise Tax Board that tax avoidance was not a principal purpose for either of the dispositions. If you check this box, attach an explanation.

30 Selling price of property sold by related party 30 .00

31 Enter contract price from line 18 for year of first sale 31 .00

32 Enter the smaller of line 30 or line 31 32 .00

33 Total payments received by the end of your 2022 taxable year. Add line 22 and line 23 33 .00

34 Subtract line 33 from line 32. If zero or less, enter-0- 34 .00

35 Multiply line 34 by the gross profit percentage on line 19 for year of first sale 35 .00

36 Enter the part of line 35 that is ordinary income under recapture rules. See instructions 36 .00

37 Subtract line 36 from line 35. Enter the result here and on Schedule D (540, 540NR, 541, 565, 568, or 100S) or Schedule D-1 37 .00



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.

PROPERTY KNOWN AS [REDACTED] WAS PRINCIPAL RESIDENCE OF CONGRESSMAN BRAD SHERMAN. HE MET RESIDENCY REQUIREMENTS DURING THE FIVE YEARS PRIOR TO SALE. HIS WIFE, LISA, MAY NOT QUALIFY FOR FULL RESIDENCY DURING THIS PERIOD, SO THIS RETURN ONLY TAKES A \$250,000 EXCLUSION.

[REDACTED] WAS CONGRESSMAN SHERMAN'S PRIMARY RESIDENCE FROM JULY 15, 2013, TO APRIL 17, 2022. DURING THIS TIME, THE PROPERTY WAS HIS PRIMARY ADDRESS FOR TAX AND VOTING PURPOSES. THROUGHOUT THIS PERIOD, HE HAD A CALIFORNIA DRIVER'S LICENSE, WAS REGISTERED TO VOTE IN CALIFORNIA, AND PAID CA INCOME TAX. UNDER US CONSTITUTION, ART. 1, SECT. 1, CL. 2, HE IS A CALIFORNIA RESIDENT. PER SECTION 162(A), CONGRESSMEMBER'S HOME IS IN HIS OR HER DISTRICT. HE SPENDS A LOT OF TIME IN D.C. TO FULFILL HIS CONGRESSIONAL DUTIES AND WORK WITH STAFF. ALL CARS OWNED BY THE TAXPAYER ARE REGISTERED IN CALIFORNIA, INCLUDING THOSE USED IN DC. DUE TO SECURITY CONCERNS, CONGRESSMAN SHERMAN SEEKS TO LIMIT THOSE WHO KNOW HIS PERSONAL ADDRESS, SO HE RECIEVES MAIL THROUGH A PRIVATE POSTAL BOX CLOSE TO HIS HOME. THE PROPERTY IS CLOSE TO HIS DISTRICT OFFICE, HIS BANK, AND WAS CLOSE TO THE HOME OF HIS MOTHER UNTIL HER DEATH IN 2020. IT IS CLOSE TO THE SYNAGOGUE HE HAS BEEN A MEMBER OF SINCE 1995.

CA SCHEDULE CA	TAXABLE INTEREST INCOME - SUBTRACTION		STATEMENT 2
DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMENT
MERRILL LYNCH	0.	90,632.	-90,632.
LANE M SHERMAN FAMILY TRUST	13.	17.	-4.
CONGRESSIONAL FEDERAL CREDIT UNION	481.	481.	0.
MERRILL LYNCH	7,154.	7,154.	0.
WESCOM CREDIT UNION	175.	175.	0.
TO SCH CA (540), PART IA, LINE 2BB			-90,636.

CA SCHEDULE CA	ORDINARY DIVIDENDS - SUBTRACTION		STATEMENT 3
DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMENT
LANE M SHERMAN FAMILY TRUST	51.	66.	-15.
MERRILL LYNCH	10,731.	10,731.	0.
VANGUARD INFLATION PROTECT SEC ADM	0.	1,299.	-1,299.
VANGUARD FED MONEY MKT FUND	0.	644.	-644.
VANGUARD 500 INDEX FUND ADM	3,897.	3,897.	0.
VANGUARD TOTAL STOCK MKT IDX ADM	2,763.	2,763.	0.
TO SCH CA (540), PART IA, LINE 3BB			-1,958.

SCHEDULE CA	OTHER EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
INVESTMENT FEES		125.
TOTAL TO SCHEDULE CA, PART II, LINE 21		125.

Filing Status [] Single [X] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)

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

Personal information section including names (BRAD J., LISA N K.), social security numbers, home address (SHERMAN OAKS, CA 91403), and marital status checkboxes (You, Spouse).

Digital Assets and Standard Deduction section. Includes checkboxes for digital assets and standard deduction options.

Age/Blindness and Spouse information. Includes checkboxes for age and blindness status.

Dependents table with columns for name, social security number, relationship, and tax credits. Lists MOLLY H SHERMAN, NAOMI C SHERMAN, and LUCY R SHERMAN.

Main income and deduction table. Rows include Total amount from Form(s) W-2 (268,477), Tax-exempt interest (7,614), Qualified dividends (15,155), IRA distributions, Pensions and annuities (33,594), Social security benefits, Capital gain or loss (10,821), and Total income (424,037). Final taxable income is 369,852.

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

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	74,399.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	74,399.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	4,750.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	4,750.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	69,649.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	8,396.
24	Add lines 22 and 23. This is your total tax	24	78,045.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	SEE STATEMENT 7	25a 80,469.
	b	Form(s) 1099	SEE STATEMENT 9	25b 9,894.
	c	Other forms (see instructions)		25c
	d	Add lines 25a through 25c		25d 90,363.
	26	2022 estimated tax payments and amount applied from 2021 return	STATEMENT 8	26 3,188.
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	93,551.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid ...	34	15,506.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
	b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number		
36	Amount of line 34 you want applied to your 2023 estimated tax ...	36	15,506.	

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

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes. Complete below.** **No**

Designee's name [redacted] Phone no. [redacted] Personal identification number (PIN) [redacted]

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 [redacted] Date [redacted] Your occupation **CONGRESSMAN/CPA**

Spouse's signature. If a joint return, **both** must sign. [redacted] Date [redacted] Spouse's occupation **DIPLOMAT**

Paid Preparer Use Only Preparer's name [redacted] Preparer's signature [redacted] Date [redacted] PTIN [redacted] Check if: Self-employed

Firm's name [redacted] Phone no. [redacted] Firm's EIN [redacted]

Firm's address [redacted]

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022

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

[REDACTED]

Part I Additional Income

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

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

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

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2022
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

1	Alternative minimum tax. Attach Form 6251	1	0.
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	3,187.
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	646.
12	Net investment income tax. Attach Form 8960	12	4,563.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2022

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount:	17z	
18	Total additional taxes. Add lines 17a through 17z	18	
19	Reserved for future use	19	
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	8,396.

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

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

2022

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service

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

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

Your social security number

BRAD J. & LISA N K. SHERMAN

		Your social security number	
Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions) SEE STATEMENT 13	1	46,269.
2	Enter amount from Form 1040 or 1040-SR, line 11 2 424,037.	2	424,037.
3	Multiply line 2 by 7.5% (0.075)	3	31,803.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	14,466.
Taxes You Paid	5 State and local taxes.		
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box SEE STATEMENT 12 <input type="checkbox"/>	5a	33,197.
	b State and local real estate taxes (see instructions)	5b	16,623.
	c State and local personal property taxes	5c	203.
	d Add lines 5a through 5c	5d	50,023.
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000.
	6 Other taxes. List type and amount:	6	
	7 Add lines 5e and 6	7	10,000.
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>		
Caution: Your mortgage interest deduction may be limited. See instructions.	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	12,126.
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b	
	c Points not reported to you on Form 1098. See instructions for special rules	8c	
	d Reserved for future use	8d	
	e Add lines 8a through 8c	8e	12,126.
	9 Investment interest. Attach Form 4952 if required. See instructions	9	
	10 Add lines 8e and 9	10	12,126.
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	13,876.
Caution: If you made a gift and got a benefit for it, see instructions.	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12	3,650.
	13 Carryover from prior year	13	
	14 Add lines 11 through 13	14	17,526.
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15	
Other Itemized Deductions	16 Other - from list in instructions. List type and amount:	16	
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	17	54,118.
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>		

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Interest and Ordinary Dividends

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

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2022
Attachment
Sequence No. **08**

BRAD J. & LISA N K. SHERMAN

Your social security number

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

FROM K-1 - LANE M SHERMAN FAMILY TRUST

Amount

481.

97,786.

175.

17.

1

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.

SUBTOTAL FOR LINE 1

98,459.

ABP ADJUSTMENT

SEE STATEMENT 14

-6,665.

2 Add the amounts on line 1

2

91,794.

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

3

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

4

91,794.

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

VANGUARD INFLATION PROTECT SEC ADM

VANGUARD FED MONEY MKT FUND

VANGUARD 500 INDEX FUND ADM

VANGUARD TOTAL STOCK MKT IDX ADM

FROM K-1 - LANE M SHERMAN FAMILY TRUST

10,731.

1,299.

644.

3,897.

2,763.

66.

5

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

6

19,400.

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

Part III

Foreign Accounts and Trusts

Caution: If required, failure to file Fin CEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instr. 227501 12-07-22

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.

Yes **No**

7a At any time during 2022, 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) are located

8 During 2022, 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

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	481.							
B	MERRILL LYNCH	3,605.	94,181.						
C	WESCOM CREDIT UNION	175.							
D	MERRILL LYNCH			5,910.	756.			10,731.	8,618.
E	VANGUARD CA IT TAX-EXEMPT ADMIRAL			1,573.					
F	VANGUARD INFLATION PROTECT SEC ADM							1,299.	
G	VANGUARD FED MONEY MKT FUND							644.	0.
H	VANGUARD 500 INDEX FUND ADM							3,897.	3,897.
I	VANGUARD TOTAL STOCK MKT IDX ADM							2,763.	2,592.
J	FROM K-1 - LANE M SHERMAN FAMILY TRUST	17.						66.	48.
K	FROM K-1 - LANE M SHERMAN FAMILY TRUST			131.					
Totals		4,278.	94,181.	7,614.	756.			19,400.	15,155.

	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	1,478.				212.				
E									
F									
G									
H									
I					123.				
J									
K									
Totals	1,478.				335.				

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **12**

Name(s) shown on return

BRAD J. & LISA N K. SHERMAN

Your social security number

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	2,078,123.	2,126,065.		<47,942.>
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 <47,942.>

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	1,729,331.	1,809,079.		<79,748.>
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	291,940.	332,940.		<41,000.>
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11 178,033.
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 1,478.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on page 2				15 58,763.

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

Schedule D (Form 1040) 2022

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p>	16	10,821.
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
<p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet(see instructions), enter the amount, if any, from line 7 of that worksheet</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	()
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

BRAD J. & LISA N K. SHERMAN

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	200000.000 SH - CD BMW BK OF NORTH AMERICA	10/11/20	02/07/22	200,000.	200,000.			0.
	200000.000 SH - CD SYNCHRONY BK (FKA GE)	10/11/20	04/18/22	200,000.	200,000.			0.
	100000.000 SH - CD AMERICAN EXPR NATL BK	10/11/20	04/21/22	100,000.	100,000.			0.
	899000.000 SH - US TRSY INFLATION NTE JAN 2025	VARIOUS	11/03/22	1077211.	1138593.			<61,382.>
	4734.889 SH - BLACKROCK MUNIHDS CA QLT	VARIOUS	04/14/22	57,349.	71,101.			<13,752.>
	5.710 SH - AB MUNI INCOME FUND CA	12/12/12	11/03/22	56.	66.			<10.>
	6479.713 SH - CA IT TAX-EXEMPT ADMIRAL	VARIOUS	12/01/22	72,314.	75,304.			<2,990.>
	921.111 SH - INFLATION-PROTECT SEC ADM	VARIOUS	12/01/22	22,401.	24,015.			<1,614.>
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)				1729331.	1809079.			<79,748.>

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

BRAD J. & LISA N K. SHERMAN

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.
Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	15780.110 SH - BLACKROCK MUNIHDS CA QLT	VARIOUS	04/14/22	188,674.	213,631.			<24,957.>
	1000.000 SH - BLACKROCK TAXABLE MUNICIPAL	08/26/10	11/03/22	16,635.	19,669.			<3,034.>
	1000.000 SH - GUGGENHEIM TAXABLE MUNICIPAL	10/26/10	11/03/22	15,525.	19,627.			<4,102.>
	7241.469 SH - AB MUNI INCOME FUND CA	VARIOUS	11/03/22	71,106.	80,013.			<8,907.>
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)			291,940.	332,940.			<41,000.>

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

Qualified Dividends and Capital Gain Tax Worksheet - Line 16

Keep for Your Records

Name(s) shown on return BRAD J. & LISA N K. SHERMAN	Your SSN [REDACTED]
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Before you begin:

- ✓ See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- ✓ If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

1. Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	<u>369,852.</u>	
2. Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	<u>15,155.</u>	
3. Are you filing Schedule D?*			
<input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-.	}	3. <u>10,821.</u>	
<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.			
4. Add lines 2 and 3	4.	<u>25,976.</u>	
5. Subtract line 4 from line 1. If zero or less, enter -0-	5.	<u>343,876.</u>	
6. Enter:			
\$ 41,675 if single or married filing separately,			
\$ 83,350 if married filing jointly or qualifying surviving spouse,	}	6. <u>83,350.</u>	
\$ 55,800 if head of household.			
7. Enter the smaller of line 1 or line 6	7.	<u>83,350.</u>	
8. Enter the smaller of line 5 or line 7	8.	<u>83,350.</u>	
9. Subtract line 8 from line 7. This amount is taxed at 0%	9.	<u>0.</u>	
10. Enter the smaller of line 1 or line 4	10.	<u>25,976.</u>	
11. Enter the amount from line 9	11.	<u>0.</u>	
12. Subtract line 11 from line 10	12.	<u>25,976.</u>	
13. Enter:			
\$ 459,750 if single,			
\$ 258,600 if married filing separately,	}	13. <u>517,200.</u>	
\$ 517,200 if married filing jointly or qualifying surviving spouse,			
\$ 488,500 if head of household.			
14. Enter the smaller of line 1 or line 13	14.	<u>369,852.</u>	
15. Add lines 5 and 9	15.	<u>343,876.</u>	
16. Subtract line 15 from line 14. If zero or less, enter -0-	16.	<u>25,976.</u>	
17. Enter the smaller of line 12 or line 16	17.	<u>25,976.</u>	
18. Multiply line 17 by 15% (0.15)	18.	<u>3,896.</u>	
19. Add lines 9 and 17	19.	<u>25,976.</u>	
20. Subtract line 19 from line 10	20.	<u>0.</u>	
21. Multiply line 20 by 20% (0.20)	21.	<u>0.</u>	
22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet	22.	<u>70,503.</u>	
23. Add lines 18, 21, and 22	23.	<u>74,399.</u>	
24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24.	<u>78,816.</u>	
25. Tax on all taxable income. Enter the smaller of line 23 or 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25.	<u>74,399.</u>	

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

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

Your social security number

BRAD J. & LISA N K. SHERMAN

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

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

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

Table with 6 columns: (a) Name, (b) Enter P for partnership, S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Rows A, B, C, D.

Table with 5 columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction, (k) Nonpassive income from Schedule K-1. Rows A, B, C, D, 29a Totals, 29b Totals, 30, 31, 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A, B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Rows A, B, 34a Totals, 34b Totals, 35, 36, 37.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39.

Part V Summary * ENTIRE DISPOSITION OF PASSIVE ACTIVITY

Table with 3 columns: Description, Amount, and another column. Rows 40, 41, 42, 43.

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2022

SCHEDULE E

Name BRAD J. SHERMAN

SSN/EIN

Passthrough SARAH SCHARF LIVING TRUST -- BRAD SHERMAN ID

TAXPAYER

ESTATE OR TRUST

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

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2022

SCHEDULE E

Name BRAD J. SHERMAN

SSN/EIN

Passthrough SARAH SCHARF LIVING TRUST -- BRAD SHERMAN ID
ESTATE OR TRUST

TAXPAYER

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

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2022

SCHEDULE E

Name BRAD J. SHERMAN

SSN/EIN

Passthrough MAURICE H SHERMAN TRUST - BRAD SHERMAN ID

TAXPAYER

ESTATE OR TRUST

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

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2022

SCHEDULE E

Name BRAD J. SHERMAN

SSN/EIN

Passthrough MAURICE H SHERMAN TRUST - BRAD SHERMAN

ID

TAXPAYER

ESTATE OR TRUST

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

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2022

SCHEDULE E

Name BRAD J. SHERMAN

SSN/EIN

Passthrough MARGARET S MOSS IRREV TR 021897 - BRAD SHERMAN ID

TAXPAYER

ESTATE OR TRUST

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

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2022

SCHEDULE E

Name BRAD J. SHERMAN

SSN/EIN

Passthrough MARGARET S MOSS IRREV TR 021897 - BRAD SHERMAN ID

TAXPAYER

ESTATE OR TRUST

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

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2022

SCHEDULE E

Name BRAD J. SHERMAN

SSN/EIN

Passthrough LANE M SHERMAN FAMILY TRUST - BRAD SHERMAN ID

TAXPAYER

ESTATE OR TRUST

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)								
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)								
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
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Section 179 recapture on disposition								
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Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2022

SCHEDULE E

Name BRAD J. SHERMAN

SSN/EIN

Passthrough LANE M SHERMAN FAMILY TRUST - BRAD SHERMAN ID

TAXPAYER

ESTATE OR TRUST

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income	17.							17.
Interest from U.S. bonds								
Ordinary dividends	66.							66.
Qualified dividends	48.							48.
Tax-exempt interest income	131.							131.
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income								
Section 199A W-2 wages								
Section 199A unadjusted basis								

Child and Dependent Care Expenses

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

Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

Your social security number

BRAD J. & LISA N K. SHERMAN



A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under *Married Persons Filing Separately*. If you meet these requirements, check this box

B If you or your spouse was a student or was disabled during 2022 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box

Part I Persons or Organizations Who Provided the Care - You must complete this part.

If you have more than three care providers, see the instructions and check this box

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2022? For example, this generally includes nannies but not daycare centers.	(e) Amount paid
NONE			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Did you receive dependent care benefits? **No** Complete only Part II below.
 Yes Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2022 but didn't pay them until 2023, or if you prepaid in 2022 for care to be provided in 2023, don't include these expenses in column (d) of line 2 for 2022. See the instructions.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2022 for the person listed in column (a)
First	Last			
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

3 Add the amounts in column (d) of line 2. Don't enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31	3																																																																									
4 Enter your earned income . See instructions	4																																																																									
5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5																																																																									
6 Enter the smallest of line 3, 4, or 5	6																																																																									
7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11	7																																																																									
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7.	8	X																																																																								
<table border="1"> <thead> <tr> <th colspan="3">If line 7 is:</th> <th colspan="3">If line 7 is:</th> <th colspan="3">If line 7 is:</th> </tr> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr> <td>\$0</td> <td>- 15,000</td> <td>.35</td> <td>\$25,000</td> <td>- 27,000</td> <td>.29</td> <td>\$37,000</td> <td>- 39,000</td> <td>.23</td> </tr> <tr> <td>15,000</td> <td>- 17,000</td> <td>.34</td> <td>27,000</td> <td>- 29,000</td> <td>.28</td> <td>39,000</td> <td>- 41,000</td> <td>.22</td> </tr> <tr> <td>17,000</td> <td>- 19,000</td> <td>.33</td> <td>29,000</td> <td>- 31,000</td> <td>.27</td> <td>41,000</td> <td>- 43,000</td> <td>.21</td> </tr> <tr> <td>19,000</td> <td>- 21,000</td> <td>.32</td> <td>31,000</td> <td>- 33,000</td> <td>.26</td> <td>43,000</td> <td>- No limit</td> <td>.20</td> </tr> <tr> <td>21,000</td> <td>- 23,000</td> <td>.31</td> <td>33,000</td> <td>- 35,000</td> <td>.25</td> <td></td> <td></td> <td></td> </tr> <tr> <td>23,000</td> <td>- 25,000</td> <td>.30</td> <td>35,000</td> <td>- 37,000</td> <td>.24</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	If line 7 is:			If line 7 is:			If line 7 is:			Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	\$0	- 15,000	.35	\$25,000	- 27,000	.29	\$37,000	- 39,000	.23	15,000	- 17,000	.34	27,000	- 29,000	.28	39,000	- 41,000	.22	17,000	- 19,000	.33	29,000	- 31,000	.27	41,000	- 43,000	.21	19,000	- 21,000	.32	31,000	- 33,000	.26	43,000	- No limit	.20	21,000	- 23,000	.31	33,000	- 35,000	.25				23,000	- 25,000	.30	35,000	- 37,000	.24					
If line 7 is:			If line 7 is:			If line 7 is:																																																																				
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	Over	But not over	Decimal amount is																																																																		
\$0	- 15,000	.35	\$25,000	- 27,000	.29	\$37,000	- 39,000	.23																																																																		
15,000	- 17,000	.34	27,000	- 29,000	.28	39,000	- 41,000	.22																																																																		
17,000	- 19,000	.33	29,000	- 31,000	.27	41,000	- 43,000	.21																																																																		
19,000	- 21,000	.32	31,000	- 33,000	.26	43,000	- No limit	.20																																																																		
21,000	- 23,000	.31	33,000	- 35,000	.25																																																																					
23,000	- 25,000	.30	35,000	- 37,000	.24																																																																					
9a Multiply line 6 by the decimal amount on line 8	9a																																																																									
b If you paid 2021 expenses in 2022, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c	9b	0.																																																																								
c Add lines 9a and 9b and enter the result	9c																																																																									
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10																																																																									
11 Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2	11																																																																									

Part III Dependent Care Benefits

12 Enter the total amount of dependent care benefits you received in 2022. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	
13 Enter the amount, if any, you carried over from 2020 and/or 2021 and used in 2022. See instructions	13	
14 If you forfeited or carried over to 2023 any of the amounts reported on line 12 or 13, enter the amount. See instructions	14	()
15 Combine lines 12 through 14. See instructions	15	
16 Enter the total amount of qualified expenses incurred in 2022 for the care of the qualifying person(s)	16	
17 Enter the smaller of line 15 or 16	17	
18 Enter your earned income . See instructions	18	
19 Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	
20 Enter the smallest of line 17, 18, or 19	20	
21 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19). If you entered an amount on line 13, add it to the \$5,000 or \$2,500 amount you enter on line 21. However, don't enter more than the maximum amount allowed under your dependent care plan. If your dependent care plan uses a non-calendar plan year, see instructions	21	
22 Is any amount on line 12 or 13 from your sole proprietorship or partnership? <input type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	
23 Subtract line 22 from line 15	23	
24 Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	
25 Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-	25	
26 Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0-. Also, enter this amount on Form 1040, 1040-SR, or 1040-NR, line 1e	26	

To claim the child and dependent care credit, complete lines 27 through 31 below.

27 Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	
28 Add lines 24 and 25	28	
29 Subtract line 28 from line 27. If zero or less, stop . You can't take the credit. Exception. If you paid 2021 expenses in 2022, see the instructions for line 9b	29	
30 Complete line 2 on page 1 of this form. Don't include in column (d) any benefits shown on line 28 above. Then, add the amounts in column (d) and enter the total here	30	
31 Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	

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

Your social security number

BRAD J. & LISA N K. SHERMAN

Part I Alternative Minimum Taxable Income	
1 Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1 369,852.
2a If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12	2a 10,000.
b Tax refund from Schedule 1 (Form 1040), line 1 or line 8z	2b
c Investment interest expense (difference between regular tax and AMT)	2c
d Depletion (difference between regular tax and AMT)	2d
e Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount	2e
f Alternative tax net operating loss deduction	2f
g Interest from specified private activity bonds exempt from the regular tax SEE STATEMENT 18	2g 756.
h Qualified small business stock, see instructions	2h
i Exercise of incentive stock options (excess of AMT income over regular tax income)	2i
j Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j
k Disposition of property (difference between AMT and regular tax gain or loss)	2k
l Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l
m Passive activities (difference between AMT and regular tax income or loss)	2m
n Loss limitations (difference between AMT and regular tax income or loss)	2n
o Circulation costs (difference between regular tax and AMT)	2o
p Long-term contracts (difference between AMT and regular tax income)	2p
q Mining costs (difference between regular tax and AMT)	2q
r Research and experimental costs (difference between regular tax and AMT)	2r
s Income from certain installment sales before January 1, 1987	2s
t Intangible drilling costs preference	2t
3 Other adjustments, including income-based related adjustments	3
4 Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$776,100, see instructions.)	4 380,608.

Part II Alternative Minimum Tax (AMT)															
5 Exemption. <table border="0"> <tr> <td>IF your filing status is ...</td> <td>AND line 4 is not over ...</td> <td>THEN enter on line 5 ...</td> <td></td> </tr> <tr> <td>Single or head of household</td> <td>\$539,900</td> <td>\$75,900</td> <td rowspan="3">} ...</td> </tr> <tr> <td>Married filing jointly or qualifying widow(er)</td> <td>1,079,800</td> <td>118,100</td> </tr> <tr> <td>Married filing separately</td> <td>539,900</td> <td>59,050</td> </tr> </table> If line 4 is over the amount shown above for your filing status, see instructions.	IF your filing status is ...	AND line 4 is not over ...	THEN enter on line 5 ...		Single or head of household	\$539,900	\$75,900	} ...	Married filing jointly or qualifying widow(er)	1,079,800	118,100	Married filing separately	539,900	59,050	5 118,100.
IF your filing status is ...	AND line 4 is not over ...	THEN enter on line 5 ...													
Single or head of household	\$539,900	\$75,900	} ...												
Married filing jointly or qualifying widow(er)	1,079,800	118,100													
Married filing separately	539,900	59,050													
6 Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10	6 262,508.														
7 <ul style="list-style-type: none"> • If you are filing Form 2555, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • All others: If line 6 is \$206,100 or less (if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$4,122 (\$2,061 if married filing separately) from the result. 	7 66,003.														
8 Alternative minimum tax foreign tax credit (see instructions)	8														
9 Tentative minimum tax. Subtract line 8 from line 7	9 66,003.														
10 Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions	10 74,399.														
11 AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1	11 0.														

Part III Tax Computation Using Maximum Capital Gains Rates

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

12	Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7	12	262,508.
13	Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	13	25,976.
14	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	14	
15	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter	15	25,976.
16	Enter the smaller of line 12 or line 15	16	25,976.
17	Subtract line 16 from line 12	17	236,532.
18	If line 17 is \$206,100 or less (\$103,050 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$4,122 (\$2,061 if married filing separately) from the result	18	62,107.
19	Enter: <ul style="list-style-type: none"> • \$83,350 if married filing jointly or qualifying widow(er), • \$41,675 if single or married filing separately, or • \$55,800 if head of household. 	19	83,350.
20	Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	20	343,876.
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	0.
22	Enter the smaller of line 12 or line 13	22	25,976.
23	Enter the smaller of line 21 or line 22. This amount is taxed at 0%	23	0.
24	Subtract line 23 from line 22	24	25,976.
25	Enter: <ul style="list-style-type: none"> • \$459,750 if single, • \$258,600 if married filing separately, • \$517,200 if married filing jointly or qualifying widow(er), or • \$488,500 if head of household. 	25	517,200.
26	Enter the amount from line 21	26	0.
27	Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	27	343,876.
28	Add line 26 and line 27	28	343,876.
29	Subtract line 28 from line 25. If zero or less, enter -0-	29	173,324.
30	Enter the smaller of line 24 or line 29	30	25,976.
31	Multiply line 30 by 15% (0.15)	31	3,896.
32	Add lines 23 and 30	32	25,976.
If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.			
33	Subtract line 32 from line 22	33	0.
34	Multiply line 33 by 20% (0.20)	34	
If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.			
35	Add lines 17, 32, and 33	35	
36	Subtract line 35 from line 12	36	
37	Multiply line 36 by 25% (0.25)	37	
38	Add lines 18, 31, 34, and 37	38	66,003.
39	If line 12 is \$206,100 or less (\$103,050 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$4,122 (\$2,061 if married filing separately) from the result	39	69,380.
40	Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40	66,003.

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-NR, 1040-SS, or 1041.

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **44**

Name of employer

Social security number

Employer identification number

BRAD J. SHERMAN

Calendar year taxpayers having no household employees in 2022 don't have to complete this form for 2022.

A Did you pay **any one** household employee cash wages of \$2,400 or more in 2022? (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 1a.
 No. Go to line B.

B Did you withhold federal income tax during 2022 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 2021 or 2022 to **all** household employees?

(**Don't** count cash wages paid in 2021 or 2022 to your spouse, your child under age 21, or your parent.)

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

Part I Social Security, Medicare, and Federal Income Taxes

1 a	Total cash wages subject to social security tax	1a	20,560.		
b	Qualified sick and family leave wages paid in 2022 for leave taken after March 31, 2020, and before April 1, 2021, included on line 1a	1b			
2 a	Social security tax. Multiply line 1a by 12.4% (0.124)	2a		2,549.	
b	Employer share of social security tax on qualified sick and family leave wages paid in 2022 for leave taken after March 31, 2020, and before April 1, 2021. Multiply line 1b by 6.2% (0.062)	2b			
c	Total social security tax. Subtract line 2b from line 2a	2c		2,549.	
3	Total cash wages subject to Medicare tax	3	20,560.		
4	Medicare tax. Multiply line 3 by 2.9% (0.029)	4		596.	
5	Total cash wages subject to Additional Medicare Tax withholding	5			
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	6			
7	Federal income tax withheld, if any	7			
8 a	Total social security, Medicare, and federal income taxes. Add lines 2c, 4, 6, and 7	8a		3,145.	
b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	8b			
c	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	8c			
d	Total social security, Medicare, and federal income taxes after nonrefundable credits. Add lines 8b and 8c and then subtract that total from line 8a	8d		3,145.	
e	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	8e			
f	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	8f			
g	Qualified sick leave wages for leave taken before April 1, 2021	8g			
h	Qualified health plan expenses allocable to qualified sick leave wages reported on line 8g	8h			
i	Qualified family leave wages for leave taken before April 1, 2021	8i			
j	Qualified health plan expenses allocable to qualified family leave wages reported on line 8i	8j			
k	Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021	8k			
l	Qualified health plan expenses allocable to qualified sick leave wages reported on line 8k	8l			
m	Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021	8m			
n	Qualified health plan expenses allocable to qualified family leave wages reported on line 8m	8n			

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2021 or 2022 to **all** household employees?

(**Don't** count cash wages paid in 2021 or 2022 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Include the amount from line 8d above on Schedule 2 (Form 1040), line 9. Include the amounts, if any, from line 8e on Schedule 3 (Form 1040), line 13b, and line 8f on Schedule 3 (Form 1040), line 13h. If you're not required to file Form 1040, see the line 9 instructions.

Yes. Go to line 10.

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 2022 by April 18, 2023? 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 smaller 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 8d. If you checked the "Yes" box on line C of page 1, enter -0-	25	3,145.
26 Add line 16 (or line 24) and line 25	26	3,187.

27 Are you required to file Form 1040?
 Yes. Stop. Include the amount from line 26 above on Schedule 2 (Form 1040), line 9. Include the amounts, if any, from line 8e, on Schedule 3 (Form 1040), line 13b, and line 8f on Schedule 3 (Form 1040), line 13h. **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, and 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 _____				
Paid Preparer Use Only	Print/Type 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

2022

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **47**

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

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

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	424,037.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	424,037.
4	Number of qualifying children under age 17 with the required social security number ...	4	3
5	Multiply line 4 by \$2,000	5	6,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	6,000.
9	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly - \$400,000 • All other filing statuses - \$200,000 	9	400,000.
10	Subtract line 9 from line 3. <ul style="list-style-type: none"> • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. 	10	25,000.
11	Multiply line 10 by 5% (0.05)	11	1,250.
12	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.	12	4,750.
13	Enter the amount from the Credit Limit Worksheet A	13	74,399.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	14	4,750.

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

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

Schedule 8812 (Form 1040) 2022

Part II-A Additional Child Tax Credit for All Filers

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

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

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

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

Part II-C Additional Child Tax Credit

27 This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28			0.
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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 above \$170,050 (\$340,100 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

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

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

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$170,500 or less (\$340,100 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3		
4 Allocable share of W-2 wages from the trade, business, or aggregation	4		
5 Multiply line 4 by 50% (0.50)	5		
6 Multiply line 4 by 25% (0.25)	6		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7		
8 Multiply line 7 by 2.5% (0.025)	8		
9 Add lines 6 and 8	9		
10 Enter the greater of line 5 or line 9	10		
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11		
12 Phased-in reduction. Enter the amount from line 26, if any	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14		
15 Qualified business income component. Subtract line 14 from line 13	15		
16 Total qualified business income component. Add all amounts reported on line 15	16		

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

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$170,050 but not \$220,050 (\$340,100 and \$440,100 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
17	Enter the amounts from line 3	17		
18	Enter the amounts from line 10	18		
19	Subtract line 18 from line 17	19		
20	Taxable income before qualified business income deduction	20		
21	Threshold. Enter \$170,050 (\$340,100 if married filing jointly)	21		
22	Subtract line 21 from line 20	22		
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23		
24	Phase-in percentage. Divide line 22 by line 23 ...	24	%	
25	Total phase-in reduction. Multiply line 19 by line 24	25		
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26		

Part IV Determine Your Qualified Business Income Deduction

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27			
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions SEE STATEMENT 20	28	335.		
29	Qualified REIT dividends and PTP (loss) carryforward from prior years	29	()		
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30	335.		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31	67.		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32			67.
33	Taxable income before qualified business income deduction	33	369,919.		
34	Net capital gain. See instructions	34	25,976.		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35			343,943.
36	Income limitation. Multiply line 35 by 20% (0.20)	36			68,789.
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37			67.
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38			
39	Total qualified business income deduction. Add lines 37 and 38	39			67.
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40			()

Form **6252**

Installment Sale Income

OMB No. 1545-0228

2022

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Use a separate form for each sale or other disposition of property on the installment method.
Go to www.irs.gov/Form6252 for the latest information.

Attachment
Sequence No. **67**

Name(s) shown on return

Identifying number

BRAD J. & LISA N K. SHERMAN

[REDACTED]

1 Description of property [REDACTED], **PORTER RANCH, CA 91326**

2a Date acquired (mm/dd/yyyy) **12/04/13** b Date sold (mm/dd/yyyy) **08/22/22**

3 Was the property sold to a related party? See instructions. If "Yes," complete Part III for the year of sale and 2 years after the year of the sale unless you received the final payment during the tax year. Yes No

4 Reserved for future use Yes No

Part I Gross Profit and Contract Price. Complete this part for all years of the installment agreement.

5	Selling price including mortgages and other debts. Don't include interest, whether stated or unstated	5	1,470,000.
6	Mortgages, debts, and other liabilities the buyer assumed or took the property subject to	6	
7	Subtract line 6 from line 5	7	1,470,000.
8	Cost or other basis of property sold	8	789,501.
9	Depreciation allowed or allowable	9	
10	Adjusted basis. Subtract line 9 from line 8	10	789,501.
11	Commissions and other expenses of sale	11	108,464.
12	Income recapture from Form 4797, Part III	12	
13	Add lines 10, 11, and 12	13	897,965.
14	Subtract line 13 from line 5. If zero or less, don't complete the rest of this form	14	572,035.
15	If the property described on line 1 above was your main home, enter the amount of your excluded gain. Otherwise, enter -0-	15	250,000.
16	Gross profit. Subtract line 15 from line 14	16	322,035.
17	Subtract line 13 from line 6. If zero or less, enter -0-	17	0.
18	Contract price. Add line 7 and line 17	18	1,470,000.

Part II Installment Sale Income. Complete this part for all years of the installment agreement.

19	Gross profit percentage (expressed as a decimal amount). Divide line 16 by line 18. (For years after the year of sale, see instructions.)	19	.21907
20	If this is the year of sale, enter the amount from line 17. Otherwise, enter -0-	20	0.
21	Payments received during year. Don't include interest, whether stated or unstated	21	812,677.
22	Add lines 20 and 21	22	812,677.
23	Payments received in prior years. Don't include interest, whether stated or unstated	23	
24	Installment sale income. Multiply line 22 by line 19	24	178,033.
25	Enter the part of line 24 that is ordinary income under the recapture rules	25	
26	Subtract line 25 from line 24. Enter here and on Schedule D or Form 4797	26	178,033.

Part III Related Party Installment Sale Income. Don't complete if you received the final payment this tax year.

27 Name, address, and taxpayer identifying number of related party

28 Did the related party resell or dispose of the property ("second disposition") during this tax year? Yes No

29 If the answer to question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions is met.

Check the box that applies.

- a The second disposition was more than 2 years after the first disposition (other than dispositions of marketable securities). If this box is checked, enter the date of disposition (mm/dd/yyyy)
- b The first disposition was a sale or exchange of stock to the issuing corporation.
- c The second disposition was an involuntary conversion and the threat of conversion occurred after the first disposition.
- d The second disposition occurred after the death of the original seller or buyer.
- e It can be established to the satisfaction of the IRS that tax avoidance wasn't a principal purpose for either of the dispositions. If this box is checked, attach an explanation.

30	Selling price of property sold by related party	30	
31	Enter contract price from line 18 for year of first sale	31	
32	Enter the smaller of line 30 or line 31	32	
33	Total payments received by the end of your 2022 tax year	33	
34	Subtract line 33 from line 32. If zero or less, enter -0-	34	
35	Multiply line 34 by the gross profit percentage on line 19 for year of first sale	35	
36	Enter the part of line 35 that is ordinary income under the recapture rules	36	
37	Subtract line 36 from line 35. Enter here and on Schedule D or Form 4797	37	

Paid Preparer's Due Diligence Checklist

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

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

2022

Attachment
 Sequence No. **70**

Taxpayer name(s) shown on return BRAD J. & LISA N K. SHERMAN	Taxpayer identification number [REDACTED]
Preparer's name [REDACTED]	Preparer tax identification number [REDACTED]

Part I Due Diligence Requirements

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

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)			
	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)			
	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)		
	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)		
	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification		
You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:		
<ul style="list-style-type: none"> A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s); B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed; C. Submit Form 8867 in the manner required; and D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under <i>Document Retention</i>. <ul style="list-style-type: none"> 1. A copy of this Form 8867. 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed. 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s). 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained. 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s). 		
If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).		
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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, 1040-PR, or 1040-SS.
 Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return BRAD J. & LISA N K. SHERMAN	Your social security number [REDACTED]
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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	1	321,757.		
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	321,757.		
5 Enter the following amount for your filing status:				
Married filing jointly \$250,000				
Married filing separately \$125,000				
Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000.		
6 Subtract line 5 from line 4. If zero or less, enter -0-	6			71,757.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7			646.

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- (Form 1040-PR or 1040-SS filers, see instructions.)	8			
9 Enter the following amount for your filing status:				
Married filing jointly \$250,000				
Married filing separately \$125,000				
Single, Head of household, or Qualifying surviving spouse \$200,000	9			
10 Enter the amount from line 4	10			
11 Subtract line 10 from line 9. If zero or less, enter -0-	11			
12 Subtract line 11 from line 8. If zero or less, enter -0-	12			
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13			

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

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

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	18			646.
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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	19	4,665.		
20 Enter the amount from line 1	20	321,757.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	4,665.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22			0.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23			
24 Total Additional Medicare Tax withholding. 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-PR or 1040-SS filers, see instructions)	24			

Net Investment Income Tax - Individuals, Estates, and Trusts

2022

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Attachment
Sequence No. **72**

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)		1	91,794.
2 Ordinary dividends (see instructions)		2	19,400.
3 Annuities (see instructions)		3	
4a Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a		
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c Combine lines 4a and 4b		4c	
5a Net gain or loss from disposition of property (see instructions)	5a		10,821.
b Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d Combine lines 5a through 5c		5d	10,821.
6 Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7 Other modifications to investment income (see instructions) SEE STATEMENT 21		7	326.
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	122,341.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a Investment interest expenses (see instructions)	9a		
b State, local, and foreign income tax (see instructions)	9b		2,263.
c Miscellaneous investment expenses (see instructions)	9c		
d Add lines 9a, 9b, and 9c		9d	2,263.
10 Additional modifications (see instructions)		10	
11 Total deductions and modifications. Add lines 9d and 10		11	2,263.

Part III Tax Computation

12 Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-		12	120,078.
Individuals:			
13 Modified adjusted gross income (see instructions)	13		424,037.
14 Threshold based on filing status (see instructions)	14		250,000.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15		174,037.
16 Enter the smaller of line 12 or line 15		16	120,078.
17 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	4,563.
Estates and Trusts:			
18a Net investment income (line 12 above)	18a		
b Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a Adjusted gross income (see instructions)	19a		
b Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20 Enter the smaller of line 18c or line 19c		20	
21 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	

LHA 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

1 Taxable interest		1	1,158.
2 Ordinary dividends		2	17,442.
3 Annuities from nonqualified plans		3	
4a Rental real estate, royalties, partnerships, S corporations, trusts, etc.	4a		
b Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business	4b		
c Combine lines 4a and 4b		4c	
5a Net gain or loss from disposition of property	5a		10,821.
b Net gain or loss from disposition of property that is not subject to net investment income tax	5b		
c Adjustment from disposition of partnership interest or S corporation stock	5c		
d Combine lines 5a through 5c		5d	10,821.
6 Changes in investment income for certain CFCs and PFICs		6	
7 Other modifications to investment income		7	
8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	29,421.

Part II State Income Tax Pro-ration for 2022 Income Tax Payments

9 State total income		9	331,443.
10 State income tax payments for 2022	SEE STATEMENT 22		25,491.
11 2022 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10		11	2,263.

Part III State Income Tax Pro-ration for 2021 Estimate Payments Made in 2022

12 State estimate payments for 2021		12	
13 Percent of state income taxes attributable to investment income for 2021		13	.050828
14 2021 state estimate payments attributable to investment income. Line 12 times line 13		14	

Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2022

15 Balance of prior years tax plus extension payments paid in 2022		15	
16 Percent of state income taxes attributable to investment income for 2021		16	.050828
17 Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16		17	

Part V Reduction of State Tax Deduction

18 Reduction of state tax deduction		18	()
19 Percent of state income taxes attributable to investment income for 2021		19	
20 Reduction of state tax deduction attributable to investment income. Line 18 times line 19		20	()

Part VI Total State Income Tax Payments Attributable to Investment Income

21 Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2		21	2,263.
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Noncash Charitable Contributions

Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over \$500 for all contributed property.
Go to www.irs.gov/Form8283 for instructions and the latest information.

Name(s) shown on your income tax return

Identifying number

BRAD J. & LISA N K. SHERMAN

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities - List in this section **only** an item (or a group of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities and certain other property even if the deduction is more than \$5,000. See instructions.

Part I Information on Donated Property - If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle, check the box. Also enter the vehicle identification number (unless Form 1098-C is attached)	(c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.)
A		<input type="checkbox"/>	
B		<input type="checkbox"/>	
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

A	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A						
B						
C						
D						
E						

Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities, Vehicles, Intellectual Property or Inventory Reportable in Section A) - Complete this section for one item (or a group of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions reportable in Section A). Provide a separate form for each item donated unless it is part of a group of similar items. A qualified appraisal is generally required for items reportable in Section B. See instructions.

Part I Information on Donated Property

2 Check the box that describes the type of property donated.

- | | | |
|--|--|--|
| a <input type="checkbox"/> Art* (contribution of \$20,000 or more) | e <input type="checkbox"/> Other Real Estate | i <input type="checkbox"/> Vehicles |
| b <input type="checkbox"/> Qualified Conservation Contribution | f <input type="checkbox"/> Securities | j <input checked="" type="checkbox"/> Clothing and household items |
| c <input type="checkbox"/> Equipment | g <input type="checkbox"/> Collectibles** | k <input type="checkbox"/> Other |
| d <input type="checkbox"/> Art* (contribution of less than \$20,000) | h <input type="checkbox"/> Intellectual Property | |

*Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

**Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

Note: In certain cases, you must attach a qualified appraisal of the property. See instructions.

3	(a) Description of donated property (if you need more space, attach a separate statement)	(b) If any tangible personal property or real property was donated, give a brief summary of the overall physical condition of the property at the time of the gift	(c) Appraised fair market value
A	4 ROOMS FULL OF FURNITURE	GOOD	1,500.
B	WASHER & DRYER	GOOD	350.
C	53 BOXES OF CLOTHING/JEWELRY	GOOD	1,800.

A	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	(h) Amount claimed as a deduction (see instructions)	(i) Date of contribution (see instructions)
A	10/20	INHERITANCE	20,000.			03/23/22
B	10/20	INHERITANCE	2,500.			03/24/22
C	10/20	INHERITANCE	10,000.			04/16/22

Name(s) shown on your income tax return

Identifying number

BRAD J. & LISA N K. SHERMAN

Part II Partial Interests and Restricted Use Property (Other Than Qualified Conservation Contributions) - Complete lines 4a through 4e if you gave less than an entire interest in a property listed in Section B, Part I. Complete lines 5a through 5c if conditions were placed on a contribution listed in Section B, Part I; also attach the required statement. See instructions.

- 4 a Enter the letter from Section B, Part I that identifies the property for which you gave less than an entire interest If Section B, Part II applies to more than one property, attach a separate statement.
b Total amount claimed as a deduction for the property listed in Section B, Part I: (1) For this tax year (2) For any prior tax years
c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization in Section B, Part V, below):
Name of charitable organization (donee)
Address (number, street, and room or suite no.)
City or town, state, and ZIP code
d For tangible property, enter the place where the property is located or kept
e Name of any person, other than the donee organization, having actual possession of the property

Table with 2 columns: Question, Yes, No. Contains questions 5a, 5b, and 5c regarding restrictions on donated property.

Part III Taxpayer (Donor) Statement - List each item included in Section B, Part I above that the appraisal identifies as having a value of \$500 or less. See instructions.

I declare that the following item(s) included in Section B, Part I above has to the best of my knowledge and belief an appraised value of not more than \$500 (per item). Enter identifying letter from Section B, Part I and describe the specific item. See instructions.

Signature of taxpayer (donor) Date

Part IV Declaration of Appraiser

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons. Also, I declare that I perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). I understand that my appraisal will be used in connection with a return or claim for refund. I also understand that, if there is a substantial or gross valuation misstatement of the value of the property claimed on the return or claim for refund that is based on my appraisal, I may be subject to a penalty under section 6695A of the Internal Revenue Code, as well as other applicable penalties. I affirm that I have not been at any time in the three-year period ending on the date of the appraisal barred from presenting evidence or testimony before the Department of the Treasury or the Internal Revenue Service pursuant to 31 U.S.C. 330(c).

Sign Here Appraiser signature Date Appraiser name Title

Business address (including room or suite no.) Identifying number

City or town, state, and ZIP code

Part V Donee Acknowledgment

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date 04/16/22

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file Form 8282, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use? Yes No

Name of charitable organization (donee) Employer identification number

HOPE OF THE VALLEY City or town, state, and ZIP code

Address (number, street, and room or suite no.) MISSION HILLS, CA 91346

Authorized signature Title Date

PROPERTY KNOWN AS [REDACTED] WAS PRINCIPAL RESIDENCE OF CONGRESSMAN BRAD SHERMAN. HE MET RESIDENCY REQUIREMENTS DURING THE FIVE YEARS PRIOR TO SALE. HIS WIFE, LISA, MAY NOT QUALIFY FOR FULL RESIDENCY DURING THIS PERIOD, SO THIS RETURN ONLY TAKES A \$250,000 EXCLUSION.

[REDACTED] WAS CONGRESSMAN SHERMAN'S PRIMARY RESIDENCE FROM JULY 15, 2013, TO APRIL 17, 2022. DURING THIS TIME, THE PROPERTY WAS HIS PRIMARY ADDRESS FOR TAX AND VOTING PURPOSES. THROUGHOUT THIS PERIOD, HE HAD A CALIFORNIA DRIVER'S LICENSE, WAS REGISTERED TO VOTE IN CALIFORNIA, AND PAID CA INCOME TAX. UNDER US CONSTITUTION, ART. 1, SECT. 1, CL. 2, HE IS A CALIFORNIA RESIDENT. PER SECTION 162(A), CONGRESSMEMBER'S HOME IS IN HIS OR HER DISTRICT. HE SPENDS A LOT OF TIME IN D.C. TO FULFILL HIS CONGRESSIONAL DUTIES AND WORK WITH STAFF. ALL CARS OWNED BY THE TAXPAYER ARE REGISTERED IN CALIFORNIA, INCLUDING THOSE USED IN DC. DUE TO SECURITY CONCERNS, CONGRESSMAN SHERMAN SEEKS TO LIMIT THOSE WHO KNOW HIS PERSONAL ADDRESS, SO HE RECIEVES MAIL THROUGH A PRIVATE POSTAL BOX CLOSE TO HIS HOME. THE PROPERTY IS CLOSE TO HIS DISTRICT OFFICE, HIS BANK, AND WAS CLOSE TO THE HOME OF HIS MOTHER UNTIL HER DEATH IN 2020. IT IS CLOSE TO THE SYNAGOGUE HE HAS BEEN A MEMBER OF SINCE 1995.

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	142,394.	59,123.	14,869.		9,114.	2,456.
S US DEPT OF STATE	126,083.	21,346.	7,706.		9,114.	2,209.
TOTALS	268,477.	80,469.	22,575.		18,228.	4,665.

FORM 1040	TAX-EXEMPT INTEREST	STATEMENT	3
NAME OF PAYER		AMOUNT	
MERRILL LYNCH		5,910.	
VANGUARD CA IT TAX-EXEMPT ADMIRAL		1,573.	
FROM K-1 - LANE M SHERMAN FAMILY TRUST		131.	
TOTAL TO FORM 1040, LINE 2A		7,614.	

FORM 1040	QUALIFIED DIVIDENDS	STATEMENT	4
NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS	
MERRILL LYNCH	10,731.	8,618.	
VANGUARD 500 INDEX FUND ADM	3,897.	3,897.	
VANGUARD TOTAL STOCK MKT IDX ADM	2,763.	2,592.	
FROM K-1 - LANE M SHERMAN FAMILY TRUST	66.	48.	
TOTAL INCLUDED IN FORM 1040, LINE 3A		15,155.	

FORM 1040	PENSIONS AND ANNUITIES	STATEMENT	5
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LEGISLATORS' RETIREMENT SYSTEM

AMOUNT RECEIVED THIS YEAR	33,594.	
NONTAXABLE AMOUNT	49.	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		33,545.
TOTAL INCLUDED IN FORM 1040, LINE 5B		33,545.

FORM 1040	TAX	STATEMENT	6
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DESCRIPTION	AMOUNT
FROM QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET	74,399.
TOTAL TO FORM 1040, LINE 16	74,399.

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) W-2	STATEMENT	7
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T S DESCRIPTION	AMOUNT
T HOUSE OF REP-MEMBERS SERVICES	59,123.
S US DEPT OF STATE	21,346.
TOTAL TO FORM 1040, LINE 25A	80,469.

FORM 1040	CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT	8
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DESCRIPTION	AMOUNT
1ST QTR ESTIMATE PAYMENT - JOINT	701.
2ND QTR ESTIMATE PAYMENT - JOINT	865.
3RD QTR ESTIMATE PAYMENT - JOINT	817.
4TH QTR ESTIMATE PAYMENT - JOINT	805.
TOTAL TO FORM 1040, LINE 26	3,188.

FORM 1040 FEDERAL INCOME TAX WITHHELD - FORM(S) 1099 STATEMENT 9

T S DESCRIPTION	AMOUNT
T LEGISLATORS' RETIREMENT SYSTEM	9,894.
TOTAL TO FORM 1040, LINE 25B	9,894.

SCHEDULE 1 STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 10

	2021	2020	2019
	CALIFORNIA		
GROSS STATE/LOCAL INC TAX REFUNDS	6,422.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS CALIFORNIA	6,422.		
	DISTRICT OF CO		
GROSS STATE/LOCAL INC TAX REFUNDS	806.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS DISTRICT OF CO	806.		
TOTAL NET TAX REFUNDS	7,228.		

SCHEDULE 1		TAXABLE STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT 11
		2019	2020	2021
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.				7,228.
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION				
1	NET REFUNDS FOR RECALCULATION		0.	7,228.
2	AMOUNT FROM PRIOR YEAR SCHEDULE A, LINE 5E			10,000.
3	TOTAL OF PRIOR YEAR SCHEDULE A, LINES 5B AND 5C			14,733.
4	SUBTRACT LINE 3 FROM LINE 2 IF ZERO OR LESS, STOP HERE NONE OF YOUR REFUND IS TAXABLE	0.	0.	-4,733.
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 2019				
TOTAL TO SCHEDULE 1, LINE 1				

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 12
DESCRIPTION		AMOUNT
LEGISLATORS' RETIREMENT SYSTEM		4,200.
HOUSE OF REP-MEMBERS SERVICES		14,869.
US DEPT OF STATE		7,706.
CALIFORNIA PRIOR YEAR OVERPAYMENT APPLIED		6,422.
TOTAL TO SCHEDULE A, LINE 5A		33,197.

SCHEDULE A	MEDICAL AND DENTAL EXPENSES	STATEMENT 13
DESCRIPTION		AMOUNT
PRESCRIPTION MEDICINES AND DRUGS		20,708.
MEDICAL INSURANCE PREMIUMS PAID		646.
INSURANCE REIMBURSEMENT		-15,443.
TRANSPORTATION		145.
LAB FEES		1,020.
MEDICAL SAVINGS REIMBURSEMENT		-8,450.
PARKING		108.
DOCTORS, DENTISTS, AUTISM PROFESSIONALS		47,354.
TRANSPORTATION - POST-JUNE 30		181.
TOTAL TO SCHEDULE A, LINE 1		46,269.

SCHEDULE B	AMORTIZABLE BOND PREMIUM ADJUSTMENT	STATEMENT 14
NAME OF PAYER		AMOUNT
MERRILL LYNCH		6,665.
TOTAL ABP ADJUSTMENT TO SCHEDULE B, LINE 1		6,665.



SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824	STATEMENT 15
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DESCRIPTION OF PROPERTY	GAIN OR LOSS	28% GAIN
INSTALLMENT SALE NO. 1	178,033.	
TOTAL TO SCHEDULE D, PART II, LINE 11	178,033.	

SCHEDULE D	CAPITAL GAIN DISTRIBUTIONS	STATEMENT 16
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NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
MERRILL LYNCH	1,478.	
TOTALS TO SCHEDULE D, LINE 13	1,478.	

 SCHEDULE E INCOME OR (LOSS) FROM ESTATES AND TRUSTS STATEMENT 17

NAME	EMPLOYER ID NO.	PASSIVE LOSS	PASSIVE INCOME	NONPASSIVE LOSS	NONPASSIVE INCOME
SARAH SCHARF LIVING TRUST	* [REDACTED]		0.		
MAURICE H SHERMAN TRUST	* [REDACTED]		0.		
MARGARET S MOSS IRREV TR 021897	* [REDACTED]		0.		
LANE M SHERMAN FAMILY TRUST	[REDACTED]		0.		
TOTALS TO SCHEDULE E, LINE 34			0.		

* ENTIRE DISPOSITION OF PASSIVE ACTIVITY



FORM 6251 INTEREST FROM SPECIFIED PRIVATE ACTIVITY BONDS STATEMENT 18

DESCRIPTION	AMOUNT
MERRILL LYNCH	756.
TOTAL TO FORM 6251, LINE 2G	756.

SCHEDULE 8812

CREDIT LIMIT WORKSHEET A

STATEMENT 19

1. ENTER THE AMOUNT FROM LINE 18 OF FORM 1040 OR FORM 1040-NR 74,399.

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 6D
 SCHEDULE 3, LINE 6E
 SCHEDULE 3, LINE 6F
 SCHEDULE 3, LINE 6L
 FORM 5695, LINE 30
 ENTER THE TOTAL

3. SUBTRACT LINE 2 FROM LINE 1 74,399.

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
- C. DISTRICT OF COLUMBIA FIRST-TIME HOMEBUYER CREDIT, FORM 8859

3. YOU ARE NOT FILING FORM 2555

4. 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. 74,399.

FORM 8995-A

QUALIFIED REIT DIVIDENDS AND PTP INCOME

STATEMENT 20

NAME OF ENTITY/ACTIVITY

REIT DIVIDENDS

PTP INCOME

MERRILL LYNCH
 VANGUARD TOTAL STOCK MKT IDX ADM

212.

123.

TOTAL TO FORM 8995-A, LINE 28

335.



FORM 8960	OTHER MODIFICATIONS TO INVESTMENT INCOME	STATEMENT 21
AMOUNT FROM LINE 7 WORKSHEET, LINE 13 FOR CA	326.	
TOTAL RECOVERY OF PRIOR YEAR FORM 8960, LINE 9B	326.	326.
AMOUNT TO FORM 8960, LINE 7		326.

FORM 8960	STATE INCOME TAX PAYMENTS	STATEMENT 22
CALIFORNIA		
DESCRIPTION		AMOUNT
HOUSE OF REP-MEMBERS SERVICES		14,869.
LEGISLATORS' RETIREMENT SYSTEM		4,200.
ESTIMATE OR PRIOR YEAR OVERPAYMENT		6,422.
TOTAL TO STATE FORM 8960, LINE 10		25,491.

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **12**

Name(s) shown on return

BRAD J. & LISA N K. SHERMAN

Your social security number

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	2,078,123.	2,126,065.		<47,942.>
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 <47,942.>

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	1,729,331.	1,809,079.		<79,748.>
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	291,940.	332,940.		<41,000.>
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11 178,033.
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 1,478.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on page 2				15 58,763.

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

Schedule D (Form 1040) 2022

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p>	16	10,821.
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
<p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet(see instructions), enter the amount, if any, from line 7 of that worksheet</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	()
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

BRAD J. & LISA N K. SHERMAN

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.
Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	15780.110 SH - BLACKROCK MUNIHDS CA QLT	VARIOUS	04/14/22	188,674.	213,631.			<24,957.>
	1000.000 SH - BLACKROCK TAXABLE MUNICIPAL	08/26/10	11/03/22	16,635.	19,669.			<3,034.>
	1000.000 SH - GUGGENHEIM TAXABLE MUNICIPAL	10/26/10	11/03/22	15,525.	19,627.			<4,102.>
	7241.469 SH - AB MUNI INCOME FUND CA	VARIOUS	11/03/22	71,106.	80,013.			<8,907.>
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)			291,940.	332,940.			<41,000.>

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