▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 04/15/2025

2025 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2025 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order. . . . . ►	2,303.

REV 05/23/25 INTUIT.CG.CFP.SP 1555

282-88-5208
BRIAN MAIDEN

5827 BRIARWOOD LN
SOLON OH 44139-2306

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

282885208 TV MAID 30 0 202512 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 06/16/2025

2025 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2025 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order. . . . . ►	2,303.

REV 05/23/25 INTUIT.CG.CFP.SP 1555

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 09/15/2025

2025 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2025 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order. . . . . ►	2,303.

REV 05/23/25 INTUIT.CG.CFP.SP 1555

282-88-5208
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SOLON OH 44139-2306

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PO BOX 802502
CINCINNATI OH 45280-2502

282885208 TV MAID 30 0 202512 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 01/15/2026

2025 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2025 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order. . . . . ►	2,303.

REV 05/23/25 INTUIT.CG.CFP.SP 1555

282-88-5208
BRIAN MAIDEN

5827 BRIARWOOD LN
SOLON OH 44139-2306

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

282885208 TV MAID 30 0 202512 430

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

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

Your first name and middle initial	Last name	Your social security number
Brian	Maiden	282 88 5208
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
5827 Briarwood Ln

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
Solon OH 441392306

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

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

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

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

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

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

Dependents (see instructions): If more than four dependents, see instructions and check here . . ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	96,163.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	0.
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	96,163.

Attach Sch. B if required.

2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	96,163.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	96,163.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	14,600.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	14,600.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	81,563.

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

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____		16	13,000.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	13,000.
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	13,000.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	0.
	24	Add lines 22 and 23. This is your **total tax**		24	13,000.
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 3,790.		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	3,790.
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return		26	
	27	Earned income credit (EIC) No	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	3,790.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐		35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X c Type: ☐ Checking ☐ Savings			
	d	Account number X X X X X X X X X X X X X X X X X			
	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	9,608.
	38	Estimated tax penalty (see instructions)	38 398.		

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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Collections Specialist	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (440)773-3969	Email address		

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

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name Self-Prepared			Phone no.	
Firm's address			Firm's EIN	

Do not staple or paper clip.

Department of Taxation

2024 Ohio IT 1040

Individual Income Tax Return

Use only black ink/UPPERCASE letters. Use whole dollars only.

24000133

Sequence No. 1

07 09 25

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 282 88 5208 ✔ If deceased

Spouse's SSN (if filing jointly) ✔ If deceased

School district # 1828

First name BRIAN

M.I. Last name MAIDEN

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box
5827 BRIARWOOD LN

Address line 2 (apartment number, suite number, etc.)

City SOLON

State OH

ZIP code 44139

Ohio county (first four letters) CUYA

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status – Check only one for primary *Indicate state

X Resident | Part-year resident* | Nonresident*

Check only one for spouse (if filing jointly) *Indicate state

Resident | Part-year resident* | Nonresident*

Filing Status – Check one (as reported on federal income tax return)

X Single, head of household or qualifying surviving spouse

Married filing jointly

Spouse's SSN

Married filing separately

Ohio Nonresident Statement – See instructions for required criteria

Primary meets the five criteria for irrebuttable presumption as nonresident.

Spouse meets the five criteria for irrebuttable presumption as nonresident.

Federal extension filers - check here.

If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

1. **Federal adjusted gross income** (federal 1040 or 1040-SR, line 11). Place a "-" in the box if negative	1.	96163
2a. Additions – Ohio Schedule of Adjustments, line 12 (**include schedule**)	2a.	
2b. Deductions – Ohio Schedule of Adjustments, line 46 (**include schedule**)	2b.	59412
3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative	3.	36751
4. Exemption amount (**include Schedule of Dependents** if applicable) Number of exemptions including you and your spouse/dependents, if applicable: 1	4.	2400
5. Ohio income tax base (line 3 minus line 4; if negative, enter zero)	5.	34351
6. Taxable business income – Ohio Schedule of Business Income, line 15 (**include schedule**)	6.	
7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero)	7.	34351

MM-DD-YY

2024 Ohio IT 1040

Individual Income Tax Return

SSN: 282 88 5208

24000233 Sequence No. **2**

7a.	Amount from line 7 on page 1	34351
8a.	Nonbusiness income tax liability on line 7a (see **tax.ohio.gov/taxcalculator** or see the instructions for the tax brackets)	589
8b.	Business income tax liability – Ohio Schedule of Business Income, line 16 (**include schedule**)	
8c.	Income tax liability before credits (line 8a plus line 8b)	589
9.	Ohio nonrefundable credits – Ohio Schedule of Credits, line 39 (**include schedule**)	
10.	Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	589
11.	Interest penalty on underpayment of estimated tax (**include Ohio IT/SD 2210**)	
12.	Unpaid use tax (see instructions)	
13.	**Total Ohio tax liability** before withholding or estimated payments (add lines 10, 11 and 12)	589
14.	Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (**include schedule and income statements**)	2239
15.	Estimated and extension payments, and credit carryforward from last year's return	
16.	Refundable credits – Ohio Schedule of Credits, line 46 (**include schedule**)	
17.	**Amended return only** – amount previously paid with original and/or amended return	
18.	**Total Ohio tax payments** (add lines 14, 15, 16 and 17)	2239
19.	**Amended return only** – overpayment previously requested on original and/or amended return	
20.	Line 18 minus line 19. Place a "-" in the box if negative	2239

If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.

21.	Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	
22.	Interest due on late payment of tax (see instructions)	
23.	**TOTAL AMOUNT DUE** (line 21 plus line 22). Pay electronically at **tax.ohio.gov/pay** or include the Ohio Universal Payment Coupon (OUPC) and your check **AMOUNT DUE** ▸	
24.	Overpayment (line 20 minus line 13)	1650
25.	**Original return only** – portion of line 24 carried forward to next year's tax liability	
26.	**Original return only** – portion of line 24 you wish to donate:	

a. Breast/Cervical Cancer b. Wishes for Sick Children c. Wildlife Species

d. Military Injury Relief e. Ohio History Fund f. Nature Preserves/Scenic Rivers Total....26g.

27.	**REFUND** (line 24 minus lines 25 and 26g) **YOUR REFUND** ▸	1650

Sign Here (required): I declare under penalties of perjury that this return or claim (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return and report.

▸ Primary signature _____ Phone number (440)773-3969

▸ Spouse's signature _____ Date _____

Preparer's printed name SELF-PREPARED Phone number _____

Authorize your preparer to discuss this return Non-paid preparer PTIN: P

If your refund is $1.00 or less, no refund will be issued. If you owe $1.00 or less, no payment is necessary.

NO Payment Included – Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

Payment Included – Mail to:
Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057

Department of Taxation

2024 Ohio Schedule of Adjustments

Use only black ink. Use whole dollars only.

24000333

Primary taxpayer's SSN

07 09 25 282 88 5208

Sequence No. **3**

Additions

1. Non-Ohio state or local government interest and dividends ..... 1.
2. Ohio pass-through entity taxes excluded from federal adjusted gross income ..... 2.
3. Taxes paid to another state or District of Columbia related to IRS notice 2020-75 ..... 3.
4. 529 plan funds used for non-qualified expenses ..... 4.
5. Losses from sale or disposition of Ohio public obligations ..... 5.
6. Nonmedical withdrawals from a medical savings account ..... 6.
7. Reimbursement of expenses previously deducted on an Ohio income tax return ..... 7.
8. Ineligible withdrawals from an Ohio Homebuyer Plus account ..... 8.

Federal

9. Internal Revenue Code 168(k) and 179 depreciation expense add-back ..... 9.
10. Exempt federal interest and dividends subject to state taxation ..... 10.
11. Federal conformity additions ..... 11.
12. **Total additions** (add lines 1 through 11 ONLY). Enter here and on Ohio IT 1040, line 2a ..... 12.

Deductions

13. Business income deduction – Ohio Schedule of Business Income, line 13 ..... 13.
14. Employee compensation earned in Ohio by residents of neighboring states ..... 14.
15. Taxable refunds, credits, or offsets of state and local income taxes (federal 1040, Schedule 1, line 1) ..... 15.
16. Taxable Social Security benefits (federal 1040 and 1040-SR, line 6b) ..... 16.
17. Certain railroad benefits ..... 17.
18. Interest income from Ohio public obligations and purchase obligations; gains from the disposition of Ohio public obligations; or income from a transfer agreement ..... 18.
19. Amounts contributed to an Ohio county's individual development account program ..... 19.
20. Amounts contributed to a STABLE account: Ohio's ABLE plan ..... 20.
21. Income earned in Ohio by a qualifying out-of-state business or employee for disaster work conducted during a disaster response period ..... 21.
22. Certain payments related to the East Palestine train derailment ..... 22.
23. Ohio adoption grant program payments received from the Ohio Department of Children and Youth (ODCY) ..... 23.
24. Amounts contributed to and interest earned on an Ohio Homebuyer Plus account ..... 24.

2024 Ohio Schedule of Adjustments

SSN: 282 88 5208

24000433

Sequence No. 4

Federal

25. Federal interest and dividends exempt from state taxation ..... 25.

26. Deduction of prior year 168(k) and 179 depreciation add-backs ..... 26.

27. Refund or reimbursements from the federal 1040, Schedule 1, line 8z for federal itemized deductions claimed on a prior year return ..... 27.

28. Repayment of income reported in a prior year ..... 28.

29. Wage expense not deducted based on the federal work opportunity tax credit ..... 29.

30. Federal conformity deductions ..... 30.

Uniformed Services

31. Military pay received by Ohio residents while stationed outside Ohio ..... 31.

32. Compensation earned by nonresident military servicemembers and their civilian spouses ..... 32.

33. Uniformed services retirement income ..... 33.

34. Military injury relief fund grants and veteran's disability severance payments ..... 34.

35. Certain Ohio National Guard reimbursements and benefits ..... 35.

Education

36. Amounts contributed to a 529 Plan ..... 36.

37. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board ..... 37.

38. Ohio educator expenses in excess of federal deduction ..... 38.

39. Income attributable to loan repayments by the Ohio Department of Higher Education under the rural practice incentive program ..... 39.

40. Grant program payments made by the Ohio Department of Higher Education on behalf of adopted students ... 40.

Medical

41. Disability benefits ..... 41.

42. Survivor benefits ..... 42.

43. Unreimbursed medical and health care expenses (see instructions for worksheet; **include a copy**) 43. 59412

44. Medical savings account contributions/earnings (see instructions for worksheet; **include a copy**) ..... 44.

45. Qualified organ donor expenses ..... 45.

46. **Total deductions** (add lines 13 through 45 ONLY). Enter here and on Ohio IT 1040, line 2b 46. 59412

Department of Taxation

2024 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters. Use whole dollars only.

24350133

Primary taxpayer's SSN

Sequence No. **11**

07 09 25 282 88 5208

List your and your spouse's (if filing jointly) income statements **only if they have Ohio withholding**. In the "P/S" box, if the income statement belongs to the primary taxpayer, enter "P"; if the income statement belongs to the spouse, enter "S". If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies of this schedule if necessary. **Include state copies of your income statements.**

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040 ..... 1. 2239

Part B - W-2s

	P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
1.	P	363157194	96163	3790
		Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		54040291	96163	2239
2.	P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
3.	P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4.	P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5.	P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6.	P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7.	P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax

REV 04/23/25 INTUIT.CG.CFP.SP

2024 Schedule of Ohio Withholding

SSN: 282 88 5208

24350233

Sequence No. **12**

Part C - 1099-Rs

1. P/S Payer's TIN | Box 1 - Gross distribution | Total distribution | Box 7 - Distribution code
   Box 15 - Payer's Ohio number | Box 4 - Federal income tax withheld | Box 14 - Ohio tax withheld

2. P/S Payer's TIN | Box 1 - Gross distribution | Total distribution | Box 7 - Distribution code
   Box 15 - Payer's Ohio number | Box 4 - Federal income tax withheld | Box 14 - Ohio tax withheld

3. P/S Payer's TIN | Box 1 - Gross distribution | Total distribution | Box 7 - Distribution code
   Box 15 - Payer's Ohio number | Box 4 - Federal income tax withheld | Box 14 - Ohio tax withheld

4. P/S Payer's TIN | Box 1 - Gross distribution | Total distribution | Box 7 - Distribution code
   Box 15 - Payer's Ohio number | Box 4 - Federal income tax withheld | Box 14 - Ohio tax withheld

Part D - W-2Gs

1. P/S Payer's TIN | Box 1 - Reportable winnings | Box 4 - Federal income tax withheld
   Box 13 - Payer's Ohio ID number | Box 14 - Ohio winnings | Box 15 - Ohio income tax withheld

2. P/S Payer's TIN | Box 1 - Reportable winnings | Box 4 - Federal income tax withheld
   Box 13 - Payer's Ohio ID number | Box 14 - Ohio winnings | Box 15 - Ohio income tax withheld

3. P/S Payer's TIN | Box 1 - Reportable winnings | Box 4 - Federal income tax withheld
   Box 13 - Payer's Ohio ID number | Box 14 - Ohio winnings | Box 15 - Ohio income tax withheld

Part E - 1099-NECs

1. P/S Payer's TIN | Box 1 - Nonemployee compensation | Box 4 - Federal income tax withheld
   Box 6 - Payer's Ohio number | Box 7 - Ohio income | Box 5 - Ohio tax withheld

2. P/S Payer's TIN | Box 1 - Nonemployee compensation | Box 4 - Federal income tax withheld
   Box 6 - Payer's Ohio number | Box 7 - Ohio income | Box 5 - Ohio tax withheld

REV 04/23/25 INTUIT.CG.CFP.SP

10211411

BRIAN MAIDEN 282 88 5208

Unreimbursed Medical Care Expenses Worksheet (Ohio Schedule of Adjustments, Line 43)

Only include amounts you paid for yourself, your spouse, and your dependents.

1. Enter amounts paid for unreimbursed dental, vision, and health insurance premiums during any portion of the year in which you were **not** eligible for Medicare or an employer-paid health care plan through your or your spouse's employer	1.	0 00
2. Enter amounts paid for unreimbursed long-term care insurance premiums	2.	4 812 00
3. Enter amounts paid for unreimbursed dental, vision, and health insurance premiums during any portion of the year in which you **were** eligible for Medicare or an employer-paid health care plan through your or your spouse's employee	3.	0 00
4. Enter amounts paid for medical care during the year (exclude insurance premiums)	4.	61 812 00
5. Add lines 3 and 4	5.	61 812 00
6. Enter your federal AGI (Ohio IT 1040, line 1). If less than zero, enter zero	6.	96 163 00
7. Line 6 times 7.5% (0.075)	7.	7 212 00
8. Line 5 minus line 7. If less than zero, enter zero	8.	54 600 00
9. Add lines 1, 2, and 8. Enter on Ohio Schedule of Adjustments, line 43	9.	59 412 00

Note: Reduce amounts reported on lines 1-3 by any related premium refunds, reimbursements, or dividends received during the year.

Medical Savings Account Worksheet (Ohio Schedule of Adjustments, Lines 6 and 44)

1. Enter the lesser of $5,846 or your contributions* to a medical savings account (MSA) during the tax year	1.	0 00
2. If filing jointly, enter the lesser of $5,846 or your spouse's contributions* to an MSA during the tax year	2.	
3. Enter any investment earnings from your MSA included in your federal AGI	3.	
4. Add lines 1, 2, and 3	4.	0 00
5. Enter any withdrawals from your MSA used for nonmedical purposes	5.	
6. If line 5 is less than line 4, line 4 minus line 5. Enter on Ohio Schedule of Adjustments, line 44	6.	
7. If line 4 is less than line 5, line 5 minus line 4. Enter on Ohio Schedule of Adjustments, line 6	7.	

*Do not include amounts reported on your federal 1040, Schedule 1, line 13.

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

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

Your first name and middle initial	Last name	Your social security number
Brian	Maiden	282 88 5208
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
5827 Briarwood Ln

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
Solon OH 441392306

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

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

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

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

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

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

Dependents (see instructions): If more than four dependents, see instructions and check here . . ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	96,163.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	0.
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	96,163.

Attach Sch. B if required.

2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	96,163.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	96,163.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	14,600.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	14,600.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	81,563.

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

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____		16	13,000.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	13,000.
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	13,000.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	0.
	24	Add lines 22 and 23. This is your **total tax**		24	13,000.
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 3,790.		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	3,790.
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return		26	
	27	Earned income credit (EIC) No	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	3,790.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐		35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X c Type: ☐ Checking ☐ Savings			
	d	Account number X X X X X X X X X X X X X X X X			
	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	9,608.
	38	Estimated tax penalty (see instructions)	38 398.		

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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Collections Specialist	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (440)773-3969	Email address		

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

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name Self-Prepared			Phone no.	
Firm's address			Firm's EIN	