

James R Sommerville, CPA, PLLC
7905 Glacier Club Dr
Washington, MI 48094

SHAUN & SHELBY HUNTER
8160 CRESTVIEW DR
STERLING HEIGHTS, MI 48312

|||||

CLIENT'S COPY

CLIENT COPY

Federal Tax Comparison for Married Filing Jointly and Separately

	Taxpayer	Spouse	Married Filing Separately	Married Filing Jointly
Total Income	19,121.	4,657.	23,778.	23,778.
Less: Adjustments	167.		167.	167.
Adjusted Gross Income	18,954.	4,657.	23,611.	23,611.
Standard/Itemized Deductions ...	625.	342.	967.	31,500.
Qualified business inc deduction	441.		441.	
Taxable Income	17,888.	4,315.	22,203.	
Total Tax (regular & AMT)	1,907.	433.	2,340.	0.
Less: Credits		28.	28.	
Add: Other Taxes	334.		334.	334.
Less: Earned Income Credit				198.
Less: Additional child tax credit ...				
Less: American opportunity credit				
Less: Refundable adoption credit				
Less: Payments (excludes ext.)	1,645.		1,645.	1,645.
Tax Underpayment/(Overpayment)	596.	405.	1,001.	-1,509.
Married filing jointly produced an estimated savings of				2,510.

Tax Return Carryovers to 2026

NAME: SHAUN & SHELBY HUNTER

ID Number: _____

[illegible]

Direct Deposit/Debit Report

Name: SHAUN & SHELBY HUNTER

ID Number: ***-**-9394

[illegible]

JAMES R. SOMMERVILLE, CPA, PLLC
7905 GLACIER CLUB DR
WASHINGTON, MI 48094
PH: 248-302-9470 F: 248-653-0122

September 23, 2026

SHAUN & SHELBY HUNTER
8160 CRESTVIEW DR
STERLING HEIGHTS, MI 48312

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2025
INDIVIDUAL INCOME TAX RETURNS, INCLUDING:

FORM 1040, U.S. INDIVIDUAL INCOME TAX RETURN
SCHEDULE 1, ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME
SCHEDULE 2, ADDITIONAL TAXES
SCHEDULE C, PROFIT OR LOSS FROM BUSINESS
SCHEDULE E, SUPPLEMENTAL INCOME AND LOSS PAGE 2
FORM 6251, ALTERNATIVE MINIMUM TAX
FORM 8867, PAID PREPARER'S DUE DILIGENCE CHECKLIST
FORM 8879, E-FILE SIGNATURE AUTHORIZATION
FORM 8995, QBI DEDUCTION SIMPLIFIED COMPUTATION
PPIN, PRACTITIONER PIN
TAX COMPARISON - MARRIED FILING JOINT AND SEPARATE
FORM 1040X, AMENDED U.S. INDIVIDUAL INCOME TAX RETURN
SCHEDULE SE, SELF-EMPLOYMENT TAX
MI 1040, INDIVIDUAL INCOME TAX RETURN
MI 5530, MICHIGAN AMENDED RETURN EXPLANATION OF CHANGES
MI SCHEDULE 1, ADDITIONS AND SUBTRACTIONS
MI SCHEDULE W, WITHHOLDING TAX SCHEDULE
INVOICE NO. 23252 --- THANK YOU FOR YOUR BUSINESS!!!

COMPUTER CHARGE	\$	75.00
INPUT ORIGINAL TAX RETURN FROM PRIOR ACCT		110.00
PREPARE THE FEDL & MI AMENDED TAX RETURNS		275.00
TOTAL FEE	\$	460.00

Filing Instructions

Prepared for:

SHAUN & SHELBY HUNTER
8160 CRESTVIEW DR
STERLING HEIGHTS, MI 48312

Prepared by:

James R Sommerville, CPA, PLLC
7905 Glacier Club Dr
Washington, MI 48094

2025 U.S. AMENDED INDIVIDUAL INCOME TAX RETURN

Amount to be refunded to you.....\$ 570

This return has been prepared for electronic filing and the practitioner PIN program has been elected. Please sign and return Form 8879 to my office. I will then transmit your return electronically to the IRS. Do not mail the paper copy of the return to the IRS. If after three weeks you have not received your refund, you may contact the IRS at 1-866-464-2050.

Your refund will be deposited directly into your account ending in 9388. Refer to Form 1040-X on the Direct Deposit/Debit Report for complete account information.

2025 MICHIGAN AMENDED INCOME TAX RETURN

Amount to be refunded to you.....\$ 282

This return has been prepared for electronic filing. Please sign, date, and return federal Form 8879 to my office. I will submit your electronic return to the MDT.

JAMES R. SOMMERVILLE, CPA, PLLC
7905 GLACIER CLUB DR
WASHINGTON, MI 48094
Ph: 248-302-9470 F: 248-653-0122

PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, I have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION I COLLECT

I collect nonpublic personal information about you that is either provided to me by you or obtained by me with your authorization.

PARTIES TO WHOM I DISCLOSE INFORMATION

For current and former clients, I do not disclose any nonpublic personal information obtained in the course of my practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to my employees and, in limited situations, to unrelated third parties who need to know that information to assist me in providing services to you. In all such situations, I stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

I retain records relating to professional services that I provide so that I am better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, I maintain physical, electronic, and procedural safeguards that comply with my professional standards.

Please call if you have any questions, because your privacy, my professional ethics, and the ability to provide you with quality financial services are very important to me.

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IRS e-file Signature Authorization

Form **8879**
(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

OMB No. 1545-0074

- ERO must obtain and retain completed Form 8879.
► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ►

Taxpayer's name SHAUN HUNTER	Social security number *** ** 9394
Spouse's name SHELBY HUNTER	Spouse's social security number *** ** 5263

Part I Tax Return Information - Tax Year Ending December 31, 2025 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	23,611.
2 Total tax	2	334.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	1,645.
4 Amount you want refunded to you	4	570.
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize James R Sommerville, CPA, PLLC to enter or generate my PIN 3 9 3 9 4 as my
ERO firm name
signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► ***** THIS IS NOT A FILEABLE COPY ***** Date ► 09/23/2026

Spouse's PIN: check one box only

☒ I authorize James R Sommerville, CPA, PLLC to enter or generate my PIN 5 5 2 6 3 as my
ERO firm name
signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros

☐ will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► Date ► 09/23/2026

Practitioner PIN Method Returns Only - continue below**Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

3 8 8 3 3 1 5 0 7 5 9

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► JAMES R. SOMMERVILLE, CPA

Date ►

**Tax Year 2025 e-file Jurat/Disclosure
for Form 1040 or 1040NR
using Practitioner PIN method
(with or without Electronic Funds Withdrawal)**

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN 38833150759
(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations

Perjury Statement

Perjury Statement (1040 and 1040NR)

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 the taxpayer) is based on all information of which the preparer has any knowledge.

Perjury Statement (1040X)

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

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent

If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Taxpayer's PIN: 39394 Date 09232026
Spouse's PIN: 55263

You must: • Attach a completed Form 1040, 1040-SR, or 1040-NR, with your changes, for the return year entered below; and
• Attach any supporting documents and new or changed forms and schedules and complete Part II. See instructions.

This return is for calendar year (enter year) **2025****or fiscal year** (enter month and year ended)

Your first name and middle initial

SHAUN

Last name

HUNTER

Your social security number

***** ** 9394**

If joint return, spouse's first name and middle initial

SHELBY

Last name

HUNTER

Spouse's social security number

***** ** 5263**

Home address (number and street). If you have a P.O. box, see instructions.

8160 CRESTVIEW DR

Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below.

STERLING HEIGHTS

State

MI

ZIP code

48312

Foreign country name

Foreign province/state/county

Foreign postal code

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

Amended return filing status. You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.

☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse unless you are amending a Form 1040-NR. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above.

You must complete Part II on page 2 and explain any changes.

A. Original amount reported or as previously adjusted (see instructions)	B. Net change - amount of increase or (decrease) - explain in Part III	C. Correct amount
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Income and Deductions

1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ☐	1	28,674.	-5,063.	23,611.
2 Itemized deductions or standard deduction	2	31,500.		31,500.
3 Subtract line 2 from line 1	3	-2,826.	-5,063.	-7,889.
4a Qualified business income deduction	4a	0.		
4b Deductions for tips, overtime, car loan interest, and seniors from Schedule 1-A (Form 1040). Attach your Schedule 1-A	4b	0.		
5 Taxable income. Subtract the total of lines 4a and 4b from line 3. If the result for column C is zero or less, enter -0- in column C	5	-2,826.	-5,063.	0.

Tax Liability

6 Tax. Enter method(s) used to figure tax. See instructions: Table	6	0.	0.	0.
7 Nonrefundable credits. If a general business credit carryback is included, check here ☐	7			
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	0.		0.
9 Reserved for future use	9			
10 Other taxes	10	706.	-372.	334.
11 Total tax. Add lines 8 and 10	11	706.	-372.	334.

Payments

12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12	1,645.		1,645.
13 Estimated tax payments, including amount applied from prior year's return	13			
14 Earned income credit (EIC)	14	0.	198.	198.
15 Refundable credits from: ☐ Schedule 8812 Form(s) ☐ 2439 ☐ 4136 ☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify):	15			
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16			
17 Total payments. Add lines 12 through 15, column C, and line 16	17			1,843.

Refund or Amount You Owe

18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18	939.
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	19	904.
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference. For details on how to pay, go to www.irs.gov/Payments or see instructions	20	
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21	570.
22 Amount of line 21 you want refunded to you	22	570.
23 Amount of line 21 you want applied to your (enter year): estimated tax 23	23	

Part I Dependents

Complete this part to change any information relating to your dependents. This would include a change in the number of dependents. Enter the information for the return year entered at the top of page 1.

A. Original number of dependents reported or as previously adjusted	B. Net change - amount of increase or (decrease)	C. Correct number
24		
25		
26		
27		
28		
29		

24 Reserved for future use
25 Your dependent children who lived with you more than half of the year ...
26 Reserved for future use
27 Other dependents
28 Reserved for future use
29 Reserved for future use

30 List **ALL** dependents (children and others) claimed on this amended return.

Dependents (see instructions)	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN	: : :	: : :	: : :	: : :
(4) Relationship				
(5) Check if lived with you more than half of return year entered at top of page 1 ☐	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if ☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits ☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of return year entered at top of page 1, 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 return year entered at top of page 1.

Part II Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X. You must complete Part II.

THIS 2025 TAX RETURN IS BEING AMENDED TO REPORT THE CHANGE FROM A 1065 K-1 THAT WAS AMENDED FOR A BUSINESS TRUCK PURCHASE THAT WAS ERRONEOUSLY OMITTED IN THE ORIGINAL 1065. THE K-1 BOX 14A NOW REPORTS AN SE LOSS OF (\$2,367). THE AMENDED K-1 ALSO REPORTS THE ADEQUATE TAXPAYERS' BASIS AND THEREFORE THE ALLOWED LOSS DEDUCTION. THIS AMENDED TAX RETURN RESULTS IN A REFUND OF \$706 PLUS INTEREST.

Sign Here	Remember to keep a copy of this form for your records. Under penalties of perjury, I declare that I have filed an original return, and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.					
	Your signature		Date	Your occupation	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	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
	J SOMMERVILLE CPA				P00650759	
	Firm's name James R Sommerville, CPA, PLLC				Phone no. 248-302-9470	
	Firm's address 7905 Glacier Club Dr Washington, MI 48094				Firm's EIN ***-***6914	

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 SHAUN	Last name HUNTER	Your social security number *** ** 9394
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If joint return, spouse's first name and middle initial SHELBY	Last name HUNTER	Spouse's social security number *** ** 5263
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Home address (number and street). If you have a P.O. box, see instructions. 8160 CRESTVIEW DR	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. ☒
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City, town, or post office. If you have a foreign address, also complete spaces below. STERLING HEIGHTS	State MI	ZIP code 48312	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
Foreign country name	Foreign province/state/county	Foreign postal code	

Filing Status

☐ Single	☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)	☐ Qualifying surviving spouse (QSS)
☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: _____	If 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 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Dependents (see instructions)	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025 ☐	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

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

Income	1a	Total amount from Form(s) W-2, box 1 (see instructions)	Stmt 1	1a	17,798.
	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 31		1f	
	g	Wages from Form 8919, line 6		1g	
	h	Other earned income (see instructions). Enter type and amount: _____		1h	
	i	Nontaxable combat pay election (see instructions)	1i		
	z	Add lines 1a through 1h		1z	17,798.
	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.	2a	Tax-exempt interest	2a	2b
3a		Qualified dividends	3a	3b	Ordinary dividends
c		Check if your child's dividends are included in 1 ☐ Line 3a	2 ☐ Line 3b	4b	Taxable amount
4a		IRA distributions	4a	2 ☐ QCD 3 ☐	
c		Check if (see instructions) 1 ☐ Rollover	2 ☐ PSO 3 ☐	5b	Taxable amount
5a		Pensions and annuities	5a	6b	Taxable amount
c		Check if (see instructions) 1 ☐ Rollover			
6a		Social security benefits	6a		
c		If you elect to use the lump-sum election method, check here (see instructions)			
d		If you are married filing separately & lived apart from your spouse the entire year (see inst.), check here			
7a		Capital gain or (loss). Attach Schedule D if required		7a	
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)				
8	Additional income from Schedule 1, line 10		8	5,980.	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income		9	23,778.	
10	Adjustments to income from Schedule 1, line 26		10	167.	
11a	Subtract line 10 from line 9. This is your adjusted gross income		11a	23,611.	

Tax and Credits

11b	Amount from line 11a (adjusted gross income)	11b	23,611.
12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
b	☐ Spouse itemizes on a separate return	c	☐ You were a dual-status alien
d	You: ☐ Were born before January 2, 1961 ☐ Are blind		
	Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
e	Standard deduction or itemized deductions (from Schedule A)	12e	31,500.
13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	
b	Additional deductions from Schedule 1-A, line 38	13b	
14	Add lines 12e, 13a, and 13b	14	31,500.
15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15	0.
16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	0.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	0.
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	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	334.
24	Add lines 22 and 23. This is your total tax	24	334.

Standard deduction for -

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

Payments and Refundable Credits

25	Federal income tax withheld from:		
a	Form(s) W-2 See Statement 2	25a	1,645.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	1,645.
26	2025 estimated tax payments and amount applied from 2024 return	26	
	If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):		
27a	Earned income credit (EIC)	27a	198.
b	Clergy filing Schedule SE (see instructions)		
c	If you do not want to claim the EIC, check here		
28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Refundable adoption credit from Form 8839, line 13	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits	32	198.
33	Add lines 25d, 26, and 32. These are your total payments	33	1,843.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,509.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	1,509.
b	Routing number	c	Type: ☐ Checking ☐ Savings
d	Account number		
36	Amount of line 34 you want applied to your 2026 estimated tax	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe . 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 DesigneeDo you want to allow another person to discuss this return with the IRS? See instructions. ☒ **Yes. Complete below.** ☐ **No**Designee's name **J SOMMERVILLE CPA** Phone no. **248-302-9470** Personal identification number (PIN) **50759****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.	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	
Your signature	Date	Your occupation DRIVER/BUSINESS OWNER
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation BUSINESS OWNER
Phone no.	Email address	

Paid Preparer Use Only	Preparer's name J SOMMERVILLE CPA	Preparer's signature	Date	PTIN P00650759	Check if: ☐ Self-employed
Firm's name	James R Sommerville, CPA, PLLC				Phone no. 248-302-9470
Firm's address	7905 Glacier Club Dr Washington, MI 48094				Firm's EIN ** - *** 6914

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

SHAUN & SHELBY HUNTER

Your social security number

*****-**-9394**

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

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	4,737.
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-4,733.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid:	7	5,976.
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	5,980.

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

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

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	167.
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 ☐	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	167.

Schedule 1 (Form 1040) 2025

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2025
Attachment
Sequence No. **02**

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

SHAUN & SHELBY HUNTER

Your social security number

*****-**-9394**

Part I Tax

1 Additions to tax:

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

1a

1b

1c

1d

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

(i) ☐ Line 1a

(ii) ☐ Line 1c

(iii) ☐ Line 1d

(iv) ☐ Line 2a

1e

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

(i) ☐ Line 1a

(ii) ☐ Line 1c

(iii) ☐ Line 1d

(iv) ☐ Line 2a

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 ☐ 4361

2 ☐ 4029

3 ☐

4

334.

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

5

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

6

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

7

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

If not required, check here

☐

8

9 Household employment taxes. Attach Schedule H

9

10 Reserved for future use

10

11 Additional Medicare Tax. Attach Form 8959

11

12 Net investment income tax. Attach Form 8960

12

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) 2025 Created 5/8/25

LHA 514151 01-05-26

9

13010923 153782 HUNTERSHAUNSHEL

2025.04030 HUNTER, SHAUN

HUNTERS1

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****334.**

Schedule 2 (Form 1040) 2025

Name of proprietor

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

OMB No. 1545-0074

2025
Attachment
Sequence No. **09**

Social security number (SSN)

***-**-9394

R Enter code from instructions

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

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

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

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

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

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

☒ Yes ☐ No

□

☐ Yes ☒ No

☐ Yes ☐ No

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	16,792.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	16,792.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	16,792.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	16,792.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions) Stmt 3	9	5,805.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	6,250.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27b			26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7			27 a	Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			b	Other expenses (from line 48)	27b	
31	Net profit or (loss). Subtract line 30 from line 29. ● If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . ● If a loss, you must go to line 32.					28	12,055.
32	If you have a loss, check the box that describes your investment in this activity. See instructions. ● If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . ● If you checked 32b, you must attach Form 6198 . Your loss may be limited.					29	4,737.
						30	
						31	4,737.

☐

32a

All investment
is at risk.

☐

32b

Some investment
is not at risk.

Schedule C (Form 1040) 2025 Created 4/3/25

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a ☐ Cost	b ☐ Lower of cost or market	c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation			
		☐ Yes ☐ No		
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		

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

43	When did you place your vehicle in service for business purposes? (month/day/year)	05 / 01 / 25
44	Of the total number of miles you drove your vehicle during 2025, enter the number of miles you used your vehicle for:	
a	Business	8,293
b	Commuting	3,919
c	Other	1,671
45	Was your vehicle available for personal use during off-duty hours?	☐ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes ☐ No
47 a	Do you have evidence to support your deduction?	☒ Yes ☐ No
b	If "Yes," is the evidence written?	☒ Yes ☐ No

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

48 Total other expenses. Enter here and on line 27b

48

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

Your social security number

SHAUN & SHELBY HUNTER

*** - ** - 9394

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II** Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

27		Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section					☐ Yes ☒ No	
28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk		
A	HUNTER HYDROTECH LLC	P		** - *** 7342				
B	HUNTER HYDROTECH LLC	P		** - *** 7342				
C								
D								
Passive Income and Loss		Nonpassive Income and Loss						
(g) Passive loss allowed (attach Form 8582 if required)		(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1			
A			2,367.					
B			2,366.					
C								
D								
29a	Totals							
b	Totals		4,733.					
30	Add columns (h) and (k) of line 29a					30		
31	Add columns (g), (i), and (j) of line 29b					31	(4,733.)	
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31					32	-4,733.	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number				
A						
B						
Passive Income and Loss		Nonpassive Income and Loss				
(c) Passive deduction or loss allowed (attach Form 8582 if required)		(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1		
A						
B						
34a	Totals					
b	Totals					
35	Add columns (d) and (f) of line 34a			35		
36	Add columns (c) and (e) of line 34b			36	()	
37	Total estate and trust income or (loss). Combine lines 35 and 36				37	

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

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

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	-4,733.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2025

SCHEDULE E

Name SHAUN HUNTER

SSN/EIN ***-**-9394

Passthrough HUNTER HYDROTECH LLC

ID **_***7342

Taxpayer

Partnership

Nonpassive	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	-2,367.							
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)	-2,367.							-2,367.
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)	-2,367.							-2,367.
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

2025

SCHEDULE E

Name SHAUN HUNTER

SSN/EIN ***-**-9394

Passthrough HUNTER HYDROTECH LLC

ID **_***7342

Taxpayer

Partnership

Nonpassive	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	-2,367.							-2,367.
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	-2,367.							-2,367.
Qualified service income								
Section 199A W-2 wages								
Section 199A unadjusted basis	11,258.							11,258.

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2025

SCHEDULE E

Name SHELBY HUNTER

SSN/EIN ***-**-5263

Passthrough HUNTER HYDROTECH LLC

ID **_***7342

Spouse

Partnership

Nonpassive	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	-2,366.							
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)	-2,366.							-2,366.
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)	-2,366.							-2,366.
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

2025

SCHEDULE E

Name SHELBY HUNTER

SSN/EIN ***-**-5263

Passthrough HUNTER HYDROTECH LLC

ID **_***7342

Spouse

Partnership

Nonpassive	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	-2,366.							-2,366.
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	-2,366.							-2,366.
Qualified service income								
Section 199A W-2 wages								
Section 199A unadjusted basis	11,257.							11,257.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

2025
Attachment
Sequence No. **17**

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

SHAUN HUNTER

Social security number of person

with self-employment income *** ** 9394

Part I Self-Employment Tax

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

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

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

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ **1b**

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

See Statement 4

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 2,370.

3 Combine lines 1a, 1b, and 2 **3** 2,370.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 2,189.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 2,189.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b**

6 Add lines 4c and 5b **6** 2,189.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2025 **7** \$176,100

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$176,100 or more, skip lines 8b through 10, and go to line 11 **8a** 16,751.

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d** 16,751.

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 159,349.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 271.

11 Multiply line 6 by 2.9% (0.029) **11** 63.

12 **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3** **12** 334.

13 **Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 167.

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

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

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

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

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

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

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

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

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

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

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

Schedule SE (Form 1040) 2025

Alternative Minimum Tax - Individuals

OMB No. 1545-0074

2025
Attachment
Sequence No. **32**

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

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

Your social security number

SHAUN & SHELBY HUNTER

*** ** 9394

Part I Alternative Minimum Taxable Income

1a	Subtract Sched. 1-A (Form 1040), line 37, from Form 1040, 1040-SR, or 1040-NR, line 14	1a	31,500.
b	Subtract line 1a from Form 1040, 1040-SR, or 1040-NR, line 11b (if less than zero, enter as a negative amount)	1b	-7,889.
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 12e	2a	31,500.
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	2g	
h	Qualified small business stock, see instructions	2h	
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	
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	See Statement 5 4,733.
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 1b through 3. (If married filing separately and line 4 is more than \$900,350, see instructions.)	4	28,344.

Part II Alternative Minimum Tax (AMT)

5	Exemption. <table><tr><td>IF your filing status is ...</td><td>AND line 4 is not over ...</td><td>THEN enter on line 5 ...</td></tr><tr><td>Single or head of household</td><td>\$626,350</td><td>\$88,100</td></tr><tr><td>Married filing jointly or qualifying surviving spouse</td><td>1,252,700</td><td>137,000</td></tr><tr><td>Married filing separately</td><td>626,350</td><td>68,500</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	\$626,350	\$88,100	Married filing jointly or qualifying surviving spouse	1,252,700	137,000	Married filing separately	626,350	68,500	5	137,000.
IF your filing status is ...	AND line 4 is not over ...	THEN enter on line 5 ...													
Single or head of household	\$626,350	\$88,100													
Married filing jointly or qualifying surviving spouse	1,252,700	137,000													
Married filing separately	626,350	68,500													
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	0.												
7	- If you are filing Form 2555, see instructions for the amount to enter. - If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. All others: If line 6 is \$239,100 or less (\$119,550 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$4,782 (\$2,391 if married filing separately) from the result.	7	0.												
8	Alternative minimum tax foreign tax credit (see instructions)	8													
9	Tentative minimum tax. Subtract line 8 from line 7	9	0.												
10	Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 1z. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions	10													
11	AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 2	11	0.												

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
13 Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	13
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
16 Enter the smaller of line 12 or line 15	16
17 Subtract line 16 from line 12	17
18 If line 17 is \$239,100 or less (\$119,550 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$4,782 (\$2,391 if married filing separately) from the result	18
19 Enter: • \$96,700 if married filing jointly or qualifying surviving spouse, • \$48,350 if single or married filing separately, or • \$64,750 if head of household. 	19
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
21 Subtract line 20 from line 19. If zero or less, enter -0-	21
22 Enter the smaller of line 12 or line 13	22
23 Enter the smaller of line 21 or line 22. This amount is taxed at 0%	23
24 Subtract line 23 from line 22	24
25 Enter: • \$533,400 if single, • \$300,000 if married filing separately, • \$600,050 if married filing jointly or qualifying surviving spouse, or • \$566,700 if head of household. 	25
26 Enter the amount from line 21	26
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
28 Add line 26 and line 27	28
29 Subtract line 28 from line 25. If zero or less, enter -0-	29
30 Enter the smaller of line 24 or line 29	30
31 Multiply line 30 by 15% (0.15)	31
32 Add lines 23 and 30	32
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
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
39 If line 12 is \$239,100 or less (\$119,550 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$4,782 (\$2,391 if married filing separately) from the result	39
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

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT							
Name(s)							Social Security Number
SHAUN & SHELBY HUNTER							***-**-9394
Form Name	Description	Income	Adjustment				
			Form 6251, Line 2k	Form 6251, Line 2l	Form 6251, Line 2m	Form 6251, Line 2n	Form 6251 Other Adjustment
K-1-	HUNTER HYDROTECH LLC						
	* Regular Income	-2,367.					
	Basis Allowed	2,367.				2,367.	
	AMT Basis Adj	-2,367.					
	* AMT Net Income	-2,367.				2,367.	
K-1-	HUNTER HYDROTECH LLC						
	* Regular Income	-2,366.					
	Basis Allowed	2,366.				2,366.	
	AMT Basis Adj	-2,366.					
	* AMT Net Income	-2,366.				2,366.	
	** Total Adj & Pref **					4,733.	

Worksheet **B** - 2025 EIC

Keep for Your Records

Name(s) shown on return

SHAUN & SHELBY HUNTER

Your Social Security number

***-**-9394

Part 1**Self-Employed,
Members of the
Clergy, and People
With Church Employee
Income Filing
Schedule SE**

- 1a. Enter the amount from Schedule SE, Part I, line 3. **1a** 2,370.
- b. Enter any amount from Schedule SE, Part I, line 4b and line 5a. + **1b** _____
- c. Combine lines 1a and 1b. = **1c** 2,370.
- d. Enter the amount from Schedule SE, Part I, line 13. - **1d** 167.
- e. Subtract line 1d from line 1c. = **1e** 2,203.

Part 2**Self-Employed
NOT Required
To File
Schedule SE**

For example, your net earnings from self-employment were less than \$400.

2. Don't include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.
- a. Enter any net farm profit or (loss) from Schedule F, line 34; and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*. **2a** _____
- b. Enter any net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming)*. + **2b** -2,366.
- c. Combine lines 2a and 2b. = **2c** -2,366.

Part 3**Statutory Employees
Filing Schedule C**

3. Enter the amount from Schedule C, line 1, that you are filing as a statutory employee. **3** _____

Part 4**All Filers Using
Worksheet B**

Note. If line 4b includes income on which you should have paid self-employment tax but didn't, we may reduce your credit by the amount of self-employment tax not paid.

- 4a. Enter your earned income from Step 5. **4a** 17,798.
- b. Combine lines 1e, 2c, 3, and 4a. **This is your total earned income.** **4b** 17,635.
- If line 4b is zero or less, **STOP** You can't take the credit. Check the box on Form 1040 or 1040-SR, line 27c.
5. If you have:
- 3 or more qualifying children who have valid SSNs, is line 4b less than \$61,555 (\$68,675 if married filing jointly)?
 - 2 qualifying children who have valid SSNs, is line 4b less than \$57,310 (\$64,430 if married filing jointly)?
 - 1 qualifying child who has a valid SSN, is line 4b less than \$50,434 (\$57,554 if married filing jointly)?
 - No qualifying children who have valid SSNs, is line 4b less than \$19,104 (\$26,214 if married filing jointly)?
- ☒ **Yes.** If you want the IRS to figure your credit, see Credit figured by the IRS, earlier. If you want to figure the credit yourself, enter the amount from line 4b on line 6 of this worksheet.
- ☐ **No. STOP** You can't take the credit. Check the box on Form 1040 or 1040-SR, line 27c.

Part 5**All Filers Using
Worksheet B**

6. Enter your total earned income from Part 4, line 4b. **6** 17,635.
7. Look up the amount on line 6 above in the EIC Table to find the credit.
Be sure you use the correct column for your filing status and the number of qualifying children you have who have valid SSNs. Enter the credit here. **7** 649.
- If line 7 is zero, **STOP** You can't take the credit.
Check the box on Form 1040 or 1040-SR, line 27c.
8. Enter the amount from Form 1040 or 1040-SR, line 11b. **8** 23,611.
9. Are the amounts on lines 8 and 6 the same?
- ☐ **Yes.** Skip line 10; enter the amount from line 7 on line 11.
- ☒ **No.** Go to line 10.

Part 6**Filers Who
Answered
"No" on
Line 9**

10. If you have:
- No qualifying children who have valid SSNs, is the amount on line 8 less than \$10,620 (\$17,730 if married filing jointly)?
 - 1 or more qualifying children who have valid SSNs, is the amount on line 8 less than \$23,350 (\$30,470 if married filing jointly)?
- ☐ **Yes.** Leave line 10 blank; enter the amount from line 7 on line 11.
- ☒ **No.** Look up the amount on line 8 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have valid SSNs. Enter the credit here. **10** 198.
- Look at the amounts on lines 10 and 7. Then, enter the **smaller** amount on line 11.

Part 7**Your Earned
Income Credit**

521523 01-19-26

11. **This is your earned income credit.** **11** 198.

Reminder -

- ✓ If you have a qualifying child, complete and attach Schedule EIC.

Enter this amount on Form 1040 or 1040-SR, line 27a.

Schedule EIC - Earned Income Worksheet

Name(s) shown on return

SHAUN & SHELBY HUNTER

Your Social Security Number

***-**-9394

Step 5: Earned Income

Taxable Earned Income

1. Enter the amount from Form 1040 or 1040-SR, line 1z 1. 17,798.
2. Enter the Medicaid waiver payment amounts excluded from income on Schedule 1 (Form 1040), line 8s,
unless you choose to include these amounts in earned income,
in which case enter -0- 2. _____
3. Subtract line 2 from line 1 3. 17,798.
4. Enter all of your nontaxable combat pay if you elect to include it in earned income. Also enter the amount of your
nontaxable combat pay on line 1i of Form 1040 or 1040-SR 4. _____
5. Add lines 3 and 4. **This is your earned income*** 5. 17,798.

Qualified Business Income Deduction
Simplified Computation

OMB No. 1545-0074

2025

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

Attach to your tax return.

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

Name(s) shown on return

Your taxpayer identification number

SHAUN & SHELBY HUNTER

***-**-9394

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	SHAUN HUNTER SCH C	***-**-****	4,570.
ii	HUNTER HYDROTECH LLC	**-*****	-2,367.
iii	HUNTER HYDROTECH LLC	**-*****	-2,366.
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	-163.
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	0.
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)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	
11	Taxable income before qualified business income deduction (see instructions)	11	-7,889.
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0.
14	Income limitation. Multiply line 13 by 20% (0.20)	14	
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	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(163.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()

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

Form 8995 (2025) Created 9/12/25

Qualified Business Income After Deductions

Activity: **SHAUN HUNTER SCH C**

1.	Qualified business income before deductions	<u>4,737.</u>
2.	Deductible part of self-employment income:	
a.	Net income subject to self-employment tax from this activity	<u>4,737.</u>
b.	Total income subject to self-employment tax	<u>4,737.</u>
c.	Line 2a divided by line 2b (not greater than 1.000)	<u>1.000000000</u>
d.	Amount from Schedule 1 (Form 1040), line 15	<u>167.</u>
e.	Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity	<u>167.</u>
3.	Self-employed SEP, SIMPLE and qualified plans:	
a.	Net income subject to self-employment tax from this activity	
b.	Net earnings from	
c.	Line 3a divided by line 3b (not greater than 1.000)	
d.	Amount from Schedule 1 (Form 1040), line 16	
e.	Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity	
4.	Self-employed health insurance deduction:	
a.	Health insurance payments from this activity	
b.	Health insurance limits for activity above	
c.	Lesser of line 4a or line 4b	
d.	Reserved	
e.	Reserved	
f.	Amount from line 4c. This is the allocated SE health insurance deduction for this activity	
5.	Qualified tips deduction:	
a.	Deductible tips from this activity	
b.	Total deductible tips	
c.	Line 5a divided by line 5b (not greater than 1.000)	
d.	Schedule 1-A (Form 1040), line 13 minus line 4c	
e.	Line 5c times line 5d	
6.	Line 1 minus lines 2e, 3d, 4f, and 5e	<u>4,570.</u>

Activity: _____

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

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

OMB No. 1545-0074

2025
Attachment
Sequence No. **70**

Taxpayer name(s) shown on return SHAUN & SHELBY HUNTER	Taxpayer identification number ***-**-9394
Preparer's name J SOMMERVILLE CPA	Preparer tax identification number *****

Part I Due Diligence Requirements

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

☒ EIC ☐ CTC/ACTC/ODC ☐ AOTC ☐ HOH

	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?	☒	☐	☐
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?	☒	☐	☐
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	☐
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.)	☐	☒	☐
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	☐
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	☐
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	☒	☐	☐
List those documents provided by the taxpayer, if any, that you relied on:			
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?	☒	☐	☐
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.)			
a Did you complete the required recertification Form 8862?	☐	☐	☐
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☒	☐	☐

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

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

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

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

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

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

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

Part VI Eligibility Certification

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

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

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

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

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

FORM 4562, PART V, LINE 26 - LISTED PROPERTY USED MORE THAN 50% IN A QUALIFIED BUSINESS

SHAUN HUNTER SCH C

SCHEDULE C- 1

[illegible]

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: HUNTER HYDROTECH LLC

EIN: ** - ***7342

Part I - Partner Basis

1. Adjusted basis at the beginning of the tax year. Don't enter less than zero 1. 0.

Section A - Increases

2. Acquisitions of partnership interests and contributions of money and property 2. _____

3a. Partner's share of liabilities at the end of the year 3a. _____

3b. Partner's share of liabilities at the beginning of the year 3b. _____

3c. Increase (decrease) in partnership liabilities (subtract line 3b from line 3a) 3c. _____

3d. Partnership liabilities assumed during the tax year 3d. 11,722.

3e. Increase in liabilities (add lines 3c and 3d) (If amount is negative, enter on line 9a below.) 3e. 11,722.

4a. Ordinary business income 4a. _____

4b. Net rental real estate income 4b. _____

4c. Other net rental income 4c. _____

4d. Interest Income 4d. _____

4e. Ordinary dividends 4e. _____

4f. Dividend equivalents 4f. _____

4g. Royalties 4g. _____

4h. Net short-term capital gain 4h. _____

4i. Net long-term capital gain 4i. _____

4j. Net section 1231 gain 4j. _____

4k. Other income 4k. _____

4l. Tax-exempt income 4l. _____

4m. Other increases to basis 4m. _____

4n. BIE (enter as a positive) (see instructions) 4n. _____

4o. Total increases (add lines 4a through 4n) 4o. _____

5. Gain recognized on contributions of property during the year 5. _____

6. Excess depletion adjustment 6. _____

7. Total basis before decreases (add lines 1, 2, 3e, 4o, 5, and 6) 7. 11,722.

Section B - Decreases (Enter as a negative.)

8. Withdrawals, distributions of money, and the adjusted basis of distributed property

8a. Cash and marketable securities distributed 8a. _____

8b. Distribution subject to section 737 8b. _____

8c. Other property distributed 8c. _____

8d. Total distributions (add lines 8a through 8c) 8d. _____

9a. Decrease in partner's share of liabilities (see instructions) 9a. _____

9b. Partner's liabilities assumed by the partnership during the tax year 9b. _____

9c. Decrease in liabilities (sum of lines 9a and 9b) 9c. _____

10. Total distributions and decrease in liabilities (add lines 8d and 9c) 10. _____

11a. Basis after distributions (add lines 7 and 10) (If the result is negative, enter -0- on line 11a and enter the amount as a positive on line 11b.) 11a. 11,722.

11b. Gain on distributions in excess of basis 11b. _____

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership (continued)

Part II - Allowable Loss and Deduction Items (Enter as a negative.)

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Amount reducing basis (see instructions)	Column E Suspended carryforward
12. Nondeductible expenses					
13. Depletion for oil and gas					

14. Basis after nondeductible expenses and depletion (reduce line 11a
by the amounts on lines 12 and 13, column D) 11,722.

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Allowable loss and deductions (see instructions)	Column E Disallowed loss carryforward
15a. Ordinary business loss	- 2,366.		- 2,366.	- 2,366.	
15b. Net rental real estate loss (excluding BIE)					
15c. Other net rental loss (excluding BIE)					
15d. Foreign taxes paid or accrued					
15e. Net short-term capital loss					
15f. Net long-term capital loss					
15g. Net section 1231 loss					
15h. Other losses					
15i. Section 179 deduction					

Other Deductions

15j. Charitable contributions					
15k. Investment interest expense					
15l. Deductions (royalty income)					
15m. Section 59(e)(2)					
15n. EBIE					
15o. Deductions - portfolio (other)					
15p. All other					
15q. BIE					
15r. Other decreases to basis					
15s. Subtotal (add lines 15a through 15r)	- 2,366.		- 2,366.	- 2,366.	

15t. Total deductions and losses (add lines 15a through
15r, column C) - 2,366.

16. Allowable deductions and
losses - 2,366.

17. Unutilized EBIE on sale of
partnership interest _____

18. Adjusted basis at the end of
the tax year (Enter the sum of
lines 14, 16, and 17.) 9,356.

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: HUNTER HYDROTECH LLC

EIN: ** - ***7342

Part I - Partner Basis

1. Adjusted basis at the beginning of the tax year. Don't enter less than zero 1. 0.

Section A - Increases

2. Acquisitions of partnership interests and contributions of money and property 2. _____

3a. Partner's share of liabilities at the end of the year 3a. _____

3b. Partner's share of liabilities at the beginning of the year 3b. _____

3c. Increase (decrease) in partnership liabilities (subtract line 3b from line 3a) 3c. _____

3d. Partnership liabilities assumed during the tax year 3d. 11,723.

3e. Increase in liabilities (add lines 3c and 3d) (If amount is negative, enter on line 9a below.) 3e. 11,723.

4a. Ordinary business income 4a. _____

4b. Net rental real estate income 4b. _____

4c. Other net rental income 4c. _____

4d. Interest Income 4d. _____

4e. Ordinary dividends 4e. _____

4f. Dividend equivalents 4f. _____

4g. Royalties 4g. _____

4h. Net short-term capital gain 4h. _____

4i. Net long-term capital gain 4i. _____

4j. Net section 1231 gain 4j. _____

4k. Other income 4k. _____

4l. Tax-exempt income 4l. _____

4m. Other increases to basis 4m. _____

4n. BIE (enter as a positive) (see instructions) 4n. _____

4o. Total increases (add lines 4a through 4n) 4o. _____

5. Gain recognized on contributions of property during the year 5. _____

6. Excess depletion adjustment 6. _____

7. Total basis before decreases (add lines 1, 2, 3e, 4o, 5, and 6) 7. 11,723.

Section B - Decreases (Enter as a negative.)

8. Withdrawals, distributions of money, and the adjusted basis of distributed property

8a. Cash and marketable securities distributed 8a. _____

8b. Distribution subject to section 737 8b. _____

8c. Other property distributed 8c. _____

8d. Total distributions (add lines 8a through 8c) 8d. _____

9a. Decrease in partner's share of liabilities (see instructions) 9a. _____

9b. Partner's liabilities assumed by the partnership during the tax year 9b. _____

9c. Decrease in liabilities (sum of lines 9a and 9b) 9c. _____

10. Total distributions and decrease in liabilities (add lines 8d and 9c) 10. _____

11a. Basis after distributions (add lines 7 and 10) (If the result is negative, enter -0- on line 11a and enter the amount as a positive on line 11b.) 11a. 11,723.

11b. Gain on distributions in excess of basis 11b. _____

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership (continued)

Part II - Allowable Loss and Deduction Items (Enter as a negative.)

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Amount reducing basis (see instructions)	Column E Suspended carryforward
12. Nondeductible expenses					
13. Depletion for oil and gas					

14. Basis after nondeductible expenses and depletion (reduce line 11a
by the amounts on lines 12 and 13, column D) 11,723.

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Allowable loss and deductions (see instructions)	Column E Disallowed loss carryforward
15a. Ordinary business loss	-2,367.		-2,367.	-2,367.	
15b. Net rental real estate loss (excluding BIE)					
15c. Other net rental loss (excluding BIE)					
15d. Foreign taxes paid or accrued					
15e. Net short-term capital loss					
15f. Net long-term capital loss					
15g. Net section 1231 loss					
15h. Other losses					
15i. Section 179 deduction					

Other Deductions

15j. Charitable contributions					
15k. Investment interest expense					
15l. Deductions (royalty income)					
15m. Section 59(e)(2)					
15n. EBIE					
15o. Deductions - portfolio (other)					
15p. All other					
15q. BIE					
15r. Other decreases to basis					
15s. Subtotal (add lines 15a through 15r)	-2,367.		-2,367.	-2,367.	

15t. Total deductions and losses (add lines 15a through
15r, column C) -2,367.

16. Allowable deductions and
losses -2,367.

17. Unutilized EBIE on sale of
partnership interest _____

18. Adjusted basis at the end of
the tax year (Enter the sum of
lines 14, 16, and 17.) 9,356.

Alternative Minimum Tax
Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership
(Keep for your records.)

Name of Entity: **HUNTER HYDROTECH LLC**

EIN: **** - ***7342**

Part I - Partner Basis

1. Adjusted basis at the beginning of the tax year. Don't enter less than zero 1. 0.

Section A - Increases

2. Acquisitions of partnership interests and contributions of money and property 2. 0.

3a. Partner's share of liabilities at the end of the year 3a. _____

3b. Partner's share of liabilities at the beginning of the year 3b. _____

3c. Increase (decrease) in partnership liabilities (subtract line 3b from line 3a) 3c. _____

3d. Partnership liabilities assumed during the tax year 3d. _____

3e. Increase in liabilities (add lines 3c and 3d) (If amount is negative, enter on line 9a below.) 3e. _____

4a. Ordinary business income 4a. _____

4b. Net rental real estate income 4b. _____

4c. Other net rental income 4c. _____

4d. Interest Income 4d. _____

4e. Ordinary dividends 4e. _____

4f. Dividend equivalents 4f. _____

4g. Royalties 4g. _____

4h. Net short-term capital gain 4h. _____

4i. Net long-term capital gain 4i. _____

4j. Net section 1231 gain 4j. _____

4k. Other income 4k. _____

4l. Tax-exempt income 4l. _____

4m. Other increases to basis 4m. _____

4n. BIE (enter as a positive) (see instructions) 4n. _____

4o. Total increases (add lines 4a through 4n) 4o. _____

5. Gain recognized on contributions of property during the year 5. _____

6. Excess depletion adjustment 6. _____

7. Total basis before decreases (add lines 1, 2, 3e, 4o, 5, and 6) 7. _____

Section B - Decreases (Enter as a negative.)

8. Withdrawals, distributions of money, and the adjusted basis of distributed property

8a. Cash and marketable securities distributed 8a. _____

8b. Distribution subject to section 737 8b. _____

8c. Other property distributed 8c. _____

8d. Total distributions (add lines 8a through 8c) 8d. _____

9a. Decrease in partner's share of liabilities (see instructions) 9a. _____

9b. Partner's liabilities assumed by the partnership during the tax year 9b. _____

9c. Decrease in liabilities (sum of lines 9a and 9b) 9c. _____

10. Total distributions and decrease in liabilities (add lines 8d and 9c) 10. _____

11a. Basis after distributions (add lines 7 and 10) (If the result is negative, enter -0- on line 11a and enter the amount as a positive on line 11b.) 11a. 0.

11b. Gain on distributions in excess of basis 11b. _____

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership (continued)

Part II - Allowable Loss and Deduction Items (Enter as a negative.)

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Amount reducing basis (see instructions)	Column E Suspended carryforward
12. Nondeductible expenses					
13. Depletion for oil and gas					

14. Basis after nondeductible expenses and depletion (reduce line 11a
by the amounts on lines 12 and 13, column D)

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Allowable loss and deductions (see instructions)	Column E Disallowed loss carryforward
15a. Ordinary business loss	- 2,366.		- 2,366.		- 2,366.
15b. Net rental real estate loss (excluding BIE)					
15c. Other net rental loss (excluding BIE)					
15d. Foreign taxes paid or accrued					
15e. Net short-term capital loss					
15f. Net long-term capital loss					
15g. Net section 1231 loss					
15h. Other losses					
15i. Section 179 deduction					

Other Deductions

15j. Charitable contributions					
15k. Investment interest expense					
15l. Deductions (royalty income)					
15m. Section 59(e)(2)					
15n. EBIE					
15o. Deductions - portfolio (other)					
15p. All other					
15q. BIE					
15r. Other decreases to basis					
15s. Subtotal (add lines 15a through 15r)	- 2,366.		- 2,366.		- 2,366.

15t. Total deductions and losses (add lines 15a through
15r, column C) - 2,366.

16. Allowable deductions and
losses

17. Unutilized EBIE on sale of
partnership interest

18. Adjusted basis at the end of
the tax year (Enter the sum of
lines 14, 16, and 17.)

Alternative Minimum Tax
Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership
(Keep for your records.)

Name of Entity: **HUNTER HYDROTECH LLC**

EIN: **** - ***7342**

Part I - Partner Basis

1. Adjusted basis at the beginning of the tax year. Don't enter less than zero 1. 0.

Section A - Increases

2. Acquisitions of partnership interests and contributions of money and property 2. 0.

3a. Partner's share of liabilities at the end of the year 3a. _____

3b. Partner's share of liabilities at the beginning of the year 3b. _____

3c. Increase (decrease) in partnership liabilities (subtract line 3b from line 3a) 3c. _____

3d. Partnership liabilities assumed during the tax year 3d. _____

3e. Increase in liabilities (add lines 3c and 3d) (If amount is negative, enter on line 9a below.) 3e. _____

4a. Ordinary business income 4a. _____

4b. Net rental real estate income 4b. _____

4c. Other net rental income 4c. _____

4d. Interest Income 4d. _____

4e. Ordinary dividends 4e. _____

4f. Dividend equivalents 4f. _____

4g. Royalties 4g. _____

4h. Net short-term capital gain 4h. _____

4i. Net long-term capital gain 4i. _____

4j. Net section 1231 gain 4j. _____

4k. Other income 4k. _____

4l. Tax-exempt income 4l. _____

4m. Other increases to basis 4m. _____

4n. BIE (enter as a positive) (see instructions) 4n. _____

4o. Total increases (add lines 4a through 4n) 4o. _____

5. Gain recognized on contributions of property during the year 5. _____

6. Excess depletion adjustment 6. _____

7. Total basis before decreases (add lines 1, 2, 3e, 4o, 5, and 6) 7. _____

Section B - Decreases (Enter as a negative.)

8. Withdrawals, distributions of money, and the adjusted basis of distributed property

8a. Cash and marketable securities distributed 8a. _____

8b. Distribution subject to section 737 8b. _____

8c. Other property distributed 8c. _____

8d. Total distributions (add lines 8a through 8c) 8d. _____

9a. Decrease in partner's share of liabilities (see instructions) 9a. _____

9b. Partner's liabilities assumed by the partnership during the tax year 9b. _____

9c. Decrease in liabilities (sum of lines 9a and 9b) 9c. _____

10. Total distributions and decrease in liabilities (add lines 8d and 9c) 10. _____

11a. Basis after distributions (add lines 7 and 10) (If the result is negative, enter -0- on line 11a and enter the amount as a positive on line 11b.) 11a. 0.

11b. Gain on distributions in excess of basis 11b. _____

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership (continued)

Part II - Allowable Loss and Deduction Items (Enter as a negative.)

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Amount reducing basis (see instructions)	Column E Suspended carryforward
12. Nondeductible expenses					
13. Depletion for oil and gas					

14. Basis after nondeductible expenses and depletion (reduce line 11a
by the amounts on lines 12 and 13, column D)

	Column A Current year distributive share	Column B Prior-year carryforward amount	Column C Total of columns A and B	Column D Allowable loss and deductions (see instructions)	Column E Disallowed loss carryforward
15a. Ordinary business loss	- 2,367.		- 2,367.		- 2,367.
15b. Net rental real estate loss (excluding BIE)					
15c. Other net rental loss (excluding BIE)					
15d. Foreign taxes paid or accrued					
15e. Net short-term capital loss					
15f. Net long-term capital loss					
15g. Net section 1231 loss					
15h. Other losses					
15i. Section 179 deduction					

Other Deductions

15j. Charitable contributions					
15k. Investment interest expense					
15l. Deductions (royalty income)					
15m. Section 59(e)(2)					
15n. EBIE					
15o. Deductions - portfolio (other)					
15p. All other					
15q. BIE					
15r. Other decreases to basis					
15s. Subtotal (add lines 15a through 15r)	- 2,367.		- 2,367.		- 2,367.

15t. Total deductions and losses (add lines 15a through
15r, column C) - 2,367.

16. Allowable deductions and
losses

17. Unutilized EBIE on sale of
partnership interest

18. Adjusted basis at the end of
the tax year (Enter the sum of
lines 14, 16, and 17.)

Form 1040

Wages Received and Taxes Withheld

Statement 1

T S Employer's Name	Amount Paid	Federal Tax Withheld	State Tax Withheld	City SDI Tax W/H	FICA Tax	Medicare Tax
T LAKESIDE LIGHTING & IRRIGATION LLC	16,751.	1,645.	625.		1,039.	243.
S TACO BELL OF AMERICA LLC	1,047.		45.		68.	16.
Totals	17,798.	1,645.	670.		1,107.	259.

Form 1040

Federal Income Tax Withheld - Form(s) W-2

Statement 2

T S Description	Amount
T LAKESIDE LIGHTING & IRRIGATION LLC	1,645.
Total to Form 1040, line 25a	1,645.

Schedule C

Car and Truck Expenses

Statement 3

Description	Amount
VEHICLE - 8293 Business Miles @ \$0.700	5,805.
Total to Schedule C, line 9	5,805.

Schedule SE

Non-Farm Income

Statement 4

Description	Amount
1099 FROM PARA INC	4,737.
HUNTER HYDROTECH LLC	-2,367.
Total to Schedule SE, line 2	2,370.

Form 6251

Loss Limitations

Statement 5

Name of Activity	Form	Net Income (Loss)		Adjustment
		AMT	Regular	
HUNTER HYDROTECH LLC	Sch E	0.	-2,367.	2,367.
HUNTER HYDROTECH LLC	Sch E	0.	-2,366.	2,366.
Total to Form 6251, line 2n				4,733.

AMT Partnership
Basis WorksheetAlternative Minimum Tax
Allocation of Allowable Losses

Statement 6

HUNTER HYDROTECH LLC

Description	Loss	Percent of Loss	Allocation of Basis	Allowable Loss	Disallowed Loss
Ordinary	2,366.	1.000000000	0.	0.	2,366.
Totals	2,366.	1.000000000	0.	0.	2,366.

AMT Partnership
Basis WorksheetAlternative Minimum Tax
Allocation of Allowable Losses

Statement 7

HUNTER HYDROTECH LLC

Description	Loss	Percent of Loss	Allocation of Basis	Allowable Loss	Disallowed Loss
Ordinary	2,367.	1.000000000	0.	0.	2,367.
Totals	2,367.	1.000000000	0.	0.	2,367.

MICHIGAN Amended Return Explanation of Changes

Issued under authority of Public Act 281 of 1967, as amended.

Tax Year (YYYY)

2025

Instructions: When the Amended Return box is checked on the *Michigan Individual Income Tax Return* (MI-1040), you must include the *Amended Return Explanation of Changes* (Schedule AMD) and all applicable schedules and supporting documentation for a complete filing. **If the necessary documentation is not provided, the processing of your return may be delayed or your return may be denied.**

1. Filer's First Name SHAUN	M.I.	Last Name HUNTER	2. Filer's Full Social Security No. (Example: 123-45-6789) ***-**-9394
If a Joint Return, Spouse's First Name SHELBY	M.I.	Last Name HUNTER	3. Spouse's Full Social Security No. (Example: 123-45-6789) ***-**-5263
4. Adjusted Gross Income (AGI) from original Michigan return 28674			5. AGI from amended Michigan return 23611

REASONS FOR AMENDING

6. Listed below are common reasons for amending your Michigan individual income tax return, credit claims and schedules. Check all boxes that apply. You must also provide an explanation of the reason for amending your return in the Explanation of Changes box below. See page 2 regarding supporting documentation to include in the amended return filing.

- | | |
|--|--|
| a. ☐ Federal Audit and/or Other Federal Adjustments (include a copy of the IRS audit report, notice or other documents) | h. ☐ Credit for Income Tax Imposed by Government Units Outside Michigan (include copies of other state return(s)) |
| b. ☐ Filing Status | i. ☐ Michigan Withholding (include Schedule W) |
| c. ☒ AGI (include federal amended return) | j. ☐ Net Operating Loss Carryforward
Note: For carryback, see instructions |
| d. ☐ Additions (include Schedule 1) | k. ☐ Homestead Property Tax Credit (include MI-1040CR) |
| e. ☐ Subtractions (include Schedule 1) | l. ☐ Homestead Property Tax Credit for Veterans and Blind People (include MI-1040CR-2) |
| f. ☐ Retirement/Pension Benefits Subtractions (include Form 4884) | m. ☐ Farmland Preservation Tax Credit (include MI-1040CR-5 and Schedule CR-5) |
| g. ☐ Number of Dependents or Exemptions | n. ☐ Other (provide detail in Explanation of Changes box below) |

DEPENDENT CHART

7. Complete only if amending to change the number of dependents. List your eligible dependents below and answer all questions for each. An eligible dependent is a qualifying child or qualifying relative under federal law. Include a separate sheet if necessary.

A Name	B Full Social Security Number	C Relationship	D Age	E Enter "X" if this person is a qualifying child or qualifying relative under federal law.	F Enter "X" if the dependent filed a federal return.	G Enter "X" if the dependent lived with you more than 6 months during the year.	H Enter "X" if this dependent was claimed on your original return.

EXPLANATION OF CHANGES

8. Use the space provided below to explain all reasons for amending your Michigan return. Identify the line(s) from the MI-1040 and/or supporting forms that have changed. **Include all** applicable schedules and supporting documentation to submit a complete filing. **If a complete explanation and the necessary documentation is not provided, the processing of your return may be delayed or your return may be denied.**

THIS 2025 TAX RETURN IS BEING AMENDED TO REPORT THE CHANGE FROM A MICHIGAN1065 K-1 THAT WAS AMENDED FOR A BUSINESS TRUCK PURCHASE THAT WAS ERRONEOULSY OMITTED IN THE ORIGINAL 1065. THE K-1 BOX 14A NOW REPORTS AN SE LOSS OF (\$2,367). THE AMENDED K-1 ALSO REPORTS THE ADEQUATE TAXPAYERS' BASIS AND THEREFORE THE ALLOWED LOSS DEDUCTION. THE DECREASE IN THE HOUSEHOLD INCOME GENERTA

Amended Income Tax Return

2025

Issued under authority of Public Act 281 of 1967, as amended.

Filer's First Name SHAUN SHELBY	M.I. 	Last Name HUNTER HUNTER	Filer's Full Social Security No. (Example: 123-45-6789) ***-**-9394 ***-**-5263
---	-----------------	---------------------------------------	---

FILING STATUS

Single Married Filing Jointly Married Filing Separately *

5. On Original Return ☐ ☒ ☐
6. On This Return ☐ ☒ ☐

* If married filing separately, complete line 4 and enter spouse's full name below:

--

RESIDENCY STATUS

Resident Nonresident Part-Year Resident *

7. On Original Return ☒ ☐ ☐ FROM
8. On This Return ☒ ☐ ☐ FROM

* Enter dates of **Michigan** residency for tax year being amended. Enter dates as MM-DD-YYYY (Example: 04-15-2016).

	TO
	TO

EXEMPTIONS

9. Complete only if changing the number of exemptions. Enter a number for all that apply in the appropriate box (see instructions).

Enter the number of exemptions claimed:

- a. Number of federal exemptions
- b. Deaf, blind or disabled *
- c. Number of qualified disabled veterans

On Your **Original Return**

a.	2
b.	
c.	

On **This Return**

a.	2
b.	
c.	

*Applies to people who are hemiplegic, paraplegic, quadriplegic or classified as totally and permanently disabled under Social Security guidelines.

INCOME, ADDITIONS AND DEDUCTIONS

To avoid processing delays, attach all supporting documentation for your adjustments.

10. **Adjusted gross income.** Explain changes on line 39
11. Additions to adjusted gross income
12. **Total income.** Add lines 10 and 11
13. Subtractions from adjusted gross income
14. **Balance.** Subtract line 13 from line 12
15. Multiply number of exemptions by applicable amount (see instructions)
16. **Taxable income.** Subtract line 15 from line 14
17. **Tax.** Multiply line 16 by tax rate (see instructions)

NONREFUNDABLE CREDITS

18. Credit for Income Tax Imposed by Government Units Outside Michigan
19. Historic Preservation Tax Credit (nonrefundable, **attach Form 3581**)
20. Total nonrefundable credits. Add lines 18 and 19
21. Subtract line 20 from line 17. If line 20 is more than line 17, enter "0"
22. Voluntary Contributions (see instructions)
23. Penalty for nonqualified withdrawal from Form 5792, MI First-Time Home Buyers Savings
24. Use tax due (see instructions)
25. Add lines 21 through 24

REFUNDABLE CREDITS AND PAYMENTS

26. Property Tax Credit (**attach MI-1040CR or MI-1040CR-2**)
27. Farmland Preservation Tax Credit (**attach MI-1040CR-5**)
28. Michigan Earned Income Tax Credit (**attach copy of federal return**)
29. Historic Preservation Tax Credit (refundable, **attach Form 3581**)
30. Credit for allocated share of tax paid by an elected flow-through entity
31. Michigan tax withheld (**attach Schedule W**)
32. Estimated tax, extension payments and credit forward

A. On Original Return	B. Net Change	C. Correct Amount
28674	-5063	23611
353	-186	167
29027	-5249	23778
29027	-5249	23778
11600		11600
17427	-5249	12178
741	-223	518
741	0	518
741		518
0	59	59
670		670

REFUND OR BALANCE DUE

33. Overpayment, if any, on original return (see instructions) 33.

0	00
---	----
34. Amount paid with original return, plus additional tax paid after filing (do not include interest or penalty) 34.

71	00
----	----

2025 MICHIGAN Individual Income Tax Return MI-1040**Amended Return** ☒
(Include Schedule AMD)**Return is due April 15, 2026.**

1. Filer's First Name SHAUN		M.I.	Last Name HUNTER		2. Filer's Full Social Security No. (Example: 123-45-6789) ***-**-9394	
If a Joint Return, Spouse's First Name SHELBY		M.I.	Last Name HUNTER		3. Spouse's Full Social Security No. (Example: 123-45-6789) ***-**-5263	
Home Address (Number, Street, or P.O. Box) 8160 CRESTVIEW DR						
City or Town STERLING HEIGHTS			State MI	ZIP/Postal Code 48312	Country Code	4. School District Code (5 digits) 50230
5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. ☐ Filer b. ☐ Spouse				6. FARMERS, FISHERMEN, OR SEAFARERS ☐ Check this box if 2/3 of your income is from farming, fishing, or seafaring.		
7. 2025 FILING STATUS. Check one. a. ☐ Single b. ☒ Married filing jointly c. ☐ Married filing separately* * If you check box "c," complete line 3 and enter spouse's full name below: 				8. 2025 RESIDENCY STATUS. Check all that apply. a. ☒ Resident b. ☐ Nonresident* c. ☐ Part-Year Resident* * If you check box "b" or "c," you must complete and include Schedule NR.		

9. **EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

a. Number of exemptions (see instructions)	9a.	2	x	\$5,800	9a.	11600	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	9b.		x	\$3,400	9b.		00
c. Number of qualified disabled veterans	9c.		x	\$500	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions)	9d.		x	\$5,800	9d.		00
e. Claimed as dependent, see line 9 NOTE above	9e.	☐			9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15	9f.				9f.	11600	00
10. Adjusted Gross Income from your U.S. Form 1040 (see instructions)	10.				10.	23611	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.				11.	167	00
12. Total. Add lines 10 and 11	12.				12.	23778	00
13. Subtractions from Schedule 1, line 31. Include Schedule 1	13.				13.		00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14.				14.	23778	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19	15.				15.	11600	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.				16.	12178	00
17. Tax. Multiply line 16 by 4.25% (0.0425)	17.				17.	518	00

Continue on page 2. This form cannot be processed if pages 2 and 3 are not completed and included.

Filer's Full Social Security Number

***-**-9394

NON-REFUNDABLE CREDITS

	AMOUNT		CREDIT	
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)	18a.	00	18b.	00
19. Michigan Historic Preservation Tax Credit (see instructions)	19a.	00	19b.	00
20. Credit for organ donation expenses (see instructions)	20a.	00	20b.	00
21. Income Tax. Subtract the sum of lines 18b, 19b, and 20b from line 17. If the sum of lines 18b, 19b, and 20b is greater than line 17, enter "0"			21.	518 00
22. Voluntary Contributions from Form 4642, line 6. Include Form 4642			22.	00
23. Penalty for nonqualified withdrawal from Form 5792, <i>Michigan First-Time Home Buyer Savings Program, line 5</i>			23.	00
24. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)			24.	0 00
25. Total Tax Liability. Add lines 21 through 24	25.			518 00

REFUNDABLE CREDITS AND PAYMENTS

26. Property Tax Credit. Include MI-1040CR or MI-1040CR-2	26.		00	
27. Farmland Preservation Tax Credit. Include MI-1040CR-5	27.		00	
		FEDERAL	MICHIGAN	
28. Earned Income Tax Credit. Multiply line 28a by 30% (0.30) and enter result on line 28b	28a.	198 00	28b.	59 00
29. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	29.			00
30. Credit for allocated share of tax paid by an electing flow-through entity (see instructions)	30.			00
31. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)	31.			670 00
32. Estimated tax, extension payments and 2024 credit forward	32.			00
33. 2025 AMENDED RETURNS ONLY. Taxpayers completing an original 2025 return should skip to line 34. Amended returns must include Schedule AMD (see instructions).				
33a. ☐ If you had a refund and/or credit forward on the original return, check box 33a and enter this amount as a negative number on line 33c.				
33b. ☒ If you paid with the original return, check box 33b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 33c. Do not include interest or penalty.			33c.	71 00
34. Total refundable credits and payments. Add lines 26, 27, 28b, 29, 30, 31, 32 and 33c	34.			800 00

Continue on page 3. This form cannot be processed if pages 2 and 3 are not completed and included.

PENALTY AND/OR INTEREST RELIEF REQUEST

35a.

☐

Check this box if you and/or your spouse, if filing jointly, are eligible for a federal extension for service in a combat zone. Do not complete lines 35c or 35d.

35b.

☐

Check this box if you and/or your spouse, if filing jointly, have been affected by a declared disaster zone in Michigan (see instructions). Complete lines 35c and 35d.

35c.

Address affected by the declared disaster.

35d.

Enter the disaster zone and describe how you were affected by the disaster (see instructions).

REFUND OR TAX DUE

36.

If line 34 is less than line 25, subtract line 34 from line 25. If applicable, see instructions.

Include interest

00

and penalty

00

YOU OWE

36.

00

37.

Overpayment. If line 34 is greater than line 25, subtract line 25 from line 34

37.

282

00

38.

Credit Forward. Amount of line 37 to be credited to your 2026 estimated tax for your 2026 tax return

38.

00

39.

Subtract line 38 from line 37

REFUND

39.

282

00

DIGITAL ASSET (INCLUDING FINANCIAL INTEREST IN A DIGITAL ASSET)

40.

☐

Check this box if you and/or your spouse, if filing jointly, engaged in any of the following during 2025:

Received a digital asset as a reward, award, or payment for property or services

Sold, exchanged, or otherwise disposed of a digital asset.

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

a. Routing Transit Number	b. Account Number	c. Type of Account
		1. ☐ Checking 2. ☐ Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2024, enter dates below as (MM-DD-YYYY). ENTER DATE OF DEATH ONLY.

Filer

Spouse

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature

Date

Spouse's Signature

Date

☒ By checking this box, I authorize Treasury to discuss my return with my preparer.

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN

P00650759

Preparer's Name (print or type)

J SOMMERVILLE CPA

Preparer's Signature

Preparer's Business Name, Address and Telephone Number

JAMES R SOMMERVILLE, CPA, PLLC

7905 GLACIER CLUB DR

WASHINGTON, MI 48094

248-302-9470

Refund, credit, or zero returns. Mail your return to:
Pay amount on line 36 (see instructions). Mail your check and return to:

Michigan Department of Treasury, Lansing, MI 48956
Michigan Department of Treasury, Lansing, MI 48929

+ 1019 2025 05 03 27 4

558012 12-28-25

2025 MICHIGAN Schedule 1 Additions and Subtractions

Include with Form MI-1040.

Attachment 01

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)
SHAUN		HUNTER	***-**-9394

Additions to Income (all entries must be positive numbers)

1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions	1.		00
2. Deduction for taxes on or measured by income, including self-employment tax, taken on your federal return, and allocated share of tax paid by an electing flow-through entity (see instructions)	2.	167	00
3. Gains from Michigan column of MI-1040D and MI-4797	3.		00
4. Losses attributable to other states (see instructions)	4.		00
5. Net loss from federal column of your Michigan MI-1040D or MI-4797	5.		00
6. Oil, gas, and nonferrous metallic mineral expense. Enter amount from line 20 of Form 5889, <i>Michigan Report of Oil, Gas, and Nonferrous Metallic Minerals Extraction - Income and Expenses</i>	6.		00
7. Federal Net Operating Loss deduction included in AGI	7.		00
8. Other (see instructions). Describe:	8.		00
9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11	9.	167	00

Subtractions from Income (all entries must be positive numbers)

10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000	10.		00
11. Amount included in MI-1040, line 10, from military retirement/pension benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement/pension benefits	11.		00
12. Gains from federal column of Michigan MI-1040D and MI-4797	12.		00
13. Income attributable to another state. Explain type and source:	13.		00
14. Taxable Social Security benefits or military pay (not retirement/pension) included on MI-1040, line 10	14.		00
15. Income earned while a resident of a Renaissance Zone (see instructions).	15.		00
16. Michigan state and local income tax refunds received in 2025 and included on MI-1040, line 10 including your allocated share of refund received from an electing flow-through entity	16.		00
17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program	17.		00
18. Michigan Education Trust	18.		00
19. Oil, gas, and nonferrous metallic minerals income. Enter amount from line 7 of Form 5889, <i>Michigan Report of Oil, Gas, and Nonferrous Metallic Minerals Extraction - Income and Expenses</i>	19.		00
20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i>	20.		00
21. First-Time Home Buyer Savings Program. Enter amount from line 3 of Form 5792, <i>Michigan First-Time Home Buyer Savings Program</i> . Include Form 5792	21.		00
22. Expenses of marihuana establishment licensed under MRTMA	22.		00
23. Miscellaneous subtractions (see instructions). Describe:	23.		00

2025 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)
SHAUN		HUNTER	***-**-9394

Deduction Based on Year of Birth

Complete 24A through 24H if claiming the Michigan Standard Deduction, the retirement/pension benefits deduction or the senior investment income deduction on lines 25, 26, 27, or 28. Check box(es) 24C and/or 24G **only** if you or your spouse received retirement/pension benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing.**

24. FILER				SPOUSE			
A. Year of Birth (19xx)	B. Age as of 12-31-2025	C. Check if filer received benefits from SSA exempt employment	D. Check if filer retired as of 01-01-2013 and born after 1952	E. Year of Birth (19xx)	F. Age as of 12-31-2025	G. Check if spouse received benefits from SSA exempt employment	H. Check if spouse retired as of 01-01-2013 and born after 1952
		☐	☐			☐	☐
25. Tier 2 Michigan Standard Deduction. Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1946 through December 31, 1952, and reached age 67. Do not complete lines 26, 27 or 28				25.			00
26. Tier 3 Michigan Standard Deduction. Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1959, and reached age 67 on or before December 31, 2025. Do not complete lines 25, 27 or 28				26.			00
27. Retirement/Pension benefits. Enter amount from line 16, 17, 18 or 19 of Form 4884, <i>Michigan Retirement and Pension Schedule</i> . Include Form 4884				27.			00
28. Dividend/interest/capital gains deduction for taxpayers born prior to 1946 . This deduction is limited to \$14,688 on a single return or \$29,376 on a joint return, and must be reduced by any deduction for retirement/pension benefits (see instructions)				28.			00
☐ Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born prior to 1946 who was at least age 65 at the time of death.							
29. Subtotal. Add lines 10 through 28				29.			00
30. 2025 Michigan NOL Deduction. Enter amount from line 11 or 12 of Form 5674, <i>Michigan Net Operating Loss Deduction</i> . Include Form 5674				30.			00
31. Total Subtractions. Add lines 29 and 30. Enter here and on MI-1040, line 13				31.			00

2025 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2025, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 31). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name SHAUN	M.I.	Last Name HUNTER	2. Filer's Full Social Security No. (Example: 123-45-6789) ***-**-9394
If a Joint Return, Spouse's First Name SHELBY	M.I.	Last Name HUNTER	3. Spouse's Full Social Security No. (Example: 123-45-6789) ***-**-5263

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

A Enter "X" for: Filer or Spouse		B Employer's identification number (Example: 38-1234567)	C Box c - Employer's name	D Box 1 - Wages, tips, other compensation		E Box 17 - Michigan income tax withheld	
X		** - ***9384	LAKESIDE LIGHTING & I	16751	00	625	00
	X	** - ***7005	TACO BELL OF AMERICA	1047	00	45	00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable)							00
4. SUBTOTAL. Enter total of Table 1, column E						670	00

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

A Enter "X" for: Filer or Spouse		B Payer's federal identification number (Example: 38-1234567)	C Payer's name	D Taxable pension distribution, misc. income, etc. (see inst.)		E Michigan income tax withheld	
					00		00
					00		00
					00		00
					00		00
					00		00
Enter Table 2 Subtotal from additional Schedule W forms (if applicable)							00
5. SUBTOTAL. Enter total of Table 2, column E							00
6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 31						670	00

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Name of proprietor

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2025
Attachment
Sequence No. **09**

SHAUN HUNTER

Social security number (SSN)

*****-**-9394**

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

1099 FROM PARA INC

B Enter code from instructions

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

SHAUN HUNTER SCH C

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

E Business address (including suite or room no.)

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

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)

G Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2025, check here

☐ Yes ☒ No

I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions

☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 1099?

☐ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	16,792.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	16,792.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	16,792.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	16,792.

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

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions) Stmt 1	9	5,805.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	6,250.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27 a	Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	Other expenses (from line 48)	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	4,737.				
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	☐ All investment is at risk.		
				32b	☐ Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a ☐ Cost	b ☐ Lower of cost or market	c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation			
		☐ Yes ☐ No		
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		

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

43	When did you place your vehicle in service for business purposes? (month/day/year)	05 / 01 / 25						
44	Of the total number of miles you drove your vehicle during 2025, enter the number of miles you used your vehicle for:							
a	Business	8,293	b	Commuting	3,919	c	Other	1,671
45	Was your vehicle available for personal use during off-duty hours?	☐ Yes ☐ No						
46	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes ☐ No						
47 a	Do you have evidence to support your deduction?	☒ Yes ☐ No						
b	If "Yes," is the evidence written?	☒ Yes ☐ No						

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

48 Total other expenses. Enter here and on line 27b

48

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

Your social security number

SHAUN & SHELBY HUNTER

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Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

- 27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	HUNTER HYDROTECH LLC	P		** - *** 7342		
B	HUNTER HYDROTECH LLC	P		** - *** 7342		
C						
D						

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A		2,367.		
B		2,366.		
C				
D				
29a Totals				
b Totals		4,733.		
30 Add columns (h) and (k) of line 29a				30
31 Add columns (g), (i), and (j) of line 29b				31 (4,733.)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31				32 -4,733.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36			37

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

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

Part V Summary

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below		40
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5		41 -4,733.
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Schedule C	Car and Truck Expenses	Statement 1
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Description	Amount
VEHICLE - 8293 Business Miles @ \$0.700	5,805.
Total to Schedule C, line 9	5,805.

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