

July 2, 2026

BRENDA MILLANI POTTER
c/o OTAVIO HAVERROTH SILVA
PO BOX 90487
SAN DIEGO, CA 92169

RE: I-485, Application to Register Permanent Residence or Adjust
Status

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
National Benefits Center
P.O. Box 648004
Lee's Summit, MO 64002



U.S. Citizenship
and Immigration
Services



IOE0937376121



A236-917-905

REQUEST FOR EVIDENCE (FORM I-485)

Dear BRENDA MILLANI POTTER:

Why We Are Writing You

On June 23, 2026, you submitted your Form I-485. We are writing to inform you that we need more information from you to make a decision on your case. Please read this letter carefully and follow all of the instructions below.

What You Need To Do

You must provide the following information in order for us to make a final decision on your case. **Please include a copy of ALL pages of this letter with your response.**

- The joint sponsor on Form I-864, Affidavit of Support, must submit a complete Federal income tax return submitted to the Internal Revenue Service (IRS) for the most recent tax year. If you submit a transcript, it must be a "Tax Return Transcript" from the IRS.

If you were not required to file a Federal income tax return under U.S. tax law, attach a written explanation of why you are not required to file. See "Filing Requirements" in the IRS Form 1040 Filing Instructions to determine whether you were required to file.

- Based on the documents submitted, we could not determine that the joint sponsor, KEVIN CHARLES POTTER, on Form I-864, Affidavit of Support, is qualified. In order to be a qualified sponsor, the joint sponsor's Form I-864 must be properly completed and signed, and the supporting documents must establish that the joint sponsor's income meets 125 percent of the federal poverty guideline for the sponsor's household size. See Form I-864P for information on the Federal Poverty Guidelines.

If the joint sponsor's income does not meet 125 percent of the federal poverty guideline for his or her household size, you must obtain a qualifying joint sponsor who demonstrates the ability to support you or submit evidence

of assets. See Form I-864 Instructions for more information. If you decide to obtain a different joint sponsor, you will need to:

- Submit a completed and signed Form I-864, Affidavit of Support, from the joint sponsor. A valid signature consists of any handwritten mark or sign made by an individual, and does not include signatures created by a typewriter, word processor, stamp, auto-pen, or similar device. All pages must be present and of the latest edition date.
- Provide the joint sponsor's Social Security Number on Form I-864.
- Provide a complete and correctly calculated household size on Form I-864.
- Submit a complete copy of the joint sponsor's Federal income tax return and all supporting tax documents (W-2s, 1099s, Form 2555, and tax schedules) for the most recent tax year.
- Submit evidence of the joint sponsor's status as a United States citizen, United States National, or Lawful Permanent Resident.

The "Total Income" line on IRS Form 1040 is used to determine qualifying income for a sponsor, not the "Gross Receipts" line from IRS Schedule C or C-EZ.

If the petitioning sponsor or the joint sponsor is unable to meet the income requirements, he or she may qualify based on the cash value of his or her significant assets. Assets must equal the stated difference between the sponsor's income and 125 percent of the federal poverty guideline for the sponsor's household size.

- Assets must equal the difference for applicants filing as orphans.
- Assets must equal three times the difference for a spouse or child of a United States citizen.
- Assets must equal five times the difference for all others.

Acceptable evidence of assets:

- Bank statements covering the last 12 months (statements will be averaged over a 12 month period) or a statement from an officer of the bank or other financial institution in which the sponsor has deposits, the account balance averaged over a 12 month period, and current balance;
- Evidence of ownership, value, and dates acquired of stocks, bonds, and certificates of deposit;
- Evidence of ownership, value/equity, and dates acquired of other personal property;
- Evidence of ownership, a recent licensed appraisal or county tax assessment, any mortgage/lien or lien release of any real estate, and dates acquired.

For further instructions and the latest edition of Form I-864, visit the USCIS website at www.uscis.gov. See Specific Instructions and Specific Requirements listed in the Form I-864 instructions for complete information.

- Based on the documents submitted, we could not determine that the petitioning sponsor on Form I-864, Affidavit of Support, is qualified. In order to be a qualified sponsor, the petitioning sponsor's Form I-864 must be properly completed and signed, and the supporting documents must establish that the petitioning sponsor's income meets 125 percent of the federal poverty guideline for the sponsor's household size. See Form I-864P for information on the Federal Poverty Guidelines.

If the petitioning sponsor's income does not meet 125 percent of the federal poverty guideline for his or her household size, you must obtain a qualifying joint sponsor who demonstrates the ability to support you or submit evidence of assets. See Form I-864 Instructions for more information. If you decide to obtain a joint sponsor (or a different joint sponsor), you will need to:

- Submit a completed and signed Form I-864, Affidavit of Support, from the joint sponsor. A valid signature consists of any handwritten mark or sign made by an individual, and does not include signatures created by a typewriter, word processor, stamp, auto-pen, or similar device. All pages must be present and of the latest edition date.
- Provide the joint sponsor's Social Security Number on Form I-864.
- Provide a complete and correctly calculated household size on Form I-864.
- Submit a complete copy of the joint sponsor's Federal income tax return and all supporting tax documents (W-2s, 1099s, Form 2555, and tax schedules) for the most recent tax year.
- Submit evidence of the joint sponsor's status as a United States citizen, United States National, or Lawful Permanent Resident.

The "Total Income" line on IRS Form 1040 is used to determine qualifying income for a sponsor, not the "Gross Receipts" line from IRS Schedule C or C-EZ.

If the petitioning sponsor or the joint sponsor is unable to meet the income requirements, he or she may qualify based on the cash value of his or her significant assets. Assets must equal the stated difference between the sponsor's income and 125 percent of the federal poverty guideline for the sponsor's household size.

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- Evidence of ownership, value, and dates acquired of stocks, bonds, and certificates of deposit;
- Evidence of ownership, value/equity, and dates acquired of other personal property;
- Evidence of ownership, a recent licensed appraisal or county tax assessment, any mortgage/lien or lien release of any real estate, and dates acquired.

For further instructions and the latest edition of Form I-864, visit the USCIS website at www.uscis.gov. See Specific Instructions and Specific Requirements listed in the Form I-864 instructions for complete information.

When You Need To Do It

You must submit the requested information by September 27, 2026. You must either mail the requested information to the address shown below or scan and upload your response using your USCIS online account (if applicable).

You must submit all of the requested evidence at one time. If you submit only part of the evidence, we will make a decision based on the evidence that you submit. We will not consider any evidence that is submitted after the due date. If you do not respond to this request by the date shown above, we will deny your case.

If you submit a document in any language other than English, you must provide: (1) a copy of the original document in its foreign language; and (2) a full English translation of the document. The translator must certify that the translation is complete and accurate, and that he or she is competent to translate from the foreign language to English.

We strongly recommend you keep a copy of all documents that you submit to USCIS in response to this request.

Please include a copy of ALL pages of this letter with your response.

Submit your response with requested document(s), information, etc. to this address:

Regular Mail	Express Mail or Courier Deliveries
U.S. Department of Homeland Security	USCIS, Attention: Adjustment of Status
PO Box 648004	850 NW Chipman Rd
Lee's Summit, MO 64002	Lee's Summit, MO 64063

Please do not forget to include a copy of ALL pages of this letter with your response.

Sincerely,



Rose M. Kendrick
Acting Director



U.S Department of Homeland Security

PO Box 648004

Lee's Summit, MO 64002

RE: Response to Request for Evidence (RFE)

I-485, Application to Register Permanent Residence or Adjust Status

Applicant: Brenda Millani Potter (A-236917905)

Petitioner: Christopher Alan Potter (U.S Citizen)

Joint Sponsor: Kevin Charles Potter

RFE Date: July 2, 2026

USCIS Receipt Number of Form I-485: IOE0937376121

Dear Sir or Madam,

We respectfully submit this response to the Request for Evidence (RFE) concerning the Affidavit of Support for the adjustment of status application of Mrs. Brenda Millani Potter, with Mr. Christopher Alan Potter as the petitioner of Form I-130.

The matter is regarding the qualification of Mr. Kevin Charles Potter as the joint sponsor in Mrs. Brenda Millani Potter application.

We are including a copy of Kevin Charles Potter's Form I-864, Affidavit of Support, as requested. The form was previously submitted with the original application, and no changes have been made to the previously submitted form.

As required, we have attached all the essential documentation to ensure that the USCIS financial requirements are satisfied, guaranteeing Mr. Kevin Charles Potter income ultrapasses more than a 125% of the federal poverty guideline and as demonstrated in the enclosed evidence:

1. Supporting Documentation - Joint Sponsor: Kevin Charles Potter:

- Kevin Charles Potter's U.S. IRS Federal Income Tax Return - 2025
- Kevin Charles Potter's U.S. IRS Federal Income Tax Return - 2024
- Kevin Charles Potter 's U.S. IRS Federal Income Tax Return - 2023
- Kevin Charles Potter's W-2 and Earnings Summary - 2025
- Kevin Charles Potter's W-2 and Earnings Summary - 2024

- Kevin Charles Potter's W-2 and Earnings Summary - 2023
- Kevin Charles Potter's Pay Statement - March 30, 2026
- Kevin Charles Potter's Pay Statement - March 13, 2026
- Kevin Charles Potter's Pay Statement - February 27, 2026
- Kevin Charles Potter's Pay Statement - February 13, 2026
- Kevin Charles Potter's Pay Statement - January 30, 2026
- Kevin Charles Potter's Pay Statement - January 15, 2026

2. Copy of Kevin Charles Potter's Form I-864, Affidavit of Support

All documents are clearly labeled and organized in the order referenced above for your convenience. We believe this submission fully addresses the concerns raised in the RFE and demonstrates that the financial sponsorship requirements are met, as permitted by USCIS regulations.

Should you require any further information or clarification, please do not hesitate to contact us.

Thank you for your attention to this matter.



08/26/2026

Otavio Haverroth Silva (SBN: 343486)

Attorney at Law

510-241-9336

Exhibit list

Exhibits:

Pages:

**Exhibit 1 - Supporting Documentation - Joint Sponsor:
Kevin Charles Potter**

Kevin Charles Potter's U.S. IRS Federal Income Tax 1-45
Return - 2025

Kevin Charles Potter's U.S. IRS Federal Income Tax 46-80
Return - 2024

Kevin Charles Potter 's U.S. IRS Federal Income Tax 81-113
Return - 2023

Kevin Charles Potter's W-2 and Earnings Summary - 114
2025

Kevin Charles Potter's W-2 and Earnings Summary - 115-119
2024

Kevin Charles Potter's W-2 and Earnings Summary - 120
2023

Kevin Charles Potter's Pay Statement - March 30, 121-122
2026

Kevin Charles Potter's Pay Statement - March 13, 123-124
2026

Kevin Charles Potter's Pay Statement - February 27, 125-126
2026

Kevin Charles Potter's Pay Statement - February 13, 127-128
2026

Kevin Charles Potter's Pay Statement - January 30, 129-130
2026

Kevin Charles Potter's Pay Statement - January 15, 131-132
2026

**Exhibit 2 - Copy of Kevin Charles Potter's Form I-864,
Affidavit of Support**

**Exhibit 1 - Supporting
Documentation - Joint
Sponsor: Kevin
Charles Potter**

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/15/2026**

2026 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2026 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order. ▶

536.

REV 03/25/26 INTUIT.CG.CFP.SP

1555

550-81-2496
KEVIN C POTTER

1461 FERGUSON WAY
SAN JOSE CA 95129-4920

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

550812496 KN POTT 30 0 202612 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **06/15/2026**

2026 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2026 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order. ▶

536.

REV 03/25/26 INTUIT.CG.CFP.SP

1555

550-81-2496
KEVIN C POTTER

1461 FERGUSON WAY
SAN JOSE CA 95129-4920

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

550812496 KN POTT 30 0 202612 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **09/15/2026**

2026 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2026 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order. ▶

536.

REV 03/25/26 INTUIT.CG.CFP.SP

1555

550-81-2496
KEVIN C POTTER

1461 FERGUSON WAY
SAN JOSE CA 95129-4920

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

550812496 KN POTT 30 0 202612 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **01/15/2027**

2026 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2026 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order. ▶

536.

REV 03/25/26 INTUIT.CG.CFP.SP

1555

550-81-2496
KEVIN C POTTER

1461 FERGUSON WAY
SAN JOSE CA 95129-4920

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

550812496 KN POTT 30 0 202612 430

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

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

☐ Other

Your first name and middle initial
Kevin C

Last name
Potter

Your social security number
550 81 2496

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

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.
1461 Ferguson Way

Apt. no.

Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☒

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

State
CA

ZIP code
951294920

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

☐ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: _____

☐ Head of household (HOH)

☐ Qualifying surviving spouse (QSS)
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		(1) First name		(1) First name		(1) First name	
If more than four dependents, see instructions and check here ☐	(2) Last name		(2) Last name		(2) Last name		(2) Last name	
	(3) SSN		(3) SSN		(3) SSN		(3) SSN	
	(4) Relationship		(4) Relationship		(4) Relationship		(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.	(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	☐ 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	☐ 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

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.

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	121,025.
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	0.
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	121,025.
2a	Tax-exempt interest	2a	0.
3a	Qualified dividends	3a	138.
c	Check if your child's dividends are included in 1 ☐ Line 3a	2 ☐ Line 3b	
4a	IRA distributions	4a	
c	Check if (see instructions) 1 ☐ Rollover	2 ☐ QCD 3 ☐	
5a	Pensions and annuities	5a	
c	Check if (see instructions) 1 ☐ Rollover	2 ☐ PSO 3 ☐	
6a	Social security benefits	6a	
c	If you elect to use the lump-sum election method, check here (see instructions)	6b	
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐		
7a	Capital gain or (loss). Attach Schedule D if required	7a	349.
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)		
8	Additional income from Schedule 1, line 10	8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	9	130,658.
10	Adjustments to income from Schedule 1, line 26	10	
11a	Subtract line 10 from line 9. This is your adjusted gross income	11a	130,658.

Tax and Credits

11b	Amount from line 11a (adjusted gross income)	11b	130,658.
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	15,750.
13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	0.
b	Additional deductions from Schedule 1-A, line 38	13b	
14	Add lines 12e, 13a, and 13b	14	15,750.
15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15	114,908.
16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	20,385.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	20,385.
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	4.
21	Add lines 19 and 20	21	4.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	20,381.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	20,381.

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	25a	18,240.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	18,240.
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	
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	
33	Add lines 25d, 26, and 32. These are your total payments	33	18,240.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34																	
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	☐																
b	Routing number <table><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	c Type: ☐ Checking ☐ Savings							
X	X	X	X	X	X	X	X	X	X										
d	Account number <table><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
36	Amount of line 34 you want applied to your 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	2,141.
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

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

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)						
		Supply Chain Manager	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
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.)						
			<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Phone no. (650) 690-1933		Email address							

Paid Preparer Use Only

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

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2025
Attachment
Sequence No. **03**

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

Kevin C Potter

Your social security number

550-81-2496

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	4 .
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount:	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	4 .

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b	
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
z	Other refundable credits (see instructions):		
		13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	

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

BAA

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Schedule 3 (Form 1040) 2025 Created 11/17/25

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2025
Attachment
Sequence No. **08**

Name(s) shown on return

Kevin C Potter

Your social security number

550-81-2496

Part I

Interest

(See instructions and the Instructions for Form 1040, line 2b.)

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

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

WELLS FARGO CLEARING SERVICES, LLC

NATIONAL FINANCIAL SERVICES LLC

Amount

317.26

4,001.51

1

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

4,318.77

4,318.77

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

Amount

Part II

Ordinary Dividends

(See instructions and the Instructions for Form 1040, line 3b.)

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

- 5** List name of payer: WELLS FARGO CLEARING SERVICES, LLC
NATIONAL FINANCIAL SERVICES LLC

3,648.81

1,316.25

5

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

4,965.06

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

Part III

Foreign Accounts and Trusts

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

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

- 7a** At any time during 2025, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

Yes No

X

- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

- b** If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:

- 8** During 2025, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

X

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service**Capital Gains and Losses****Attach to Form 1040, 1040-SR, or 1040-NR.**
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2025Attachment
Sequence No. **12**

Name(s) shown on return

Kevin C Potter

Your social security number

550-81-2496

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☐ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A or Box G checked	12,389.	12,349.		40.
2 Totals for all transactions reported on Form(s) 8949 with Box B or Box H checked	20,000.	20,000.		0.
3 Totals for all transactions reported on Form(s) 8949 with Box C or Box I checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 40.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D or Box J checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E or Box K checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F or Box L checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 309.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 309.

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

BAA

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Schedule D (Form 1040) 2025 Created 10/6/25

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	349 .
• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 22.		
17 Are lines 15 and 16 both gains? ☒ Yes. Go to line 18. ☐ No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☒ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7a, the smaller of:	21 (	)
• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) }		
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. ☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. **52**

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

Kevin C Potter

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
550-81-2496

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2025. See instructions	☒ Self-only ☐ Family
2	HSA contributions you made for 2025 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2025. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	0.
3	If you were under age 55 at the end of 2025 and, on the first day of every month during 2025, you were, or were considered, an eligible individual with the same coverage, enter \$4,300 (\$8,550 for family coverage). All others , see the instructions for the amount to enter	5,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2025 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2025, also include any amount contributed to your spouse's Archer MSAs	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2025, see the instructions for the amount to enter	5,300.
7	If you were age 55 or older at the end of 2025, married, and you or your spouse had family coverage under an HDHP at any time during 2025, enter your additional contribution amount. See instructions	0.
8	Add lines 6 and 7	5,300.
9	Employer contributions made to your HSAs for 2025	4,300.
10	Qualified HSA funding distributions	
11	Add lines 9 and 10	4,300.
12	Subtract line 11 from line 8. If zero or less, enter -0-	1,000.
13	HSA deduction (see instructions)	0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2025 from all HSAs (see instructions)	1,615.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	
c	Subtract line 14b from line 14a	1,615.
15	Qualified medical expenses paid using HSA distributions (see instructions)	1,615.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ☐	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	
19	Qualified HSA funding distribution	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	

**Qualified Business Income Deduction
Simplified Computation**Attach to your tax return.
Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

Kevin C Potter

Your taxpayer identification number

550-81-2496

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

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

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 2.	
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 2.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	0.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	0.
11	Taxable income before qualified business income deduction (see instructions)	11 114,908.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 447.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 114,461.	
14	Income limitation. Multiply line 13 by 20% (0.20)	14	22,892.
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	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16 (0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17 (0.)	

TAXABLE YEAR 2025	California Online e-file Return Authorization for Individuals	FORM 8453-OL
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Your first name and initial KEVIN C		Last name POTTER		Suffix	Your SSN or ITIN 550-81-2496
If filing jointly, spouse's/RDP's first name and initial		Last name		Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 1461 FERGUSON WAY		Apt. no./ste. no.	PMB/private mailbox		Daytime telephone number (650) 690-1933
City SAN JOSE				State CA	ZIP code 95129-4920
Foreign country name		Foreign province/state/county			Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions	1	135161
2 Refund or no amount due. See instructions	2	
3 Amount you owe. See instructions	3	38

Part II Settle Your Account Electronically for Taxable Year 2025 (Pay by 4/15/2026)

4 ☐ Direct deposit of refund

5 ☒ Electronic funds withdrawal **5a** Amount **38** **5b** Withdrawal date (mm/dd/yyyy) **04/15/2026**

Part III Make Estimated Tax Payments for Taxable Year 2026 (These are NOT installment payments for the current amount you owe.)

	First Payment 4/15/2026	Second Payment 6/15/2026	Third Payment 9/15/2026	Fourth Payment 1/15/2027
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below _____	12 The remaining amount of my refund for direct deposit _____
9 Routing number 322271627	13 Routing number _____
10 Account number 903615711	14 Account number _____
11 Type of account: ☒ Checking ☐ Savings	15 Type of account: ☐ Checking ☐ Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2025 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Your signature _____

Date _____

Spouse's/RDP's signature. If filing jointly, both must sign.
It is unlawful to forge a spouse's/RDP's signature.

Date _____

2025 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

550-81-2496 POTT
KEVIN C POTTER

25

1461 FERGUSON WAY
SAN JOSE CA 95129-4920

09-27-1967

Enter your county at time of filing (see instructions)

Principal Residence

☒ SANTA CLARAIf your address above is the same as your principal/physical residence address at the time of filing, check this box . . . ☒ X

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

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

☒

City

State

ZIP code

☒If your California filing status is different from your federal filing status, check the box here ☐

Filing Status

1 ☒ Single4 ☐ Head of household (with qualifying person). See instructions.2 ☐ Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died. See instructions. 3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. 6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. ☒ 6 ☐

Exemptions

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ☒ 7 1 X \$153 = ☒ \$ 1538 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. ☒ 8 X \$153 = ☒ \$ 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. ☒ 9 X \$153 = ☒ \$

Your name: POTTER Your SSN or ITIN: 550-81-2496

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

	Dependent 1	Dependent 2	Dependent 3
First Name	☐	☐	☐
Last Name	☐	☐	☐
SSN. See instructions.	☐	☐	☐
Dependent's relationship to you	☐	☐	☐

Total dependent exemptions 10 ☐ X \$475 = 11 \$ 153

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 11 \$ 153

12 State wages from your federal Form(s) W-2, box 16 12 125325 .00

13 Enter federal adjusted gross income (AGI) from federal Form 1040 or 1040-SR, line 11b. ... 13 130658 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. 14 86 .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 130572 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. 16 4589 .00

17 California adjusted gross income. Combine line 15 and line 16 17 135161 .00

18 Enter the larger of
 Your California itemized deductions from Schedule CA (540), Part II, line 30; OR
 Your California standard deduction shown below for your filing status:
 • Single or Married/RDP filing separately. \$5,706
 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$11,412
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions. . 18 5706 .00

19 Subtract line 18 from line 17. This is your taxable income.
 If less than zero, enter -0- 19 129455 .00

31 Tax. Check the box if from: ☐ Tax Table ☒ Tax Rate Schedule
 ☐ FTB 3800 ☐ FTB 3803 31 8478 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$252,203, see instructions. 32 153 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- 33 8325 .00

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

35 Add line 33 and line 34. 35 8325 .00

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

43 Enter credit name code ☐ and amount. ... 43 .00

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

Your name: POTTER Your SSN or ITIN: 550-81-2496

Special Credits

- 45 To claim more than two credits, see instructions. Attach Schedule P (540) 45 .00
- 46 Nonrefundable Renter's Credit. See instructions 46 .00
- 47 Add line 40 through line 46. These are your total credits 47 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- 48 8325 .00

Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540) 61 0 .00
- 62 Behavioral Health Services Tax. See instructions 62 .00
- 63 Other taxes and credit recapture. See instructions 63 .00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax. 64 8325 .00

Payments

- 71 California income tax withheld. See instructions 71 8287 .00
- 72 2025 California estimated tax and other payments. See instructions 72 .00
- 73 Withholding (Form 592-B and/or Form 593). See instructions. 73 .00
- 74 Refundable Program 4.0 California Motion Picture and Television Production Credit.
See instructions 74 .00
- 75 Earned Income Tax Credit (EITC). See instructions 75 .00
- 76 Young Child Tax Credit (YCTC). See instructions 76 .00
- 77 Foster Youth Tax Credit (FYTC). See instructions 77 .00
- 78 Add line 71 through line 77. These are your total payments.
See instructions 78 8287 .00

Use Tax

- 91 Use Tax. Do not leave blank. See instructions 91 0 .00
- If line 91 is zero, check if: ☒ No use tax is owed. ☐ You paid your use tax obligation directly to CDTFA.

ISR Penalty

- 92 If you and your household had full-year health care coverage, check the box.
See instructions. Medicare Part A or C coverage is qualifying health care coverage. ☒
- If you did not check the box, see instructions.
- Individual Shared Responsibility (ISR) Penalty. See instructions 92 .00

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 93 8287 .00
- 94 Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 94 .00
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,
subtract line 92 from line 93. 95 8287 .00
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93,
subtract line 93 from line 92. 96 .00
- 97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95. 97 .00

Your name: **POTTER** Your SSN or ITIN: **550-81-2496**

Overpaid Tax/Tax Due	98	Amount of line 97 you want applied to your 2026 estimated tax	●	98		.00
	99	Overpaid tax available this year. Subtract line 98 from line 97	●	99		.00
	100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	●	100	38	.00

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

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Your name:

POTTER

Your SSN or ITIN:

550-81-2496

Amount
You Owe

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

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● **111**

38

.00

Pay Online – Go to ftb.ca.gov/pay for more information.

Interest and
Penalties

112 Interest, late return penalties, and late payment penalties **112**

113 Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ● **113**

38

.00

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

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

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● **115**

.00

Refund and Direct Deposit

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

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

● Routing number
● Type ☐ Checking ☐ Savings

● Account number

● **116** Direct deposit amount

.00

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

● Routing number
● Type ☐ Checking ☐ Savings

● Account number

● **117** Direct deposit amount

.00

Voter Info.

For voter registration information, check the box and go to sos.ca.gov/elections. See instructions ☐

Health Care
Coverage Info.

Do you want information on no-cost or low-cost health care coverage?

By checking the "Yes" box, you authorize the Franchise Tax Board to share limited information from your tax return with Covered California. See instructions ● ☐ Yes ☒ No

Organ Donor Election

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

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

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

● ☐ Primary taxpayer
● ☐ Spouse/RDP (if joint tax return)

Your name:

POTTER

Your SSN or ITIN:

550-81-2496

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

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

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

Your signature

Date

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

☒ Your email address. Enter only one email address.

☒ Preferred phone number

**Sign
Here**

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

Joint tax
return?
See
instructions.

☒ Print paid preparer's name

☒ Paid preparer's phone number

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

SELF - PREPARED

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

☒ PTIN

Firm's address

☒ Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. ☒

Yes

☐ No

Print Third Party Designee's Name

Telephone Number

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2025 California Adjustments — Residents**CA (540)****Important:** Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return

KEVIN C POTTER

SSN or ITIN

550812496

Part I Income Adjustment Schedule**Section A — Income** from federal Form 1040 or 1040-SR**A Federal Amounts**
(taxable amounts from your federal tax return)**B Subtractions**
See instructions**C Additions**
See instructions

1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a	☐ 121025	☐	☐ 4300
b Household employee wages not reported on federal Form(s) W-2 1b	☐	☐	☐
c Tip income not reported on line 1a 1c	☐	☐	☐
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	☐	☐	☐
e Taxable dependent care benefits from federal Form 2441, line 26 1e	☐	☐	☐
f Employer-provided adoption benefits from federal Form 8839, line 31 1f	☐	☐	☐
g Wages from federal Form 8919, line 6. 1g	☐	☐	☐
h Other earned income. See instr. Enter type & amount. ☐ 1h	☐ 0	☐	☐
i Nontaxable combat pay election. See instructions. 1i			☐
z Add line 1a through line 1i. 1z	☐ 121025	☐	☐ 4300
2 Taxable interest. a ☐ 0 2b	☐ 4319	☐ 86	☐ 2
3 Ordinary dividends. See instructions. a ☐ 138 3b	☐ 4965	☐	☐
4 IRA distributions. See instructions. a ☐ 4b	☐	☐	☐
5 Pensions and annuities. See instructions. . . . a ☐ 5b	☐	☐	☐
6 Social security benefits. a ☐ 6b	☐	☐	
7 a Capital gain or (loss). See instructions 7a	☐ 349	☐	☐ 287

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

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

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Section B – Additional Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:				
a Federal net operating loss	8a	☐ ()		☐
b Gambling	8b	☐	☐	
c Cancellation of debt	8c	☐	☐	☐
d Foreign earned income exclusion from federal Form 2555	8d	☐ ()		☐
e Income from federal Form 8853	8e	☐		☐
f Income from federal Form 8889	8f	☐	☐	
g Alaska Permanent Fund dividends	8g	☐		
h Jury duty pay	8h	☐		
i Prizes and awards	8i	☐		
j Activity not engaged in for profit income	8j	☐		
k Stock options	8k	☐		☐
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . .	8l	☐		
m Olympic and Paralympic medals and USOC prize money	8m	☐		
n IRC Section 951(a) inclusion	8n	☐	☐	
o IRC Section 951A(a) inclusion	8o	☐	☐	
p IRC Section 461(l) excess business loss adjustment	8p	☐	☐	☐
q Taxable distributions from an ABLE account . .	8q	☐		
r Scholarship and fellowship grants not reported on federal Form(s) W-2	8r	☐		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d .	8s	☐ ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan	8t	☐		
u Wages earned while incarcerated	8u	☐		
v Digital assets received as ordinary income not reported elsewhere	8v	☐	☐	☐
z Other income. List type and amount. ☐ _____	8z	☐	☐	☐

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add line 8a through line 8z 9a	☐	☐	☐
b1 Disaster loss deduction from form FTB 3805V. . 9b1		☐	
b2 NOL deduction from form FTB 3805V 9b2		☐	
b3 NOL deduction from form FTB 3805Z, FTB 3807, or FTB 3809 9b3		☐	
10 Total. Add Section A, line 1z through line 7a, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7a, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. 10	☐ 130658	☐ 86	☐ 4589

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

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

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Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:			
a Jury duty pay 24a	☐		
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 federal Trade Act of 1974 24e	☐		
f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	☐	☐	☐
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	☐	☐	☐
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 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 federal Form 2555 24j	☐	☐	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041). 24k	☐		
z Other adjustments. List type and amount.			
☐ 24z	☐	☐	☐
25 Total other adjustments. Add line 24a through line 24z 25	☐	☐	☐
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	☐	☐	☐
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	☐ 130658	☐ 86	☐ 4589

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Part II Adjustments to Federal Itemized Deductions

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

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses ☒ 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11b. ☒ 130658 2			
3 Multiply line 2 by 7.5% (0.075) ☒ 9799 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4 ☒			☒ 0
Taxes You Paid			
5 a State and local income tax or general sales taxes. .5a ☒	9889	☒ 9889	
b State and local real estate taxes 5b ☒			
c State and local personal property taxes 5c ☒	0		
d Add line 5a through line 5c. 5d ☒	9889		
e Enter the smaller of line 5d or \$40,000 (\$20,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e ☒	9889	☒ 9889	☒ 0
6 Other taxes. List type ☒ 6 ☒			
7 Add line 5e and line 6. 7 ☒	9889	☒ 9889	☒ 0
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 8a ☒	0		☒
b Home mortgage interest not reported to you on federal Form 1098. 8b ☒			☒
c Points not reported to you on federal Form 1098. .8c ☒			☒
d Reserved for future use 8d			
e Add line 8a through line 8c. 8e ☒	0	☒	☒
9 Investment interest. 9 ☒		☒	☒
10 Add line 8e and line 9. 10 ☒	0	☒	☒

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Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check.....11	☒	☒	☒
12 Other than by cash or check.....12	☒	☒	☒
13 Carryover from prior year.....13	☒	☒	☒
14 Add line 11 through line 13.....14	☒	☒	☒
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions..15	☒	☒	☒
Other Itemized Deductions			
16 Other—from list in federal instructions.....16	☒	☒	☒
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C.....17	☒ 9889	☒ 9889	☒ 0
18 Total. Combine line 17 column A less column B plus column C.....	☒ 18		0

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions.....☒ 19

20 Tax preparation fees.....☒ 20

21 Other expenses: investment, safe deposit box, etc. List type.....☒ INVESTMENT ☒ 21 0

22 Add line 19 through line 21.....☒ 22 0

23 Enter amount from federal Form 1040 or 1040-SR, line 11b.....☒ 130658

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0.....☒ 24 2613

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.....☒ 25 0

26 Total Itemized Deductions. Add line 18 and line 25.....☒ 26 0

27 Other adjustments. See instructions. Specify.....☒ ☒ 27

28 Combine line 26 and line 27.....☒ 28 0

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?
Single or married/RDP filing separately.....\$252,203
Head of household.....\$378,310
Married/RDP filing jointly or qualifying surviving spouse/RDP.....\$504,411
No. Transfer the amount on line 28 to line 29.
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29.....☒ 29 0

30 Enter the larger of the amount on line 29 or your standard deduction shown below:
Single or married/RDP filing separately. See instructions.....\$5,706
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP...\$11,412
Transfer the amount on line 30 to Form 540, line 18.....☒ 30 5706

2025

California Capital Gain or Loss Adjustment

Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).

D (540)

Name(s) as shown on return

KEVIN C POTTER

SSN or ITIN

550812496

1

a (a) Description of property (example: 100 shares of "Z" Co.)

☒ SPDR BLOOMBERG 1-3 MNTH T BILL

(b) Sales price

☒ 4584

(c) Cost or other basis

☒ 4583

(d) Loss

If (c) is more than (b), subtract (b) from (c)

☒

(e) Gain

If (b) is more than (c), subtract (c) from (b)

☒ 1

b (a) Description of property (example: 100 shares of "Z" Co.)

☒ NEOS ENHANCED INCOME

(b) Sales price

☒ 7805

(c) Cost or other basis

☒ 7766

(d) Loss

If (c) is more than (b), subtract (b) from (c)

☒

(e) Gain

If (b) is more than (c), subtract (c) from (b)

☒ 39

c (a) Description of property (example: 100 shares of "Z" Co.)

☒ GOLDMAN SACHS TR FINL SQUARE TREAS INSTRS

(b) Sales price

☒ 10000

(c) Cost or other basis

☒ 10000

(d) Loss

If (c) is more than (b), subtract (b) from (c)

☒

(e) Gain

If (b) is more than (c), subtract (c) from (b)

☒ 0

d (a) Description of property (example: 100 shares of "Z" Co.)

☒ FINL SQUARE TREAS INSTRS

(b) Sales price

☒ 10000

(c) Cost or other basis

☒ 10000

(d) Loss

If (c) is more than (b), subtract (b) from (c)

☒

(e) Gain

If (b) is more than (c), subtract (c) from (b)

☒ 0

e (a) Description of property (example: 100 shares of "Z" Co.)

☒ HSA GAIN OR LOSS

(b) Sales price

☒

(c) Cost or other basis

☒

(d) Loss

If (c) is more than (b), subtract (b) from (c)

☒

(e) Gain

If (b) is more than (c), subtract (c) from (b)

☒ 287

f (a) Description of property (example: 100 shares of "Z" Co.)

☒

(b) Sales price

☒

(c) Cost or other basis

☒

(d) Loss

If (c) is more than (b), subtract (b) from (c)

☒

(e) Gain

If (b) is more than (c), subtract (c) from (b)

☒



g (a) Description of property (example: 100 shares of "Z" Co.)

☐

(b) Sales price

(c) Cost or other basis

(d) Loss

If (c) is more than (b), subtract (b) from (c)

(e) Gain

If (b) is more than (c), subtract (c) from (b)

☐ ☐ ☐ ☐

h (a) Description of property (example: 100 shares of "Z" Co.)

☐

(b) Sales price

(c) Cost or other basis

(d) Loss

If (c) is more than (b), subtract (b) from (c)

(e) Gain

If (b) is more than (c), subtract (c) from (b)

☐ ☐ ☐ ☐

i (a) Description of property (example: 100 shares of "Z" Co.)

☐

(b) Sales price

(c) Cost or other basis

(d) Loss

If (c) is more than (b), subtract (b) from (c)

(e) Gain

If (b) is more than (c), subtract (c) from (b)

☐ ☐ ☐ ☐

j (a) Description of property (example: 100 shares of "Z" Co.)

☐

(b) Sales price

(c) Cost or other basis

(d) Loss

If (c) is more than (b), subtract (b) from (c)

(e) Gain

If (b) is more than (c), subtract (c) from (b)

☐ ☐ ☐ ☐

k (a) Description of property (example: 100 shares of "Z" Co.)

☐

(b) Sales price

(c) Cost or other basis

(d) Loss

If (c) is more than (b), subtract (b) from (c)

(e) Gain

If (b) is more than (c), subtract (c) from (b)

☐ ☐ ☐ ☐

l (a) Description of property (example: 100 shares of "Z" Co.)

☐

(b) Sales price

(c) Cost or other basis

(d) Loss

If (c) is more than (b), subtract (b) from (c)

(e) Gain

If (b) is more than (c), subtract (c) from (b)

☐ ☐ ☐ ☐

m (a) Description of property (example: 100 shares of "Z" Co.)

☐

(b) Sales price

(c) Cost or other basis

(d) Loss

If (c) is more than (b), subtract (b) from (c)

(e) Gain

If (b) is more than (c), subtract (c) from (b)

☐ ☐ ☐ ☐



n (a) Description of property (example: 100 shares of "Z" Co.)

☐

(b) Sales price

(c) Cost or other basis

(d) Loss

If (c) is more than (b), subtract (b) from (c)

(e) Gain

If (b) is more than (c), subtract (c) from (b)

☐ ☐ ☐ ☐

o (a) Description of property (example: 100 shares of "Z" Co.)

☐

(b) Sales price

(c) Cost or other basis

(d) Loss

If (c) is more than (b), subtract (b) from (c)

(e) Gain

If (b) is more than (c), subtract (c) from (b)

☐ ☐ ☐ ☐

p (a) Description of property (example: 100 shares of "Z" Co.)

☐

(b) Sales price

(c) Cost or other basis

(d) Loss

If (c) is more than (b), subtract (b) from (c)

(e) Gain

If (b) is more than (c), subtract (c) from (b)

☐ ☐ ☐ ☐

q (a) Description of property (example: 100 shares of "Z" Co.)

☐

(b) Sales price

(c) Cost or other basis

(d) Loss

If (c) is more than (b), subtract (b) from (c)

(e) Gain

If (b) is more than (c), subtract (c) from (b)

☐ ☐ ☐ ☐

r (a) Description of property (example: 100 shares of "Z" Co.)

☐

(b) Sales price

(c) Cost or other basis

(d) Loss

If (c) is more than (b), subtract (b) from (c)

(e) Gain

If (b) is more than (c), subtract (c) from (b)

☐ ☐ ☐ ☐

s (a) Description of property (example: 100 shares of "Z" Co.)

☐

(b) Sales price

(c) Cost or other basis

(d) Loss

If (c) is more than (b), subtract (b) from (c)

(e) Gain

If (b) is more than (c), subtract (c) from (b)

☐ ☐ ☐ ☐

t (a) Description of property (example: 100 shares of "Z" Co.)

☐

(b) Sales price

(c) Cost or other basis

(d) Loss

If (c) is more than (b), subtract (b) from (c)

(e) Gain

If (b) is more than (c), subtract (c) from (b)

☐ ☐ ☐ ☐



u (a) Description of property (example: 100 shares of "Z" Co.)

☐

(b) Sales price

(c) Cost or other basis

(d) Loss

If (c) is more than (b), subtract (b) from (c)

(e) Gain

If (b) is more than (c), subtract (c) from (b)

☐ ☐ ☐ ☐

v (a) Description of property (example: 100 shares of "Z" Co.)

☐

(b) Sales price

(c) Cost or other basis

(d) Loss

If (c) is more than (b), subtract (b) from (c)

(e) Gain

If (b) is more than (c), subtract (c) from (b)

☐ ☐ ☐ ☐

2 Net gain or (loss) shown on California
Schedule(s) K-1 (100S, 541, 565, and 568)

(d) Loss

(e) Gain

☐ ☐

3 Capital gain distributions (federal Form 1099-DIV, box 2a)

☐ 3

4 Total 2025 gains from all sources. Add column (e) amounts of line 1, line 2, and line 3

☐ 4

5 2025 loss. Add column (d) amounts of line 1 and line 2.

☐ 5 ()

6 California capital loss carryover from 2024, if any. See instructions

☐ 6 ()

7 Total 2025 loss. Add line 5 and line 6

☐ 7 ()

8 Net gain or (loss). Combine line 4 and line 7. If a loss, go to line 9. If a gain, go to line 10

☐ 8

9 If line 8 is a loss, enter the smaller of: a the loss on line 8.

b \$3,000 (\$1,500 if married/RDP filing separately). See instructions . .

☐ 9 ()

10 Enter the gain or (loss) from federal Form 1040 or 1040-SR, line 7a.

☐ 10

11 Enter the California gain from line 8 or (loss) from line 9.

☐ 11

12 a If line 10 is **more** than line 11, enter the difference here and on Schedule CA (540), Part I, Section A,
line 7a, column B.

☐ 12a

b If line 10 is **less** than line 11, enter the difference here and on Schedule CA (540), Part I, Section A,
line 7a, column C.

☐ 12b

**Alternative Minimum Tax and
Credit Limitations — Residents****P (540)**

Attach this schedule to Form 540.

Name(s) as shown on Form 540

Your SSN or ITIN

KEVIN C POTTER

550812496

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

1	If you itemized deductions, go to line 2. If you did not itemize deductions, enter your standard deduction from Form 540, line 18, and go to line 6	1	5706	.00	
2	Medical and dental expenses. Enter the smaller of federal Schedule A (Form 1040), line 4, or 2½% (.025) of federal Form 1040 or 1040-SR, line 11b. See instructions	2		.00	
3	Personal property taxes and real property taxes. See instructions	3		.00	
4	Certain interest on a home mortgage not used to buy, build, or improve your home. See instructions.	4		.00	
5	Miscellaneous itemized deductions. See instructions	5		.00	
6	Refund of personal property taxes and real property taxes. See instructions Do not include your state income tax refund on this line.	6		.00	
7	Investment interest expense adjustment. See instructions	7		.00	
8	Post-1986 depreciation. See instructions.	8		.00	
9	Adjusted gain or loss. See instructions	9	-287	.00	
10	Incentive stock options (ISOs) and California qualified stock options (CQSOs). See instructions	10		.00	
11	Passive activities adjustment. See instructions	11		.00	
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a	12		.00	
13	Other adjustments and preferences. Enter the amount, if any, for each item, a through I. See instructions.				
a	Circulation expenditures	.00	g	Mining costs	.00
b	Depletion	.00	h	Patron's adjustment.	.00
c	Installment sales	.00	i	Pollution control facilities	.00
d	Intangible drilling costs	.00	j	Research and experimental	.00
e	Long-term contracts	.00	k	Tax shelter farm activities	.00
f	Loss limitations	.00	l	Related adjustments	.00
	Add amounts on line a through line l, and enter total here.	13		.00	
14	Total Adjustments and Preferences. Combine line 1 through line 13	14	5419	.00	
15	Enter taxable income from Form 540, line 19. See instructions	15	129455	.00	
16	Net operating loss (NOL) deductions from Schedule CA (540), Part I, Section B, line 9b1, line 9b2, and line 9b3, column B. Enter as a positive amount.	16		.00	
17	AMTI exclusion. See instructions	17		.00	

18 If your federal adjusted gross income (AGI) is less than the amount for your filing status (listed below), skip this line and go to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instructions. **18** (.00)

Single or married/RDP filing separately \$252,203
 Married/RDP filing jointly or qualifying surviving spouse/RDP \$504,411
 Head of household \$378,310

19 Combine line 14 through line 18 **19** .00

20 Alternative minimum tax NOL deduction. See instructions **20** .00

21 Alternative Minimum Taxable Income. Subtract line 20 from line 19 (if married/RDP filing separately and line 21 is more than \$479,188, see instructions) **21** .00

Part II Alternative Minimum Tax (AMT)

22 Exemption Amount. (If this schedule is for a certain child under age 24, see instructions.)
If your filing status is: **And line 21 is not over:** **Enter on line 22:**

Single or head of household	\$347,808	\$92,749	} 22 92749 .00
Married/RDP filing jointly or qualifying surviving spouse/RDP	\$463,745	\$123,667	
Married/RDP filing separately	\$231,868	\$61,830	

If Part I, line 21 is more than the amount shown above for your filing status, see instructions.

23 Subtract line 22 from line 21. If zero or less, enter -0-. See instructions **23** .00

24 Tentative Minimum Tax. Multiply line 23 by 7.0% (.07) **24** .00

25 Regular tax before credits from Form 540, line 31 **25** .00

26 Alternative Minimum Tax. Subtract line 25 from line 24. If zero or less, enter -0- here and on Form 540, line 61. If more than zero, enter here and on Form 540, line 61. If you make estimated tax payments for taxable year 2026, enter amount from line 26 on the 2026 Form 540-ES, California Estimated Tax Worksheet, line 16. (Exception: If you have carryover credit for solar energy or commercial solar energy, first enter the result on Side 4, Part III, Section C, line 23 or 24) **26** .00

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

1 Enter the amount from Form 540, line 35 **1** .00

2 Enter the tentative minimum tax from Part II, line 24 **2** .00

Section A – Credits that reduce excess tax.

3 Subtract line 2 from line 1. If zero or less enter -0- and see instructions. This is your excess tax which may be offset by credits.

(a) Credit amount	(b) Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
		☒ 5376	

A1 Credits that reduce excess tax and have no carryover provisions.

4 Code: 162 Prison inmate labor credit (FTB 3507)

(a) Credit amount	(b)* Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
	☒		

5 Code: 232 Child and dependent care expenses credit (FTB 3506)

(a) Credit amount	(b)* Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
	☒		

*If the taxpayer is subject to the business credit limitation, the total of the business credits in Part III, Sections A and B, column (b) cannot exceed \$5,000,000. See instructions.

A2 Credits that reduce excess tax and have carryover provisions. See instructions.

6	Code: ☐	Credit Name:	(a) Credit amount 	(b)* Credit used this year ☐	(c) Tax balance that may be offset by credits ☐	(d) Credit carryover ☐
7	Code: ☐	Credit Name:	(a) Credit amount 	(b)* Credit used this year ☐	(c) Tax balance that may be offset by credits ☐	(d) Credit carryover ☐
8	Code: ☐	Credit Name:	(a) Credit amount 	(b)* Credit used this year ☐	(c) Tax balance that may be offset by credits ☐	(d) Credit carryover ☐
9	Code: ☐	Credit Name:	(a) Credit amount 	(b)* Credit used this year ☐	(c) Tax balance that may be offset by credits ☐	(d) Credit carryover ☐
10	Code: 188	Credit for prior year alternative minimum tax	(a) Credit amount ☐	(b)* Credit used this year ☐	(c) Tax balance that may be offset by credits ☐ 5376	(d) Credit carryover ☐

Section B – Credits that may reduce tax below tentative minimum tax.

11 If Part III, line 3 is zero, enter the amount from line 1. If line 3 is more than zero, enter the total of line 2 and the last entry in column (c).

(a) Credit amount	(b) Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
		☐ 8325	

B1 Credits that reduce net tax and have no carryover provisions.

12	Code: 170	Credit for joint custody head of household	(a) Credit amount 	(b)* Credit used this year ☐	(c) Tax balance that may be offset by credits 	(d) Credit carryover
13	Code: 173	Credit for dependent parent	(a) Credit amount 	(b)* Credit used this year ☐	(c) Tax balance that may be offset by credits 	(d) Credit carryover
14	Code: 163	Credit for senior head of household	(a) Credit amount 	(b)* Credit used this year ☐	(c) Tax balance that may be offset by credits 	(d) Credit carryover
15		Nonrefundable renter's credit	(a) Credit amount 	(b)* Credit used this year ☐	(c) Tax balance that may be offset by credits 	(d) Credit carryover

*If the taxpayer is subject to the business credit limitation, the total of the business credits in Part III, Sections A and B, column (b) cannot exceed \$5,000,000. See instructions.

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B2 Credits that reduce net tax and have carryover provisions. See instructions.

16	Code: ☐	Credit Name:		
	(a) Credit amount	(b)* Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
		☐	☐	☐
17	Code: ☐	Credit Name:		
	(a) Credit amount	(b)* Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
		☐	☐	☐
18	Code: ☐	Credit Name:		
	(a) Credit amount	(b)* Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
		☐	☐	☐
19	Code: ☐	Credit Name:		
	(a) Credit amount	(b)* Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
		☐	☐	☐

B3 Other state tax credit.

20	Code: 187 Other state tax credit			
	(a) Credit amount	(b)* Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
		☐	8325	

B4 Pass-through entity elective tax credit. See instructions.

21	Code: 242 Pass-through entity elective tax credit			
	(a) Credit amount	(b)* Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
		☐	☐	☐

Section C – Credits that may reduce alternative minimum tax.

22	Enter your alternative minimum tax from Side 2, Part II, line 26.			
	(a) Credit amount	(b) Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
			☐ 0	
23	Code: 180 Solar energy credit carryover from Section B2, column (d)			
	(a) Credit amount	(b) Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
		☐	☐	☐
24	Code: 181 Commercial solar energy credit carryover from Section B2, column (d)			
	(a) Credit amount	(b) Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
		☐	☐	☐
25	Adjusted AMT. Enter the balance from line 24, column (c) here and on Form 540, line 61.			
	(a) Credit amount	(b) Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
			☐ 0	

*If the taxpayer is subject to the business credit limitation, the total of the business credits in Part III, Sections A and B, column (b) cannot exceed \$5,000,000. See instructions.

REV 03/25/26 INTUIT.CG.CFP.SP

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

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

☐ Other

Your first name and middle initial
Kevin C

Last name
Potter

Your social security number
550 81 2496

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

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.
1461 Ferguson Way

Apt. no.

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

State
CA

ZIP code
951294920

Foreign country name

Foreign province/state/county

Foreign postal code

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. ☒

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

Filing Status ☒ Single ☐ Married filing jointly (even if only one had income) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

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

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

Digital Assets At any time during 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.	(6) Check if	(7) Credits
If more than four dependents, see instructions and check here ☐								

☐ 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

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.

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	121,025.
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	0.
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	121,025.
2a	Tax-exempt interest	2a	0.
3a	Qualified dividends	3a	138.
c	Check if your child's dividends are included in 1 ☐ Line 3a	2 ☐ Line 3b	
4a	IRA distributions	4a	
c	Check if (see instructions) 1 ☐ Rollover	2 ☐ QCD 3 ☐	
5a	Pensions and annuities	5a	
c	Check if (see instructions) 1 ☐ Rollover	2 ☐ PSO 3 ☐	
6a	Social security benefits	6a	
c	If you elect to use the lump-sum election method, check here (see instructions)	6b	
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐		
7a	Capital gain or (loss). Attach Schedule D if required	7a	349.
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)		
8	Additional income from Schedule 1, line 10	8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	9	130,658.
10	Adjustments to income from Schedule 1, line 26	10	
11a	Subtract line 10 from line 9. This is your adjusted gross income	11a	130,658.

Tax and Credits

11b	Amount from line 11a (adjusted gross income)	11b	130,658.
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	15,750.
13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	0.
b	Additional deductions from Schedule 1-A, line 38	13b	
14	Add lines 12e, 13a, and 13b	14	15,750.
15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15	114,908.
16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	20,385.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	20,385.
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	4.
21	Add lines 19 and 20	21	4.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	20,381.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	20,381.

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	25a	18,240.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	18,240.
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	
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	
33	Add lines 25d, 26, and 32. These are your total payments	33	18,240.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34																	
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a																	
b	Routing number <table><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	c Type: ☐ Checking ☐ Savings							
X	X	X	X	X	X	X	X	X	X										
d	Account number <table><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
36	Amount of line 34 you want applied to your 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	2,141.
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. ☐ Yes . Complete below. ☒ No								
Designee's name	Phone no.	Personal identification number (PIN) <table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Your signature	Date	Your occupation Supply Chain Manager	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
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.) <table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Phone no. (650) 690-1933		Email address							

Paid Preparer Use Only

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

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2025
Attachment
Sequence No. **03**

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

Kevin C Potter

Your social security number

550-81-2496

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	4 .
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount:	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	4 .

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b	
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
z	Other refundable credits (see instructions):		
		13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	

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

BAA

REV 03/25/26 Intuit.cq.cfp.sp

Schedule 3 (Form 1040) 2025 Created 11/17/25

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2025
Attachment
Sequence No. 08

Name(s) shown on return

Kevin C Potter

Your social security number

550-81-2496

Part I

Interest

(See instructions and the Instructions for Form 1040, line 2b.)

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

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

WELLS FARGO CLEARING SERVICES, LLC

NATIONAL FINANCIAL SERVICES LLC

Amount

317.26

4,001.51

1

- 2 Add the amounts on line 1

4,318.77

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

3

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

4,318.77

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

Amount

Part II

Ordinary Dividends

(See instructions and the Instructions for Form 1040, line 3b.)

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

- 5 List name of payer: WELLS FARGO CLEARING SERVICES, LLC

NATIONAL FINANCIAL SERVICES LLC

3,648.81

1,316.25

5

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

4,965.06

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

Part III

Foreign Accounts and Trusts

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

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

- 7a At any time during 2025, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

Yes No

X

- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

- b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:

- 8 During 2025, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

X

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service**Capital Gains and Losses****Attach to Form 1040, 1040-SR, or 1040-NR.**
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2025Attachment
Sequence No. **12**

Name(s) shown on return

Kevin C Potter

Your social security number

550-81-2496

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☐ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A or Box G checked	12,389.	12,349.		40.
2 Totals for all transactions reported on Form(s) 8949 with Box B or Box H checked	20,000.	20,000.		0.
3 Totals for all transactions reported on Form(s) 8949 with Box C or Box I checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 40.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D or Box J checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E or Box K checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F or Box L checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 309.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 309.

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	349 .
• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 22.		
17 Are lines 15 and 16 both gains? ☒ Yes. Go to line 18. ☐ No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☒ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7a, the smaller of:	21 (	)
• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) }		
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. ☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. **52**

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

Kevin C Potter

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
550-81-2496

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2025. See instructions	☒ Self-only ☐ Family
2	HSA contributions you made for 2025 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2025. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2025 and, on the first day of every month during 2025, you were, or were considered, an eligible individual with the same coverage, enter \$4,300 (\$8,550 for family coverage). All others , see the instructions for the amount to enter	3 5,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2025 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2025, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 5,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2025, see the instructions for the amount to enter	6 5,300.
7	If you were age 55 or older at the end of 2025, married, and you or your spouse had family coverage under an HDHP at any time during 2025, enter your additional contribution amount. See instructions	7 0.
8	Add lines 6 and 7	8 5,300.
9	Employer contributions made to your HSAs for 2025	9 4,300.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 4,300.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 1,000.
13	HSA deduction (see instructions)	13 0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2025 from all HSAs (see instructions)	14a 1,615.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c 1,615.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15 1,615.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16 0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ☐	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21

**Qualified Business Income Deduction
Simplified Computation**Attach to your tax return.
Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

Kevin C Potter

Your taxpayer identification number

550-81-2496

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

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

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 2.	
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 2.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	0.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	0.
11	Taxable income before qualified business income deduction (see instructions)	11 114,908.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 447.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 114,461.	
14	Income limitation. Multiply line 13 by 20% (0.20)	14	22,892.
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	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16 (0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17 (0.)	

Electronic Filing Instructions for your 2024 Federal Tax Return
Important: Your taxes are not finished until all required steps are completed.



Kevin C Potter
1461 Ferguson Way
San Jose, CA 95129

Balance Due/Refund		Your federal tax return (Form 1040) shows a balance due of \$879.00.	
		Your return shows you have elected to pay your balance due of \$879.00	
		by Direct Debit using the following information:	
		- Amount Withdrawn:	\$879.00
		- Account Number:	903615711
		- Routing Transit Number:	322271627
	- Date of Withdrawal:	04/15/2025	

What You Need to Keep		Your Electronic Filing Instructions (this form)	
		A copy of your federal return	

2024 Federal Tax Return Summary		Adjusted Gross Income	\$	111,916.00
		Taxable Income	\$	97,316.00
		Total Tax	\$	16,465.00
		Total Payments/Credits	\$	15,586.00
		Payment Due	\$	879.00
	Effective Tax Rate			14.71%

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

See separate instructions.

Your first name and middle initial Kevin C	Last name Potter	Your social security number 550 81 2496
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 1461 Ferguson Way		Apt. no.	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
City, town, or post office. If you have a foreign address, also complete spaces below. San Jose		State CA	
		ZIP code 95129	
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)

☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

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

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

Digital Assets

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

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

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

Dependents (see instructions): If more than four dependents, see instructions and check here ☐	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
					☐	☐
					☐	☐
					☐	☐
					☐	☐

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	107,934.
	b	Household employee wages not reported on Form(s) W-2	1b	
	c	Tip income not reported on line 1a (see instructions)	1c	
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e	Taxable dependent care benefits from Form 2441, line 26	1e	
	f	Employer-provided adoption benefits from Form 8839, line 29	1f	
	g	Wages from Form 8919, line 6	1g	
	h	Other earned income (see instructions)	1h	0.
	i	Nontaxable combat pay election (see instructions)	1i	
	z	Add lines 1a through 1h	1z	107,934.

Standard Deduction for— • Single or Married filing separately, \$14,600 • Married filing jointly or Qualifying surviving spouse, \$29,200 • Head of household, \$21,900 • If you checked any box under Standard Deduction , see instructions.	2a	Tax-exempt interest	2a		b	Taxable interest	2b	
	3a	Qualified dividends	3a		b	Ordinary dividends	3b	3,982.
	4a	IRA distributions	4a		b	Taxable amount	4b	
	5a	Pensions and annuities	5a		b	Taxable amount	5b	
	6a	Social security benefits	6a		b	Taxable amount	6b	
	c	If you elect to use the lump-sum election method, check here (see instructions)		☐				
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here		☐	7			
	8	Additional income from Schedule 1, line 10			8			
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9		111,916.	
	10	Adjustments to income from Schedule 1, line 26			10			
	11	Subtract line 10 from line 9. This is your adjusted gross income			11		111,916.	
	12	Standard deduction or itemized deductions (from Schedule A)			12		14,600.	
	13	Qualified business income deduction from Form 8995 or Form 8995-A			13			
	14	Add lines 12 and 13			14		14,600.	
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income			15		97,316.	

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

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

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

OMB No. 1545-0074
2024
Attachment Sequence No. 08

Name(s) shown on return: Kevin C Potter
Your social security number: 550-81-2496

Part I
Interest

(See instructions and the Instructions for Form 1040, line 2b.)

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

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:
2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

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

Part II
Ordinary Dividends

(See instructions and the Instructions for Form 1040, line 3b.)

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

5 List name of payer: NATIONAL FINANCIAL SERVICES LLC
6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

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

Part III
Foreign Accounts and Trusts

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

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

7a At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
b If you are required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
8 During 2024, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. **52**

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

Kevin C Potter

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
550-81-2496

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2024. See instructions	☒ Self-only ☐ Family
2	HSA contributions you made for 2024 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2024. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2024 and, on the first day of every month during 2024, you were, or were considered, an eligible individual with the same coverage, enter \$4,150 (\$8,300 for family coverage). All others , see the instructions for the amount to enter	3 5,150.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2024 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2024, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 5,150.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2024, see the instructions for the amount to enter	6 5,150.
7	If you were age 55 or older at the end of 2024, married, and you or your spouse had family coverage under an HDHP at any time during 2024, enter your additional contribution amount. See instructions	7 0.
8	Add lines 6 and 7	8 5,150.
9	Employer contributions made to your HSAs for 2024	9 4,150.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 4,150.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 1,000.
13	HSA deduction (see instructions).	13 0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2024 from all HSAs (see instructions)	14a 1,583.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c 1,583.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15 1,583.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16 0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ☐	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21

Statement of Specified Foreign Financial Assets

► Go to www.irs.gov/Form8938 for instructions and the latest information.
► Attach to your tax return.

OMB No. 1545-2195

Attachment
Sequence No. **938**

For calendar year 20 **24** or tax year beginning , 20 , and ending , 20

If you have attached additional statements, check here ☐ Number of additional statements _____

1 Name(s) shown on return Kevin C Potter	2 Taxpayer identification number (TIN) 550-81-2496		
3 Type of filer a ☒ Specified individual b ☐ Partnership c ☐ Corporation d ☐ Trust			
4 If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.) <table><tr><td>a Name</td><td>b TIN</td></tr></table>		a Name	b TIN
a Name	b TIN		

Part I Foreign Deposit and Custodial Accounts Summary

5 Number of deposit accounts (reported in Part V)	▶	1
6 Maximum value of all deposit accounts	\$	106,071.
7 Number of custodial accounts (reported in Part V)	▶	
8 Maximum value of all custodial accounts	\$	
9 Were any foreign deposit or custodial accounts closed during the tax year?		☒ Yes ☐ No

Part II Other Foreign Assets Summary

10 Number of foreign assets (reported in Part VI)	▶	
11 Maximum value of all assets (reported in Part VI)	\$	0.
12 Were any foreign assets acquired or sold during the tax year?		☐ Yes ☒ No

Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)

(a) Asset category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
13 Foreign deposit and custodial accounts	a Interest	\$		
	b Dividends	\$		
	c Royalties	\$		
	d Other income	\$		
	e Gains (losses)	\$		
	f Deductions	\$		
	g Credits	\$		
14 Other foreign assets	a Interest	\$		
	b Dividends	\$		
	c Royalties	\$		
	d Other income	\$		
	e Gains (losses)	\$		
	f Deductions	\$		
	g Credits	\$		

Part IV Excepted Specified Foreign Financial Assets (see instructions)

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

15 Number of Forms 3520 _____	16 Number of Forms 3520-A _____	17 Number of Forms 5471 _____
18 Number of Forms 8621 _____	19 Number of Forms 8865 _____	

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary
(see instructions)

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20	Type of account	a ☒ Deposit b ☐ Custodial	21 Account number or other designation 0152/246344-0
22	Check all that apply	a ☐ Account opened during tax year c ☐ Account jointly owned with spouse	b ☒ Account closed during tax year d ☒ No tax item reported in Part III with respect to this asset
23	Maximum value of account during tax year \$ 106,071.		
24	Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? . . . ☒ Yes ☐ No		
25	If you answered "Yes" to line 24, complete all that apply.		
	(a) Foreign currency in which account is maintained BRL	(b) Foreign currency exchange rate used to convert to U.S. dollars 5.3920	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service IRS Year Average Currency Exchange
26a	Name of financial institution in which account is maintained Banco Bradesco S.A.		b Global Intermediary Identification Number (GIIN) (Optional) .
27	Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. Rua Sao Bento, 233 - Centro		
28	City or town, state or province, country, and ZIP or foreign postal code Sorocaba SP BR 18010-031		

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29	Description of asset	30 Identifying number or other designation
31	Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.	
	a Date asset acquired during tax year, if applicable b Date asset disposed of during tax year, if applicable c ☐ Check if asset jointly owned with spouse d ☐ Check if no tax item reported in Part III with respect to this asset	
32	Maximum value of asset during tax year (check box that applies)	
	a ☐ \$0-\$50,000 b ☐ \$50,001-\$100,000 c ☐ \$100,001-\$150,000 d ☐ \$150,001-\$200,000 e If more than \$200,000, list value \$	
33	Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? . . . ☐ Yes ☐ No	
34	If you answered "Yes" to line 33, complete all that apply.	
	(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars
	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
35	If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
	a Name of foreign entity	b GIIN (Optional)
	c Type of foreign entity (1) ☐ Partnership (2) ☐ Corporation (3) ☐ Trust (4) ☐ Estate	
	d Mailing address of foreign entity. Number, street, and room or suite no.	
	e City or town, state or province, country, and ZIP or foreign postal code	
36	If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
	Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.	
	a Name of issuer or counterparty	
	Check if information is for ☐ Issuer ☐ Counterparty	
	b Type of issuer or counterparty	
	(1) ☐ Individual (2) ☐ Partnership (3) ☐ Corporation (4) ☐ Trust (5) ☐ Estate	
	c Check if issuer or counterparty is a ☐ U.S. person ☐ Foreign person	
	d Mailing address of issuer or counterparty. Number, street, and room or suite no.	
	e City or town, state or province, country, and ZIP or foreign postal code	

We need your consent to process with this payment option

This is an IRS requirement

The purpose of this agreement is to confirm that you are eligible for this payment option. By agreeing, you allow Intuit, the maker of TurboTax software, to verify that your refund is enough to cover total fees and applicable sales tax.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at <https://www.treasury.gov/tigta/>.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2024 return to determine whether a portion of the refund can be used to pay for tax preparation.

Kevin
First Name

Potter
Last Name

Please type the date below:

04/06/2025

Date

- Keep for your records

Prior Year Taxes Paid In 2024 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2023 extensions				
22	2023 estimated tax paid after 12/31/2023				
23	Balance due paid with 2023 return				
24	Other (amended returns, installment payments, etc) . .				

Federal Carryover Worksheet**2024**

► Keep for your records

Name(s) Shown on Return

Kevin C Potter

Social Security Number

550-81-2496

2023 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . . .						

2023 State Extension Information

(a) State	(b) Paid With Extension

2023 Locality Extension Information

(a) Locality	(b) Paid With Extension

2023 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2023 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2023 State Taxes Due Information

(a) State	(e) Paid With Return

2023 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2023 State Refund Applied Information

(a) State	(g) Applied Amount

2023 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2023 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

2023 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Kevin C Potter

550-81-2496

Other Tax and Income Information			2023	2024
1	Filing status	1		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3		9,183.
4	Check box if required to itemize deductions	4	☐	☐
5	Adjusted gross income	5		111,916.
6	Tax liability for Form 2210 or Form 2210-F	6		16,465.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions			2023	2024
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers

Note: Enter all entries as a positive amount

			2023	2024
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2024	b		
	b 2023	c		
	c 2022	d		
	d 2021	e		
	e 2020	f		
	f 2019			
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2024	b		
	b 2023	c		
	c 2022	d		
	d 2021	e		
	e 2020	f		
	f 2019			

Credit Carryovers

			2023	2024
18	General business credit	18		
19	Adoption credit from:	19 a		
	a 2024	b		
	b 2023	c		
	c 2022	d		
	d 2021	e		
	e 2020	f		
	f 2019			
20	Mortgage interest credit from:	20 a		
	a 2024	b		
	b 2023	c		
	c 2022	d		
	d 2021			
21	Credit for prior year minimum tax	21		
22	District of Columbia first-time homebuyer credit	22		
23	Residential Clean Energy Credit (Previously the Residential energy efficient property credit	23		

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Kevin C Potter

Primary SSN: 550-81-2496

Federal Return Submitted: April 06, 2025 01:25 PM PST

Federal Return Acceptance Date: _____

Your return was electronically transmitted on 04/06/2025

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2025. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone, and you electronically file your return at 9 AM on April 15, 2025, your Intuit electronic postmark will indicate April 15, 2025, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2025, and a corrected return is submitted and accepted before April 20, 2025. If your return is submitted after April 20, 2025, a new time stamp is issued to reflect that your return was submitted after the IRS deadline, and consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2025. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2025, and the corrected return is submitted and accepted by October 20, 2025.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

Electronic Filing Instructions for your 2024 California Tax Return
Important: Your taxes are not finished until all required steps are completed.



Kevin C Potter
1461 Ferguson Way
San Jose, CA 95129

Balance Due/Refund	Your California state tax return (Form 540) shows a refund due to you in the amount of \$405.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 903615711 Routing Transit Number: 322271627.
Where's My Refund?	Before you call the Franchise Tax Board with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Franchise Tax Board directly at 1-800-338-0505. From outside of California use 1-916-845-6500. You can also visit the Franchise Tax Board web site at http://www.ftb.ca.gov/online/refund/ .
What You Need to Sign	Sign and date Form 8453-OL within 1 day of acceptance.
Do Not Mail	Do not mail a paper copy of your tax return. Since you filed electronically, the Franchise Tax Board already has your return.
What You Need to Keep	Your Electronic Filing Instructions (this form) - Form 8453-OL and attachment(s) A copy of your state and federal returns
2024 California Tax Return Summary	Taxable Income \$ 110,526.00 Total Tax \$ 6,672.00 Total Payments/Credits \$ 7,077.00 Amount to be Refunded \$ 405.00 Effective Tax Rate 5.75%

TAXABLE YEAR	California Online e-file Return Authorization	FORM
2024	for Individuals	8453-OL

Your first name and initial		Last name		Suffix	Your SSN or ITIN
KEVIN C		POTTER			550-81-2496
If filing jointly, spouse's/RDP's first name and initial		Last name		Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box		Apt. no./ste. no.	PMB/private mailbox		Daytime telephone number
1461 FERGUSON WAY					(650) 690-1933
City				State	ZIP code
SAN JOSE				CA	95129
Foreign country name		Foreign province/state/county			Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions	1	116066
2 Refund or no amount due. See instructions	2	405
3 Amount you owe. See instructions	3	

Part II Settle Your Account Electronically for Taxable Year 2024 (Pay by 4/15/2025)4 ☒ Direct deposit of refund5 ☐ Electronic funds withdrawal 5a Amount _____ 5b Withdrawal date (mm/dd/yyyy) _____**Part III Make Estimated Tax Payments for Taxable Year 2025** These are NOT installment payments for the current amount you owe.

	First Payment 4/15/2025	Second Payment 6/16/2025	Third Payment 9/15/2025	Fourth Payment 1/15/2026
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below _____ 405	12 The remaining amount of my refund for direct deposit _____
9 Routing number 322271627	13 Routing number _____
10 Account number 903615711	14 Account number _____
11 Type of account: ☒ Checking ☐ Savings	15 Type of account: ☐ Checking ☐ Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2024 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Your signature _____

Date _____

Spouse's/RDP's signature. If filing jointly, both must sign.
It is unlawful to forge a spouse's/RDP's signature.

Date _____

2024 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

550-81-2496 POTT
KEVIN C POTTER

24

1461 FERGUSON WAY
SAN JOSE CA 95129

09-27-1967

Enter your county at time of filing (see instructions)

Principal Residence

☒ SANTA CLARAIf your address above is the same as your principal/physical residence address at the time of filing, check this box ☒ X

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

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

☒

City

State

ZIP code

☒If your California filing status is different from your federal filing status, check the box here ☐

Filing Status

1 ☒ Single4 ☐ Head of household (with qualifying person). See instructions.2 ☐ Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died.
See instructions. 3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. 6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. ☒ 6 ☐

Exemptions

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ☒ 7 1 X \$149 = ☒ \$ 1498 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. ☒ 8 X \$149 = ☒ \$ 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. ☒ 9 X \$149 = ☒ \$

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Your name: POTTER Your SSN or ITIN: 550-81-2496

Exemptions

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

	Dependent 1	Dependent 2	Dependent 3
First Name	☐	☐	☐
Last Name	☐	☐	☐
SSN. See instructions.	☐	☐	☐
Dependent's relationship to you	☐	☐	☐

Total dependent exemptions 10 ☐ X \$461 = 11 \$ 149

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 11 \$ 149

Taxable Income

12 State wages from your federal Form(s) W-2, box 16 12 112084 .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 13 111916 .00

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

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 111916 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. 16 4150 .00

17 California adjusted gross income. Combine line 15 and line 16 17 116066 .00

18 Enter the larger of

Your California itemized deductions from Schedule CA (540), Part II, line 30; OR

Your California standard deduction shown below for your filing status:

• Single or Married/RDP filing separately. \$5,540

• Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$11,080

If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions. . 18

 5540 .00

19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- 19 110526 .00

Tax

31 Tax. Check the box if from: ☐ Tax Table ☒ Tax Rate Schedule

• ☐ FTB 3800 • ☐ FTB 3803 31 6821 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$244,857, see instructions. 32 149 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- 33 6672 .00

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

35 Add line 33 and line 34. 35 6672 .00

Special Credits

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

43 Enter credit name code • and amount. ... 43 .00

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

Side 2 Form 540 2024 175 3102244 REV 03/12/25 TTMAC

Your name: POTTER Your SSN or ITIN: 550-81-2496

Special Credits	45	To claim more than two credits, see instructions. Attach Schedule P (540)	45		.00
	46	Nonrefundable Renter's Credit. See instructions	46		.00
	47	Add line 40 through line 46. These are your total credits	47		.00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	48	6672	.00

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540)	61		.00
	62	Mental Health Services Tax. See instructions	62		.00
	63	Other taxes and credit recapture. See instructions	63		.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax.	64	6672	.00

Payments	71	California income tax withheld. See instructions	71	7077	.00
	72	2024 California estimated tax and other payments. See instructions	72		.00
	73	Withholding (Form 592-B and/or Form 593). See instructions.	73		.00
	74	Reserved for future use	74		
	75	Earned Income Tax Credit (EITC). See instructions	75		.00
	76	Young Child Tax Credit (YCTC). See instructions	76		.00
	77	Foster Youth Tax Credit (FYTC). See instructions	77		.00
	78	Add line 71 through line 77. These are your total payments. See instructions	78	7077	.00

Use Tax	91	Use Tax. Do not leave blank. See instructions	91	0	.00
	If line 91 is zero, check if: ☒ No use tax is owed. ☐ You paid your use tax obligation directly to CDTFA.				

ISR Penalty	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage.	☒	
	Individual Shared Responsibility (ISR) Penalty. See instructions		92	

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93	7077	.00
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	94		.00
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	95	7077	.00
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92.	96		.00
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95.	97	405	.00

Your name: POTTER Your SSN or ITIN: 550-81-2496

Overpaid Tax/Tax Due	98	Amount of line 97 you want applied to your 2025 estimated tax	98		.00
	99	Overpaid tax available this year. Subtract line 98 from line 97	99	405	.00
	100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	100		.00

Contributions	Code	Amount	
	400		.00
	401		.00
	403		.00
	405		.00
	406		.00
	407		.00
	408		.00
	410		.00
	413		.00
	422		.00
	423		.00
	424		.00
	425		.00
	431		.00
	438		.00
	439		.00
	445		.00
	447		.00
	110	Add amounts in code 400 through code 447. This is your total contribution	.00

Your name: POTTER

Your SSN or ITIN: 550-81-2496

Amount You Owe

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

Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001..... 111

Pay Online – Go to ftb.ca.gov/pay for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties 112

113 Underpayment of estimated tax.

Check the box: ☐ FTB 5805 attached ☐ FTB 5805F attached 113

114 Total amount due. See instructions. Enclose, but do not staple, any payment 114

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

Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001..... 115

Refund and Direct Deposit

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

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

● Routing number

322271627

● Type

☒ Checking

● Account number

903615711

● 116 Direct deposit amount

405

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

● Routing number

● Type

☐ Checking

● Account number

● 117 Direct deposit amount

Voter Info.

For voter registration information, check the box and go to sos.ca.gov/elections. See instructions ☐

Health Care Coverage Info.

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

Your name:

POTTER

Your SSN or ITIN:

550-81-2496

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

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

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

Your signature

Date

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

☒ Your email address. Enter only one email address.

☒ Preferred phone number

6506901933

**Sign
Here**

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

Joint tax
return?
See
instructions.

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

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

SELF PREPARED

☒ PTIN

Firm's address

☒ Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions.

☐

Yes

☒

No

Print Third Party Designee's Name

Telephone Number

REV 03/12/25 TTMAC

2024 California Adjustments — Residents**CA (540)****Important:** Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return

SSN or ITIN

KEVIN C POTTER

550812496

Part I Income Adjustment Schedule**Section A — Income** from federal Form 1040 or 1040-SR**A Federal Amounts**
(taxable amounts from your federal tax return)**B Subtractions**
See instructions**C Additions**
See instructions

1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a	☒ 107934	☒	☒ 4150
b Household employee wages not reported on federal Form(s) W-2 1b	☒	☒	☒
c Tip income not reported on line 1a 1c	☒	☒	☒
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	☒	☒	☒
e Taxable dependent care benefits from federal Form 2441, line 26 1e	☒	☒	☒
f Employer-provided adoption benefits from federal Form 8839, line 29 1f	☒	☒	☒
g Wages from federal Form 8919, line 6. 1g	☒	☒	☒
h Other earned income. See instructions 1h	☒ 0	☒	☒
i Nontaxable combat pay election. See instructions. 1i			☒
z Add line 1a through line 1i. 1z	☒ 107934	☒	☒ 4150
2 Taxable interest. a ☒ 2b ☒	☒	☒	☒
3 Ordinary dividends. See instructions. a ☒ 3b ☒ 3982	☒	☒	☒
4 IRA distributions. See instructions. a ☒ 4b ☒	☒	☒	☒
5 Pensions and annuities. See instructions. a ☒ 5b ☒	☒	☒	☒
6 Social security benefits. a ☒ 6b ☒	☒	☒	
7 Capital gain or (loss). See instructions 7	☒	☒	☒

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

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

REV 03/12/25 TTMAC

Section B – Additional Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:				
a Federal net operating loss.	8a	☐ ()		☐
b Gambling.	8b	☐	☐	
c Cancellation of debt	8c	☐	☐	☐
d Foreign earned income exclusion from federal Form 2555.	8d	☐ ()		☐
e Income from federal Form 8853	8e	☐		☐
f Income from federal Form 8889.	8f	☐	☐	
g Alaska Permanent Fund dividends.	8g	☐		
h Jury duty pay.	8h	☐		
i Prizes and awards	8i	☐		
j Activity not engaged in for profit income	8j	☐		
k Stock options.	8k	☐		☐
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . .	8l	☐		
m Olympic and Paralympic medals and USOC prize money.	8m	☐		
n IRC Section 951(a) inclusion.	8n	☐	☐	
o IRC Section 951A(a) inclusion.	8o	☐	☐	
p IRC Section 461(l) excess business loss adjustment	8p	☐	☐	☐
q Taxable distributions from an ABLE account . .	8q	☐		
r Scholarship and fellowship grants not reported on federal Form(s) W-2	8r	☐		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d. .	8s	☐ ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan	8t	☐		
u Wages earned while incarcerated.	8u	☐		
v Digital assets received as ordinary income not reported elsewhere.	8v	☐	☐	☐
z Other income. List type and amount. ☐ _____	8z	☐	☐	☐

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add line 8a through line 8z 9a	☐	☐	☐
b1 Disaster loss deduction from form FTB 3805V. . 9b1		☐	
b2 NOL deduction from form FTB 3805V 9b2		☐	
b3 NOL deduction from form FTB 3805Z, 3807, or 3809 9b3		☐	
10 Total. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. 10	☐ 111916	☐	☐ 4150

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

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

Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:			
a Jury duty pay 24a	☐		
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 federal Trade Act of 1974 24e	☐		
f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	☐	☐	☐
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	☐	☐	☐
h Attorney fees and court costs for actions involving certain unlawful discrimination claims. 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 federal Form 2555 24j	☐	☐	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041). 24k	☐		
z Other adjustments. List type and amount.			
☐ 24z	☐	☐	☐
25 Total other adjustments. Add line 24a through line 24z 25	☐	☐	☐
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	☐	☐	☐
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	☐ 111916	☐	☐ 4150

REV 03/12/25 TTMAC

Part II Adjustments to Federal Itemized Deductions

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

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses ☒ 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. ☒ 111916 2			
3 Multiply line 2 by 7.5% (0.075) ☒ 8394 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4 ☒			☒ 0
Taxes You Paid			
5 a State and local income tax or general sales taxes. .5a ☒	8399	☒ 8399	
b State and local real estate taxes 5b ☒			
c State and local personal property taxes 5c ☒	784		
d Add line 5a through line 5c. 5d ☒	9183		
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e ☒	9183	☒ 8399	☒ 0
6 Other taxes. List type ☒ 6 ☒			
7 Add line 5e and line 6. 7 ☒	9183	☒ 8399	☒ 0
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 8a ☒			☒
b Home mortgage interest not reported to you on federal Form 1098. 8b ☒			☒
c Points not reported to you on federal Form 1098. .8c ☒			☒
d Reserved for future use 8d			
e Add line 8a through line 8c. 8e ☒		☒	☒
9 Investment interest. 9 ☒		☒	☒
10 Add line 8e and line 9. 10 ☒		☒	☒

REV 03/12/25 TTMAC

Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check.....11	☐	☐	☐
12 Other than by cash or check.....12	☐	☐	☐
13 Carryover from prior year.....13	☐	☐	☐
14 Add line 11 through line 13 14	☐	☐	☐
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions ..15	☐	☐	☐
Other Itemized Deductions			
16 Other—from list in federal instructions.. ..16	☐	☐	☐
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. 17	☐ 9183	☐ 8399	☐ 0
18 Total. Combine line 17 column A less column B plus column C 18			784

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions 19

20 Tax preparation fees 20

21 Other expenses: investment, safe deposit box, etc. List type. 21 0

22 Add line 19 through line 21 22 0

23 Enter amount from federal Form 1040 or 1040-SR, line 11 111916

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0..... 24 2238

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0..... 25 0

26 Total Itemized Deductions. Add line 18 and line 25 26 784

27 Other adjustments. See instructions. Specify. 27

28 Combine line 26 and line 27. 28 784

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?

Single or married/RDP filing separately \$244,857

Head of household \$367,291

Married/RDP filing jointly or qualifying surviving spouse/RDP..... \$489,719

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29..... 29 784

30 Enter the larger of the amount on line 29 or your standard deduction shown below:

Single or married/RDP filing separately. See instructions \$5,540

Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP .. \$11,080

Transfer the amount on line 30 to Form 540, line 18..... 30 5540

Schedule CA

California
Wage, IRA and Pension Adjustments
Attach to return (after all other FTB forms)

2024

Name as Shown on Return
Kevin C PotterSocial Security No.
550-81-2496**Line 1a – Wages, Salaries, Tips, Etc.**

	(B) Subtractions	(C) Additions
1 Excess reimbursements from Form 2106 included in wage income		
2 Active duty military pay		
3 HSA employer contributions		4150
4 Paid Family Leave Insurance (PFL) benefits		
I confirm that the PFL amount above is accurate ☐		
5 Excess moving reimbursements		
Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1a		4150

Line 1h – Wages, Salaries, Tips, Etc.

	(B) Subtractions	(C) Additions
1 Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act		
2 Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also)		
3 Exclusion for compensation from exercising a California Qualified Stock Option (CQSO).		
4 Ridesharing fringe benefit differences		
5 Employer-provided adoption benefits income exclusions.		
6 Native American income (Form 3504)		
7 Clergy housing exclusion. This is the amount entered on W-2s as smallest of amount spent or fair rental value		
a Enter the amount spent on qual. housing expenses		
8 Other (itemize):		
a		
b		
c		
d		
Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1h		

Line 4 – IRA, Pensions, and Annuities

IRA's	(B) Subtractions	(C) Additions
1 Other (itemize):		
a		
b		
c		
d		
Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4		
Pensions and Annuities	(B) Subtractions	(C) Additions
1 Form 1099-R, Railroad Retirement Benefits.		
Check here to confirm the Tier 2 RRB above is correct . . . ▶ ☐		
2 Other (itemize):		
a		
b		
c		
d		
Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 5.		

Healthcare Entry Sheet

2024

► Keep for your records

The forms associated with healthcare (3853 and this Healthcare Entry Sheet) both interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes **No/Partial**

☒ ☐ Everyone on the tax return was covered by health insurance all year.
If everyone on the return was covered then check the YES box above - no other action is required.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The FTB is not requiring the 1095-B or 1095-C be filed with the returns. Keep these forms for your records and track the the months using the checkboxes below.

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 3853

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 Kevin C Potter	550-81-2496	09/27/67	*Oct 2023	X	X	X	X	X	X	X	X	X	X	X	T
2			*Oct 2023												
3			*Oct 2023												
4			*Oct 2023												
5			*Oct 2023												
6			*Oct 2023												

*Coverage for October, November or December of 2023 may be needed in order to calculate the short gap coverage exemption if there was no coverage or exemptions in January or February of 2024. If an individual had an exemption in October, November or December of 2023, count that as coverage for that month above. (Note this is only for October, November or December of 2023.)

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 3853. ►

Completion checkbox:

☐ Check this box once you are finished with all the healthcare related entries.

California Electronic Filing Information Worksheet

2024

► Keep for your records

Name as Shown on Return

Kevin C Potter

Social Security Number

550-81-2496

Electronic Return Originator Information

The program calculates this information based on the preparer code entered on the federal information worksheet (or the ERO code entered on the federal electronic filing information worksheet if you are an intermediate service provider).

Firm Name

Social Security Number/Preparer Tax ID Number

Name

Phone Number

Fax Number

Address

Employer Identification Number

City

State

Zip Code

EFIN

Country

E-mail Address

Paid Preparer Information

Firm Name

Social Security Number/Preparer Tax ID Number

Name

Employer Identification Number

Address

Phone Number

Fax Number

City

State

Zip Code

Country

E-mail Address

Electronic Filing Review Check

If any of the questions below are checked yes, the return may not be filed electronically

	Yes	No
1 Are there more than fifty W-2s?	☐	☒
2 Are there more than ten copies of Form 3803?	☐	☒
3 Is there an amended Form 3805P attached?	☐	☒
4 Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A?	☐	☒
5 Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593?	☐	☒
6 Are any invalid entries made on Form 3805V page 3, part III? (See help)	☐	☐
7 Is this a fiscal year filer?	☐	☒
8 Is Form 3506 being filed while the taxpayer or spouse is claimed as a qualifying person?	☐	☒
9 Is the Federal filing status married filing joint and the California filing status married filing separate?	☐	☒
10 Is Federal Form 4852 (substitute W2) being used?	☐	☐
11 Check that you have the correct selections for the RDP return?	☐	☒
12 On the 3506, are there any foreign care providers?	☐	☒
13 Is Direct Debit selected and no balance due on the return?	☐	☐

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

Your first name and middle initial Kevin C	Last name Potter	Your social security number 550 81 2496
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If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
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Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **Presidential Election Campaign****1461 Ferguson Way** 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.City, town, or post office. If you have a foreign address, also complete spaces below. State **CA** ZIP code **95129****San Jose**Foreign country name Foreign province/state/county Foreign postal code ☐ You ☐ Spouse

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

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

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

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

Dependents (see instructions):

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

Income

1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 107,934.
b Household employee wages not reported on Form(s) W-2	1b
c Tip income not reported on line 1a (see instructions)	1c
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d
e Taxable dependent care benefits from Form 2441, line 26	1e
f Employer-provided adoption benefits from Form 8839, line 29	1f
g Wages from Form 8919, line 6	1g
h Other earned income (see instructions)	1h 0.
i Nontaxable combat pay election (see instructions)	1i
z Add lines 1a through 1h	1z 107,934.

Attach Sch. B if required.

2a Tax-exempt interest	2a	b Taxable interest	2b
3a Qualified dividends	3a	b Ordinary dividends	3b 3,982.
4a IRA distributions	4a	b Taxable amount	4b
5a Pensions and annuities	5a	b Taxable amount	5b
6a Social security benefits	6a	b Taxable amount	6b
c If you elect to use the lump-sum election method, check here (see instructions)			
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here			7
8 Additional income from Schedule 1, line 10			8
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9 111,916.
10 Adjustments to income from Schedule 1, line 26			10
11 Subtract line 10 from line 9. This is your adjusted gross income			11 111,916.
12 Standard deduction or itemized deductions (from Schedule A)			12 14,600.
13 Qualified business income deduction from Form 8995 or Form 8995-A			13
14 Add lines 12 and 13			14 14,600.
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income			15 97,316.

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

Form 1040 (2024)

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

Department of the Treasury
Internal Revenue Service

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2024
Attachment
Sequence No. 08

Name(s) shown on return

Kevin C Potter

Your social security number

550-81-2496

(See instructions and the Instructions for Form 1040, line 2b.)

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

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

Amount

1

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

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

Amount

(See instructions and the Instructions for Form 1040, line 3b.)

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

- 5** List name of payer: NATIONAL FINANCIAL SERVICES LLC

3,981.94

5

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

6

3,981.94

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

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

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

- 7a** At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

Yes	No
-----	----

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X	

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X	
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	$\times$
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n 1040) 2024

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. **52**

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

Kevin C Potter

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
550-81-2496

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2024. See instructions	☒ Self-only ☐ Family
2	HSA contributions you made for 2024 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2024. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2024 and, on the first day of every month during 2024, you were, or were considered, an eligible individual with the same coverage, enter \$4,150 (\$8,300 for family coverage). All others , see the instructions for the amount to enter	3 5,150.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2024 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2024, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 5,150.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2024, see the instructions for the amount to enter	6 5,150.
7	If you were age 55 or older at the end of 2024, married, and you or your spouse had family coverage under an HDHP at any time during 2024, enter your additional contribution amount. See instructions	7 0.
8	Add lines 6 and 7	8 5,150.
9	Employer contributions made to your HSAs for 2024	9 4,150.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 4,150.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 1,000.
13	HSA deduction (see instructions).	13 0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2024 from all HSAs (see instructions)	14a 1,583.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c 1,583.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15 1,583.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16 0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ☐	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21

Statement of Specified Foreign Financial Assets

► Go to www.irs.gov/Form8938 for instructions and the latest information.
► Attach to your tax return.

OMB No. 1545-2195

Attachment
Sequence No. **938**

For calendar year 20 **24** or tax year beginning , 20 , and ending , 20

If you have attached additional statements, check here ☐ Number of additional statements _____

1 Name(s) shown on return Kevin C Potter		2 Taxpayer identification number (TIN) 550-81-2496		
3 Type of filer a ☒ Specified individual b ☐ Partnership c ☐ Corporation d ☐ Trust				
4 If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.) <table><tr><td>a Name</td><td>b TIN</td></tr></table>			a Name	b TIN
a Name	b TIN			

Part I Foreign Deposit and Custodial Accounts Summary

5 Number of deposit accounts (reported in Part V)	▶	1
6 Maximum value of all deposit accounts	\$	106,071.
7 Number of custodial accounts (reported in Part V)	▶	
8 Maximum value of all custodial accounts	\$	
9 Were any foreign deposit or custodial accounts closed during the tax year?		☒ Yes ☐ No

Part II Other Foreign Assets Summary

10 Number of foreign assets (reported in Part VI)	▶	
11 Maximum value of all assets (reported in Part VI)	\$	0.
12 Were any foreign assets acquired or sold during the tax year?		☐ Yes ☒ No

Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)

(a) Asset category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
13 Foreign deposit and custodial accounts	a Interest	\$		
	b Dividends	\$		
	c Royalties	\$		
	d Other income	\$		
	e Gains (losses)	\$		
	f Deductions	\$		
	g Credits	\$		
14 Other foreign assets	a Interest	\$		
	b Dividends	\$		
	c Royalties	\$		
	d Other income	\$		
	e Gains (losses)	\$		
	f Deductions	\$		
	g Credits	\$		

Part IV Excepted Specified Foreign Financial Assets (see instructions)

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

15 Number of Forms 3520 _____	16 Number of Forms 3520-A _____	17 Number of Forms 5471 _____
18 Number of Forms 8621 _____	19 Number of Forms 8865 _____	

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary
(see instructions)

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20	Type of account	a ☒ Deposit b ☐ Custodial	21 Account number or other designation 0152/246344-0
22	Check all that apply	a ☐ Account opened during tax year c ☐ Account jointly owned with spouse	b ☒ Account closed during tax year d ☒ No tax item reported in Part III with respect to this asset
23	Maximum value of account during tax year \$ 106,071.		
24	Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? . . . ☒ Yes ☐ No		
25	If you answered "Yes" to line 24, complete all that apply.		
	(a) Foreign currency in which account is maintained BRL	(b) Foreign currency exchange rate used to convert to U.S. dollars 5.3920	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service IRS Year Average Currency Exchange
26a	Name of financial institution in which account is maintained Banco Bradesco S.A.		b Global Intermediary Identification Number (GIIN) (Optional) .
27	Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. Rua Sao Bento, 233 - Centro		
28	City or town, state or province, country, and ZIP or foreign postal code Sorocaba SP BR 18010-031		

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29	Description of asset	30 Identifying number or other designation
31	Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.	
	a Date asset acquired during tax year, if applicable b Date asset disposed of during tax year, if applicable c ☐ Check if asset jointly owned with spouse d ☐ Check if no tax item reported in Part III with respect to this asset	
32	Maximum value of asset during tax year (check box that applies)	
	a ☐ \$0-\$50,000 b ☐ \$50,001-\$100,000 c ☐ \$100,001-\$150,000 d ☐ \$150,001-\$200,000 e If more than \$200,000, list value \$	
33	Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? . . . ☐ Yes ☐ No	
34	If you answered "Yes" to line 33, complete all that apply.	
	(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars
	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
35	If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
	a Name of foreign entity	b GIIN (Optional)
	c Type of foreign entity (1) ☐ Partnership (2) ☐ Corporation (3) ☐ Trust (4) ☐ Estate	
	d Mailing address of foreign entity. Number, street, and room or suite no.	
	e City or town, state or province, country, and ZIP or foreign postal code	
36	If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
	Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.	
	a Name of issuer or counterparty	
	Check if information is for ☐ Issuer ☐ Counterparty	
	b Type of issuer or counterparty	
	(1) ☐ Individual (2) ☐ Partnership (3) ☐ Corporation (4) ☐ Trust (5) ☐ Estate	
	c Check if issuer or counterparty is a ☐ U.S. person ☐ Foreign person	
	d Mailing address of issuer or counterparty. Number, street, and room or suite no.	
	e City or town, state or province, country, and ZIP or foreign postal code	

Electronic Filing Instructions for your 2023 Federal Tax Return
Important: Your taxes are not finished until all required steps are completed.



Kevin C Potter
1461 Ferguson Way
San Jose, CA 95129

Balance Due/Refund	Your federal tax return (Form 1040) shows a balance due of \$370.00.		
	Your return shows you have elected to pay your balance due of \$370.00 by Direct Debit using the following information:		
	- Amount Withdrawn:	\$370.00	
	- Account Number:	903615711	
	- Routing Transit Number:	322271627	
	- Date of Withdrawal:	04/15/2024	
What You Need to Keep	Your Electronic Filing Instructions (this form)		
	A copy of your federal return		
2023 Federal Tax Return Summary	Adjusted Gross Income	\$	111,127.00
	Taxable Income	\$	97,277.00
	Total Tax	\$	16,746.00
	Total Payments/Credits	\$	16,376.00
	Payment Due	\$	370.00
	Effective Tax Rate		15.07%

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____ See separate instructions.

Your first name and middle initial Kevin C	Last name Potter	Your social security number 550 81 2496
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 1461 Ferguson Way		Apt. no.	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
City, town, or post office. If you have a foreign address, also complete spaces below. San Jose		State CA	
ZIP code 95129			
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)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
Check only one box.
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

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

Age/Blindness **You:** ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):
(1) First name	Last name			Child tax credit
If more than four dependents, see instructions and check here ☐				☐
				☐
				☐
				☐

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 109,615.
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.	b Household employee wages not reported on Form(s) W-2	1b
	c Tip income not reported on line 1a (see instructions)	1c
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d
	e Taxable dependent care benefits from Form 2441, line 26	1e
	f Employer-provided adoption benefits from Form 8839, line 29	1f
	g Wages from Form 8919, line 6	1g
	h Other earned income (see instructions)	1h 0.
	i Nontaxable combat pay election (see instructions) 1i	
z Add lines 1a through 1h	1z 109,615.	

Attach Sch. B if required.	2a Tax-exempt interest	2a	b Taxable interest	2b 304.
	3a Qualified dividends	3a	b Ordinary dividends	3b 1,208.
Standard Deduction for— • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction , see instructions.	4a IRA distributions	4a	b Taxable amount	4b
	5a Pensions and annuities	5a	b Taxable amount	5b
	6a Social security benefits	6a	b Taxable amount	6b
	c If you elect to use the lump-sum election method, check here (see instructions) ☐			
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐		7	
	8 Additional income from Schedule 1, line 10		8	
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9 111,127.	
	10 Adjustments to income from Schedule 1, line 26		10	
	11 Subtract line 10 from line 9. This is your adjusted gross income		11 111,127.	
	12 Standard deduction or itemized deductions (from Schedule A)		12 13,850.	
13 Qualified business income deduction from Form 8995 or Form 8995-A		13		
14 Add lines 12 and 13		14 13,850.		
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income		15 97,277.		

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

**SCHEDULE B
(Form 1040)**Department of the Treasury
Internal Revenue Service**Interest and Ordinary Dividends**Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **08**

Name(s) shown on return

Kevin C Potter

Your social security number

550-81-2496

Part I**Interest**(See instructions
and the
Instructions for
Form 1040,
line 2b.)**Note:** If you
received a
Form 1099-INT,
Form 1099-OID,
or substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the total interest
shown on that
form.

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

JPMORGAN CHASE BANK, N.A. RETAIL DEPOSIT ACCOUNTS - CA & NV ECD

JPMORGAN CHASE BANK, N.A. RETAIL DEPOSIT ACCOUNTS - CA & NV ECD

Amount

100.

204.26

1

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

304.26

3

304.26

Note: If line 4 is over \$1,500, you must complete Part III.**Amount****Part II****Ordinary
Dividends**(See instructions
and the
Instructions for
Form 1040,
line 3b.)**Note:** If you
received a
Form 1099-DIV
or substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the ordinary
dividends shown
on that form.

- 5**
- List name of payer: NATIONAL FINANCIAL SERVICES LLC

1,207.80

5

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

1,207.80

Note: If line 6 is over \$1,500, you must complete Part III.**Part III****Foreign
Accounts
and Trusts****Caution:** If
required, failure to
file FinCEN Form
114 may result in
substantial
penalties.
Additionally, you
may be required to
file Form 8938,
Statement of
Specified Foreign
Financial Assets.
See instructions.

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

- 7a**
- At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

Yes**No**

X

- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

X

- b**
- If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located: BR Brazil

- 8**
- During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

X

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **52**

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

Kevin C Potter

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
550-81-2496

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	☒ Self-only ☐ Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3 4,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 4,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6 4,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions	7 0.
8	Add lines 6 and 7	8 4,850.
9	Employer contributions made to your HSAs for 2023	9 4,850.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 4,850.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a 5,055.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c 5,055.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15 5,055.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16 0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ☐	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21

Statement of Specified Foreign Financial Assets

► Go to www.irs.gov/Form8938 for instructions and the latest information.
► Attach to your tax return.

OMB No. 1545-2195

Attachment
Sequence No. **938**

For calendar year 20 **23** or tax year beginning , 20 , and ending , 20

If you have attached additional statements, check here ☐ Number of additional statements _____

1 Name(s) shown on return Kevin C Potter		2 Taxpayer identification number (TIN) 550-81-2496		
3 Type of filer a ☒ Specified individual b ☐ Partnership c ☐ Corporation d ☐ Trust				
4 If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.) <table><tr><td>a Name</td><td>b TIN</td></tr></table>			a Name	b TIN
a Name	b TIN			

Part I Foreign Deposit and Custodial Accounts Summary

5 Number of deposit accounts (reported in Part V)	▶	1
6 Maximum value of all deposit accounts	\$	116,700.
7 Number of custodial accounts (reported in Part V)	▶	
8 Maximum value of all custodial accounts	\$	
9 Were any foreign deposit or custodial accounts closed during the tax year?	☐ Yes ☒ No	

Part II Other Foreign Assets Summary

10 Number of foreign assets (reported in Part VI)	▶	
11 Maximum value of all assets (reported in Part VI)	\$	116,700.
12 Were any foreign assets acquired or sold during the tax year?	☐ Yes ☒ No	

Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)

(a) Asset category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
13 Foreign deposit and custodial accounts	a Interest	\$		
	b Dividends	\$		
	c Royalties	\$		
	d Other income	\$		
	e Gains (losses)	\$		
	f Deductions	\$		
	g Credits	\$		
14 Other foreign assets	a Interest	\$		
	b Dividends	\$		
	c Royalties	\$		
	d Other income	\$		
	e Gains (losses)	\$		
	f Deductions	\$		
	g Credits	\$		

Part IV Excepted Specified Foreign Financial Assets (see instructions)

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

15 Number of Forms 3520 _____	16 Number of Forms 3520-A _____	17 Number of Forms 5471 _____
18 Number of Forms 8621 _____	19 Number of Forms 8865 _____	

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary
(see instructions)

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20	Type of account	a ☒ Deposit b ☐ Custodial	21 Account number or other designation 0152/246344-0
22	Check all that apply	a ☐ Account opened during tax year c ☐ Account jointly owned with spouse	b ☐ Account closed during tax year d ☒ No tax item reported in Part III with respect to this asset
23	Maximum value of account during tax year	\$ 116,700.	
24	Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? . . . ☒ Yes ☐ No		
25	If you answered "Yes" to line 24, complete all that apply.		
	(a) Foreign currency in which account is maintained BRL	(b) Foreign currency exchange rate used to convert to U.S. dollars 4.9940	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service IRS Yearly Average Currency Exchange Rates
26a	Name of financial institution in which account is maintained Bradesco		b Global Intermediary Identification Number (GIIN) (Optional)
27	Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. R. Sao Bento, 233 - Centro		
28	City or town, state or province, country, and ZIP or foreign postal code Sorocaba SP BR 18010		

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29	Description of asset	30 Identifying number or other designation
31	Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.	
	a Date asset acquired during tax year, if applicable b Date asset disposed of during tax year, if applicable c ☐ Check if asset jointly owned with spouse d ☐ Check if no tax item reported in Part III with respect to this asset	
32	Maximum value of asset during tax year (check box that applies)	
	a ☐ \$0-\$50,000 b ☐ \$50,001-\$100,000 c ☐ \$100,001-\$150,000 d ☐ \$150,001-\$200,000 e If more than \$200,000, list value \$	
33	Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? . . . ☐ Yes ☐ No	
34	If you answered "Yes" to line 33, complete all that apply.	
	(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars
	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
35	If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
	a Name of foreign entity	b GIIN (Optional)
	c Type of foreign entity (1) ☐ Partnership (2) ☐ Corporation (3) ☐ Trust (4) ☐ Estate	
	d Mailing address of foreign entity. Number, street, and room or suite no.	
	e City or town, state or province, country, and ZIP or foreign postal code	
36	If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
	Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.	
	a Name of issuer or counterparty	
	Check if information is for ☐ Issuer ☐ Counterparty	
	b Type of issuer or counterparty	
	(1) ☐ Individual (2) ☐ Partnership (3) ☐ Corporation (4) ☐ Trust (5) ☐ Estate	
	c Check if issuer or counterparty is a ☐ U.S. person ☐ Foreign person	
	d Mailing address of issuer or counterparty. Number, street, and room or suite no.	
	e City or town, state or province, country, and ZIP or foreign postal code	

- Keep for your records

Name(s) Shown on Return
Kevin C Potter

Social Security Number
550-81-2496

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/18/23		04/18/23			04/18/23		
2	06/15/23		06/15/23			06/15/23		
3	09/15/23		09/15/23			09/15/23		
4	01/16/24		01/16/24			01/16/24		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2023					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2023 extensions					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				16,376.	7,452.	
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G .						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St		Loc			
18 a	Other withholding	St		Loc			
b	Other withholding	St		Loc			
c	Other withholding	St		Loc			
d	Positive Adjustment	St		Loc			
e	Negative Adjustment	St		Loc			
f	Additional Medicare Tax.						
19	Total Withholding Lines 10 through 18f				16,376.	7,452.	
20	Total Tax Payments for 2023				16,376.	7,452.	

Prior Year Taxes Paid In 2023 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2022 extensions				
22	2022 estimated tax paid after 12/31/2022				
23	Balance due paid with 2022 return				
24	Other (amended returns, installment payments, etc) . .				

Federal Carryover Worksheet**2023**

► Keep for your records

Name(s) Shown on Return
Kevin C PotterSocial Security Number
550-81-2496**2022 State and Local Income Tax Information**

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

2022 State Extension Information

(a) State	(b) Paid With Extension

2022 Locality Extension Information

(a) Locality	(b) Paid With Extension

2022 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2022 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2022 State Taxes Due Information

(a) State	(e) Paid With Return

2022 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2022 State Refund Applied Information

(a) State	(g) Applied Amount

2022 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2022 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

2022 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Kevin C Potter

550-81-2496

Other Tax and Income Information			2022	2023
1	Filing status	1		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3		8,555.
4	Check box if required to itemize deductions	4	☐	☐
5	Adjusted gross income	5		111,127.
6	Tax liability for Form 2210 or Form 2210-F	6		16,746.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions			2022	2023
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers			2022	2023
Note: Enter all entries as a positive amount				
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2023	b		
	b 2022	c		
	c 2021	d		
	d 2020	e		
	e 2019	f		
	f 2018			
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2023	b		
	b 2022	c		
	c 2021	d		
	d 2020	e		
	e 2019	f		
	f 2018			

Credit Carryovers			2022	2023
18	General business credit	18		
19	Adoption credit from:	19 a		
	a 2023	b		
	b 2022	c		
	c 2021	d		
	d 2020	e		
	e 2019	f		
	f 2018			
20	Mortgage interest credit from:	20 a		
	a 2023	b		
	b 2022	c		
	c 2021	d		
	d 2020			
21	Credit for prior year minimum tax	21		
22	District of Columbia first-time homebuyer credit	22		
23	Residential Clean Energy Credit (Previously the Residential energy efficient property credit	23		

Electronic Filing Instructions for your 2023 California Tax Return
Important: Your taxes are not finished until all required steps are completed.



Kevin C Potter
1461 Ferguson Way
San Jose, CA 95129

Balance Due/Refund	Your California state tax return (Form 540) shows a refund due to you in the amount of \$656.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 903615711 Routing Transit Number: 322271627.		
Where's My Refund?	Before you call the Franchise Tax Board with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Franchise Tax Board directly at 1-800-338-0505. From outside of California use 1-916-845-6500. You can also visit the Franchise Tax Board web site at http://www.ftb.ca.gov/online/refund/ .		
What You Need to Sign	Sign and date Form 8453-OL within 1 day of acceptance.		
Do Not Mail	Do not mail a paper copy of your tax return. Since you filed electronically, the Franchise Tax Board already has your return.		
What You Need to Keep	Your Electronic Filing Instructions (this form) - Form 8453-OL and attachment(s) A copy of your state and federal returns		
2023 California Tax Return Summary	Taxable Income	\$	110,614.00
	Total Tax	\$	6,796.00
	Total Payments/Credits	\$	7,452.00
	Amount to be Refunded	\$	656.00
	Effective Tax Rate		5.86%

TAXABLE YEAR	California Online e-file Return Authorization for Individuals	FORM
2023		8453-OL

Your first name and initial KEVIN C		Last name POTTER	Suffix	Your SSN or ITIN 550-81-2496
If filing jointly, spouse's/RDP's first name and initial		Last name	Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 1461 FERGUSON WAY		Apt. no./ste. no.	PMB/private mailbox	Daytime telephone number (650) 690-1933
City SAN JOSE			State CA	ZIP code 95129
Foreign country name		Foreign province/state/county		Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions	1	115977
2 Refund or no amount due. See instructions	2	656
3 Amount you owe. See instructions	3	

Part II Settle Your Account Electronically for Taxable Year 2023 (Pay by 4/15/2024)

4 ☒ Direct deposit of refund

5 ☐ Electronic funds withdrawal 5a Amount _____ 5b Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2024 These are NOT installment payments for the current amount you owe.

	First Payment 4/15/2024	Second Payment 6/17/2024	Third Payment 9/16/2024	Fourth Payment 1/15/2025
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below _____ 656	12 The remaining amount of my refund for direct deposit _____
9 Routing number 322271627	13 Routing number _____
10 Account number 903615711	14 Account number _____
11 Type of account: ☒ Checking ☐ Savings	15 Type of account: ☐ Checking ☐ Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2023 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Your signature _____

Date _____

Spouse's/RDP's signature. If filing jointly, both must sign.
It is unlawful to forge a spouse's/RDP's signature.

Date _____

2023 California Resident Income Tax Return**540**

APE

ATTACH FEDERAL RETURN

550-81-2496 POTT
KEVIN C POTTER

23

1461 FERGUSON WAY
SAN JOSE CA 95129

09-27-1967

Principal Residence

Enter your county at time of filing (see instructions)

☒ SANTA CLARAIf your address above is the same as your principal/physical residence address at the time of filing, check this box . . . ☒ X

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

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

☒☒

City

State

ZIP code

☒☒☒

Filing Status

If your California filing status is different from your federal filing status, check the box here ☐

1

☒ Single

4

☐ Head of household (with qualifying person). See instructions.

2

☐ Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

5

☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died. See instructions.

3

☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

6

If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. ☒ 6 ☐

Exemptions

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7

Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ☒ 7

1

X \$144 = ☒ \$

144

8

Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. ☒ 8☐X \$144 = ☒ \$

9

Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. ☒ 9☐X \$144 = ☒ \$

Your name: POTTER Your SSN or ITIN: 550-81-2496

Exemptions

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

	Dependent 1	Dependent 2	Dependent 3
First Name	☐	☐	☐
Last Name	☐	☐	☐
SSN. See instructions.	☐	☐	☐
Dependent's relationship to you	☐	☐	☐

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

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

Taxable Income

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

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ☐ 13

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. ☐ 14

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ☐ 15

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

17 California adjusted gross income. Combine line 15 and line 16 ☐ 17

18 Enter the larger of

Your California itemized deductions from Schedule CA (540), Part II, line 30; OR

Your California standard deduction shown below for your filing status:

• Single or Married/RDP filing separately. \$5,363

• Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,726

If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions. ☐ 18

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

Tax

31 Tax. Check the box if from: ☐ Tax Table ☒ Tax Rate Schedule

☐ FTB 3800 ☐ FTB 3803 ☐ 31

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions. ☐ 32

33 Subtract line 32 from line 31. If less than zero, enter -0- ☐ 33

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

35 Add line 33 and line 34. ☐ 35

Special Credits

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

43 Enter credit name code ☐ and amount. ☐ 43

44 Enter credit name code ☐ and amount. ☐ 44

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Side 2 Form 540 2023

175

3102234

Your name: POTTER Your SSN or ITIN: 550-81-2496

Special Credits

- 45 To claim more than two credits, see instructions. Attach Schedule P (540) 45 .00
- 46 Nonrefundable Renter's Credit. See instructions 46 .00
- 47 Add line 40 through line 46. These are your total credits 47 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- 48 6796 .00

Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540) 61 .00
- 62 Mental Health Services Tax. See instructions 62 .00
- 63 Other taxes and credit recapture. See instructions 63 .00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax. 64 6796 .00

Payments

- 71 California income tax withheld. See instructions 71 7452 .00
- 72 2023 California estimated tax and other payments. See instructions 72 .00
- 73 Withholding (Form 592-B and/or Form 593). See instructions. 73 .00
- 74 Excess SDI (or VPD) withheld. See instructions 74 .00
- 75 Earned Income Tax Credit (EITC). See instructions 75 .00
- 76 Young Child Tax Credit (YCTC). See instructions 76 .00
- 77 Foster Youth Tax Credit (FYTC). See instructions 77 .00
- 78 Add line 71 through line 77. These are your total payments.
See instructions 78 7452 .00

Use Tax

- 91 Use Tax. Do not leave blank. See instructions 91 0 .00
- If line 91 is zero, check if: ☒ No use tax is owed. ☐ You paid your use tax obligation directly to CDTFA.

ISR Penalty

- 92 If you and your household had full-year health care coverage, check the box.
See instructions. Medicare Part A or C coverage is qualifying health care coverage. ☒
- Individual Shared Responsibility (ISR) Penalty. See instructions 92 .00

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 93 7452 .00
- 94 Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 94 .00
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,
subtract line 92 from line 93. 95 7452 .00
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93,
subtract line 93 from line 92. 96 .00
- 97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95. 97 656 .00

Your name: **POTTER** Your SSN or ITIN: **550-81-2496**

Overpaid Tax/Tax Due	98	Amount of line 97 you want applied to your 2024 estimated tax	●	98		.00
	99	Overpaid tax available this year. Subtract line 98 from line 97	●	99	656	.00
	100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	●	100		.00

Contributions

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

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Your name:

POTTER

Your SSN or ITIN:

550-81-2496

Amount
You Owe

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

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● **111**

Pay Online – Go to ftb.ca.gov/pay for more information.

.00

Interest and
Penalties

112 Interest, late return penalties, and late payment penalties **112**

.00

113 Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ● **113**

.00

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

.00

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

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● **115**

656

.00

Refund and Direct Deposit

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

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

● Routing number

● Type

☒ Checking

● Account number

● **116** Direct deposit amount

322271627

☐ Savings

903615711

656

.00

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

● Routing number

● Type

☐ Checking

● Account number

● **117** Direct deposit amount

☐ Savings

.00

Voter Info.

For voter registration information, check the box and go to sos.ca.gov/elections. See instructions

☒

Health Care
Coverage Info.

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

Your name:

POTTER

Your SSN or ITIN:

550-81-2496



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

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

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

Your signature

Date

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

☒ Your email address. Enter only one email address.

☒ Preferred phone number

Sign Here

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

Joint tax return? See instructions.

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

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

☒ PTIN

Firm's address

☒ Firm's FEIN

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

Print Third Party Designee's Name

Telephone Number

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2023 California Adjustments — Residents

CA (540)

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

Name(s) as shown on tax return

SSN or ITIN

KEVIN C POTTER

550812496

Part I Income Adjustment Schedule

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

A Federal Amounts
(taxable amounts from your federal tax return)

B Subtractions
See instructions

C Additions
See instructions

1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a	☒ 109615	☒	☒ 4850
b Household employee wages not reported on federal Form(s) W-2 1b	☒	☒	☒
c Tip income not reported on line 1a 1c	☒	☒	☒
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	☒	☒	☒
e Taxable dependent care benefits from federal Form 2441, line 26 1e	☒	☒	☒
f Employer-provided adoption benefits from federal Form 8839, line 29 1f	☒	☒	☒
g Wages from federal Form 8919, line 6. 1g	☒	☒	☒
h Other earned income. See instructions 1h	☒ 0	☒	☒
i Nontaxable combat pay election. See instructions. 1i			☒
z Add line 1a through line 1i. 1z	☒ 109615	☒	☒ 4850
2 Taxable interest. a ☒ 2b	☒ 304	☒	☒
3 Ordinary dividends. See instructions. a ☒ 3b	☒ 1208	☒	☒
4 IRA distributions. See instructions. a ☒ 4b	☒	☒	☒
5 Pensions and annuities. See instructions. a ☒ 5b	☒	☒	☒
6 Social security benefits. a ☒ 6b	☒	☒	
7 Capital gain or (loss). See instructions 7	☒	☒	☒

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

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

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:			
a Federal net operating loss. 8a	☐ ()		☐
b Gambling. 8b	☐	☐	
c Cancellation of debt. 8c	☐	☐	☐
d Foreign earned income exclusion from federal Form 2555. 8d	☐ ()		☐
e Income from federal Form 8853. 8e	☐		☐
f Income from federal Form 8889. 8f	☐	☐	
g Alaska Permanent Fund dividends. 8g	☐		
h Jury duty pay. 8h	☐		
i Prizes and awards. 8i	☐		
j Activity not engaged in for profit income. 8j	☐		
k Stock options. 8k	☐		☐
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property. . . 8l	☐		
m Olympic and Paralympic medals and USOC prize money. 8m	☐		
n IRC Section 951(a) inclusion. 8n	☐	☐	
o IRC Section 951A(a) inclusion. 8o	☐	☐	
p IRC Section 461(l) excess business loss adjustment. . . 8p	☐	☐	☐
q Taxable distributions from an ABLE account. . . 8q	☐		
r Scholarship and fellowship grants not reported on federal Form(s) W-2. 8r	☐		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d. . 8s	☐ ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. 8t	☐		
u Wages earned while incarcerated. 8u	☐		
z Other income. List type and amount. ☐	8z ☐	☐	☐

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add lines 8a through 8z. 9a	☐	☐	☐
b1 Disaster loss deduction from form FTB 3805V. 9b1		☐	
b2 NOL deduction from form FTB 3805V. 9b2		☐	
b3 NOL deduction from form FTB 3805Z, 3807, or 3809. 9b3		☐	
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. 10	☐ 111127	☐	☐ 4850

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

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

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Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:			
a Jury duty pay 24a	☐		
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 federal Trade Act of 1974 24e	☐		
f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	☐	☐	☐
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	☐	☐	☐
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 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 federal Form 2555 24j	☐	☐	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041). 24k	☐		
z Other adjustments. List type and amount.			
☐ 24z	☐	☐	☐
25 Total other adjustments. Add line 24a through line 24z 25	☐	☐	☐
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	☐	☐	☐
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	☐ 111127	☐	☐ 4850

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Part II Adjustments to Federal Itemized Deductions

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

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses ☒ 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. ☒ 111127 2			
3 Multiply line 2 by 7.5% (0.075) ☒ 8335 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4 ☒			☒ 0
Taxes You Paid			
5 a State and local income tax or general sales taxes. .5a ☒	8555	☒ 8555	
b State and local real estate taxes 5b ☒			
c State and local personal property taxes 5c ☒	0		
d Add line 5a through line 5c. 5d ☒	8555		
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e ☒	8555	☒ 8555	☒ 0
6 Other taxes. List type ☒ 6 ☒			
7 Add line 5e and line 6. 7 ☒	8555	☒ 8555	☒ 0
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 8a ☒			☒
b Home mortgage interest not reported to you on federal Form 1098. 8b ☒			☒
c Points not reported to you on federal Form 1098. .8c ☒			☒
d Reserved for future use 8d			
e Add line 8a through line 8c. 8e ☒		☒	☒
9 Investment interest. 9 ☒		☒	☒
10 Add line 8e and line 9. 10 ☒		☒	☒

REV 03/05/24 TTW

Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check.....11	☐	☐	☐
12 Other than by cash or check.....12	☐	☐	☐
13 Carryover from prior year.....13	☐	☐	☐
14 Add line 11 through line 13.....14	☐	☐	☐
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions..15	☐	☐	☐
Other Itemized Deductions			
16 Other—from list in federal instructions.....16	☐	☐	☐
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C.....17	☐ 8555	☐ 8555	☐ 0
18 Total. Combine line 17 column A less column B plus column C.....			☐ 18 0
Job Expenses and Certain Miscellaneous Deductions			
19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions..... ☐ 19			
20 Tax preparation fees..... ☐ 20			
21 Other expenses: investment, safe deposit box, etc. List type..... ☐ 21 0			
22 Add line 19 through line 21..... ☐ 22 0			
23 Enter amount from federal Form 1040 or 1040-SR, line 11..... ☐ 111127			
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0..... ☐ 24 2223			
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0..... ☐ 25 0			
26 Total Itemized Deductions. Add line 18 and line 25..... ☐ 26 0			
27 Other adjustments. See instructions. Specify..... ☐ 27			
28 Combine line 26 and line 27..... ☐ 28 0			
29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?			
Single or married/RDP filing separately.....\$237,035			
Head of household.....\$355,558			
Married/RDP filing jointly or qualifying surviving spouse/RDP.....\$474,075			
No. Transfer the amount on line 28 to line 29.			
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29..... ☐ 29 0			
30 Enter the larger of the amount on line 29 or your standard deduction shown below:			
Single or married/RDP filing separately. See instructions.....\$5,363			
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP...\$10,726			
Transfer the amount on line 30 to Form 540, line 18..... ☐ 30 5363			

Schedule CA

California
Wage, IRA and Pension Adjustments
 Attach to return (after all other FTB forms)

2023

Name as Shown on Return
 Kevin C Potter

Social Security No.
 550-81-2496

Line 1a – Wages, Salaries, Tips, Etc.

	(B) Subtractions	(C) Additions
1 Excess reimbursements from Form 2106 included in wage income		
2 Active duty military pay		
3 HSA employer contributions		4850
4 Paid Family Leave Insurance (PFL) benefits		
I confirm that the PFL amount above is accurate ☐		
5 Excess moving reimbursements		
Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1a		4850

Line 1h – Wages, Salaries, Tips, Etc.

	(B) Subtractions	(C) Additions
1 Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act		
2 Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also)		
3 Exclusion for compensation from exercising a California Qualified Stock Option (CQSO).		
4 Ridesharing fringe benefit differences		
5 Employer-provided adoption benefits income exclusions.		
6 Native American income (Form 3504)		
7 Clergy housing exclusion. This is the amount entered on W-2s as smallest of amount spent or fair rental value.		
a Enter the amount spent on qual. housing expenses		
8 Other (itemize):		
a		
b		
c		
d		
Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1h		

Line 4 – IRA, Pensions, and Annuities

IRA's		(B) Subtractions	(C) Additions
1 Other (itemize):			
a			
b			
c			
d			
Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4			
Pensions and Annuities		(B) Subtractions	(C) Additions
1 Form 1099-R, Railroad Retirement Benefits.			
Check here to confirm the Tier 2 RRB above is correct . . . ▶ ☐			
2 Other (itemize):			
a			
b			
c			
d			
Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 5.			

Healthcare Entry Sheet

► Keep for your records

2023

The forms associated with healthcare (3853 and this Healthcare Entry Sheet) both interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

☒ ☐ Everyone on the tax return was covered by health insurance all year.
If everyone on the return was covered then check the YES box above - no other action is required.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The FTB is not requiring the 1095-B or 1095-C be filed with the returns. Keep these forms for your records and track the months using the checkboxes below.

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 3853

a. Name of covered individual(s)		Covered all												
b. SSN	c. DOB	12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 Kevin	C Potter	*Oct 2022			*Nov 2022			*Dec 2022						
550-81-2496	09/27/67	X	X	X	X	X	X	X	X	X	X	X	X	T
2		*Oct 2022			*Nov 2022			*Dec 2022						
3		*Oct 2022			*Nov 2022			*Dec 2022						
4		*Oct 2022			*Nov 2022			*Dec 2022						
5		*Oct 2022			*Nov 2022			*Dec 2022						
6		*Oct 2022			*Nov 2022			*Dec 2022						

*Coverage for October, November or December of 2022 may be needed in order to calculate the short gap coverage exemption if there was no coverage or exemptions in January or February of 2023. If an individual had an exemption in October, November or December of 2022, count that as coverage for that month above. (Note this is only for October, November or December of 2022.)

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 3853. ►

Completion checkbox:

☐ Check this box once you are finished with all the healthcare related entries.

California Electronic Filing Information Worksheet

2023

► Keep for your records

Name as Shown on Return

Kevin C Potter

Social Security Number

550-81-2496

Electronic Return Originator Information

The program calculates this information based on the preparer code entered on the federal information worksheet (or the ERO code entered on the federal electronic filing information worksheet if you are an intermediate service provider).

Firm Name

Social Security Number/Preparer Tax ID Number

Name

Phone Number

Fax Number

Address

Employer Identification Number

City

State

Zip Code

EFIN

Country

E-mail Address

Paid Preparer Information

Firm Name

Social Security Number/Preparer Tax ID Number

Name

Employer Identification Number

Address

Phone Number

Fax Number

City

State

Zip Code

Country

E-mail Address

Electronic Filing Review Check

If any of the questions below are checked yes, the return may not be filed electronically

	Yes	No
1 Are there more than fifty W-2s?	☐	☒
2 Are there more than ten copies of Form 3803?	☐	☒
3 Is there an amended Form 3805P attached?	☐	☒
4 Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A?	☐	☒
5 Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT, 1099DIV, 1099MISC, 592-B, and 593?	☐	☒
6 Are any invalid entries made on Form 3805V page 3, part III? (See help)	☐	☐
7 Is this a fiscal year filer?	☐	☒
8 Is Form 3506 being filed while the taxpayer or spouse is claimed as a qualifying person?	☐	☒
9 Is the Federal filing status married filing joint and the California filing status married filing separate?	☐	☒
10 Is Federal Form 4852 (substitute W2) being used?	☐	☐
11 Check that you have the correct selections for the RDP return?	☐	☒
12 On the 3506, are there any foreign care providers?	☐	☒
13 Is Direct Debit selected and no balance due on the return?	☐	☐

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____ See separate instructions.

Your first name and middle initial Kevin C	Last name Potter	Your social security number 550 81 2496
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 1461 Ferguson Way		Apt. no.	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
City, town, or post office. If you have a foreign address, also complete spaces below. San Jose		State CA	
ZIP code 95129			
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)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
Check only one box.
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

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

Age/Blindness **You:** ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):
(1) First name	Last name			Child tax credit
If more than four dependents, see instructions and check here ☐				Credit for other dependents
				☐
				☐
				☐
				☐

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	109,615.
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.	b Household employee wages not reported on Form(s) W-2	1b	
	c Tip income not reported on line 1a (see instructions)	1c	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e Taxable dependent care benefits from Form 2441, line 26	1e	
	f Employer-provided adoption benefits from Form 8839, line 29	1f	
	g Wages from Form 8919, line 6	1g	
	h Other earned income (see instructions)	1h	0.
	i Nontaxable combat pay election (see instructions)	1i	
	z Add lines 1a through 1h	1z	109,615.

Attach Sch. B if required.	2a Tax-exempt interest	2a	2b Taxable interest	2b	304.
	3a Qualified dividends	3a	b Ordinary dividends	3b	1,208.
Standard Deduction for— • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction, see instructions.	4a IRA distributions	4a	b Taxable amount	4b	
	5a Pensions and annuities	5a	b Taxable amount	5b	
	6a Social security benefits	6a	b Taxable amount	6b	
	c If you elect to use the lump-sum election method, check here (see instructions)				
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		7		
	8 Additional income from Schedule 1, line 10		8		
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	111,127.	
	10 Adjustments to income from Schedule 1, line 26		10		
	11 Subtract line 10 from line 9. This is your adjusted gross income		11	111,127.	
	12 Standard deduction or itemized deductions (from Schedule A)		12	13,850.	
13 Qualified business income deduction from Form 8995 or Form 8995-A		13			
14 Add lines 12 and 13		14	13,850.		
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income		15	97,277.		

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

Form 1040 (2023)

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

**SCHEDULE B
(Form 1040)**Department of the Treasury
Internal Revenue Service**Interest and Ordinary Dividends**Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **08**

Name(s) shown on return

Kevin C Potter

Your social security number

550-81-2496

Part I**Interest**(See instructions
and the
Instructions for
Form 1040,
line 2b.)**Note:** If you
received a
Form 1099-INT,
Form 1099-OID,
or substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the total interest
shown on that
form.

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

JPMORGAN CHASE BANK, N.A. RETAIL DEPOSIT ACCOUNTS - CA & NV ECD

JPMORGAN CHASE BANK, N.A. RETAIL DEPOSIT ACCOUNTS - CA & NV ECD

Amount

100.

204.26

1

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

304.26

3

304.26

Note: If line 4 is over \$1,500, you must complete Part III.**Amount****Part II****Ordinary
Dividends**(See instructions
and the
Instructions for
Form 1040,
line 3b.)**Note:** If you
received a
Form 1099-DIV
or substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the ordinary
dividends shown
on that form.

- 5**
- List name of payer: NATIONAL FINANCIAL SERVICES LLC

1,207.80

5

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

1,207.80

Note: If line 6 is over \$1,500, you must complete Part III.**Part III****Foreign
Accounts
and Trusts****Caution:** If
required, failure to
file FinCEN Form
114 may result in
substantial
penalties.
Additionally, you
may be required to
file Form 8938,
Statement of
Specified Foreign
Financial Assets.
See instructions.

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

- 7a**
- At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

Yes**No**

X

- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

X

- b**
- If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located: BR Brazil

- 8**
- During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

X

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **52**

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

Kevin C Potter

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
550-81-2496

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	☒ Self-only ☐ Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3 4,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 4,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6 4,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions	7 0.
8	Add lines 6 and 7	8 4,850.
9	Employer contributions made to your HSAs for 2023	9 4,850.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 4,850.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a 5,055.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c 5,055.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15 5,055.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16 0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ☐	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21

Statement of Specified Foreign Financial Assets

► Go to www.irs.gov/Form8938 for instructions and the latest information.
► Attach to your tax return.

OMB No. 1545-2195

Attachment
Sequence No. **938**

For calendar year 20 **23** or tax year beginning , 20 , and ending , 20

If you have attached additional statements, check here ☐ Number of additional statements _____

1 Name(s) shown on return Kevin C Potter		2 Taxpayer identification number (TIN) 550-81-2496		
3 Type of filer a ☒ Specified individual b ☐ Partnership c ☐ Corporation d ☐ Trust				
4 If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.) <table><tr><td>a Name</td><td>b TIN</td></tr></table>			a Name	b TIN
a Name	b TIN			

Part I Foreign Deposit and Custodial Accounts Summary

5 Number of deposit accounts (reported in Part V)	▶	1
6 Maximum value of all deposit accounts	\$	116,700.
7 Number of custodial accounts (reported in Part V)	▶	
8 Maximum value of all custodial accounts	\$	
9 Were any foreign deposit or custodial accounts closed during the tax year?	☐ Yes ☒ No	

Part II Other Foreign Assets Summary

10 Number of foreign assets (reported in Part VI)	▶	
11 Maximum value of all assets (reported in Part VI)	\$	116,700.
12 Were any foreign assets acquired or sold during the tax year?	☐ Yes ☒ No	

Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)

(a) Asset category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
13 Foreign deposit and custodial accounts	a Interest	\$		
	b Dividends	\$		
	c Royalties	\$		
	d Other income	\$		
	e Gains (losses)	\$		
	f Deductions	\$		
	g Credits	\$		
14 Other foreign assets	a Interest	\$		
	b Dividends	\$		
	c Royalties	\$		
	d Other income	\$		
	e Gains (losses)	\$		
	f Deductions	\$		
	g Credits	\$		

Part IV Excepted Specified Foreign Financial Assets (see instructions)

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

15 Number of Forms 3520 _____	16 Number of Forms 3520-A _____	17 Number of Forms 5471 _____
18 Number of Forms 8621 _____	19 Number of Forms 8865 _____	

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary
(see instructions)

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20	Type of account	a ☒ Deposit b ☐ Custodial	21 Account number or other designation 0152/246344-0
22	Check all that apply	a ☐ Account opened during tax year c ☐ Account jointly owned with spouse	b ☐ Account closed during tax year d ☒ No tax item reported in Part III with respect to this asset
23	Maximum value of account during tax year \$ 116,700.		
24	Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? . . . ☒ Yes ☐ No		
25	If you answered "Yes" to line 24, complete all that apply.		
	(a) Foreign currency in which account is maintained BRL	(b) Foreign currency exchange rate used to convert to U.S. dollars 4.9940	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service IRS Yearly Average Currency Exchange Rates
26a	Name of financial institution in which account is maintained Bradesco		b Global Intermediary Identification Number (GIIN) (Optional)
27	Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. R. Sao Bento, 233 - Centro		
28	City or town, state or province, country, and ZIP or foreign postal code Sorocaba SP BR 18010		

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29	Description of asset	30 Identifying number or other designation
31	Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.	
	a Date asset acquired during tax year, if applicable b Date asset disposed of during tax year, if applicable c ☐ Check if asset jointly owned with spouse d ☐ Check if no tax item reported in Part III with respect to this asset	
32	Maximum value of asset during tax year (check box that applies)	
	a ☐ \$0-\$50,000 b ☐ \$50,001-\$100,000 c ☐ \$100,001-\$150,000 d ☐ \$150,001-\$200,000 e If more than \$200,000, list value \$	
33	Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? . . . ☐ Yes ☐ No	
34	If you answered "Yes" to line 33, complete all that apply.	
	(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars
	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
35	If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
	a Name of foreign entity	b GIIN (Optional)
	c Type of foreign entity (1) ☐ Partnership (2) ☐ Corporation (3) ☐ Trust (4) ☐ Estate	
	d Mailing address of foreign entity. Number, street, and room or suite no.	
	e City or town, state or province, country, and ZIP or foreign postal code	
36	If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
	Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.	
	a Name of issuer or counterparty	
	Check if information is for ☐ Issuer ☐ Counterparty	
	b Type of issuer or counterparty	
	(1) ☐ Individual (2) ☐ Partnership (3) ☐ Corporation (4) ☐ Trust (5) ☐ Estate	
	c Check if issuer or counterparty is a ☐ U.S. person ☐ Foreign person	
	d Mailing address of issuer or counterparty. Number, street, and room or suite no.	
	e City or town, state or province, country, and ZIP or foreign postal code	

W-2 Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return		
1 Wages, tips, other comp. 121025.10		2 Federal income tax withheld 18239.51
3 Social security wages 130141.85		4 Social Security tax withheld 8068.79
5 Medicare wages and tips 130141.85		6 Medicare tax withheld 1887.06
d Control number		Employer use only
c Employer's name, address, and ZIP code FLEXTRONICS INTERNATIONAL USA, INC. 12455-G RESEARCH BLVD AUSTIN TX 78759		
b Employer's FED ID number 94-3061570		a Employee's SSA number XXX-XX-2496
7 Social security tips		8 Allocated tips
9		10 Dependent care benefits
11 Nonqualified plans		12a See instructions for box 12 C 912.96
14 Other CASDI 1602.35		12b D 9116.75 12c W 4300.00 12d DD 1126.32 13 Stat emp Ret. plan 3rd party sick pay X
e Employee's name, address, and ZIP code KEVIN POTTER 1461 FERGUSON WAY SAN JOSE CA 95129		
15 State CA	Employer's state ID no. 354-2984-4	16 State wages, tips, etc. 125325.10
17 State income tax 8286.77		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2 State, City, Local Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State/City/Local Income Tax Return		
1 Wages, tips, other comp. 121025.10		2 Federal income tax withheld 18239.51
3 Social security wages 130141.85		4 Social Security tax withheld 8068.79
5 Medicare wages and tips 130141.85		6 Medicare tax withheld 1887.06
d Control number		Employer use only
c Employer's name, address, and ZIP code FLEXTRONICS INTERNATIONAL USA, INC. 12455-G RESEARCH BLVD AUSTIN TX 78759		
b Employer's FED ID number 94-3061570		a Employee's SSA number XXX-XX-2496
7 Social security tips		8 Allocated tips
9		10 Dependent care benefits
11 Nonqualified plans		12a See instructions for box 12 C 912.96
14 Other CASDI 1602.35		12b D 9116.75 12c W 4300.00 12d DD 1126.32 13 Stat emp Ret. plan 3rd party sick pay X
e Employee's name, address, and ZIP code KEVIN POTTER 1461 FERGUSON WAY SAN JOSE CA 95129		
15 State CA	Employer's state ID no. 354-2984-4	16 State wages, tips, etc. 125325.10
17 State income tax 8286.77		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2 State, City, Local Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State/City/Local Income Tax Return		
1 Wages, tips, other comp. 121025.10		2 Federal income tax withheld 18239.51
3 Social security wages 130141.85		4 Social Security tax withheld 8068.79
5 Medicare wages and tips 130141.85		6 Medicare tax withheld 1887.06
d Control number		Employer use only
c Employer's name, address, and ZIP code FLEXTRONICS INTERNATIONAL USA, INC. 12455-G RESEARCH BLVD AUSTIN TX 78759		
b Employer's FED ID number 94-3061570		a Employee's SSA number XXX-XX-2496
7 Social security tips		8 Allocated tips
9		10 Dependent care benefits
11 Nonqualified plans		12a See instructions for box 12
14 Other		12b 12c 12d 13 Stat emp Ret. plan 3rd party sick pay X
e Employee's name, address, and ZIP code KEVIN POTTER 1461 FERGUSON WAY SAN JOSE CA 95129		
15 State	Employer's state ID no.	16 State wages, tips, etc.
17 State income tax		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2 Employee Reference Copy Wage and Tax Statement Copy C for Employee Records		
1 Wages, tips, other comp. 121025.10		2 Federal income tax withheld 18239.51
3 Social security wages 130141.85		4 Social Security tax withheld 8068.79
5 Medicare wages and tips 130141.85		6 Medicare tax withheld 1887.06
d Control number		Employer use only
c Employer's name, address, and ZIP code FLEXTRONICS INTERNATIONAL USA, INC. 12455-G RESEARCH BLVD AUSTIN TX 78759		
b Employer's FED ID number 94-3061570		a Employee's SSA number XXX-XX-2496
7 Social security tips		8 Allocated tips
9		10 Dependent care benefits
11 Nonqualified plans		12a See instructions for box 12 C 912.96
14 Other CASDI 1602.35		12b D 9116.75 12c W 4300.00 12d DD 1126.32 13 Stat emp Ret. plan 3rd party sick pay X
e Employee's name, address, and ZIP code KEVIN POTTER 1461 FERGUSON WAY SAN JOSE CA 95129		
15 State CA	Employer's state ID no. 354-2984-4	16 State wages, tips, etc. 125325.10
17 State income tax 8286.77		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

2025 W-2 and EARNINGS SUMMARY			
This Earning Summary section is included with your W-2 to help describe portions in more detail.			
1. The following information reflects your final pay statement plus employer adjustments that comprise your W-2 statement			
Earnings Description	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages
Gross Wages	135898.89	135898.89	135898.89
Less Exempt Wages	400.00	400.00	400.00
Less Deferred Comp	9116.75		
Less Housing/Transportation			
Less Dependent Care			
Less Sec 125	5357.04	5357.04	5357.04
Less Excess Wages			
Taxable Wages (Reported on Form W-2)	121025.10 Box 1 of W-2	130141.85 Box 3 of W-2	130141.85 Box 5 of W-2
2. Employee W-4 Profile To change your employee W-4 profile information, file a new W-4 with the payroll department			
FIT: T 0		SIT Res: CASIT S 1	SIT Work: CASIT S 1

W-2

Scan QR code to go to TurboTax and import your W-2 information and file your return. Or by typing this into your browser:
<https://turbotax.intuit.com/affiliate/ultpaper>



Form W-2 Wage & Tax Statement 2024
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service OMB No. 1545-0008

a Employee's social security number XXX-XX-2496			1 Wages, tips, other compensation 107933.89		2 Federal income tax withheld 15586.38	
c Employer's name, address, and ZIP code Flextronics International USA, Inc. 12455-G Research Blvd Austin, TX 78759 USA			3 Social security wages 116893.81		4 Social security tax withheld 7247.42	
			5 Medicare wages and tips 116893.81		6 Medicare tax withheld 1694.96	
			7 Social security tips 0.00		8 Allocated tips 0.00	
b Employer identification number (EIN) 94-3061570			9		10 Dependent care benefits 0.00	
e Employee's name, address, and ZIP code Kevin Potter 1461 Ferguson Way San Jose, CA 95129			11 Nonqualified plans 0.00		13 Statutory Retirement Third-party employee plan sick pay ☐ ☒ ☐	
			12 See instructions for box 12 C 897.84 D 8959.92 DD 1090.56 W 4150.00		14 Other CASDI 1321.61	
15 State CA	Employer's state ID No. 354-2984-4	16 State wages, tips, etc. 112083.89	17 State income tax 7077.36	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage & Tax Statement 2024
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

Department of the Treasury - Internal Revenue Service OMB No. 1545-0008

a Employee's social security number XXX-XX-2496			1 Wages, tips, other compensation 107933.89		2 Federal income tax withheld 15586.38	
c Employer's name, address, and ZIP code Flextronics International USA, Inc. 12455-G Research Blvd Austin, TX 78759 USA			3 Social security wages 116893.81		4 Social security tax withheld 7247.42	
			5 Medicare wages and tips 116893.81		6 Medicare tax withheld 1694.96	
			7 Social security tips 0.00		8 Allocated tips 0.00	
b Employer identification number (EIN) 94-3061570			9		10 Dependent care benefits 0.00	
e Employee's name, address, and ZIP code Kevin Potter 1461 Ferguson Way San Jose, CA 95129			11 Nonqualified plans 0.00		13 Statutory Retirement Third-party employee plan sick pay ☐ ☒ ☐	
			12 See instructions for box 12 C 897.84 D 8959.92 DD 1090.56 W 4150.00		14 Other CASDI 1321.61	
15 State CA	Employer's state ID No. 354-2984-4	16 State wages, tips, etc. 112083.89	17 State income tax 7077.36	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage & Tax Statement 2024
Copy C-For EMPLOYEE'S RECORDS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number XXX-XX-2496			1 Wages, tips, other compensation 107933.89		2 Federal income tax withheld 15586.38	
c Employer's name, address, and ZIP code Flextronics International USA, Inc. 12455-G Research Blvd Austin, TX 78759 USA			3 Social security wages 116893.81		4 Social security tax withheld 7247.42	
			5 Medicare wages and tips 116893.81		6 Medicare tax withheld 1694.96	
			7 Social security tips 0.00		8 Allocated tips 0.00	
b Employer identification number (EIN) 94-3061570			9		10 Dependent care benefits 0.00	
e Employee's name, address, and ZIP code Kevin Potter 1461 Ferguson Way San Jose, CA 95129			11 Nonqualified plans 0.00		13 Statutory employee Retirement Third-party plan sick pay ☐ ☒ ☐	
			12 See instructions for box 12 C 897.84 D 8959.92 DD 1090.56 W 4150.00		14 Other CASDI 1321.61	
15 State CA	Employer's state ID No. 354-2984-4	16 State wages, tips, etc. 112083.89	17 State income tax 7077.36	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

1. The following information reflects your final pay statement plus employer adjustments that comprise your W-2 statement.

Earnings Description	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages
Gross Wages	122465.09	122465.09	122465.09
Less Exempt Wages	- 400.00	- 400.00	- 400.00
Less Deferred Comp	- 8959.92		
Less Housing/Transportation	- 0.00	- 0.00	- 0.00
Less Dependent Care	- 0.00	- 0.00	- 0.00
Less Sec 125	- 5171.28	- 5171.28	- 5171.28
Less Excess Wages		- 0.00	
Taxable Wages (Reported on Form W2)	107933.89 Box 1 of W-2	116893.81 Box 3 of W-2	116893.81 Box 5 of W-2

2. Employee W-4 profile to change your Employee W-4 profile information, file a new W-4 with the payroll department

FIT: T 0

SIT Res: CASIT S 1

SIT Work: CASIT S 1

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income tax credit (EITC). You may be able to take the EITC for 2024 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EITC if your investment income is more than the specified amount for 2024 or if income is earned for services provided while you were an inmate at a penal institution. For 2024 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596.
Any EITC that is more than your tax liability is refunded to you, but only if you file a tax return.

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2024 and more than \$10,453.20 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$6,129.90 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$23,000 (\$16,000 if you only have SIMPLE plans; \$26,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$23,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2024, your employer may have allowed an additional deferral of up to \$7,500 (\$3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a taxexempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

W-2		Federal Filing Copy Wage and Tax Statement		2023	
Copy B to be filed with employee's Federal Income Tax Return					
1 Wages, tips, other comp.	109614.75	2 Federal income tax withheld	16375.77		
3 Social security wages	118574.67	4 Social Security tax withheld	7351.63		
5 Medicare wages and tips	118574.67	6 Medicare tax withheld	1719.33		
d Control number		Employer use only			
c Employer's name, address, and ZIP code FLEXTRONICS INTERNATIONAL USA, INC. 12455-G RESEARCH BLVD AUSTIN TX 78759					
b Employer's FED ID number 94-3061570		a Employee's SSA number XXX-XX-2496			
7 Social security tips		8 Allocated tips			
9		10 Dependent care benefits			
11 Nonqualified plans		12a See instructions for box 12 C 897.84			
14 Other CASDI 1102.74		12b D 8959.92 12c W 4850.08 12d DD 1060.32 13 Stat emp Ret. plan 3rd party sick pay X			
e Employee's name, address, and ZIP code KEVIN POTTER 1461 FERGUSON WAY SAN JOSE CA 95129					
15 State CA	Employer's state ID no. 354-2984-4	16 State wages, tips, etc. 114464.83			
17 State income tax 7452.32		18 Local wages, tips, etc.			
19 Local income tax		20 Locality name			

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2		State, City, Local Filing Copy Wage and Tax Statement		2023	
Copy 2 to be filed with employee's State/City/Local Income Tax Return					
1 Wages, tips, other comp.	109614.75	2 Federal income tax withheld	16375.77		
3 Social security wages	118574.67	4 Social Security tax withheld	7351.63		
5 Medicare wages and tips	118574.67	6 Medicare tax withheld	1719.33		
d Control number		Employer use only			
c Employer's name, address, and ZIP code FLEXTRONICS INTERNATIONAL USA, INC. 12455-G RESEARCH BLVD AUSTIN TX 78759					
b Employer's FED ID number 94-3061570		a Employee's SSA number XXX-XX-2496			
7 Social security tips		8 Allocated tips			
9		10 Dependent care benefits			
11 Nonqualified plans		12a See instructions for box 12 C 897.84			
14 Other CASDI 1102.74		12b D 8959.92 12c W 4850.08 12d DD 1060.32 13 Stat emp Ret. plan 3rd party sick pay X			
e Employee's name, address, and ZIP code KEVIN POTTER 1461 FERGUSON WAY SAN JOSE CA 95129					
15 State CA	Employer's state ID no. 354-2984-4	16 State wages, tips, etc. 114464.83			
17 State income tax 7452.32		18 Local wages, tips, etc.			
19 Local income tax		20 Locality name			

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2		State, City, Local Filing Copy Wage and Tax Statement		2023	
Copy 2 to be filed with employee's State/City/Local Income Tax Return					
1 Wages, tips, other comp.	109614.75	2 Federal income tax withheld	16375.77		
3 Social security wages	118574.67	4 Social Security tax withheld	7351.63		
5 Medicare wages and tips	118574.67	6 Medicare tax withheld	1719.33		
d Control number		Employer use only			
c Employer's name, address, and ZIP code FLEXTRONICS INTERNATIONAL USA, INC. 12455-G RESEARCH BLVD AUSTIN TX 78759					
b Employer's FED ID number 94-3061570		a Employee's SSA number XXX-XX-2496			
7 Social security tips		8 Allocated tips			
9		10 Dependent care benefits			
11 Nonqualified plans		12a See instructions for box 12			
14 Other		12b 12c 12d 13 Stat emp Ret. plan 3rd party sick pay X			
e Employee's name, address, and ZIP code KEVIN POTTER 1461 FERGUSON WAY SAN JOSE CA 95129					
15 State	Employer's state ID no.	16 State wages, tips, etc.			
17 State income tax		18 Local wages, tips, etc.			
19 Local income tax		20 Locality name			

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2 Employee Reference Copy
Wage and Tax
Statement **2023**

Copy C for Employee Records

1 Wages, tips, other comp.	109614.75	2 Federal income tax withheld	16375.77		
3 Social security wages	118574.67	4 Social Security tax withheld	7351.63		
5 Medicare wages and tips	118574.67	6 Medicare tax withheld	1719.33		
d Control number		Employer use only			
c Employer's name, address, and ZIP code FLEXTRONICS INTERNATIONAL USA, INC. 12455-G RESEARCH BLVD AUSTIN TX 78759					
b Employer's FED ID number 94-3061570		a Employee's SSA number XXX-XX-2496			
7 Social security tips		8 Allocated tips			
9		10 Dependent care benefits			
11 Nonqualified plans		12a See instructions for box 12 C 897.84			
14 Other CASDI 1102.74		12b D 8959.92 12c W 4850.08 12d DD 1060.32 13 Stat emp Ret. plan 3rd party sick pay X			
e Employee's name, address, and ZIP code KEVIN POTTER 1461 FERGUSON WAY SAN JOSE CA 95129					
15 State CA	Employer's state ID no. 354-2984-4	16 State wages, tips, etc. 114464.83			
17 State income tax 7452.32		18 Local wages, tips, etc.			
19 Local income tax		20 Locality name			

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

2023 W-2 and EARNINGS SUMMARY

You can file your U.S. federal and state taxes with TurboTax directly from your company's employee self-service system. To take advantage of this convenient feature you can log in to your UltiPro portal, view your Form W-2, and click on the Export to TurboTax link. You can also get started with TurboTax directly by scanning the QR code or by typing this into your web browser:
<https://turbotax.intuit.com/affiliate/ultipaper>



This Earning Summary section is included with your W-2 to help describe portions in more detail.

1. The following information reflects your final pay statement plus employer adjustments that comprise your W-2 statement

Earnings Description	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages
Gross Wages	124797.79	124797.79	124797.79
Less Exempt Wages	400.00	400.00	400.00
Less Deferred Comp	8959.92		
Less Housing/Transportation			
Less Dependent Care			
Less Sec 125	5823.12	5823.12	5823.12
Less Excess Wages			
Taxable Wages (Reported on Form W-2)	109614.75 Box 1 of W-2	118574.67 Box 3 of W-2	118574.67 Box 5 of W-2

2. Employee W-4 Profile To change your employee W-4 profile information, file a new W-4 with the payroll department

FIT: T 0 SIT Res: CASIT S 1 SIT Work: CASIT S 1



Flextronics International USA
12455-G Research Blvd
Austin, TX 78759

Pay Statement

Period Start Date 03/16/2026
Period End Date 03/31/2026
Pay Date 03/31/2026
Document 944076

Net Pay \$2,929.82

Pay Details

KEVIN PCTTER 1461 FERGUSON WAY SAN JOSE, CA 95129 USA	Employee Number	60772	Pay Group	FLEX SALARY
	SSN	XXX-XX-2496	Location	US CA Milpitas Bldg 5
	Job	Supply Chain Mgr 2	MEP Code	102438 - MFG MILPITAS 335
	Pay Rate	\$55.7286	DIM4BusUnit	335MX - 335_335MX
	Pay Frequency	Semi-Monthly	Cost Center	4000 - Matl Bldg / Mgmt FINCO 335 - 335 Flex Intl USA, Inc.

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
BEREAVE	0.000000	\$0.0000	\$0.00	\$445.83
ER HSA	0.000000	\$0.0000	\$0.00	\$400.00
GRP LIFE			\$39.09	\$234.54
SALARY	86.670000	\$55.7286	\$4,830.00	\$25,413.36
Vacation Paic	0.000000	\$0.0000	\$0.00	\$3,120.81
Total Hours Worked 86.670000		Total Hours 86.670000		

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
401(k) Savings	Yes	\$386.40	\$2,318.40	\$0.00	\$0.00
Dental	Yes	\$13.03	\$78.18		
EE HSA	Yes	\$208.34	\$1,250.04	\$0.00	\$0.00
ER HSA	No	\$0.00	\$400.00	\$0.00	\$0.00
GRP LIFE	No	\$39.09	\$234.54	\$0.00	\$0.00
Legal	No	\$9.63	\$57.77		
Pretax Medical	Yes	\$47.67	\$286.02		
Vision	Yes	\$7.31	\$43.86		
FR Match	No	\$0.00	\$0.00	\$193.20	\$1,159.20

Taxes

Tax	Current	YTD
Federal Income Tax	\$557.48	\$3,344.88
Employee Medicare	\$66.60	\$399.57
Social Security Employee Tax	\$284.75	\$1,708.50
CA State Income Tax	\$257.06	\$1,583.28

Tax	Current	YTD
CA Disability Employee	\$61.91	\$376.64

Paid Time Off

Plan	Taken	Current	Balance
Sick	0.0000	0.0000	40.0000
Vacation	0.0000	0.0000	118.5800

Net Pay Distribution

Account Number	Account Type	Amount
xxxxx5711	Checking	\$2,929.82
Total		\$2,929.82

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$4,869.09	\$4,206.34	\$1,227.80	\$711.47	\$2,929.82
YTD	\$29,614.54	\$25,238.04	\$7,412.87	\$4,668.87	\$17,532.86



Flextronics International USA
12455-G Research Blvd
Austin, TX 78759

Pay Statement

Period Start Date 03/01/2026
Period End Date 03/15/2026
Pay Date 03/13/2026
Document 937810

Net Pay \$2,929.83

Pay Details

KEVIN PCTTER	Employee Number	60772	Pay Group	FLEX SALARY
1461 FERGUSON WAY	SSN	XXX-XX-2496	Location	US CA Milpitas Bldg 5
SAN JOSE, CA 95129	Job	Supply Chain Mgr 2	MEP Code	102438 - MFG MILPITAS 335
USA	Pay Rate	\$55.7286	DIM4BusUnit	335MX - 335_335MX
	Pay Frequency	Semi-Monthly	Cost Center	4000 - Matl Bldg / Mgmt
			FINCO	335 - 335 Flex Intl USA, Inc.

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
BEREAVE	0.000000	\$0.0000	\$0.00	\$445.83
ER HSA	0.000000	\$0.0000	\$0.00	\$400.00
GRP LIFE			\$39.09	\$195.45
SALARY	86.670000	\$55.7286	\$4,830.00	\$20,583.36
Vacation Paic	0.000000	\$0.0000	\$0.00	\$3,120.81
Total Hours Worked 86.670000		Total Hours 86.670000		

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
401(k) Savings	Yes	\$386.40	\$1,932.00	\$0.00	\$0.00
Dental	Yes	\$13.03	\$65.15		
EE HSA	Yes	\$208.34	\$1,041.70	\$0.00	\$0.00
ER HSA	No	\$0.00	\$400.00	\$0.00	\$0.00
GRP LIFE	No	\$39.09	\$195.45	\$0.00	\$0.00
Legal	No	\$9.63	\$48.14		
Pretax Medical	Yes	\$47.67	\$238.35		
Vision	Yes	\$7.31	\$36.55		
FR Match	No	\$0.00	\$0.00	\$193.20	\$966.00

Taxes

Tax	Current	YTD
Federal Income Tax	\$557.48	\$2,787.40
Employee Medicare	\$66.59	\$332.97
Social Security Employee Tax	\$284.75	\$1,423.75
CA State Income Tax	\$257.06	\$1,326.22

Tax	Current	YTD
CA Disability Employee	\$61.91	\$314.73

Paid Time Off

Plan	Taken	Current	Balance
Sick	0.0000	0.0000	40.0000
Vacation	0.0000	0.0000	104.5800

Net Pay Distribution

Account Number	Account Type	Amount
xxxxx5711	Checking	\$2,929.83
Total		\$2,929.83

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$4,869.09	\$4,206.34	\$1,227.79	\$711.47	\$2,929.83
YTD	\$24,745.45	\$21,031.70	\$6,185.07	\$3,957.34	\$14,603.04



Flextronics International USA
12455-G Research Blvd
Austin, TX 78759

Pay Statement

Period Start Date 02/16/2026
Period End Date 02/28/2026
Pay Date 02/27/2026
Document 923955

Net Pay \$2,929.83

Pay Details

KEVIN PCTTER 1461 FERGUSON WAY SAN JOSE, CA 95129 USA	Employee Number	60772	Pay Group	FLEX SALARY
	SSN	XXX-XX-2496	Location	US CA Milpitas Bldg 5
	Job	Supply Chain Mgr 2	MEP Code	102438 - MFG MILPITAS 335
	Pay Rate	\$55.7286	DIM4BusUnit	335MX - 335_335MX
	Pay Frequency	Semi-Monthly	Cost Center	4000 - Matl Bldg / Mgmt FINCO 335 - 335 Flex Intl USA, Inc.

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
BEREAVE	0.000000	\$0.0000	\$0.00	\$445.83
ER HSA	0.000000	\$0.0000	\$0.00	\$400.00
GRP LIFE			\$39.09	\$156.36
SALARY	86.670000	\$55.7286	\$4,830.00	\$15,753.36
Vacation Paic	0.000000	\$0.0000	\$0.00	\$3,120.81
Total Hours Worked 86.670000		Total Hours 86.670000		

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
401(k) Savings	Yes	\$386.40	\$1,545.60	\$0.00	\$0.00
Dental	Yes	\$13.03	\$52.12		
EE HSA	Yes	\$208.34	\$833.36	\$0.00	\$0.00
ER HSA	No	\$0.00	\$400.00	\$0.00	\$0.00
GRP LIFE	No	\$39.09	\$156.36	\$0.00	\$0.00
Legal	No	\$9.63	\$38.51		
Pretax Medical	Yes	\$47.67	\$190.68		
Vision	Yes	\$7.31	\$29.24		
FR Match	No	\$0.00	\$0.00	\$193.20	\$772.80

Taxes

Tax	Current	YTD
Federal Income Tax	\$557.48	\$2,229.92
Employee Medicare	\$66.60	\$266.38
Social Security Employee Tax	\$284.75	\$1,139.00
CA State Income Tax	\$257.06	\$1,069.16

Tax	Current	YTD
CA Disability Employee	\$61.90	\$252.82

Paid Time Off

Plan	Taken	Current	Balance
Sick	0.0000	0.0000	40.0000
Vacation	0.0000	0.0000	97.5800

Net Pay Distribution

Account Number	Account Type	Amount
xxxxx5711	Checking	\$2,929.83
Total		\$2,929.83

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$4,869.09	\$4,206.34	\$1,227.79	\$711.47	\$2,929.83
YTD	\$19,876.36	\$16,825.36	\$4,957.28	\$3,245.87	\$11,673.21



Flextronics International USA
12455-G Research Blvd
Austin, TX 78759

Pay Statement

Period Start Date 02/01/2026
Period End Date 02/15/2026
Pay Date 02/13/2026
Document 91703C

Net Pay \$2,910.58

Pay Details

KEVIN PCTTER	Employee Number	60772	Pay Group	FLEX SALARY
1461 FERGUSON WAY	SSN	XXX-XX-2496	Location	US CA Milpitas Bldg 5
SAN JOSE, CA 95129	Job	Supply Chain Mgr 2	MEP Code	102438 - MFG MILPITAS 335
USA	Pay Rate	\$55.7286	DIM4BusUnit	335MX - 335_335MX
	Pay Frequency	Semi-Monthly	Cost Center	4000 - Matl Bldg / Mgmt
			FINCO	335 - 335 Flex Intl USA, Inc.

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
BEREAVE	8.000000	\$55.7286	\$445.83	\$445.83
ER HSA	0.000000	\$0.0000	\$0.00	\$400.00
GRP LIFE			\$39.09	\$117.27
SALARY	78.670000	\$55.7286	\$4,384.17	\$10,923.36
Vacation Paic	0.000000	\$0.0000	\$0.00	\$3,120.81
Total Hours Worked 78.670000		Total Hours 86.670000		

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
401(k) Savings	Yes	\$386.40	\$1,159.20	\$0.00	\$0.00
Dental	Yes	\$13.03	\$39.09		
EE HSA	Yes	\$208.34	\$625.02	\$0.00	\$0.00
ER HSA	No	\$0.00	\$400.00	\$0.00	\$0.00
GRP LIFE	No	\$39.09	\$117.27	\$0.00	\$0.00
Legal	No	\$28.88	\$28.88		
Pretax Medical	Yes	\$47.67	\$143.01		
Vision	Yes	\$7.31	\$21.93		
FR Match	No	\$0.00	\$0.00	\$193.20	\$579.60

Taxes

Tax	Current	YTD
Federal Income Tax	\$557.48	\$1,672.44
Employee Medicare	\$66.59	\$199.78
Social Security Employee Tax	\$284.75	\$854.25
CA State Income Tax	\$257.06	\$812.10

Tax	Current	YTD
CA Disability Employee	\$61.91	\$190.92

Paid Time Off

Plan	Taken	Current	Balance
Sick	0.0000	0.0000	40.0000
Vacation	24.0000	0.0000	66.5800

Net Pay Distribution

Account Number	Account Type	Amount
xxxxx5711	Checking	\$2,910.58
Total		\$2,910.58

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$4,869.09	\$4,206.34	\$1,227.79	\$730.72	\$2,910.58
YTD	\$15,007.27	\$12,619.02	\$3,729.49	\$2,534.40	\$8,743.38



Flextronics International USA
12455-G Research Blvd
Austin, TX 78758

Pay Statement

Period Start Date 01/16/2026
Period End Date 01/31/2026
Pay Date 01/30/2026
Document 909440

Net Pay \$2,939.46

Pay Details

KEVIN PCTTER 1461 FERGUSON WAY SAN JOSE, CA 95129 USA	Employee Number	60772	Pay Group	FLEX SALARY
	SSN	XXX-XX-2496	Location	US CA Milpitas Bldg 5
	Job	Supply Chain Mgr 2	MEP Code	102438 - MFG MILPITAS 335
	Pay Rate	\$55.7286	DIM4BusUnit	335MX - 335 335MX
	Pay Frequency	Semi-Monthly	Cost Center	4000 - Matl Bldg / Mgmt FINCO 335 - 335 Flex Intl USA, Inc.

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
ER HSA	0.000000	\$0.0000	\$0.00	\$400.00
GRP LIFE			\$39.09	\$78.18
SALARY	62.670000	\$55.7286	\$3,492.51	\$6,539.19
Vacation Paic	24.000000	\$55.7286	\$1,337.49	\$3,120.81

Total Hours Worked 62.670000

Total Hours 86.670000

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
401(k) Savings	Yes	\$386.40	\$772.80	\$0.00	\$0.00
Dental	Yes	\$13.03	\$26.06		
EE HSA	Yes	\$208.34	\$416.68	\$0.00	\$0.00
ER HSA	No	\$0.00	\$400.00	\$0.00	\$0.00
GRP LIFE	No	\$39.09	\$78.18	\$0.00	\$0.00
Pretax Medical	Yes	\$47.67	\$95.34		
Visior	Yes	\$7.31	\$14.62		
FR Match	No	\$0.00	\$0.00	\$193.20	\$386.40

Taxes

Tax	Current	YTD
Federal Income Tax	\$557.48	\$1,114.96
Employee Medicare	\$66.60	\$133.19
Social Security Employee Tax	\$284.75	\$569.50
CA State Income Tax	\$257.06	\$555.04
CA Disability Employee	\$61.90	\$129.01

Paid Time Off

Net Pay Distribution

Plan	Taken	Current	Balance
Sick	0.0000	0.0000	40.0000
Vacation	24.0000	0.0000	66.5800

Account Number	Account Type	Amount
xxxxx5711	Checking	\$2,939.46
Total		\$2,939.46

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$4,869.09	\$4,206.34	\$1,227.79	\$701.84	\$2,939.46
YTD	\$10,138.18	\$8,412.68	\$2,501.70	\$1,803.68	\$5,832.80



Flextronics International USA
12455-G Research Blvd
Austin, TX 78759

Pay Statement

Period Start Date 01/01/2026
Period End Date 01/15/2026
Pay Date 01/15/2026
Document 903131

Net Pay \$2,893.34

Pay Details

KEVIN PCTTER 1461 FERGUSON WAY SAN JOSE, CA 95129 USA	Employee Number	60772	Pay Group	FLEX SALARY
	SSN	XXX-XX-2496	Location	US CA Milpitas Bldg 5
	Job	Supply Chain Mgr 2	MEP Code	102438 - MFG MILPITAS 335
	Pay Rate	\$55.7286	DIM4BusUnit	335MX - 335 335MX
	Pay Frequency	Semi-Monthly	Cost Center	4000 - Matl Bldg / Mgmt FINCO 335 - 335 Flex Intl USA, Inc.

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
ER HSA			\$400.00	\$400.00
GRP LIFE			\$39.09	\$39.09
SALARY	54.670000	\$55.7286	\$3,046.68	\$3,046.68
Vacation Paic	32.000000	\$55.7286	\$1,783.32	\$1,783.32

Total Hours Worked 54.670000

Total Hours 86.670000

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
401(k) Savings	Yes	\$386.40	\$386.40	\$0.00	\$0.00
Dental	Yes	\$13.03	\$13.03		
EE HSA	Yes	\$208.34	\$208.34	\$0.00	\$0.00
ER HSA	Nc	\$400.00	\$400.00	\$0.00	\$0.00
GRP LIFE	Nc	\$39.09	\$39.09	\$0.00	\$0.00
Pretax Medical	Yes	\$47.67	\$47.67		
Visior	Yes	\$7.31	\$7.31		
Benefits Bill	Nc	\$0.00	\$0.00	\$453.12	\$453.12
FR Match	Nc	\$0.00	\$0.00	\$193.20	\$193.20
Worker's Comp	Nc	\$0.00	\$0.00	\$4.82	\$4.82

Taxes

Tax	Current	YTD
Federal Income Tax	\$557.48	\$557.48
Employee Medicare	\$66.59	\$66.59
Social Security Employee Tax	\$284.75	\$284.75
CA State Income Tax	\$297.98	\$297.98

Tax	Current	YTD
CA Disability Employee	\$67.11	\$67.11

Paid Time Off

Plan	Taken	Current	Balance
Vacation	32.0000	0.0000	75.5800

Net Pay Distribution

Account Number	Account Type	Amount
xxxxx5711	Checking	\$2,893.34
Tota		\$2,893.34

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$5,269.09	\$4,206.34	\$1,273.91	\$1,101.84	\$2,893.34
YTD	\$5,269.09	\$4,206.34	\$1,273.91	\$1,101.84	\$2,893.34

**Exhibit 2 - Copy of
Kevin Charles
Potter's Form I-864,
Affidavit of Support**



Affidavit of Support Under Section 213A of the INA

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-864
OMB No. 1615-0075
Expires 10/31/2027

For USCIS Use Only	Affidavit of Support Submitter ☐ Petitioner ☐ 1st Joint Sponsor ☐ 2nd Joint Sponsor ☐ Substitute Sponsor ☐ 5% Owner	Section 213A Review ☐ MEETS requirements ☐ DOES NOT MEET requirements Reviewed By: _____ Office: _____ Date (mm/dd/yyyy): _____	Number of Support Affidavits in File ☐ 1 ☐ 2 Remarks
---------------------------	--	--	--

To be completed by an Attorney or Accredited Representative (if any).	☒ Select this box if Form G-28 or G-28I is attached.	Attorney State Bar Number (if applicable) 343486	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 0 7 4 9 2 6 2 5 4 3 8
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► **START HERE - Type or print in black ink.**

Part 1. Basis For Filing Affidavit of Support

I am the sponsor submitting this affidavit of support because (Select **only one** box).

1.a. ☐ I am the petitioner. I filed or am filing for the immigration of my relative.

1.b. ☐ I filed an alien worker petition on behalf of the intending immigrant, who is related to me as my

1.c. ☐ I have an ownership interest of at least 5 percent in _____
which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my

1.d. ☒ I am the only joint sponsor.

1.e. ☐ I am the ☐ first ☐ second of two joint sponsors.

1.f. ☐ The original petitioner is deceased. I am the substitute sponsor. I am the intending immigrant's

NOTE: As a sponsor, you must include proof of your U.S. citizenship, U.S. national status, or lawful permanent resident status.

Part 2. Information About You (Sponsor)

1. Sponsor's Full Legal Name (**Do not** provide a nickname)

Family Name (Last Name)

POTTER

Given Name (First Name)

Kevin

Middle Name (if applicable)

Charles



Part 2. Information About You (Sponsor) (continued)**2. Sponsor's Current Mailing Address**

In Care Of Name (if any)

Otavio Haverroth Silva

Street Number and Name

PO Box 90487

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

San Diego

State

CA

ZIP Code

92169

Province

Postal Code

Country

USA**3. Is your current mailing address the same as your physical address?**☐ Yes ☒ NoIf you answered "No" to **Item Number 3.**, provide your physical address in **Item Number 4.****4. Sponsor's Physical Address (if different from the address above)**

Street Number and Name

1461 Ferguson Way

Apt. Ste. Flr. Number

☐ ☐ ☐**N/A**

City or Town

San Jose

State

CA

ZIP Code

95129

Province

Postal Code

Country

N/A**N/A****USA**

Other Information

5. Country of Domicile**USA****6. Date of Birth (mm/dd/yyyy)****09/27/1967****7. Country of Birth****USA****8. U.S. Social Security Number (Required)****▶ 5 5 0 8 1 2 4 9 6****9. Immigration Status**☒ I am a U.S. citizen.☐ I am a U.S. national.☐ I am a lawful permanent resident.**10. Sponsor's A-Number (if any)****▶ A-N / A****11. USCIS Online Account Number (if any)****▶ N / A**

Military Service (To be completed by petitioner sponsors only.)

12. I am currently on active duty in the United States Armed Forces or U.S. Coast Guard.☐ Yes ☒ No

Part 3. Information About the Principal Immigrant

1. Principal Immigrant's Full Legal Name (**Do not** provide a nickname)

Family Name (Last Name)

MILLANI POTTER

Given Name (First Name)

Brenda

Middle Name (if applicable)

N/A

2. Current Mailing Address

In Care Of Name (if any)

Otavio Haverroth Silva

Street Number and Name

PO Box 90487

Apt. Ste. Flr.

☐ ☐ ☐

Number

City or Town

San Diego

State

CA

ZIP Code

92169

Province

Postal Code

Country

USA

Other Information

3. Country of Citizenship or Nationality

Brazil

4. Date of Birth (mm/dd/yyyy)

03/21/1999

5. Alien Registration Number (A-Number) (if any)

► A- N / A

6. USCIS Online Account Number (if any)

► N / A

7. Daytime Telephone Number

4085495662

Part 4. Information About the Immigrants You Are Sponsoring

1. I am sponsoring the principal immigrant named in **Part 3**.

☒ Yes ☐ No, I am sponsoring family members in **Part 4** as the second joint sponsor or I am sponsoring family members who are immigrating more than six months after the principal immigrant.

2. ☐ I am sponsoring the following family members immigrating at the same time or within six months of the principal immigrant named in **Part 3**. (List family members in **Item Numbers 4. - 7**. Do not include any relative listed on a separate visa petition.)

3. ☐ I am sponsoring the following family members who are immigrating more than six months after the principal immigrant. (List family members in **Item Numbers 4. - 7**.)

4. **Family Member 1**

Family Name (Last Name)

N/A

Given Name (First Name)

N/A

Middle Name (if applicable)

N/A

Relationship to Principal Immigrant

N/A

Date of Birth (mm/dd/yyyy)

N/A

Alien Registration Number (A-Number, if any)

► N/A

USCIS Online Account Number (if any)

► N/A



Part 4. Information About the Immigrants You Are Sponsoring (continued)**5. Family Member 2**

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A
Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	▶ N/A
USCIS Online Account Number (if any)		
▶ N/A		

6. Family Member 3

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A
Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	▶ N/A
USCIS Online Account Number (if any)		
▶ N/A		

7. Family Member 4

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A
Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	▶ N/A
USCIS Online Account Number (if any)		
▶ N/A		

If you need additional space, use the space provided in **Part 11. Additional Information**.



For
USCIS
Use
Only

Part 5. Sponsor's Household Size

NOTE: Do not count any member of your household more than once.

Persons you are sponsoring in this affidavit:

1. Enter the total number of immigrants you are sponsoring on this affidavit which includes the principal immigrant listed in **Part 3.**, any immigrants listed in **Part 4., Item Numbers 4. - 7.** and, any additional sponsored immigrants you listed in **Part 11. Additional Information.** Do not count the principal immigrant if you are only sponsoring family members entering more than six months after the principal immigrant.

1

Persons NOT sponsored in this affidavit:

2. Yourself.
3. If you are currently married, enter "1" for your spouse. (**NOTE:** Enter "0" if you already counted your spouse in **Item Number 1.**)
4. If you have dependent children, enter the number here. (**NOTE:** Enter "0" if you already counted your dependent children in **Item Number 1.**)
5. If you have any other dependents, enter the number here. (**NOTE:** Enter "0" if you already counted your other dependents in **Item Number 1.**)
6. If you have sponsored any other persons on Form I-864 or Form I-864EZ who are now lawful permanent residents and you are still obligated to support, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**)
7. If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**)
8. Add together **Part 5., Item Numbers 1. - 7.** and enter the number here.

1

N/A

N/A

N/A

N/A

N/A

Household Size:

2

Part 6. Sponsor's Employment and Income

I am currently:

1. ☒ Employed as a/an

Supply Chain Manager

2. Name of Employer 1

Flex

3. Name of Employer 2 (if applicable)

N/A

4. ☐ Self-Employed as a/an (Occupation)

N/A

5. ☐ Retired Since (mm/dd/yyyy)

N/A

6. ☐ Unemployed Since (mm/dd/yyyy)

N/A

7. My current individual annual income is:

\$ 121,025.00

Income you are using from any other person who was counted in your household size, including, in certain conditions, the intending immigrant. (See Form I-864 Instructions.) Please indicate name, relationship, and income.



For
USCIS
Use
Only

Part 6. Sponsor's Employment and Income (continued)

8. Person 1

Name

N/A

Relationship

N/A

Current Income \$ None

9. Person 2

Name

N/A

Relationship

N/A

Current Income \$ None

10. Person 3

Name

N/A

Relationship

N/A

Current Income \$ None

11. Person 4

Name

N/A

Relationship

N/A

Current Income \$ None

If you need additional space, use the space provided in **Part 11. Additional Information**

Remarks

12. My Current Annual Household Income (Total all lines from **Part 6. Item Numbers 7. - 11.**; the total will be compared to Federal Poverty Guidelines on Form I-864P.) \$ 121,025.00

13. ☐ The people listed in **Item Numbers 8. - 11.** have completed Form I-864A. I am filing along with this affidavit all necessary Form I-864As completed by these people.

14. ☐ One or more of the people listed in **Item Numbers 8. - 11.** do not need to complete Form I-864A because he or she is the intending immigrant and has no accompanying dependents.

Federal Tax Return Information

15. Have you filed a Federal income tax return for each of the three most recent tax years? ☒ Yes ☐ No

NOTE: You **MUST** attach a photocopy or transcript of your Federal income tax return for only the most recent tax year and complete **Item Number 16.a.** If you believe additional returns may help you to establish your ability to maintain sufficient income, you may submit transcripts or photocopies of your Federal individual income tax returns for the three most recent years and complete **Item Numbers 16.a. - 16.c.**

Type or print the most recent tax year and your total income for that most recent tax year. If the amount was zero, type or print "zero" or if you were not required to file a Federal income tax return type or print "N/A" for not applicable. Type or print "N/A" for not applicable for **Item Numbers 16.b. - 16.c.** if you do are not submitting any additional tax returns.



For USCIS Use Only	
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Part 6. Sponsor's Employment and Income (continued)

My total income (adjusted gross income on IRS Form 1040EZ) as reported on my Federal income tax returns for the most recent year was:

	Tax Year	Total Income
16.a. Most Recent	2025	\$ 130,658.00
16.b. 2nd Most Recent	2024	\$ 111,916.00
16.c. 3rd Most Recent	2023	\$ 111,127.00

17. ☐ I was not required to file a Federal income tax return as my income was below the IRS required level and I have attached evidence to support this.

For USCIS Use Only	Household Size	Poverty Guideline	Sponsor's Household Income (Page 5, Line 10)	Remarks
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ Other _____	Year: <u>20</u> Poverty Line: \$ _____	\$ _____ <i>The total value of all assets, line 10, must equal 5 times (3 times for spouses and children of USCs, or 1 time for orphans to be formally adopted in the U.S.) the difference between the poverty guidelines and the sponsor's household income, line 10.</i>	

Part 7. Use of Assets to Supplement Income (if Applicable)

If your income, or the total income for you and your household, from **Part 6, Item Numbers 12. or 16.** exceeds the Federal Poverty Guidelines for your household size, **YOU ARE NOT REQUIRED** to complete this **Part 7.** Skip to **Part 8.**

Your Assets (if applicable)

- | | | | |
|----|---|----|------|
| 1. | Enter the balance of all cash, savings, and checking accounts. | \$ | None |
| 2. | Enter the net cash value of real-estate holdings. (Net value means assessed value minus mortgage debt.) \$ | \$ | None |
| 3. | Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in Item Number 1. or Item Number 2. | \$ | None |
| 4. | Add together Item Numbers 1. - 3. and enter the number here. | \$ | None |

Assets of your household members (if applicable)

Your household members who are combining their income with yours, report their assets on Form I-864A **Part 4.**, in **Item Number 6.**

- | | | | |
|----|--|-----------|------|
| 5. | Add together the household members' assets reported on all the Form I-864A Part 4. , Item Number 6. and enter the number here. | TOTAL: \$ | None |
|----|--|-----------|------|



Part 7. Use of Assets to Supplement Income (if Applicable) (continued)

Assets of the principal sponsored immigrant (if applicable).

The principal sponsored immigrant is the person listed in **Part 3, Item Number 1**. Only include the assets if the principal immigrant is being sponsored by this affidavit of support.

- | | | | |
|----|---|----|------|
| 6. | Enter the balance of the principal immigrant's savings and checking accounts. | \$ | None |
| 7. | Enter the net cash value of all the principal immigrant's real estate holdings. (Net value means investment value minus mortgage debt.) | \$ | None |
| 8. | Enter the current cash value of the principal immigrant's stocks, bonds, certificates of deposit, and other assets not included in Item Number 6 , or Item Number 7 . | \$ | None |
| 9. | Add together Item Numbers 6, - 8 , and enter the number here. | \$ | None |

Total Value of Assets

- | | | | |
|-----|---|-----------|------|
| 10. | Add together Item Numbers 4, 5 , and 9 , and enter the number here. | TOTAL: \$ | None |
|-----|---|-----------|------|

Part 8. Sponsor's Contract, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-864 Instructions before completing this part.

Sponsor's Contract

Please note that, by signing this Form I-864, you agree to assume certain specific obligations under the Immigration and Nationality Act (INA) and other Federal laws. The following paragraphs describe those obligations. Please read the following information carefully before you sign Form I-864. If you do not understand the obligations, you may wish to consult an attorney or accredited representative.

What is the Legal Effect of My Signing Form I-864?

If you sign Form I-864 on behalf of any person (called the intending immigrant) who is applying for an immigrant visa or for adjustment of status to a lawful permanent resident, and that intending immigrant submits Form I-864 to the U.S. Government with his or her application for an immigrant visa or adjustment of status, under INA section 213A, these actions create a contract between you and the U.S. Government. The intending immigrant becoming a lawful permanent resident is the consideration for the contract.

Under this contract, you agree that, in deciding whether the intending immigrant can establish that he or she is not inadmissible to the United States as a person likely to become a public charge, the U.S. Government can consider your income and assets as available for the support of the intending immigrant.

What If I Choose Not to Sign Form I-864?

The U.S. Government cannot make you sign Form I-864 if you do not want to do so. But if you do not sign Form I-864, the intending immigrant may not become a lawful permanent resident in the United States.

What Does Signing Form I-864 Require Me To Do?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, you must:

- A. Provide the intending immigrant any support necessary to maintain him or her at an income that is at least 125 percent of the Federal Poverty Guidelines for his or her household size (100 percent if you are the petitioning sponsor and are on active duty in the U.S. Armed Forces or U.S. Coast Guard, and the person is your husband, wife, or unmarried child under 21 years of age); and
- B. Notify U.S. Citizenship and Immigration Services (USCIS) of any change in your address, within 30 days of the change, by filing Form I-865.



Part 8. Sponsor's Contract, Contact Information, Certification, and Signature (continued)

What Other Consequences Are There?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, the U.S. Government may consider (deem) your income and assets as available to that person, in determining whether he or she is eligible for certain Federal means-tested public benefits and also for state or local means-tested public benefits, if the state or local government's rules provide for consideration (deeming) of your income and assets as available to the person.

This provision does **not** apply to public benefits specified in section 403(c) of the Welfare Reform Act such as emergency Medicaid, short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; and means-tested programs under the Elementary and Secondary Education Act.

What If I Do Not Fulfill My Obligations?

If you do not provide sufficient support to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, that person may sue you for this support.

If a Federal, state, local, or private agency provided any covered means-tested public benefit to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, the agency may ask you to reimburse them for the amount of the benefits they provided. If you do not make the reimbursement, the agency may sue you for the amount that the agency believes you owe.

If you are sued, and the court enters a judgment against you, the person or agency that sued you may use any legally permitted procedures for enforcing or collecting the judgment. You may also be required to pay the costs of collection, including attorney fees.

If you do not file a properly completed Form I-865 within 30 days of any change of address, USCIS may impose a civil fine for your failing to do so.

When Will These Obligations End?

Your obligations under a Form I-864 that you signed will end if the person who becomes a lawful permanent resident based on that affidavit:

- A. Becomes a U.S. citizen;
- B. Has worked, or can receive credit for, 40 quarters of coverage under the Social Security Act;
- C. No longer has lawful permanent resident status and has departed the United States;
- D. Is subject to removal, but applies for and obtains, in removal proceedings, a new grant of adjustment of status, based on a new affidavit of support, if one is required; or
- E. Dies.

NOTE: Divorce **does not** terminate your obligations under Form I-864.

Your obligations under a Form I-864 that you signed also end if you die. Therefore, if you die, your estate is not required to take responsibility for the person's support after your death. However, your estate may owe any support that you accumulated before you died.

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**



Part 8. Sponsor's Contract, Contact Information, Certification, and Signature (continued)

Sponsor's Statement

1. Sponsor's Statement Regarding the Interpreter
 - A. ☒ I can read and understand English, and I have read and understand every question and instruction on this affidavit and my answer to every question.
 - B. ☐ The interpreter named in **Part 9**, read to me every question and instruction on this affidavit and my answer to every question in , a language in which I am fluent, and I understood everything.
2. ☒ At my request, the preparer named in **Part 10**, Otavio Haverroth Silva, prepared this affidavit for me based only upon information I provided or authorized.

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number
6506901933
4. Sponsor's Mobile Telephone Number (if any)
6506901933
5. Sponsor's Email Address (if any)
kevinbrazil@hotmail.com

Sponsor's Declaration and Certification

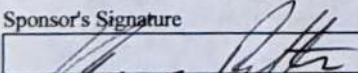
Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the U.S. Department of State (DOS) may require that I submit original documents to USCIS or DOS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS or DOS may need to determine my eligibility for the immigration benefit I seek.

I furthermore authorize release of information contained in this affidavit, in supporting documents, and in my USCIS or DOS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

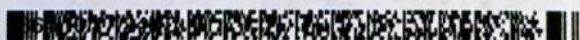
I certify, under penalty of perjury, that all of the information in my affidavit and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my affidavit, and that all of this information is complete, true, and correct.

- A. I know the contents of this affidavit of support that I signed;
- B. I have read and I understand each of the obligations described in **Part 8**, and I agree, freely and without any mental reservation or purpose of evasion, to accept each of those obligations in order to make it possible for the immigrant indicated in **Part 3**, to become a lawful permanent resident of the United States;
- C. I agree to submit to the personal jurisdiction of any Federal or state court that has subject matter jurisdiction of a lawsuit against me to enforce my obligations under this Form I-864EZ;
- D. Each of the Federal income tax returns submitted in support of this affidavit are true copies, or are unaltered tax transcripts, of the tax returns I filed with the IRS;
- E. I understand that, if I am related to the sponsored immigrant by marriage, the termination of the marriage (by divorce, dissolution, annulment, or other legal process) will not relieve me of my obligations under this Form I-864EZ; and
- F. I authorize the Social Security Administration to release information about me in its records to the USCIS and DOS.

Sponsor's Signature

6. Sponsor's Signature
➔  Date of Signature (mm/dd/yyyy)
05/08/2026

NOTE TO ALL SPONSORS: If you do not completely fill out this affidavit or fail to submit required documents listed in the Instructions, USCIS or DOS may deny your request.



Part 9. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

- Interpreter's Family Name (Last Name)
N/A
- Interpreter's Given Name (First Name)
N/A
- Interpreter's Business or Organization Name
N/A

Interpreter's Contact Information

- Interpreter's Daytime Telephone Number
N/A
- Interpreter's Mobile Telephone Number (if any)
N/A
- Interpreter's Email Address (if any)
N/A

Interpreter's Certification and Signature

I certify, under penalty of perjury, that: that I am fluent in English and N/A, and I have interpreted every question on the affidavit and Instructions and interpreted the sponsor's answers to the questions in that language, and the sponsor informed me that they understood every instruction, question, and answer on the affidavit.

- Interpreter's Signature
Date of Signature (mm/dd/yyyy)
N/A

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor

Preparer's Full Name

- Preparer's Family Name (Last Name)
HAVERROTH SILVA
- Preparer's Given Name (First Name)
Otavio
- Preparer's Business or Organization Name
HS Law Corp

Preparer's Contact Information

- Preparer's Daytime Telephone Number
5102419336
- Preparer's Mobile Telephone Number (if any)
5102419336
- Preparer's Email Address (if any)
otavio@legalhs.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this affidavit for the sponsor at their request and with express consent and that all of the responses and information contained in and submitted with the affidavit are complete, true, and correct and reflects only information provided by the sponsor. The sponsor reviewed the responses and information and informed me that they understand the responses and information in or submitted with the affidavit.

- Preparer's Signature
Date of Signature (mm/dd/yyyy)
05/06/2026

Part 11. Additional Information

If you need extra space to provide any additional information within this contract, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this contract or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

2. A-Number (if any) ► A- /

3. Page Number Part Number Item Number

N/A
N/A
N/A
N/A
N/A

4. Page Number Part Number Item Number

N/A
N/A
N/A
N/A
N/A

5. Page Number Part Number Item Number

N/A
N/A
N/A
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6. Page Number Part Number Item Number

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