



July 6, 2026

City of Toledo
Division of Taxation and Treasury
One Government Center, Suite 2070
Toledo, OH 43604

RE: Response to Non-Filing Notice Dated June 24, 2026 – Tax Year 2024

Taxpayer: Chad R Stanton
Account #: 2247307-R
SSN: 269-84-7307

To Whom It May Concern:

We are writing in response to the above-referenced notice, which indicates that your records do not reflect a City of Toledo Income Tax Return for Chad R Stanton for tax year 2024. Our office prepared and electronically filed the 2024 City of Toledo return for Chad R and Bo Stanton as a joint resident return. The return was transmitted and accepted through the electronic filing system on February 10, 2025. We respectfully submit that the return was timely filed, and we believe this notice may have been generated because the return has not yet been associated with the taxpayer's account.

For your reference, the 2024 return reported net self-employment income of \$24,647, resulting in a Toledo tax of \$616 before credits. After application of \$1,806 in credits for municipal taxes paid to another city, the return reflected an overpayment of \$1,190, which was credited forward to the taxpayers' 2025 estimated tax.

Enclosed please find a complete copy of the 2024 return as filed, including the City of Toledo return, the federal Form 1040, and all Schedules C. We respectfully request that your office update its records to reflect the filed return, associate the filing with Account #2247307-R, and close this notice. Please also confirm that the \$1,190 credit forward has been applied to the taxpayers' 2025 account.

If any additional information or documentation is needed, please contact our office at (419) 913-1040. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Daniel Jones".

Daniel Jones
Senior Accountant

Enclosures: Copy of 2024 City of Toledo Income Tax Return (as filed), Federal Form 1040 with Schedules C

5660 Southwyck Blvd Suite 200D
Toledo, OH 43614
(419) 913-1040 (Phone)
(419) 386-0158 (Fax)
www.buckeyetaxaccounting.com



COPY OF FILED RETURN

E-Filed February 10, 2025

Chad R & Bo Stanton
Acct #: 2247307-R - SSN: 269-84-7307
Tax Year 2024 - City of Toledo Resident Return

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____			See separate instructions.
Your first name and middle initial CHAD R		Last name STANTON	Your social security number 269-84-7307
If joint return, spouse's first name and middle initial BO		Last name STANTON	Spouse's social security number 289-08-9225
Home address (number and street). If you have a P.O. box, see instructions. 1570 EASTGATE RD			Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. TOLEDO		State OH	ZIP code 43614
Foreign country name		Foreign province/state/county	Foreign postal code
			☐ You ☐ Spouse

Filing Status

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

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

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

i Nontaxable combat pay election (see instructions) 1i

z Add lines 1a through 1h 1z

2a Tax-exempt interest 2a

3a Qualified dividends 3a 1,716

4a IRA distributions 4a 4,084

5a Pensions and annuities 5a

6a Social security benefits 6a

b Taxable interest 2b 1,809

b Ordinary dividends 3b 1,900

b Taxable amount 4b 4,084

b Taxable amount 5b

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 7,165

8 Additional income from Schedule 1, line 10 8 24,647

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 39,605

10 Adjustments to income from Schedule 1, line 26 10 1,741

11 Subtract line 10 from line 9. This is your adjusted gross income 11 37,864

12 Standard deduction or itemized deductions (from Schedule A) 12 29,200

13 Qualified business income deduction from Form 8995 or Form 8995-A 13

14 Add lines 12 and 13 14 29,200

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 15 8,664

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	0
	17	Amount from Schedule 2, line 3	17	642
	18	Add lines 16 and 17	18	642
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	0
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	642
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	3,482
24	Add lines 22 and 23. This is your total tax .	24	4,124	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	
	b	Form(s) 1099	25b	490
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	490
	26	2024 estimated tax payments and amount applied from 2023 return	26	3,200
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	0	
33	Add lines 25d, 26, and 32. These are your total payments .	33	3,690	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	0
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. ☐	35a	0
	b	Routing number	c Type: ☐ Checking ☐ Savings	
	d	Account number		
	36	Amount of line 34 you want applied to your 2025 estimated tax .	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	434
	38	Estimated tax penalty (see instructions)	38	0

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)
	Daniel Jones	419-913-1040	4 3 6 1 4

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.)
	39241	02-10-2025	SELF EMPLOYED HANDYMAN	
	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.)
	99706	02-10-2025	SELF EMPLOYED NAIL STYIST	
	Phone no. 419-574-3312	Email address STANTONFINEFURNITURE@GMAIL.COM		

Paid Preparer Use Only	Preparer's signature	Date	PTIN	Check if:
	Daniel Jones	07-06-2026	P00247387	☐ Self-employed
	Preparer's name Daniel Jones	Phone no. 419-913-1040		
	Firm's name Buckeye Tax & Accounting			
	Firm's address 5660 Southwyck Blvd Suite 200 Toledo, OH 43614	Firm's EIN 84-4970447		

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **09**

Name of proprietor

BO STANTON

Social security number (SSN)

289-08-9225

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

INTERNET RETAIL

B Enter code from instructions

459990

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

UR HAPPY PLACE LLC

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

E Business address (including suite or room no.) **1570 EASTGATE RD**

City, town or post office, state, and ZIP code **TOLEDO, OH 43614**

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

G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2024, check here ☐

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions ☐ Yes ☐ No

J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	44,279
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	44,279
4 Cost of goods sold (from line 42)	4	19,425
5 Gross profit. Subtract line 4 from line 3	5	24,854
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	24,854

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

8 Advertising	8	1,644	18 Office expense (see instructions) .	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans .	19	
10 Commissions and fees . .	10	15,493	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	861	a Vehicles, machinery, and equipment .	20a	
12 Depletion	12		b Other business property	20b	3,600
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19) . .	14		22 Supplies (not included in Part III) .	22	
15 Insurance (other than health)	15	990	23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	7,316
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48) . .	27a	8,541
			b Energy efficient commercial bldgs deduction (attach Form 7205) .	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28	38,445			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	(13,591)			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	(13,591)			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a ☒ All investment is at risk. 32b ☐ Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2024

Name(s)

SSN

B0 STANTON

289-08-9225

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a ☒ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)		
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	☐ Yes ☒ No	
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	18,000
36	Purchases less cost of items withdrawn for personal use	36	1,925
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	19,925
41	Inventory at end of year	41	500
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	19,425

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

43	When did you place your vehicle in service for business purposes? (month/day/year) _____
44	Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:
a	Business _____ b Commuting (see instructions) _____ c Other _____
45	Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
47a	Do you have evidence to support your deduction? ☐ Yes ☐ No
b	If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30.

SHIPPING	4,259
SUBSCRIPTIONS	2,132
EDUCATION	2,150
48 Total other expenses. Enter here and on line 27a	8,541

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

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OMB No. 1545-0074

2024

Attachment
Sequence No. **09**

Name of proprietor CHAD R STANTON		Social security number (SSN) 269-84-7307
A Principal business or profession, including product or service (see instructions) FURNITURE AND FINISHING		B Enter code from instructions 449110
C Business name. If no separate business name, leave blank. STANTON FINE FURNITURE		D Employer ID number (EIN) (see instr.) 45-0561982
E Business address (including suite or room no.) 1570 EASTGATE RD City, town or post office, state, and ZIP code TOLEDO, OH 43614		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses ☒ Yes ☐ No		
H If you started or acquired this business during 2024, check here ☐		
I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions ☐ Yes ☐ No		
J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No		

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	18,517
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	18,517
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	18,517
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	18,517

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

8	Advertising	8	157	18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	2,010	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	8,077
15	Insurance (other than health)	15	2,992	23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	1,679
28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	444	27a	Other expenses (from line 48)	27a	3,158
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	444	b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	0				
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	☒ All investment is at risk.		
				32b	☐ Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2024

Name(s)

SSN

CHAD R STANTON

269-84-7307

Part III Cost of Goods Sold (see instructions)

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

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

43	When did you place your vehicle in service for business purposes? (month/day/year) <u>01-01-2022</u>
44	Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:
a	Business <u>3,000</u> b Commuting (see instructions) _____ c Other _____
45	Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use? ☒ Yes ☐ No
47a	Do you have evidence to support your deduction? ☒ Yes ☐ No
b	If "Yes," is the evidence written? ☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30.

PHONE	974
INTERNET	273
BOOKS	28
ETSY	65
GOOGLE	166
ADOBE	272
GO DADDY	89
TRADESHOW	234
TOOLS	1,057
48 Total other expenses. Enter here and on line 27a	48 3,158

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

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OMB No. 1545-0074

2024

Attachment
Sequence No. **09**

Name of proprietor BO STANTON		Social security number (SSN) 289-08-9225
A Principal business or profession, including product or service (see instructions) NAIL SALON		B Enter code from instructions 812113
C Business name. If no separate business name, leave blank. FRESH NAILS AND SPA LLC		D Employer ID number (EIN) (see instr.) 27-0283559
E Business address (including suite or room no.) 108 W THIRD ST City, town or post office, state, and ZIP code PERRYSBURG, OH 43551		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses		☒ Yes ☐ No
H If you started or acquired this business during 2024, check here		☐
I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions		☒ Yes ☐ No
J If "Yes," did you or will you file required Form(s) 1099?		☒ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	157,864
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	157,864
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	157,864
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	157,864

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

8	Advertising	8	650	18	Office expense (see instructions)	18	120
9	Car and truck expenses (see instructions)	9	2,211	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	8,580	20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11	70,948	a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	8,470
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	1,960
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	9,189
15	Insurance (other than health)	15	541	23	Taxes and licenses	23	10,135
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	1,000
17	Legal and professional services	17		25	Utilities	25	5,822
28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27a	Other expenses (from line 48)	27a	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31					
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.						
				32a	☐ All investment is at risk.		
				32b	☐ Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2024

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. 01

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

CHAD R & BO STANTON

Your social security number

269-84-7307

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	24,647
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . .	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	24,647

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

Schedule 1 (Form 1040) 2024

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	1,741
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount:	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10.		26	1,741

TOLEDO

INCOME TAX RETURN

FOR CALENDAR YEAR ENDING DECEMBER 31

2024

Resident ☒ Yes ☐ No

Account #

Taxpayer SSN 269-84-7307

Spouse SSN 289-08-9225

Taxpayer Occupation SELF EMPLOYED H

Spouse Occupation SELF EMPLOYED N

Telephone Number 419-574-3312

Mail to:

PO BOX 632014

CINCINNATI

OH 452632014

Due on or before: 04/15/2025

Date Moved In/Out:

IN ☐OUT ☐Will You Have Taxable Income Next Year? ☒ Yes ☐ No

If No, Explain

Name and Address of Landlord:

Final Return ☐ DateAmended Return ☐

Taxpayer Name(s)

CHAD R STANTON
BO STANTON

Address

1570 EASTGATE RD

City, State, and Zip

TOLEDO OH 43614

Previous Address

(If moved)

1. Compensation From Wages - Attach W2s

MUNICIPALITY WHERE WAGES WERE EARNED	GROSS WAGES	RESIDENT TAX WITHHELD	WORKPLACE TAX WITHHELD
Totals			

2. Income From Self-Employment (Attach Federal Schedule C)	2.	24647
3. Income From Rents or Leases (Attach Federal Schedule E)	3.	
4. Income from K-1's (Attach Federal Schedule K-1)	4.	
5. Other Taxable Income (Attach Schedules)	5.	
6. Prior Year Loss Carryforward	6.	
7. Net Business/Rental Income (Add lines 2, 3, 4 and 5 minus line 6)	7.	24647
8. Other Adjustments	8.	
9. Taxable Income (Add line 1, 7 and 8)	9.	24647
10. Tax on Line 9 @ 2.5000%	10.	616
11. TOLEDO Tax Withheld	11.	
12. Residents: Taxes Paid To Other Cities	12.	
13. Estimated Taxes Paid/Prior Year Credit	13.	1806
14. Other Credits	14.	
15. Total Payments and Credits (Add lines 11 through 14)	15.	1806
16. Tax Due/(Overpayment) (Line 10 minus line 15)	16.	-1190
17. Penalty for Underpayment of Estimated Tax.	17.	
18. Other Penalties and Interest	18.	
19. Total Tax, Penalties and Interest Due (Add lines 16, 17, and 18) If amount is \$10 or less enter -0-	19.	
20. Overpayment: Amounts \$10 or less will not be refunded	20a.	1190
Payable to: COMMISSIONER OF TAXATION	Refunded 20b.	

DECLARATION OF ESTIMATED TAX FOR 2025

21. Estimated Income Subject to Tax \$ 24647 @ tax rate 2.5000	21.	616
22. Estimated Tax Withheld By Your Employer(s)	22.	
23. Overpayment Applied From 2024	23.	1190
24. Other Payments and Credits	24.	
25. Total Payments and Credits (Add Lines 22, 23, and 24)	25.	1190
26. Net Estimated Tax Due (Line 21 minus line 25)	26.	
27. Estimate Paid With Return (not less than 25% of line 26)	27.	
28. TOTAL DUE (Line 19 plus Line 27)	28.	

DANIEL JONES

07-06-2026

Signature of Tax Preparer

Date

BUCKEYE TAX & ACCOUNTING

5660 SOUTHWYCK BLVD SUITE 200

TOLEDO

OH 43614

419-913-1040

Preparer Address and Phone Number

Signature of Taxpayer

Date

Signature of Spouse

Date

Do you authorize your preparer to contact us regarding this return?

☒ Yes ☐ No

Worksheet B
SCHEDULE C - Business Apportionment Formula

Business Name UR HAPPY PLACE LLC

Net Income (Loss) -13591

BUSINESS ALLOCATION FORMULA

SCHEDULE Y

	a. Located Everywhere	b. Located in TOLEDO	c. Percentage (b / a)
STEP 1. Average Value of Real and Tangible Property	\$	\$	XXXXXXXXXX
Gross Annual Rents Times 8			XXXXXXXXXX
Total Step 1			%
STEP 2. Wages, Salaries, Etc Paid			%
STEP 3. Gross Receipts From Sales Made and/or Work or Services Performed			%
STEP 4. Total Percentages			%
STEP 5. Average Percentage (Divide total percentages by number of factors present)			%

Taxable Income -13591 Resident Taxes Paid _____ Non-Resident Taxes Paid _____

Business Name STANTON FINE FURNITURE

Net Income (Loss) _____

BUSINESS ALLOCATION FORMULA

SCHEDULE Y

	a. Located Everywhere	b. Located in TOLEDO	c. Percentage (b / a)
STEP 1. Average Value of Real and Tangible Property	\$	\$	XXXXXXXXXX
Gross Annual Rents Times 8			XXXXXXXXXX
Total Step 1			%
STEP 2. Wages, Salaries, Etc Paid			%
STEP 3. Gross Receipts From Sales Made and/or Work or Services Performed			%
STEP 4. Total Percentages			%
STEP 5. Average Percentage (Divide total percentages by number of factors present)			%

Taxable Income _____ Resident Taxes Paid _____ Non-Resident Taxes Paid _____

Business Name FRESH NAILS AND SPA LLC

Net Income (Loss) 38238

BUSINESS ALLOCATION FORMULA

SCHEDULE Y

	a. Located Everywhere	b. Located in PERRYSBURG	c. Percentage (b / a)
STEP 1. Average Value of Real and Tangible Property	\$	\$	XXXXXXXXXX
Gross Annual Rents Times 8			XXXXXXXXXX
Total Step 1			%
STEP 2. Wages, Salaries, Etc Paid			%
STEP 3. Gross Receipts From Sales Made and/or Work or Services Performed			%
STEP 4. Total Percentages			%
STEP 5. Average Percentage (Divide total percentages by number of factors present)			%

Taxable Income 38238 Resident Taxes Paid _____ Non-Resident Taxes Paid _____