EXHIBIT "A"

Town of Lake Park Community Development Department
CommunityDevelopment@lakeparkflorida.gov
(561)881-3319

COMMUNITY BEAUTIFICATION IMPROVEMENT FUND (CBIF) GRANT APPLICATION RESIDENTIAL PROPERTIES

The Town of Lake Park has a property improvement grant program called the Community Beautification Improvement Fund (CBIF) that returns 20% of all collected code violation fees back into the community. The CBIF Grant is available to both residential and non-residential property owners.

RESIDENTIAL PROPERTIES must have received a code violation (or have received a determination from the Code Division that a code violation is present). The following additional criteria applies:

PROGRAM OVERVIEW

- Award of grant funds are on a first-come, first-serve basis.
- Grant awards shall be distributed on a reimbursement basis only
- The grant recipient shall be responsible for at least 25% of the total cost of the improvements unless it is determined, through income documentation, that an extreme financial hardship exists whereby the applicant is classified as 'extremely low-income' or 'very low-income' pursuant to the most up-to-date Palm Beach County income guidelines.

- It is recommended that Applicants match 50% of the grant request (final determination will be made upon review of the completed application). **The higher the total match made by the property owner, the higher the application is likely to rank.**

- Town staff will review the CIBF Grant application for completeness and for eligibility for assistance.

- CIBF Grant money is encouraged to be used for structural improvements and other similar-type property improvements that are more permanent in nature. Other improvements may qualify.

- Upon the approval of an application, Town staff will work with the property owner on project execution. However, it will be the **responsibility of the property owner to ensure the project is completed per the terms of the grant.**

- As part of the application process the applicant must provide three (3)independent job cost estimates in writing from contractors. If a contractor is non-responsive, a copy of the outreach is required.

- The grant recipient may be required to enter into a second mortgage or provide a promissory note to repay the grant to guarantee the continued tenancy of the grantee.

- Town Commission approval is required for grant awards that exceed the Town Manager's spending authority.

- All projects must be completed within six (6) months of the grant approval date.

It is not the intent of the CBIF Grant program to provide for continuing or on-going property maintenance.

CBIF GRANT FOR RESIDENTIAL PROPERTIES

NOTE: *Applicant must be the property owner.*

APPLICANT/PROPERTY OWNER INFORMATION:

NAME: Shelly Travelstead

ADDRESS: 339 Evergreen Drive

PHONE: 561- 352-5321

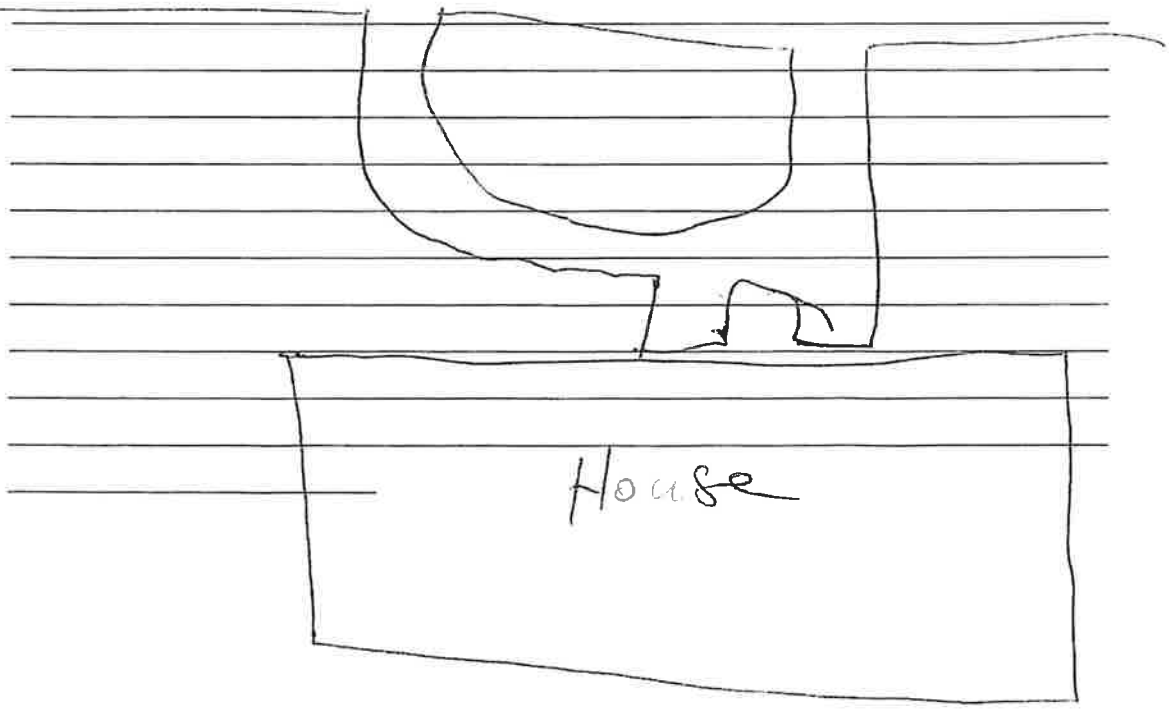
EMAIL: stravelstead@comcast.net

CODE COMPLIANCE CASE NUMBER: — *(if one has already been issued)*

PROJECT DESCRIPTION:

Summarize project to include as much detail about visual and structural improvements. Use additional sheets if necessary.

Concrete or pavers for Driveway



LIST OF PROJECT COSTS (Labor, Materials and Equipment – supply documentation):

1. See
2. Attached
3. Estimates
4.

TOTAL COST ESTIMATE: $ 13,000

FUNDING SOURCES:

- CIBF Grant Amount Requested $ _____
- Applicant Contribution Amount $ Construction costs that may be incurred
- In-Kind Services Value Amount $ — (1 person household)

INCLUDE THE FOLLOWING ITEMS WITH APPLICATION FORM:

- Copies of past two (2) years Federal Income Tax Returns ✓
- Copy of Code Enforcement Board/Special Magistrate Order Finding Violation, if already issued (or Copy of Notice of Violation) N/A
- Copy of associated Town Permits, if applicable - forthcoming
- Copies of all project cost estimates (minimum of 3 estimates are required) ✓
- Proof of insurance coverage for property, as applicable N/A

Town reserves the right to ask for additional information as may be required

PROPERTY OWNER SIGNATURE:

Shelly Trantham 5/24/25

Signature Date

MAYOR APPROVAL

Signature / Date

Total : $ 17,695.00

Deck and Drive
deckanddrive.com
info@deckanddrive.com
561-330-8100
4020 Thor Dr
Boynton Beach, Florida 33426

DECK&DRIVE

Quote #1

Date 04-13-2024 **Contract Number** 282299884354879

Site Address 339 Evergreen Dr, Lake Park, Palm Beach, FL 33403

Client Details

Shelley Travelstead and Nancy Bostwick
(561) 352-5321
stravelstead@comcast.net
339 Evergreen Dr
Lake Park, Palm Beach, FL 33403

Sales Representative

Aimee Gordon
aimee.gordon@deckanddrive.com

Project Areas - Product Bundle List

Bundle Name	Quantity
Driveway - Supply & Install Concrete Pavers	**967.14 sq ft**
Walkway - Supply & Install Concrete Pavers	**19.08 sq ft**

Product List

Labor	Quantity
Excavate Existing Site by Hand	
Type: Pavers / Sod / Asphalt by hand	19.08 sq ft
Excavate Existing Site by Machine	
Type: By Machine	3,197.71 sq ft
Install Concrete Pavers	
Type: Sand-set installation	986.22 sq ft

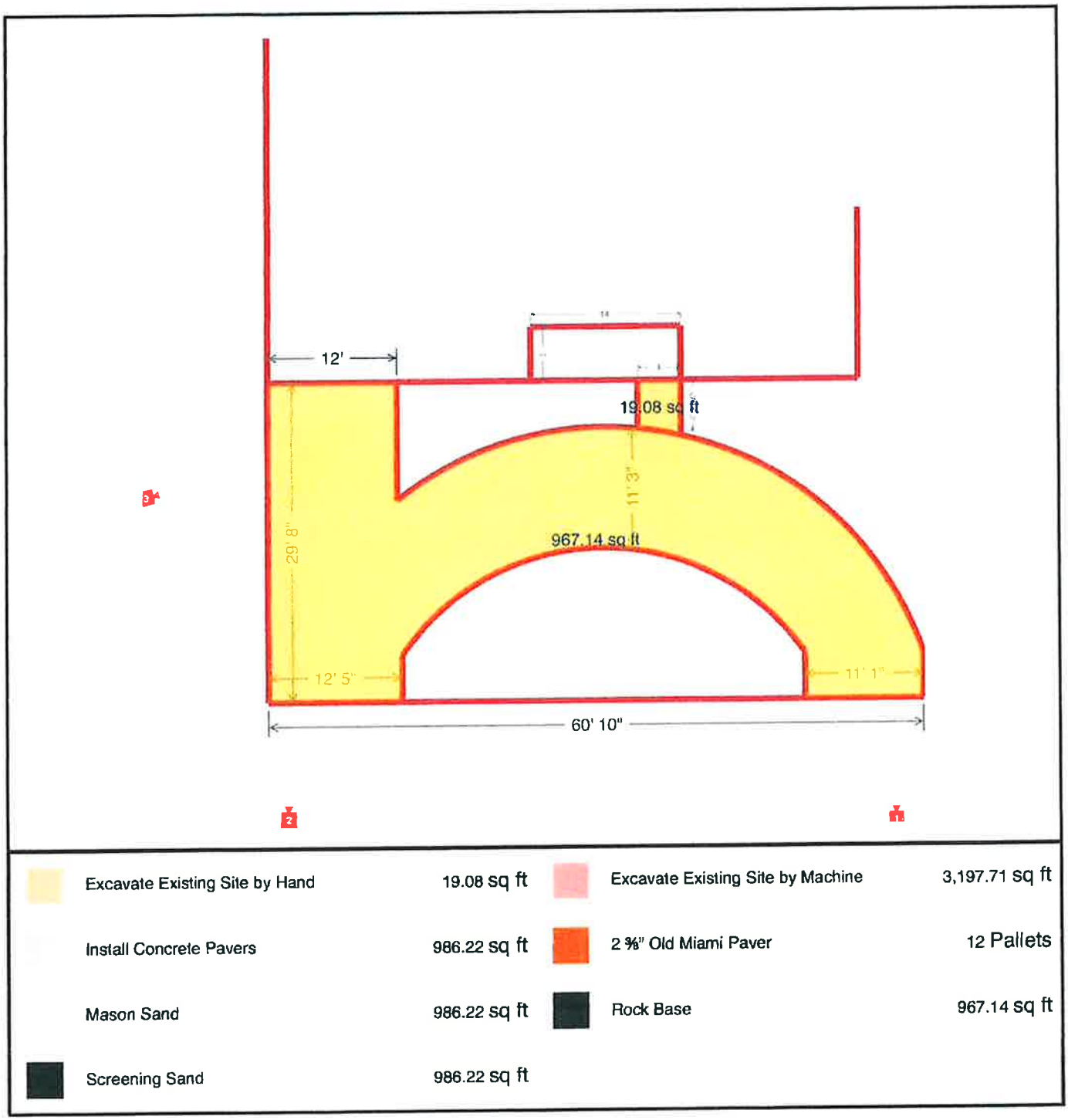
Pavers	Quantity
2 ⅜" Old Miami Paver	
Color: Amaretto (Tan/Sand/Huntington)	12 Pallets
Finish: Standard	12 Pallets

Materials	Quantity
Mason Sand	986.22 sq ft

deckanddrive.com
info@deckanddrive.com
561-330-6700
4020 Thor Dr
Boynton Beach, Florida 33426

DECK&DRIVE

Detail Plan



Excavate Existing Site by Hand	19.08 sq ft	Excavate Existing Site by Machine	3,197.71 sq ft
Install Concrete Pavers	986.22 sq ft	2 ⅜" Old Miami Paver	12 Pallets
Mason Sand	986.22 sq ft	Rock Base	967.14 sq ft
Screening Sand	986.22 sq ft		

deckanddrive.com

1 - 1

2 - 1

3 - 1

PAYMENT TERMS

Unless otherwise noted on proposal or contract, payment terms will be 50% deposit, 25% upon scheduling, 20% due before the first day of install, and 5% due before the last day of install. Please note that if any of these payments are not received, Deck and Drive will not proceed with your job until the aforementioned payment has been paid to Deck and Drive.

If your project is solely a clean and seal and/or repair, payments terms are 50% deposit and 50% due on commencement.

PERMIT and HOA

Permit and city fees are additional. Permit fees will include: All fees associated with your project, including but not limited to engineering, topographical, elevation plans, permit, and survey fees.

Any associated HOA fees will be paid by homeowner.

If permit or HOA approval is a requirement of your project, Deck & Drive will support and help the homeowner with ascertaining permit and/or HOA approval. However, in the event that the municipality or HOA rejects the project scope, Deck & Drive will not be subject to refunding your deposit.

Deck & Drive will work with the homeowner and the municipality or HOA to find a suitable solution. In the event that the municipality or HOA does not approve any scope modifications to your home, and in the event that the homeowner wants to cancel its contract with Deck & Drive,
Deck & Drive will calculate the costs it's incurred and determine the appropriate amount of
money to refund the homeowner.

SURVEYS

Local municipalities will require a recent survey for all permitted jobs. Survey costs are generally $250.00 but can be higher based on the lot size and complexities of the survey.

If a survey is not available at the time of sale - Deck & Drive will order a new survey and pass along the cost of the survey to the homeowner.

CONTRACTOR AGREEMENT TERMS

This Contract, Attachments A and B (as well as any other Attachments) state the entire Contract between you ("owner" or "buyer") and Deck & Drive ("we" or "our"). NO REPRESENTATIONS, PROMISES, OR WARRANTIES, EXPRESSED OR IMPLIED, HAVE BEEN MADE BY DECK & DRIVE TO THE OWNER EXCEPT THOSE WHICH ARE STATED IN THIS CONTRACT. This Contract and Attachments cannot be changed by any conversations between Owner and Deck & Drive. Any changes must be approved by Owner and Deck & Drive.

Owner has reviewed this Contract and confirms that the materials, product color, areas of installation, and overall scope of work are correct.

In instances where Owner is requesting financing, Deck & Drive may submit your credit application to up to three (3) lenders. Finance processing can take up to seven (7) working days.

Additionally, for projects that are financed, Deck & Drive may immediately draw stage funding from the finance company to cover materials and other ancillary costs.

Upon the final day of installation, Owner must be on site at a coordinated time to confirm the scope of work was completed in full. Owner will be required to sign-off on a Project Completion Form before Deck & Drive can leave the job site. If the owner is not present - Deck & Drive considers the project complete. Should there be any punch list items or repairs, Deck & Drive will complete on-site at this time. Should there be more repairs than can be completed in a reasonable time for the remainder of that day, Deck & Drive will reschedule a time for the Owner to be on site at completion of the installation after any repairs.

ATTACHMENT "A" - ADDITIONAL TERM & CONDITIONS

1. Irrigation: Owner is responsible for moving all known and unknown irrigation lines. If any irrigation work is required, you should contact a qualified irrigation contractor and have the work completed before you are scheduled for installation. Deck & Drive is not responsible, under any circumstances, for damage caused to irrigation lines during the installation process.

2. Owner Responsibilities: Owner or Owners Assignee (adult over the age of 18) agrees to approve material color/style, Work Order, and make all necessary payments prior to work being started on the day of installation and to remain present during installation. We move furniture as a courtesy to the Owner and are not obligated to do so. We assume no responsibility for damages due to our movement of your furniture.

ATTACHMENT "B" - TERM & CONDITIONS

Stipulated Damages: Owner understands that all products purchased are special order and that cancellation and restocking fees will be incurred if canceled outside the rescission period. If Owner terminates this Contract after the expiration of the cancellation period provided, Owner agrees to pay Deck and Drive to offset the following: (1) Deck & Drive's incurred costs in preparation for work; (2) Damages, including lost profits. Accordingly, the parties agree that the following formula is a reasonable estimate of the actual damages that Deck & Drive will suffer if the Owner does not allow Deck and Drive to perform this Contract: (a) 50% of the contract price and, (b) the actual cost for any products ordered for Owner's project.

Resultant Damages: Although we take every reasonable precaution in Owner's homes, items can break and surfaces can be damaged in the process of renovation. Deck and Drive shall not be liable for:(1) any resultant damages to premises or material located on the premises; (2) any fumes caused by building material; (3) any

plumbing or mechanical misalignment or failures; (4) any damages to lawn and landscaping; (5) any debris that enters pool/spa. In no event shall Deck & Drive's liability for such damages exceed $250.

Dust and Cleaning: There will be dust from the installation. Dust will vary from job to job and Deck and Drive is not responsible for cleaning. If your job involves work near or around a pool area, pool cleaning will need to be done by others and is not Deck and Drive responsibility.

Underground Lines: Deck & Drive is not responsible for any underground utilities or irrigation. All required irrigation and electrical work to be performed by others.

Color Variance: Deck & Drive is not responsible for variation in color of pavers from the same material order or from two or more different material orders, as color will vary depending on lot number and the manufacturing process.

Delay/Unknown Conditions:
Owner delays, including scheduling delays, or sequencing delays, that result in multiple trips to continue and complete the job, will be considered a change order and result in additional charges to the project. Those delays will be calculated by Deck & Drive and become an addition to the contract total.

Events beyond the control of Deck & Drive, such as acts of God, labor strikes, inclement weather, material shortages, Owner's inability to qualify or obtain financing, delays by local government authorities in issuing or otherwise approving inspections, permitting or other required authorizations for the job such as HOA approval or other events resulting in delays in performance of this Contract do not constitute abandonment and are not included in calculating time frames for performance by Deck & Drive. If Deck & Drive determines, in its sole discretion, that this Contract cannot be performed as intended by the parties due, for example, due to incorrect pricing, unforeseen structural defects, or pre-existing conditions to Owner's property, Deck & Drive may cancel this Contract, and notify Owners of such cancellation in writing. Deck & Drive and Owner have determined that a definite completion date is not guaranteed by this Contract.

Arbitration of Disputes: Deck and Drive and Owner agree that all disputes, claims, or controversies (hereafter referred to as a "Claim") arising under or relating to this Contract and any related documents, loans, security instruments, account, or notes, including by way of example and not a limitation: (i) the relationships resulting from this Contract and the transactions arising as a result thereof;(ii) the terms of this Contract; or (iii)the validity of this Contract or the validity of the enforceability of this arbitration Contract, may, at the election of either party, be subject to binding arbitration to be determined by one (1) arbitrator, In accordance with and pursuant to the construction industry arbitration rules of the American Arbitration Association ("AAA") to be held and arbitrated in the judicial district in which Owner resides. Owner agrees that he or she will not assert a Claim on behalf of, or as a member of, any group or class. The findings of the arbitrator shall be final and binding on all parties to the Contract. Each party shall otherwise be responsible for its own fees and costs, unless otherwise determined by the arbitrator. Demand for arbitration will be filed by the party asserting the claim with the other party to this Contract and with AAA. The demand for arbitration shall be made within a reasonable time after the claims in question have arisen, and in no event shall any such demand be made after the date when institution or legal or equitable proceeding based on such claims would be barred by the applicable statutes of limitations. Any arbitration proceeding brought under this Contract, and any award, finding, or verdict of or from such proceeding shall remain confidential between the parties and shall not be made public. Further information may be obtained, and claims may be filed at any office of the American Arbitration Association, 1-800-778-7879, www.adr.org or by mail at 1633 Broadway, New York NY 10019. Both Owner and Deck and Drive are hereby agreeing to potentially choose arbitration, rather than litigation

or some other means of dispute resolution, to address their grievances or alleged grievances. The parties believe this may allow a faster and more cost-effective method of addressing a Claim. By entering this Contract and this arbitration provision, both parties are potentially giving up their constitutional right to have any dispute decided in a court of law before a jury and instead are potentially accepting the use of arbitration, other than as set forth immediately below.

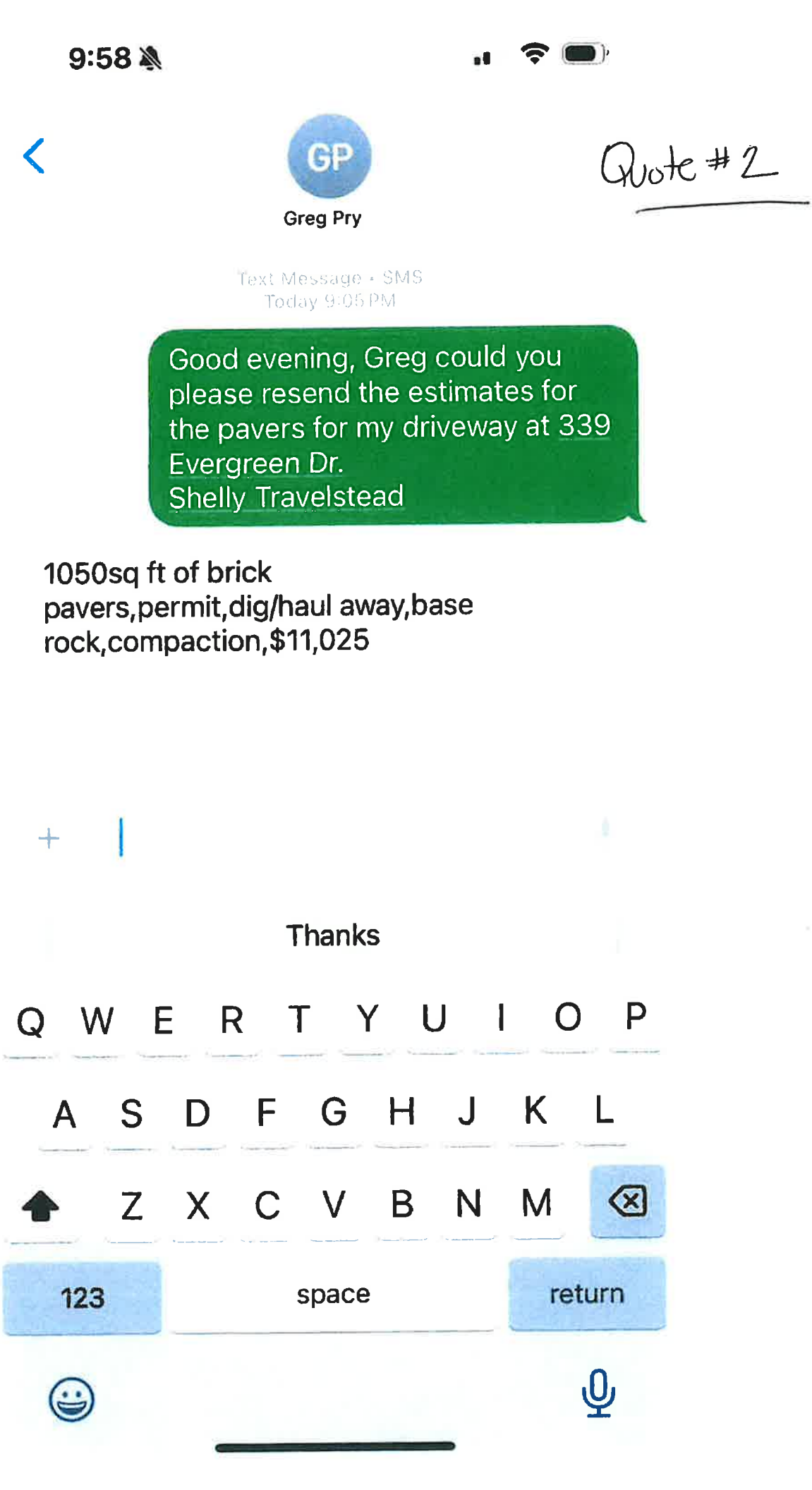
Failure to Pay: If Deck and Drive substantially completes the work and does not receive final payment, Deck and Drive may place a lien on the property. All liens will accrue 14% interest annually.

Electronic Authorization and Approval: Owner(s) hereby consents, approves, and authorizes Deck and Drive's use and reliance upon Owner(s) Electronic communication(text/email) for authorization, acknowledgement and/or approval for any change orders, finance, or installment contract modifications.

Deck and Drive may, in its sole discretion, accept Owner(s) electronic(text/email) authorization or phone authorization, as acknowledgement or approval for any change orders, finance or installment contract modifications.

Attorney Fees: Should Deck and Drive require an attorney for the enforcement of this Contract, Owner agrees to pay Deck and Drive's actual attorney fees.

Right to Rescission: Customer may rescind this Agreement within three (3) calendar days of the date of execution by contacting Deck & Drive in writing. This Agreement is not legally binding until the rescission period has expired and you have not, directly or indirectly, rescinded your selection. The Customer is liable for all Deck & Drive costs incurred prior to rescission of Agreement.


9:58
GP
Greg Pry
Quote #2
Text Message • SMS
Today 9:05 PM
Good evening, Greg could you please resend the estimates for the pavers for my driveway at 339 Evergreen Dr.
Shelly Travelstead
1050sq ft of brick pavers,permit,dig/haul away,base rock,compaction,$11,025
Thanks
Q W E R T Y U I O P
A S D F G H J K L
Z X C V B N M
123
space
return

ARTISTRY PAVERS
HARDSCAPING EXPERTS

Quote #3

PAVER DRIVEWAY PROPOSAL

561-318-0729 (English & Español)
SaleseArtistryPavers.com
www.ArtistryPavers.com

5/16/2025

339 EVERGREEN DR - SHELLEY

JOB DESCRIPTION AND SCOPE OF WORK

WE HEREBY PROPOSE TO PROVIDE ALL LABOR AND MATERIAL TO PERFORM THE FOLLOWING WORK:

INSTALL A 1200 SQ FT DRIVEWAY IN THE CLIENT'S CHOICE OF PAVER BLEND AND STYLE. DEMO EXISTING ASPHALT / GRAVEL DRIVEWAY AND REPLACE WITH A BRAND NEW PAVER DRIVEWAY. ENSURE THAT CONNECTION TO THE FRONT PORCH IS FLUSH TO AVOID TRIPPING HAZZARDS.

INSTALLATIONS ONLY: COST IS ALL INCLUSIVE SPANNING PERMITTING, DEMOLITION, HAULING, DUMPING, AGGREGATES, PAVERS, GROUND PREPARATION, DELIVERIES, LABOR, INSTALLATION, CUTS AND CLEANUP. PLEASE REFERENCE SUBSEQUENT PAGES FOR ADDITIONAL INSTALLATION DETAILS.

PLEASE NOTE THE FOLLOWING EXCLUSIONS FROM THIS PROPOSAL:

- Owner to provide water source
- Landscape and irrigation restoration
- ~~Permitted work: Your permit cost is included in this proposal. Should the homeowner wish to pull their own owner builder permit (we can provide a small cost savings), we will draw the site plan and assist you in the process free of charge upon request.~~

Paver Driveway ~~CONCRETE SIDEWALK~~

* permit application + approval by TLP required

$13,000

Victor Fernandez
Artistry Pavers Signature

Jonatan Lopez
Artistry Pavers Signature

Owner / Authorized Signature Date

ARTISTRY PAVERS
HARDSCAPING EXPERTS

561-318-0729 (English & Español)
SaleseArtistryPavers.com
www.ArtistryPavers.com

DRIVEWAY INSTALLATION DETAILS

DRIVEWAY INSTALLATION DETAILS:

- REMOVAL of ALL debris, asphalt, concrete, rocks, pavers, grass, plants, organic and other material from all installation areas.
- HAUL AND DISPOSE of all waste and demolition material.
- Sub Grade preparation, grading and compaction (First Compaction with a commercial vibratory plate compactor)
- Base aggregate material and delivery, base preparation, grading and compaction (Second Compaction)
- Paver delivery, paver installation, cuts, final compaction (Third Compaction)
- Joint sand application, washing and concrete border edge restraint to lock in paver system.
- Full clean cleanup of job site.
- The scope of the work includes Demolition, Hauling, Delivery, Aggregates, Material, Installation and Labor.

Please refer to the proposal (page 1) for specific project details.

ARTISTRY PAVERS
HARDSCAPING EXPERTS

561-318-0729 (English & Español)
SalesaArtistryPavers.com
www.ArtistryPavers.com

PAVER STYLE AND BLEND OPTIONS

This estimate has been prepared with Tremron Pavers. Below you will find the included Tremron Pavers included in our quote, the offered colors can be found under the color tab for each one, along with links to their respective pages, which all provide color options.

There are TWO ways to preview paver style (shape) and blend (color) choices.

1) You may set up an appointment with us to visit the Artistry Pavers showroom, located at **721 US-1, Suite 202, North Palm Beach, FL 33408**.
OR
2) You may visit the Tremron showroom located at **1251 NE 48th St, Pompano Beach, FL 33064.** Any visiting client should tell them upon arrival they are working with Victor Fernandez and Jonatan Lopez at Artistry Pavers, and bring this printed list so you can be prepared to look through the showroom. Please check the business hours and call in advance to make sure the showroom will be open when you visit.

It is the client's, and not the installer's responsibility to do their due diligence and determine the choice of material they would like to install. In the end we want you to love the material you choose.

Choice included in your estimate: (Unless narrowed on the proposal page)

- 4x8 Brick - https://www.tremron.com/pavers/4x8-brick
- 2 or 3 Piece Old Towne Combo - https://www.tremron.com/pavers/olde-towne
  ***** 2 PIECE COMBO IS OUR RECOMMENDED CHOICE*****
- Mega Old Towne - https://www.tremron.com/pavers/mega-olde-towne
- Stone Hurst - https://www.tremron.com/pavers/stonehurst
- Temple Hurst - https://www.tremron.com/pavers/templehurst
- Ultra Combo - https://www.tremron.com/pavers/ultra-combo.php

ARTISTRY PAVERS
HARDSCAPING EXPERTS

Terms & Conditions :

- **Payments** can be made via Zelle, Check, Cash, or Credit Card (+3.0% fee). Checks should be made to Artistry Pavers L.L.C. and Zelle payments should be made to 850-570-5597. Orders UNDER $10,000: Client agrees to pay 50% upon agreeing to and signing the contract for material to be purchased, and the final 50% due in full when the work is completed. Brick Paver orders OVER $10,000 Client agrees to pay 30% upon agreeing to and signing the contract for material to be purchased, 30% when the work begins, and the final 40% due in full when the work is completed. Orders with Travertine or Marble, the 50% deposit schedule must be followed.
- **Previewing Brick Paver Samples** is always recommended for the style and color selection process. Please contact us so we may guide you with obtaining samples. We encourage ALL our clients to visit the Tremron showroom located at 1251 NE 48th St, Pompano Beach, FL 33064.
- **Changes** after the work begins - Reasonable requests that do not add additional material or hours to the Job Description will be considered and met to the best of our ability. Your satisfaction is our priority! Requests that add additional material or man hours to the Construction Proposal can be considered with the client understanding there may be additional costs due to the request.
- **(Large Orders Only) Material Delivery** - If you are receiving a supplier truck delivery for material, please include specific instructions regarding material placement. We will help assist the client with preparing for the material delivery day.
- **Estimate** because there is constant fluctuation in the cost of construction material, this estimate is valid for 30 days.
- **Time Frames** We will do everything possible to adhere to reasonable time frames, but inclement weather or machinery failure or personnel needs may require an installation date change.
- **Paver Aesthetics** No two pavers are exactly alike, and there isn't such a thing as a perfect paver. All pavers naturally have small chips and imperfections in them, these are normal and can occur during manufacturing and shipping process. A paver is considered "defective" when its functional or structural properties are compromised. While we always give priority to the best pieces in every batch, we wish for clients understands that small (smaller than a dime) imperfections happen and are normal.
- **(Pavers Only) Color Variation and Solid Colors** - Colors will always vary due to the nature of the manufacturing process and each production run will vary slightly.
- **(Pavers Only) Blended Colors** have a tendency to mask the color variations where as solid colors do not have this advantage. Due to the inherent variances in the manufacturing process, all product and color appearances may be different than as displayed in photos, website, catalogs. Product colors naturally vary from manufacturing plant to plant, as well as from one.
- **(Pavers Only) Production Runs** very from one run to another. This means that a previewed color may be slightly different in the showroom than when that particular run is manufactured at the plant.
- **(Pavers Only) Efflorescence** is a naturally occurring process in all concrete products (Calcium & mineral deposits). Efflorescence will naturally dissipate with time, or can be removed with efflorescence cleaners. Efflorescence should be removed prior to sealing a paver system. Water and rain will accelerate the dissipation of efflorescence.
- **Leftover Material** We recommend the client retain several extra pieces at the conclusion of an installation for future replacements. Client can keep more / all if they wish. Once the material is hauled away and discarded, asking for extras piece to be brought back is not possible.
- **Our Guarantee** Our satisfied clients are like family. We guarantee our quality installation and workmanship with a full year of guarantee. It does not cover damage caused by other companies, contractors, home owner/ tenant or severe weather events.

Form **1040** Department of the Treasury-Internal Revenue Service **U.S. Individual Income Tax Return** **2023** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

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

Your first name and middle initial	Last name	Your social security number
SHELLY M	TRAVELSTEAD	XXX-XX-XXXX
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

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

339 EVERGREEN DR

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

LAKE PARK FL 33403

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

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

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

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See Instructions.) . . ☐ Yes ☒ 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):

(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
BELLA MARIE	TRAVELSTEAD	XXX-XX-XXXX	DAUGHTER	☒	☐
				☐	☐
				☐	☐
				☐	☐

If more than four dependents, see instructions and check here . . ☐

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	
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	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a 6,600	b Taxable amount	4b	0
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	26,039
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	26,039
10	Adjustments to income from Schedule 1, line 26			10	2,589
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	23,450
12	**Standard deduction or itemized deductions** (from Schedule A)			12	20,800
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	530
14	Add lines 12 and 13			14	21,330
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	2,120

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.

EEA

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	211
	17	Amount from Schedule 2, line 3		17	0
	18	Add lines 16 and 17		18	211
	19	Child tax credit or credit for other dependents from Schedule 8812		19	211
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	211
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	0
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	3,679
	24	Add lines 22 and 23. This is your **total tax**		24	3,679
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	
If you have a qualifying child, attach Sch. EIC	26	2023 estimated tax payments and amount applied from 2022 return		26	
	27	Earned income credit (EIC)	27 3,577		
	28	Additional child tax credit from Schedule 8812	28 1,600		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31 603		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	5,780
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	5,780
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the **amount you overpaid**		34	2,101
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐		35a	2,101
Direct deposit? See instructions.	b	Routing number 267084131 c Type: ☒ Checking ☐ Savings			
	d	Account number XXXXX2186			
	36	Amount of line 34 you want **applied to your 2024 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	0
	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 HYMAN J ZACHARIA CPA Phone no. 561-242-2295 Personal identification number (PIN) 51957

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.)
19286	03-21-2024	DAY CARE OWNER	
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.)

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

Phone no. 561-352-5321 Email address STRAVELSTEAD@COMCAST.NET

Paid Preparer Use Only

Preparer's signature HYMAN J ZACHARIA CPA (Hyman J Zacharia CPA)	Date	PTIN XXXXXXXXX	Check if: ☐ Self-employed
Preparer's name HYMAN J ZACHARIA CPA		Phone no. 561-242-2295	
Firm's name York & Zacharia LLC			
Firm's address 5589 Okeechobee Blvd Suite 104 West Palm Beach, FL 33417		Firm's EIN 26-1244694	

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. 07

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

SHELLY M TRAVELSTEAD

Your social security number

XXX-XX-XXXX

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)		1	1,086	
	2 Enter amount from Form 1040 or 1040-SR, line 11	2 23,450			
	3 Multiply line 2 by 7.5% (0.075)		3	1,759	
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4 0
Taxes You Paid	5 State and local taxes.				
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box	☒	5a	907	
	b State and local real estate taxes (see instructions)		5b		
	c State and local personal property taxes		5c		
	d Add lines 5a through 5c		5d	907	
	e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)		5e	907	
	6 Other taxes. List type and amount:		6		
	7 Add lines 5e and 6				7 907
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box	☐			
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited		8a		
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address		8b		
	c Points not reported to you on Form 1098. See instructions for special rules		8c		
	d Reserved for future use		8d		
	e Add lines 8a through 8c		8e		
	9 Investment interest. Attach Form 4952 if required. See instructions		9		
	10 Add lines 8e and 9				10
Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions.	11 Gifts by cash or check. If you made any gift of $250 or more, see instructions		11		
	12 Other than by cash or check. If you made any gift of $250 or more, see instructions. You must attach Form 8283 if over $500		12	450	
	13 Carryover from prior year		13		
	14 Add lines 11 through 13				14 450
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions				15
Other Itemized Deductions	16 Other - from list in instructions. List type and amount:				16
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12				17 1,357
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box	☐			

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

2023

Attachment Sequence No. 09

Name of proprietor: SHELLY M TRAVELSTEAD

Social security number (SSN): XXX-XX-XXXX

A Principal business or profession, including product or service (see instructions): CHILD DAY CARE SERVI

B Enter code from instructions: 624410

C Business name. If no separate business name, leave blank.: SHELLYS FAMILY DAYCARE

D Employer ID number (EIN) (see instr.): 46-4454938

E Business address (including suite or room no.): 339 EVERGREEN DR

City, town or post office, state, and ZIP code: LAKE PARK, FL 33403

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) _____

G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses . . . . [X] Yes [ ] No

H If you started or acquired this business during 2023, check here . . . . [ ]

I Did you make any payments in 2023 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	43,800
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	43,800
4	Cost of goods sold (from line 42)	4	600
5	**Gross profit.** Subtract line 4 from line 3	5	43,200
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	16,845
7	**Gross income.** Add lines 5 and 6	7	60,045

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

8	Advertising	8		18	Office expense (see instructions)	18	300
9	Car and truck expenses (see instructions)	9	2,620	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	721	21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17	692	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	18,547
				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	22,880
29	Tentative profit or (loss). **Subtract line** 28 from line 7	29	37,165
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	11,126
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	26,039

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.

Name(s) SHELLY M TRAVELSTEAD

SSN XXX-XX-XXXX

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a [X] 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 [X] No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	0
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	600
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	600
41	Inventory at end of year	41	0
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	600

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 2023, 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.

TRAINING	190
TELEPHONE	1,512
DIRECT EXPENSES COUNTY GRANTS	16,845

48 **Total other expenses.** Enter here and on line 27a 48 18,547

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

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

Your first name and middle initial	Last name	Your social security number
SHELLY M	TRAVELSTEAD	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

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

339 EVERGREEN DR

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

LAKE PARK FL 33403

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

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

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

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

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

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

Dependents (see instructions):

(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
BELLA MARIE	TRAVELSTEAD	[redacted]	DAUGHTER	☐	☒
				☐	☐
				☐	☐
				☐	☐

If more than four dependents, see instructions and check here ☐

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
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	b Taxable interest	2b
3a	Qualified dividends 3a	b Ordinary dividends	3b
4a	IRA distributions 4a	b Taxable amount	4b
5a	Pensions and annuities 5a	b Taxable amount	5b
6a	Social security benefits 6a	b Taxable amount	6b
c	If you elect to use the lump-sum election method, check here (see instructions) ☐		
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐		7
8	Additional income from Schedule 1, line 10		8 35,689
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**		9 35,689
10	Adjustments to income from Schedule 1, line 26		10 3,162
11	Subtract line 10 from line 9. This is your **adjusted gross income**		11 32,527
12	**Standard deduction or itemized deductions** (from Schedule A)		12 21,900
13	Qualified business income deduction from Form 8995 or Form 8995-A		13 2,125
14	Add lines 12 and 13		14 24,025
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**		15 8,502

Attach Sch. B if required.

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

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

EEA

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	853
	17	Amount from Schedule 2, line 3		17	0
	18	Add lines 16 and 17		18	853
	19	Child tax credit or credit for other dependents from Schedule 8812		19	500
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	500
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	353
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	5,043
	24	Add lines 22 and 23. This is your **total tax**		24	5,396
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return		26	
	27	Earned income credit (EIC)	27	2,542	
	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	469	
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	3,011
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	3,011
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
Direct deposit? See instructions.	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	2,495
	38	Estimated tax penalty (see instructions)	38	110	

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 HYMAN J ZACHARIA CPA | Phone no. 561-242-2295 | Personal identification number (PIN) 51957

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 19286 | Date 03-07-2025 | Your occupation DAY CARE OWNER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

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

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

Phone no. 561-352-5321 | Email address STRAVELSTEAD@COMCAST.NET

Paid Preparer Use Only

Preparer's signature HYMAN J ZACHARIA CPA | Date 03-06-2025 | PTIN P00076128 | Check if: ☐ Self-employed

Preparer's name HYMAN J ZACHARIA CPA | Phone no. 561-242-2295

Firm's name York & Zacharia LLC

Firm's address 5589 Okeechobee Blvd Suite 104, West Palm Beach, FL 33417 | Firm's EIN 26-1244694

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

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

OMB No. 1545-0074

2024

Attachment Sequence No. **07**

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

Your social security number

[redacted]

SHELLY M TRAVELSTEAD

Medical and Dental Expenses	**Caution:** Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions)			1	1,940	
	2 Enter amount from Form 1040 or 1040-SR, line 11	2	32,527			
	3 Multiply line 2 by 7.5% (0.075)			3	2,440	
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-					4 0
Taxes You Paid	5 State and local taxes.					
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box		[x]	5a	783	
	b State and local real estate taxes (see instructions)			5b		
	c State and local personal property taxes			5c		
	d Add lines 5a through 5c			5d	783	
	e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)			5e	783	
	6 Other taxes. List type and amount:			6		
	7 Add lines 5e and 6					7 783
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box		[ ]			
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited			8a		
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address			8b		
	c Points not reported to you on Form 1098. See instructions for special rules			8c		
	d Reserved for future use			8d		
	e Add lines 8a through 8c			8e		
	9 Investment interest. Attach Form 4952 if required. See instructions			9		
	10 Add lines 8e and 9					10
Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions.	11 Gifts by cash or check. If you made any gift of $250 or more, see instructions			11		
	12 Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500			12	400	
	13 Carryover from prior year			13		
	14 Add lines 11 through 13					14 400
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions					15
Other Itemized Deductions	16 Other - from list in instructions. List type and amount:					16
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12					17 1,183
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box		[ ]			

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	Social security number (SSN)
SHELLY M TRAVELSTEAD	[redacted]

A Principal business or profession, including product or service (see instructions) CHILD DAY CARE SERVI	B Enter code from instructions 624410
C Business name. If no separate business name, leave blank. SHELLYS FAMILY DAYCARE	D Employer ID number (EIN) (see instr.) 46-4454938

E Business address (including suite or room no.) 339 EVERGREEN DR
City, town or post office, state, and ZIP code LAKE PARK, FL 33403

F Accounting method: (1) [X] 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 . . . . [X] 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	43,975
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	43,975
4	Cost of goods sold (from line 42)	4	1,709
5	**Gross profit.** Subtract line 4 from line 3	5	42,266
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	42,266

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

8	Advertising	8		18	Office expense (see instructions)	18	200
9	Car and truck expenses (see instructions)	9	369	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	721	21	Repairs and maintenance	21	
				22	Supplies (not included in Part III)	22	1,109
				23	Taxes and licenses	23	197
14	Employee benefit programs (other than on line 19)	14		24	Travel and meals:		
				a	Travel	24a	
15	Insurance (other than health)	15		b	Deductible meals (see instructions)	24b	
16	Interest (see instructions):			25	Utilities	25	
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	
b	Other	16b		27a	Other expenses (from line 48)	27a	1,381
17	Legal and professional services	17		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	3,977
29	Tentative profit or (loss). Subtract line 28 from line 7	29	38,289
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	2,600
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	35,689
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.	