THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Address):*
Elizabeth Reynolds Mahoney

5025 Thacher Road
Ojai CA 93023

TELEPHONE NO.: 805-798-4662

ATTORNEY FOR *(Name):* Elizabeth Reynolds Mahoney

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Ventura

PETITIONER: Joseph Bert Mahoney

RESPONDENT: Elizabeth Reynolds Mahoney

SCHEDULE OF ASSETS AND DEBTS

☐ Petitioner's ☑ Respondent's

CASE NUMBER: D415627

— INSTRUCTIONS —

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
1.	REAL ESTATE *(Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.)*			$	$
	None known to Respondent.			**0**	**0**
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES *(Identify.)*				
	Dining Room - Table and Chairs				
	Living Room - Re-upholstered Sofa				
	Living Room - Re-upholstered Chair				
	Dryer				
	Washer (broken needs replaced)				
	Total household furniture and appliance value			**300**	**0**
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. *(Identify.)*				
	Cullen Robertson - Chief painting			**300**	**0**

Form Approved for Optional Use
Judicial Council of California
FL-142 [Rev. January 1, 2005]

SCHEDULE OF ASSETS AND DEBTS
(Family Law)

Code of Civil Procedure, §§ 2030(c), 2033.5
www.courtinfo.ca.gov

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
				$	$
4.	VEHICLES, BOATS, TRAILERS *(Describe and attach copy of title document.)*				
	2000 Jeep Wrangler -Respondent			**4,740**	**0**
	VW Golf - Petitioner			**unknown**	**unknown**
5.	SAVINGS ACCOUNTS *(Account name, account number, bank, and branch. Attach copy of latest statement.)*				
	None known to Respondent.			**0**	**0**
6.	CHECKING ACCOUNTS *(Account name and number, bank, and branch. Attach copy of latest statement.)*				
	Wells Fargo Joint #8633			**139**	**0**
	Chase #0556	**R**	**After DOS**	**7,302**	**0**
7.	CREDIT UNION, OTHER DEPOSIT ACCOUNTS *(Account name and number, bank, and branch. Attach copy of latest statement.)*				
	None known to Respondent.			**0**	**0**
8.	CASH *(Give location.)*				
	None known to Respondent.			**0**	**0**
9.	TAX REFUND				
	2023 tax refund applied to Petitioner's 2020 tax debt			**5,715**	**0**
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE *(Attach copy of declaration page for each policy.)*				
	None known to Respondent.			**0**	**0**

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
				$	$
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS *(Give certificate number and attach copy of the certificate or copy of latest statement.)*				
	Invesco #7954 (funded by inheritance. Started before marriage)	**R**	**BM**	**4,015**	**0**
12.	RETIREMENT AND PENSIONS *(Attach copy of latest summary plan documents and latest benefit statement.)*				
	TIAA #5916			**373,661**	**0**
	TIAA #0639			**220,499**	**0**
	Pension plan in Petitioner's name			**Unknown**	**Unknown**
13.	PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION *(Attach copy of latest statement.)*				
	None known to Respondent.			**0**	**0**
14.	ACCOUNTS RECEIVABLE AND UNSECURED NOTES *(Attach copy of each.)*				
	None known to Respondent.			**0**	**0**
15.	PARTNERSHIPS AND OTHER BUSINESS INTERESTS *(Attach copy of most current K-1 form and Schedule C.)*				
	Horse Training Business			**0**	**0**
	Fine Art Business			**0**	**0**
16.	OTHER ASSETS				
	None known to Respondent.			**0**	**0**
17.	TOTAL ASSETS FROM CONTINUATION SHEET				
18.	TOTAL ASSETS			$ **616,671.00**	$ **0.00**

ITEM NO.	DEBTS—SHOW TO WHOM OWED	SEP. PROP.	TOTAL OWING	DATE INCURRED
			$	
19.	STUDENT LOANS *(Give details.)* **None known to Respondent.**		**0**	**0**
20.	TAXES *(Give details.)* **None known to Respondent.**		**0**	**0**
21.	SUPPORT ARREARAGES *(Attach copies of orders and statements.)* **None known to Respondent.**		**0**	**0**
22.	LOANS—UNSECURED *(Give bank name and loan number and attach copy of latest statement.)* **Cross River Bank Upstart Loan #5185** **Wells Fargo #9550 Line of Credit**		**11,611** **5,039**	**12/10/21**
23.	CREDIT CARDS *(Give creditor's name and address and the account number. Attach copy of latest statement.)* **Apple Credit Card In Petitioner's name - Only Petitioner has access to this card** **Discover # 1790** **Capital One Credit Card In Petitioner's name - Only Petitioner has access to this card** **Discover IT - Credit Card In Petitioner's name - Only Petitioner has access to this card** **AMEX - Credit Card In Petitioner's name - Only Petitioner has access to this card**		**Unknown** **0** **unknown** **unknown** **unknown**	**Unknown** **N/A** **Unknown** **Unknown** **Unknown**
24.	OTHER DEBTS *(Specify.):* **Lewis and Clark Tuition (Darragh)**		**9,094**	**2024**
25.	TOTAL DEBTS FROM CONTINUATION SHEET			
26.	TOTAL DEBTS		**$25,744.00**	

27. ☐ *(Specify number):* _____ pages are attached as continuation sheets.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 1/17/2025

Elizabeth Reynolds Mahoney
(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

My Car's Value

2000 Jeep Wrangler Sport Utility 2D 4.6 ★ (1295 Ratings) Write a review

Save this car

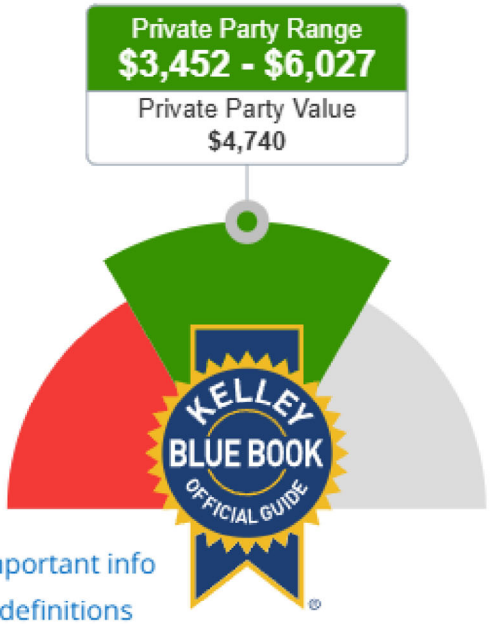
Create a free account for quicker access to saved cars, recall alerts and more.

Options Next Steps

1 Your Options

Private Party Instant Cash Offer Trade-in Donate Your Car

Save this car



Important info & definitions

Value valid as of **12/05/2024**

PRIVATE SELLER Exchange

- Reach millions of buyers on Autotrader and KBB.com
- Free vehicle history report
- Secure transactions and financing
- Verified buyers and sellers

Verified buyers get a clean title every time. Verified sellers get secure payment.

Autotrader | Kelley Blue Book

Wells Fargo Everyday Checking

ELIZABETH MAHONEY
JOSEPH B MAHONEY
5025 THACHER RD
OJAI CA 93023-8304

Questions?

Available by phone 24 hours a day, 7 days a week:
We accept all relay calls, including 711
1-800-TO-WELLS (1-800-869-3557)

En español: 1-877-727-2932

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (114)
P.O. Box 6995
Portland, OR 97228-6995

You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com or call the number above if you have questions or if you would like to add new services.

Online Banking	÷	Direct Deposit	
Online Bill Pay	÷	Auto Transfer/Payment	
Online Statements	÷	Overdraft Protection	÷
Mobile Banking	÷	Debit Card	
My Spending Report	÷	Overdraft Service	

Other Wells Fargo Benefits

It's Cybersecurity Awareness Month. Look out for these tell-tale signs to help spot an imposter scam.

Imposters may contact you with a message that:
- is unexpected.
- appears to be from a legitimate source but could be spoofed.
- claims to be urgent and asks you to act right away.
- uses language that manipulates your emotions.
- asks you to pay in an unusually specific way such as gift cards, cryptocurrency or payment apps.

Remember, caller ID can be spoofed, emails can be faked, voices can be cloned, and images can be altered. If you have doubts about the message call the company or government agency directly to find out if there really is a problem. And if they're impersonating Wells Fargo, call us right away or you can always check your account in the Wells Fargo Mobile® app* or online banking.

Learn more at www.wellsfargo.com/scams/

*Availability may be affected by your mobile carrier's coverage area. Your mobile carrier's message and data rates may apply.

Statement period activity summary

Beginning balance on 9/26	$15.20
Deposits/Additions	2,490.00
Withdrawals/Subtractions	- 2,365.83
Ending balance on 10/24	**$139.37**

Account number: **465718633**
ELIZABETH MAHONEY
JOSEPH B MAHONEY
California account terms and conditions apply
For Direct Deposit use
Routing Number (RTN): 121042882

Overdraft Protection

Your account is linked to the following for Overdraft Protection:

■ Credit Card - XXXX-XXXX-XXXX-9550

Transaction history

Date	*Check Number*	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
9/27		Albert Genius EDI Pymnts P_94645603 Elizabeth Mahoney		5.00	
9/27		Albert Genius EDI Pymnts P_94645602 Elizabeth Mahoney		9.99	0.21
10/2		Online Transfer From Mahoney E Everyday Checking xxxxxx7162 Ref #Ib0PR8Jllm on 10/02/24	190.00		190.21
10/3		Recurring Payment authorized on 10/01 Tiaa Insurance Pre 877-694-0305 NY S464275416139317 Card 7156		184.85	5.36
10/10		Zelle From Elizabeth Mahoney on 10/10 Ref # Jpm99AP6Uf8Z	2,000.00		2,005.36
10/11		Online Transfer to Mahoney E Everyday Checking xxxxxx7162 Ref #Ib0Pv4Sg2J on 10/10/24		2,003.00	
10/11		Overdraft Xfer From Credit Card OR Line	300.00		302.36
10/15		Recurring Payment authorized on 10/11 Microsoft*Ultimate 425-6816830 WA S464286023431189 Card 7156		19.99	282.37
10/16		Online Transfer to Mahoney A Everyday Checking xxxxxx2753 Ref #Ib0Pwvss88 on 10/16/24		100.00	182.37
10/21		Online Transfer to Mahoney A Everyday Checking xxxxxx2753 Ref #Ib022FL2Mx on 10/19/24		25.00	
10/21		Online Transfer to Mahoney D Wells Fargo Clear Access Banking xxxxxx2803 Ref #Ib0PY8Qjxx on 10/20/24		18.00	139.37
Ending balance on 10/24					**139.37**
Totals			**$2,490.00**	**$2,365.83**	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Summary of Overdraft Fees

	Total this statement period	*Total year-to-date*
Total Overdraft Fees	$0.00	$70.00

Year-to-date totals reflect fees assessed or reversed since the first full statement period of the calendar year. Negative values indicate that fee reversals exceed fees assessed.

IMPORTANT ACCOUNT INFORMATION

NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.

Updated limits on Overdraft Fees

Effective October 1, 2024, we will no longer assess overdraft fees on items of $10 or less. Additionally, if both your ending daily account balance and available balance are overdrawn by $10 or less after we have processed your transactions, we won't assess an overdraft fee on those items.

As a reminder, your Everyday Checking account monthly service fee is $10 per fee period. You can avoid the $10 monthly service fee if you meet any one of the following conditions during each fee period*:
$500 minimum daily balance
$500 or more in total qualifying electronic deposits**
The primary account owner is 17 - 24 years old***
A linked Wells Fargo Campus ATM Card or Campus Debit Card****
A non-civilian military direct deposit with the Wells Fargo Worldwide Military Banking program*****

*The fee period is the period used to calculate the monthly service fee. The fee period details are provided on the Monthly Service Fee Summary located in your account statement and in the Monthly Service Fee Summary section through Wells Fargo Online® in your Activity Summary or Wells Fargo Mobile® in Routing & Details.
**A qualifying electronic deposit is a deposit of funds, such as your salary, government benefit payment, or other income, that has posted to your account and is (1) a direct deposit made through the Automated Clearing House (ACH) network, (2) an instant payment processed through the RTP® network (real-time payment system) or FedNow Service, or (3) an electronic credit from a third party service that facilitates payments to your debit card using the Visa® or Mastercard® network (e.g. an Original Credit Transaction). Transfers from one account to another, mobile deposits, Zelle®, or deposits made at a branch or ATM are not considered a qualifying electronic deposit.
***When the primary account owner reaches the age of 25, age can no longer be used to avoid the monthly service fee.
****Eligibility is based on university and college participation in the Wells Fargo Campus Card program. Ask a banker or visit wellsfargo.com/campuscard for additional details.
*****You will receive your Worldwide Military Banking program benefits 45 days after your qualifying non-civilian military direct deposit is deposited into your eligible Wells Fargo checking account. For more information on the qualifying non-civilian military direct deposit, program qualifications and benefits, please visit wellsfargo.com/military/worldwide-military-banking or wellsfargo.com/depositdisclosures.

Other Wells Fargo Benefits

Help take control of your finances with a Wells Fargo personal loan.
Whether it's managing debt, making a large purchase, improving your home, or paying for unexpected expenses, a personal loan may be able to help. See personalized rates and payments in minutes with no impact to your credit score.
Get started at wellsfargo.com/personalloan.

WELLS FARGO

Worksheet to balance your account

Follow the steps below to reconcile your statement balance with your account register balance. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.

A **Enter the ending balance** on this statement. $ _____

B **List outstanding deposits and other credits** to your account that do not appear on this statement. **Enter the total** in the column to the right.

Description	Amount
Total	$

+ $ _____

C **Add A and B** to calculate the subtotal. = $ _____

D **List outstanding checks, withdrawals, other debits** to your account that do not appear on this statement. **Enter the total** in the column to the right.

Number/Description	Amount
Total	$

- $ _____

E **Subtract D from C** to calculate the adjusted ending balance. This amount should be the same as the current balance shown in your register. = $ _____

Important Information You Should Know

- **To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts.** Wells Fargo Bank, N.A. may furnish information about deposit accounts to Early Warning Services. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Overdraft Collection and Recovery, P.O. Box 5058, Portland, OR 97208-5058. Include with the dispute the following information as available: Full name (First, Middle, Last), Complete address, The account number or other information to identify the account being disputed, Last four digits of your social security number, Date of Birth. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.
- **If your account has a negative balance:** Please note that an account overdraft that is not resolved 60 days from the date the account first became overdrawn will result in closure and charge off of your account. In this event, it is important that you make arrangements to redirect recurring deposits and payments to another account. The closure will be reported to Early Warning Services. We reserve the right to close and/or charge-off your account at an earlier date, as permitted by law. The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.
- **In case of errors or questions about your electronic transfers:** Telephone us at the number printed on the front of this statement or write us at Wells Fargo Bank, P.O. Box 6995, Portland, OR 97228-6995 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.
  1. Tell us your name and account number (if any).
  2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
  3. Tell us the dollar amount of the suspected error.

  We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.
- **In case of errors or questions about other transactions (that are not electronic transfers):**

  Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.
- To download and print an Account Balance Calculation Worksheet (PDF) to help you balance your checking or savings account, enter www.wellsfargo.com/balancemyaccount in your browser on either your computer or mobile device.

EQUAL HOUSING LENDER

CHASE

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

September 11, 2024 through October 08, 2024
Account Number: 0556

CUSTOMER SERVICE INFORMATION

Web site:	**Chase.com**
Service Center:	**1-800-935-9935**
Para Espanol:	1-877-312-4273
International Calls:	1-713-262-1679

We accept operator relay calls

00614852 DRE 703 219 28324 NNNNNNNNNNN 1 000000000 06 0000
ELIZABETH MAHONEY
5025 THACHER RD
OJAI CA 93023

CHECKING SUMMARY

Chase Secure Checking

	AMOUNT
Beginning Balance	**$11,118.76**
Deposits and Additions	3,825.19
ATM & Debit Card Withdrawals	-3,327.25
Electronic Withdrawals	-4,231.40
Fees	-82.55
Ending Balance	**$7,302.75**

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$11,118.76**
09/11	Stripe Transfer St-L0G5V4Q7V4V6 CCD ID: 1800948598	**85.19**	11,203.95
09/11	Zelle Payment From Sharon Cabral Wfct0Y2Hz5Vz	**45.00**	11,248.95
09/11	Venmo Payment 1036855967119 Web ID: 3264681992	-10.00	11,238.95
09/12	Card Purchase 09/11 Chevron 0090478 Ojai CA Card 4995	-71.68	11,167.27
09/12	Zelle Payment To Elizabeth Mahoney Jpm99Anj72Q0	-850.00	10,317.27
09/16	Venmo Payment 1036958934911 Web ID: 3264681992	-10.00	10,307.27
09/17	Zelle Payment From Sharon Cabral Wfct0Y2Xsmd4	**45.00**	10,352.27
09/17	Lewis & Clark Return Fee PPD ID: 9470751402	-30.00	10,322.27
09/17	Venmo Payment 1036979287190 Web ID: 3264681992	-25.00	10,297.27
09/19	Zelle Payment From Linda Nagro-Burr Wfct0Y349Rs5	**45.00**	10,342.27
09/23	Zelle Payment From Sharon Cabral Wfct0Y3D5X3X	**90.00**	10,432.27
09/23	Zelle Payment From Linda Nagro-Burr Wfct0Y39Wfdg	**45.00**	10,477.27
09/23	Zelle Payment To Derick Perry Jpm99Ao65Cy8	-225.00	10,252.27
09/25	Zelle Payment From Linda Nagro-Burr Wfct0Y3Jn2Vy	**45.00**	10,297.27
09/25	Lewis & Clark Retry Pymt 000000220304826 Web ID: 9470751402	-1,812.80	8,484.47
09/25	Synchrony Bank Cc Pymt 601918386814137 Web ID: 9856794001	-378.60	8,105.87
09/26	Card Purchase 09/25 Sp Quad Lock USA Httpswww.Quad CA Card 4995	-15.66	8,090.21
09/26	Card Purchase 09/25 Tello US 866-3770294 GA Card 4995	-10.65	8,079.56
09/26	Card Purchase 09/26 Expedia 72929134281815 Expedia.Com WA Card 4995	-120.86	7,958.70
09/27	Card Purchase 09/25 Paypal *Firenet 59832291 Card 4995	-5.00	7,953.70
09/27	Card Purchase 09/26 Paypal *Belk Inc 980-447-5442 NC Card 4995	-15.05	7,938.65

TRANSACTION DETAIL *(continued)*

DATE	DESCRIPTION	AMOUNT	BALANCE
09/30	Zelle Payment From Sharon Cabral Wfct0Y3Tccqy	**700.00**	8,638.65
09/30	Zelle Payment From Sharon Cabral Wfct0Y3Tcc8N	**45.00**	8,683.65
09/30	Card Purchase 09/26 Paypal *Firenet 59832291 Card 4995	-10.00	8,673.65
09/30	Card Purchase 09/27 Tello US 866-3770294 GA Card 4995	-9.87	8,663.78
10/01	Zelle Payment From Linda Nagro-Burr Wfct0Y42Djrr	**45.00**	8,708.78
10/01	Card Purchase 09/30 Cadmv Reg Needtags 800-300-7311 CA Card 4995	-301.13	8,407.65
10/01	Zelle Payment To Aidan Mahoney Jpm99Aolfla9	-825.00	7,582.65
10/01	Card Purchase 10/01 Tst*Rorys Place Ojai CA Card 4995	-97.59	7,485.06
10/03	Online Transfer From Sav ...8364 Transaction#: 22267670110	**2,500.00**	9,985.06
10/03	Venmo Payment 1037317103711 Web ID: 3264681992	-15.00	9,970.06
10/04	Card Purchase 10/04 Housingany 2410255822 Rotterdam Card 4995 Euro 2340.00 X 1.105500 (Exchg Rte)	-2,586.87	7,383.19
10/04	Venmo Payment 1037342623792 Web ID: 3264681992	-35.00	7,348.19
10/04	Foreign Exch Rt ADJ Fee 10/04 Housingany 2410255822 Rotterdam Card 4995	-77.60	7,270.59
10/07	Venmo Payment 1037368216982 Web ID: 3264681992	-15.00	7,255.59
10/07	Card Purchase 10/05 Bsn Sports LLC 800-227-7404 TX Card 4995	-42.11	7,213.48
10/08	Zelle Payment From Sharon Cabral Wfct0Y4L8C3K	**135.00**	7,348.48
10/08	Card Purchase 10/07 Paypal *Belk Inc 980-447-5442 NC Card 4995	-40.78	7,307.70
10/08	Monthly Service Fee	-4.95	7,302.75
	Ending Balance		**$7,302.75**

WANT TO AVOID PAYING A MONTHLY SERVICE FEE ON YOUR CHECKING ACCOUNT?

A Monthly Service Fee was charged to your Chase Secure Checking account. Here is how you can avoid this fee during any statement period.

- **Have electronic deposits made into this account totaling $250.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow℠ network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
  (Your total electronic deposits this period were $85.19. Note: some deposits may be listed on your previous statement)

Stop in today and explore all Chase has to offer.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

For business accounts, see your deposit account agreement or other applicable agreements that govern your account for details.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your deposit account agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC

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View payments made in the past 5 years. Note that check or money order payments may take up to 3 weeks to show here.

This list does not include tax withholding.

Date	Tax Year	Type	Payment Method	Amount	EFT Number
Mar 22, 2024	2020	Balance Payment	Online Account	$5,714.73	240448235627845
Feb 21, 2024	2019	Balance Payment	Direct Debit	$200.00	221445202595656
Jan 22, 2024	2019	Balance Payment	Direct Debit	$200.00	221442202744351
Nov 21, 2023	2019	Balance Payment	Direct Debit	$290.00	221372502141178
Oct 23, 2023	2019	Balance Payment	Direct Debit	$300.00	221369602850841
Sep 21, 2023	2019	Balance Payment	Direct Debit	$300.00	221366402120931
Aug 21, 2023	2019	Balance Payment	Direct Debit	$300.00	221363302619866
Jul 21, 2023	2019	Balance Payment	Direct Debit	$300.00	221360202671689
Jun 21, 2023	2019	Balance Payment	Direct Debit	$300.00	221357202073445
May 22, 2023	2019	Balance Payment	Direct Debit	$300.00	221354202464313

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Invesco
PO Box 219319
Kansas City, MO 64121-9319

Quarterly Statement
July 1, 2024 - September 30, 2024

AB 01 039694 36140 H 135 D
ELIZABETH MAHONEY
C/O THATCHER SCHOOL
5025 THATCHER RD
OJIA CA 93023-8304

Your Financial Professional

House Account-Client Support
Osaic Wealth, Inc
Attn: Commissions
18700 N Hayden Rd Ste 255
Scottsdale AZ 85255-6787
800-821-5100

AIM,5,51984,OTP,J20602,100124,132058

Account Included on Statement: 7954

Portfolio Summary

Total Value on 09/30/24	**$4,014.54**
Beginning Value on 07/01/24	**$3,743.48**
Additions	$0.00
Withdrawals	$0.00
Change in Market Value	$271.06
Total Value on 09/30/24	**$4,014.54**

Contact Invesco

invesco.com/us

800-959-4246
M - F, 7am - 6pm, CT

Market Commentary

Global growth continued in the third quarter, driven by strength in services activity as manufacturing lagged. Risk assets climbed globally despite weakness in Chinese equities and significant volatility across assets as investors fretted over US economic momentum. 10-year US Treasury bond yields fell over the quarter.

Invesco News

ADDRESS REMINDER
Please note that all *regular mail* should be sent to:
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P.O. Box 219078
Kansas City, Missouri 64121-9078

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Important: This account statement reflects financial transactions for the period indicated. Carefully review all of the information to verify the accuracy of the transactions, including the financial professional information. Please notify us immediately if there is an error. Any verbal communication regarding an error should be followed by written notification. If you fail to notify us of an error within 30 days of this statement, you will be deemed to have ratified each transaction.

TIAA

730 Third Avenue, New York, NY 10017-3206

Quarterly retirement savings portfolio statement

For July 1, 2024 to September 30, 2024

ELIZABETH R MAHONEY
5025 THACHER RD
OJAI CA 93023-8304

Your balance on September 30, 2024:

$594,160.55

Personal rate of return this quarter:

4.48%

For more detail on your personalized rate of return, see the disclosures document.

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Review your daily summary

Keep track of your investments. Get a daily breakdown to stay updated on your portfolio.

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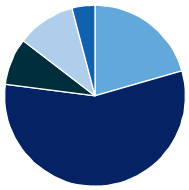
Summary of your portfolio activity

	This quarter	This year
Beginning balance	$564,010.64	$529,375.74
Your contributions	$2,382.78	$6,837.78
Employer contributions	$2,382.75	$6,837.75
Other Credits	$15.56	$70,949.17
Distributions/Other Debits	$0.00	- $70,904.22
Fees	- $70.04	- $195.50
Gains/Loss	$24,208.59	$47,624.13
TIAA Interest	$1,230.27	$3,635.70
Ending balance	**$594,160.55**	**$594,160.55**
Personal rate of return	**4.48%**	**9.53%**

How your portfolio is allocated



Asset class	Value
Guaranteed (20.57%)	$122,203.31
Equities (56.46%)	$335,445.23
Real Estate (8.35%)	$49,626.00
Fixed Income (10.53%)	$62,588.28
Multi-Asset (4.09%)	$24,297.73
Total	**$594,160.55**

These asset allocation percentages may not be exact due to rounding.

Questions about your portfolio? Sign on to **TIAA.org** | Call **800-842-2252** for 24-hr automated information | Hearing impaired: TTY **800-842-2755**
Call center hours: Weekdays 8 a.m. to 10 p.m. (ET). (Español disponible)

1 THE THACHER SCHOOL DC RETIREMENT PLAN

Plan # 5916

This plan includes the following annuity contracts and other investments. The annuity contracts are indicated with either TIAA or CREF followed by a number.
TIAA C948957-0, CREF U948957-8

Summary of your activity

Balance as of Jul 1, 2024	$358,467.19
Gains/Loss	$14,455.71
TIAA Interest	$738.31
Balance as of Sep 30, 2024	**$373,661.21**

What you have vested

	Your contributions		Your employer's contributions		
Annuity contracts and other investments	**Vested percent**	**Vested balance**	**Vested percent**	**Vested balance**	**Total**
Annuity Contracts (TIAA C948957-0, CREF U948957-8)	100%	$129,521.33	100%	$244,139.88	$373,661.21
Total		**$129,521.33**		**$244,139.88**	**$373,661.21**

Your investments

Annuity contracts and other investments	**Number of units/shares**	**Unit/share price as of Sep 30, 2024**	**Value as of Sep 30, 2024**	**Percent of your total plan**
Pre-Tax Investments				
Guaranteed				
TIAA Traditional (TIAA C948957-0)	n/a	n/a	$76,878.88	20.57%
Total Guaranteed			**$76,878.88**	**20.57%**
Equities				
CREF Global Equities R1 (CREF U948957-8)	191.6263	$338.9742	$64,956.37	17.38%
TI Acc Nuv Intl Equity T4 (TIAA C948957-0)	1,140.3054	$39.8918	$45,488.84	12.17%
TI Acc Nuv Lrg Cap Val T4 (TIAA C948957-0)	725.7260	$76.6560	$55,631.25	14.89%
TI Acc Nuv Qt Sm Cp Eq T4 (TIAA C948957-0)	360.6074	$88.7200	$31,993.09	8.56%
TI Acc Nuv RlEstSecSl T4 (TIAA C948957-0)	209.9048	$54.8087	$11,504.61	3.09%
Total Equities			**$209,574.16**	**56.09%**
Real Estate				
TIAA Real Estate (TIAA C948957-0)	70.7123	$458.5039	$32,421.87	8.68%
Total Real Estate			**$32,421.87**	**8.68%**
Fixed Income				
CREF Core Bond R1 (CREF U948957-8)	159.5989	$135.1613	$21,571.59	5.77%
CREF Inf-Linked Bond R1 (CREF U948957-8)	212.5775	$84.2054	$17,900.17	4.79%
Total Fixed Income			**$39,471.76**	**10.56%**
Multi-Asset				
CREF Social Choice R1 (CREF U948957-8)	41.2779	$371.0105	$15,314.54	4.10%
Total Multi-Asset			**$15,314.54**	**4.10%**
Total value of your investments			**$373,661.21**	**100%**

How the value of your investments changed this period

To view the current performance for your specific investments, log in to your account at TIAA.org or you can visit TIAA.org/performance for general performance information.

Investments	Value as of Jul 1, 2024	Net result of transactions	TIAA interest/ Gain or loss	Value as of Sep 30, 2024
TIAA Traditional	$76,140.57	$0.00	$738.31	$76,878.88
CREF Social Choice R1	$14,439.99	$0.00	$874.55	$15,314.54
TIAA Real Estate	$32,532.36	$0.00	- $110.49	$32,421.87
CREF Core Bond R1	$20,531.05	$0.00	$1,040.54	$21,571.59
CREF Inf-Linked Bond R1	$17,287.99	$0.00	$612.18	$17,900.17
CREF Global Equities R1	$61,840.43	$0.00	$3,115.94	$64,956.37
TI Acc Nuv Intl Equity T4	$44,409.65	$0.00	$1,079.19	$45,488.84
TI Acc Nuv Lrg Cap Val T4	$51,721.48	$0.00	$3,909.77	$55,631.25
TI Acc Nuv Qt Sm Cp Eq T4	$29,624.22	$0.00	$2,368.87	$31,993.09
TI Acc Nuv RlEstSecSl T4	$9,939.45	$0.00	$1,565.16	$11,504.61
Total value of your investments	**$358,467.19**	**$0.00**	**$15,194.02**	**$373,661.21**

Your transaction details

There are no transactions this quarter.

2 THE THACHER SCHOOL DC RETIREMENT PLAN

Plan # 0639

This plan includes the following annuity contracts and other investments. The annuity contracts are indicated with either TIAA or CREF followed by a number.
TIAA F0944EB-7, CREF H0944EB-3

Summary of your activity

Balance as of Jul 1, 2024	$205,543.45
Your contributions	$2,382.78
Employer contributions	$2,382.75
Other Credits	$15.56
Fees	- $70.04
Gains/Loss	$9,752.88
TIAA Interest	$491.96
Balance as of Sep 30, 2024	**$220,499.34**

THE THACHER SCHOOL DC RETIREMENT PLAN (Continued)

What you have vested

	Your contributions		Your employer's contributions		
Annuity contracts and other investments	**Vested percent**	**Vested balance**	**Vested percent**	**Vested balance**	**Total**
Annuity Contracts (TIAA F0944EB-7, CREF H0944EB-3) & Other Investments	100%	$99,779.39	100%	$120,719.95	$220,499.34
Total		**$99,779.39**		**$120,719.95**	**$220,499.34**

Your investments

Annuity contracts and other investments	**Number of units/shares**	**Unit/share price as of Sep 30, 2024**	**Value as of Sep 30, 2024**	**Percent of your total plan**
Pre-Tax Investments				
Guaranteed				
TIAA Traditional (TIAA F0944EB-7)	n/a	n/a	$45,324.43	20.56%
Total Guaranteed			**$45,324.43**	**20.56%**
Equities				
CREF Stock R1 (CREF H0944EB-3)	13.0523	$903.5150	$11,793.25	5.35%
Vang 500 Idx Adm	50.1555	$531.7100	$26,668.24	12.09%
American EuroPac Grw R6	227.3890	$60.3600	$13,725.20	6.22%
Vang Extended Mkt Idx Adm	147.9412	$138.0400	$20,421.80	9.26%
Vang Ttl Intl Stk Idx Adm	594.0690	$34.8100	$20,679.54	9.38%
Amer Beacon Lrg Cp Val R6	1,083.5732	$30.0700	$32,583.04	14.78%
Total Equities			**$125,871.07**	**57.08%**
Real Estate				
TIAA Real Estate (TIAA F0944EB-7)	37.5220	$458.5039	$17,204.13	7.80%
Total Real Estate			**$17,204.13**	**7.80%**
Fixed Income				
Vang Ttl Bd Mkt Idx Adm	1,701.9841	$9.8700	$16,798.58	7.62%
Vang Infl Protect Sec Adm	267.4826	$23.6200	$6,317.94	2.87%
Total Fixed Income			**$23,116.52**	**10.49%**
Multi-Asset				
CREF Social Choice R1 (CREF H0944EB-3)	24.2124	$371.0105	$8,983.19	4.07%
Total Multi-Asset			**$8,983.19**	**4.07%**
Total value of your investments			**$220,499.34**	**100%**

How the value of your investments changed this period

To view the current performance for your specific investments, log in to your account at TIAA.org or you can visit TIAA.org/performance for general performance information.

Investments	**Value as of Jul 1, 2024**	**Net result of transactions**	**TIAA interest/ Gain or loss**	**Value as of Sep 30, 2024**
TIAA Traditional	$43,787.39	$1,045.08	$491.96	$45,324.43
CREF Social Choice R1	$8,282.75	$193.26	$507.18	$8,983.19
TIAA Real Estate	$16,830.89	$431.52	- $58.28	$17,204.13
CREF Stock R1	$10,904.57	$241.64	$647.04	$11,793.25

How the value of your investments changed this period - continued

Investments	Value as of Jul 1, 2024	Net result of transactions	TIAA interest/ Gain or loss	Value as of Sep 30, 2024
Vang Ttl Bd Mkt Idx Adm	$15,627.75	$373.81	$797.02	$16,798.58
Vang 500 Idx Adm	$24,685.80	$512.63	$1,469.81	$26,668.24
Vang Infl Protect Sec Adm	$5,925.72	$140.22	$252.00	$6,317.94
American EuroPac Grw R6	$12,745.08	$279.96	$700.16	$13,725.20
Vang Extended Mkt Idx Adm	$18,490.11	$419.99	$1,511.70	$20,421.80
Vang Ttl Intl Stk Idx Adm	$18,734.97	$419.96	$1,524.61	$20,679.54
Amer Beacon Lrg Cp Val R6	$29,528.42	$652.98	$2,401.64	$32,583.04
Total value of your investments	**$205,543.45**	**$4,711.05**	**$10,244.84**	**$220,499.34**

Your transaction details

Processing date	Effective date	Description	Number of units/shares	Unit/ share price	Amount
Employee Pre-Tax Contributions					
7/19/2024	7/19/2024	Contribution (TIAA F0944EB-7) TIAA Traditional	n/a	n/a	$174.72
7/19/2024	7/19/2024	Contribution (CREF H0944EB-3) CREF Stock R1	0.0460	$862.2088	$39.70
7/19/2024	7/19/2024	Contribution (CREF H0944EB-3) CREF Social Choice R1	0.0898	$354.2045	$31.78
7/19/2024	7/19/2024	Contribution (TIAA F0944EB-7) TIAA Real Estate	0.1550	$461.3226	$71.48
7/19/2024	7/19/2024	Contribution Vang 500 Idx Adm	0.1720	$508.1700	$87.38
7/19/2024	7/19/2024	Contribution Vang Ttl Bd Mkt Idx Adm	6.6394	$9.5700	$63.54
7/19/2024	7/19/2024	Contribution American EuroPac Grw R6	0.8246	$57.8000	$47.66
7/19/2024	7/19/2024	Contribution Vang Infl Protect Sec Adm	1.0320	$23.1000	$23.84
7/19/2024	7/19/2024	Contribution Vang Extended Mkt Idx Adm	0.5374	$133.0000	$71.48
7/19/2024	7/19/2024	Contribution Vang Ttl Intl Stk Idx Adm	2.1726	$32.9000	$71.48
7/19/2024	7/19/2024	Contribution Amer Beacon Lrg Cp Val R6	3.9032	$28.4900	$111.20
8/16/2024	8/16/2024	Contribution (TIAA F0944EB-7) TIAA Traditional	n/a	n/a	$174.72
8/16/2024	8/16/2024	Contribution (CREF H0944EB-3) CREF Stock R1	0.0456	$869.7096	$39.70
8/16/2024	8/16/2024	Contribution (CREF H0944EB-3) CREF Social Choice R1	0.0884	$359.8864	$31.78
8/16/2024	8/16/2024	Contribution (TIAA F0944EB-7) TIAA Real Estate	0.1558	$458.9450	$71.48
8/16/2024	8/16/2024	Contribution Vang 500 Idx Adm	0.1702	$513.2700	$87.38

THE THACHER SCHOOL DC RETIREMENT PLAN (Continued)

Your transaction details - continued

Processing date	Effective date	Description	Number of units/shares	Unit/ share price	Amount
8/16/2024	8/16/2024	Contribution Vang Ttl Bd Mkt Idx Adm	6.5036	$9.7700	$63.54
8/16/2024	8/16/2024	Contribution American EuroPac Grw R6	0.8154	$58.4500	$47.66
8/16/2024	8/16/2024	Contribution Vang Infl Protect Sec Adm	1.0196	$23.3800	$23.84
8/16/2024	8/16/2024	Contribution Vang Extended Mkt Idx Adm	0.5406	$132.2300	$71.48
8/16/2024	8/16/2024	Contribution Vang Ttl Intl Stk Idx Adm	2.1472	$33.2900	$71.48
8/16/2024	8/16/2024	Contribution Amer Beacon Lrg Cp Val R6	3.8464	$28.9100	$111.20
9/16/2024	9/16/2024	Contribution (TIAA F0944EB-7) TIAA Traditional	n/a	n/a	$174.72
9/16/2024	9/16/2024	Contribution (CREF H0944EB-3) CREF Stock R1	0.0450	$881.8224	$39.70
9/16/2024	9/16/2024	Contribution (CREF H0944EB-3) CREF Social Choice R1	0.0862	$368.2104	$31.78
9/16/2024	9/16/2024	Contribution (TIAA F0944EB-7) TIAA Real Estate	0.1556	$458.8777	$71.48
9/16/2024	9/16/2024	Contribution Vang 500 Idx Adm	0.1676	$521.2300	$87.38
9/16/2024	9/16/2024	Contribution Vang Ttl Bd Mkt Idx Adm	6.3796	$9.9600	$63.54
9/16/2024	9/16/2024	Contribution American EuroPac Grw R6	0.8128	$58.6300	$47.66
9/16/2024	9/16/2024	Contribution Vang Infl Protect Sec Adm	0.9962	$23.9300	$23.84
9/16/2024	9/16/2024	Contribution Vang Extended Mkt Idx Adm	0.5284	$135.2900	$71.48
9/16/2024	9/16/2024	Contribution Vang Ttl Intl Stk Idx Adm	2.1160	$33.7800	$71.48
9/16/2024	9/16/2024	Contribution Amer Beacon Lrg Cp Val R6	3.7592	$29.5800	$111.20
Your total contributions					**$2,382.78**
Employer					
7/19/2024	7/19/2024	Contribution (TIAA F0944EB-7) TIAA Traditional	n/a	n/a	$174.73
7/19/2024	7/19/2024	Contribution (CREF H0944EB-3) CREF Stock R1	0.0461	$862.2088	$39.71
7/19/2024	7/19/2024	Contribution (CREF H0944EB-3) CREF Social Choice R1	0.0897	$354.2045	$31.77
7/19/2024	7/19/2024	Contribution (TIAA F0944EB-7) TIAA Real Estate	0.1549	$461.3226	$71.48
7/19/2024	7/19/2024	Contribution Vang 500 Idx Adm	0.1719	$508.1700	$87.37
7/19/2024	7/19/2024	Contribution Vang Ttl Bd Mkt Idx Adm	6.6395	$9.5700	$63.54

Your transaction details - continued

Processing date	Effective date	Description	Number of units/shares	Unit/ share price	Amount
7/19/2024	7/19/2024	Contribution American EuroPac Grw R6	0.8246	$57.8000	$47.66
7/19/2024	7/19/2024	Contribution Vang Infl Protect Sec Adm	1.0316	$23.1000	$23.83
7/19/2024	7/19/2024	Contribution Vang Extended Mkt Idx Adm	0.5374	$133.0000	$71.48
7/19/2024	7/19/2024	Contribution Vang Ttl Intl Stk Idx Adm	2.1729	$32.9000	$71.49
7/19/2024	7/19/2024	Contribution Amer Beacon Lrg Cp Val R6	3.9028	$28.4900	$111.19
8/16/2024	8/16/2024	Contribution (TIAA F0944EB-7) TIAA Traditional	n/a	n/a	$174.73
8/16/2024	8/16/2024	Contribution (CREF H0944EB-3) CREF Stock R1	0.0457	$869.7096	$39.71
8/16/2024	8/16/2024	Contribution (CREF H0944EB-3) CREF Social Choice R1	0.0883	$359.8864	$31.77
8/16/2024	8/16/2024	Contribution (TIAA F0944EB-7) TIAA Real Estate	0.1557	$458.9450	$71.48
8/16/2024	8/16/2024	Contribution Vang 500 Idx Adm	0.1702	$513.2700	$87.37
8/16/2024	8/16/2024	Contribution Vang Ttl Bd Mkt Idx Adm	6.5036	$9.7700	$63.54
8/16/2024	8/16/2024	Contribution American EuroPac Grw R6	0.8154	$58.4500	$47.66
8/16/2024	8/16/2024	Contribution Vang Infl Protect Sec Adm	1.0192	$23.3800	$23.83
8/16/2024	8/16/2024	Contribution Vang Extended Mkt Idx Adm	0.5406	$132.2300	$71.48
8/16/2024	8/16/2024	Contribution Vang Ttl Intl Stk Idx Adm	2.1475	$33.2900	$71.49
8/16/2024	8/16/2024	Contribution Amer Beacon Lrg Cp Val R6	3.8461	$28.9100	$111.19
9/16/2024	9/16/2024	Contribution (TIAA F0944EB-7) TIAA Traditional	n/a	n/a	$174.73
9/16/2024	9/16/2024	Contribution (CREF H0944EB-3) CREF Stock R1	0.0450	$881.8224	$39.71
9/16/2024	9/16/2024	Contribution (CREF H0944EB-3) CREF Social Choice R1	0.0862	$368.2104	$31.77
9/16/2024	9/16/2024	Contribution (TIAA F0944EB-7) TIAA Real Estate	0.1557	$458.8777	$71.48
9/16/2024	9/16/2024	Contribution Vang 500 Idx Adm	0.1676	$521.2300	$87.37
9/16/2024	9/16/2024	Contribution Vang Ttl Bd Mkt Idx Adm	6.3795	$9.9600	$63.54
9/16/2024	9/16/2024	Contribution American EuroPac Grw R6	0.8129	$58.6300	$47.66
9/16/2024	9/16/2024	Contribution Vang Infl Protect Sec Adm	0.9958	$23.9300	$23.83

THE THACHER SCHOOL DC RETIREMENT PLAN (Continued)

Your transaction details - continued

Processing date	Effective date	Description	Number of units/shares	Unit/ share price	Amount
9/16/2024	9/16/2024	Contribution Vang Extended Mkt Idx Adm	0.5283	$135.2900	$71.48
9/16/2024	9/16/2024	Contribution Vang Ttl Intl Stk Idx Adm	2.1163	$33.7800	$71.49
9/16/2024	9/16/2024	Contribution Amer Beacon Lrg Cp Val R6	3.7590	$29.5800	$111.19
Total employer contributions					**$2,382.75**
Other Credits					
9/30/2024	9/30/2024	Plan Servicing Credit[1] (TIAA F0944EB-7) TIAA Traditional	n/a	n/a	$0.62
9/30/2024	9/30/2024	Plan Servicing Credit[1] (TIAA F0944EB-7) TIAA Traditional	n/a	n/a	$0.40
9/30/2024	9/30/2024	Plan Servicing Credit[1] (TIAA F0944EB-7) TIAA Traditional	n/a	n/a	$1.24
9/30/2024	9/30/2024	Plan Servicing Credit[1] (TIAA F0944EB-7) TIAA Real Estate	0.0028	$458.5039	$1.30
9/30/2024	9/30/2024	Plan Servicing Credit[1] (TIAA F0944EB-7) TIAA Real Estate	0.0018	$458.5039	$0.85
9/30/2024	9/30/2024	Plan Servicing Credit[1] (TIAA F0944EB-7) TIAA Real Estate	0.0056	$458.5039	$2.60
9/30/2024	9/30/2024	Plan Servicing Credit[1] (CREF H0944EB-3) CREF Stock R1	0.0014	$903.5150	$1.33
9/30/2024	9/30/2024	Plan Servicing Credit[1] (CREF H0944EB-3) CREF Stock R1	0.0009	$903.5150	$0.86
9/30/2024	9/30/2024	Plan Servicing Credit[1] (CREF H0944EB-3) CREF Stock R1	0.0029	$903.5150	$2.65
9/30/2024	9/30/2024	Plan Servicing Credit[1] (CREF H0944EB-3) CREF Social Choice R1	0.0027	$371.0105	$1.02
9/30/2024	9/30/2024	Plan Servicing Credit[1] (CREF H0944EB-3) CREF Social Choice R1	0.0017	$371.0105	$0.66
9/30/2024	9/30/2024	Plan Servicing Credit[1] (CREF H0944EB-3) CREF Social Choice R1	0.0054	$371.0105	$2.03
Total Other Credits					**$15.56**
Fees					
9/30/2024	9/30/2024	Non TIAA Plan Servicing Fee[1] (CREF H0944EB-3) CREF Social Choice R1	- 0.0028	$371.0105	- $1.10
9/30/2024	9/30/2024	Non TIAA Plan Servicing Fee[1] (TIAA F0944EB-7) TIAA Real Estate	- 0.0043	$458.5039	- $2.11
9/30/2024	9/30/2024	Non TIAA Plan Servicing Fee[1] Vang Ttl Bd Mkt Idx Adm	- 0.2077	$9.8700	- $2.05
9/30/2024	9/30/2024	Non TIAA Plan Servicing Fee[1] (TIAA F0944EB-7) TIAA Traditional	n/a	n/a	- $5.53
9/30/2024	9/30/2024	Non TIAA Plan Servicing Fee[1] (CREF H0944EB-3) CREF Stock R1	- 0.0015	$903.5150	- $1.43
9/30/2024	9/30/2024	Non TIAA Plan Servicing Fee[1] Vang 500 Idx Adm	- 0.0059	$531.7100	- $3.25

Your transaction details - continued

Processing date	Effective date	Description	Number of units/shares	Unit/ share price	Amount
9/30/2024	9/30/2024	Non TIAA Plan Servicing Fee[1] American EuroPac Grw R6	- 0.0278	$60.3600	- $1.68
9/30/2024	9/30/2024	Non TIAA Plan Servicing Fee[1] Vang Infl Protect Sec Adm	- 0.0326	$23.6200	- $0.77
9/30/2024	9/30/2024	Non TIAA Plan Servicing Fee[1] Vang Ttl Intl Stk Idx Adm	- 0.0723	$34.8100	- $2.52
9/30/2024	9/30/2024	Non TIAA Plan Servicing Fee[1] Vang Extended Mkt Idx Adm	- 0.0181	$138.0400	- $2.50
9/30/2024	9/30/2024	Non TIAA Plan Servicing Fee[1] Amer Beacon Lrg Cp Val R6	- 0.1323	$30.0700	- $3.98
9/30/2024	9/30/2024	TIAA Plan Servicing Fee[1] Vang Extended Mkt Idx Adm	- 0.0464	$138.0400	- $6.39
9/30/2024	9/30/2024	TIAA Plan Servicing Fee[1] Vang Ttl Intl Stk Idx Adm	- 0.1847	$34.8100	- $6.43
9/30/2024	9/30/2024	TIAA Plan Servicing Fee[1] Amer Beacon Lrg Cp Val R6	- 0.3395	$30.0700	- $10.21
9/30/2024	9/30/2024	TIAA Plan Servicing Fee[1] Vang Infl Protect Sec Adm	- 0.0855	$23.6200	- $2.02
9/30/2024	9/30/2024	TIAA Plan Servicing Fee[1] American EuroPac Grw R6	- 0.0716	$60.3600	- $4.32
9/30/2024	9/30/2024	TIAA Plan Servicing Fee[1] Vang Ttl Bd Mkt Idx Adm	- 0.5451	$9.8700	- $5.38
9/30/2024	9/30/2024	TIAA Plan Servicing Fee[1] Vang 500 Idx Adm	- 0.0156	$531.7100	- $8.37
Total Fees					**- $70.04**
Other Gain/Loss					
7/31/2024	7/31/2024	Dividends Vang Ttl Bd Mkt Idx Adm	5.0765	$9.6700	$49.09
8/30/2024	8/30/2024	Dividends Vang Ttl Bd Mkt Idx Adm	5.1157	$9.7700	$49.98
9/20/2024	9/20/2024	Dividends / Distribution rate per share $0.1431 Vang Ttl Intl Stk Idx Adm	2.4990	$33.8900	$84.69
9/27/2024	9/27/2024	Dividends / Distribution rate per share $0.3694 Vang Extended Mkt Idx Adm	0.3954	$137.8900	$54.53
9/27/2024	9/27/2024	Dividends / Distribution rate per share $1.6385 Vang 500 Idx Adm	0.1547	$529.4200	$81.96
9/30/2024	9/30/2024	Dividends / Distribution rate per share $0.2241 Vang Infl Protect Sec Adm	2.5152	$23.6200	$59.41
9/30/2024	9/30/2024	Dividends Vang Ttl Bd Mkt Idx Adm	5.0030	$9.8700	$49.38
Total Other Gain/Loss					**$429.04**

[1]You will no longer receive individual confirmation statements for any plan servicing fees and credits that are transacted on your account. This information will continue to appear on your quarterly retirement savings portfolio statement.

Salary reduction contributions have been received from your employer on your behalf. Please compare the information on your pay stub to the Effective Date of the contributions on this statement.

Information about your portfolio

Please review your statement and let us know promptly of any inaccuracies. To protect your rights, you should also notify us in writing. Unless we receive written notification within 60 days, we will assume our information is correct. Please be sure to review the important information and required disclosures that are included with this statement and also can be found by clicking https://www.tiaa.org/quarterlyportfoliodisclosures or by typing tiaa.org/quarterlyportfoliodisclosures into your browser.

TIAA-CREF Individual & Institutional Services, LLC (Services) is a broker/dealer registered with the Securities and Exchange Commission (SEC) and must comply with SEC Net Capital Rule 15c3-1. At Aug 31, 2024, Services had net capital of $94,451,737 which exceeded its required net capital of $4,662,196.00 by $89,789,541. Services' Unaudited Statement of Financial Condition as of Jun 30, 2024 can be obtained free of charge by visiting TIAA.org and clicking the link at the bottom of the page or by calling 800-842-2252.

Upstart

Hi Elizabeth,

Your Upstart loan payment for 5185 is coming up. On December 15, 2024, we'll automatically debit your Wells Fargo checking: x-7162 bank account for your scheduled monthly loan payment of $571.22.

Loan ID	5185
Payment scheduled	December 15, 2024
Payment due date	December 10, 2024
Monthly payment	$571.22
Total outstanding principal	$11,610.86
Estimated months until fully repaid*	24

* Based on your currently scheduled payments. You can pay off your loan at any time or make larger monthly payments to pay off your loan faster! Please visit your dashboard for more details.

If you have any concerns about this information, you can reach us at servicing@upstart.com or by calling (855) 451-6753.

Thanks,

Upstart® Loan Operations*

* Value P2P, Limited Partnership is the current creditor for your Upstart® loan

Approval Disclosure

12/10/2021

LOAN ID: 5185

BORROWER:
Elizabeth Mahoney

CREDITOR:
Cross River Bank
885 Teaneck Road
Teaneck, NJ, 07666

ANNUAL PERCENTAGE RATE **The cost of your credit as a yearly rate.**	**FINANCE CHARGE** **The dollar amount the credit will cost you.**	**Amount Financed** The amount of credit provided to you.	**Total of Payments** The amount you will have paid after you have made all payments as scheduled.
23.5%	**$14,218.60**	**$20,056**	**$34,274.60**

Your Payment Schedule will be:

Number of Payments	Amount of Payments	When Payments Are Due
59	$571.22	Monthly Beginning Jan 10, 2022
1	$572.62	Dec 10, 2026

Late charge:
If a payment is late, you may be charged 5% of the payment or $15, whichever is greater.

Prepayment:
If you pay off early, you will not have to pay a penalty.
You will not be entitled to a refund of part of the finance charge.

See your Promissory Note for additional information about nonpayment, default, any required repayment in full before the scheduled date and prepayment refunds and penalties.

Itemization of $20,056 Amount Financed

Amount paid to you: $20,056

Prepaid Finance Charge (Origination Fee): $1,744

Principal Amount: $21,800

By: DocuSigned by: Elizabeth Mahoney (Signed Electronically)

Date: 12/10/2021

ELIZABETH MAHONEY
Account No. 9550

See back for important information about your account.

WELLS FARGO

For Customer Service M - F 8am - 8pm ET Call: 1-800-946-2626
We accept Telecommunications Relay Service calls.
Wells Fargo Online®: wellsfargo.com

Please note that calling will not preserve your Billing Rights. If you prefer to write, see back for address.

PERSONAL LINE OF CREDIT STATEMENT

ACCOUNT SUMMARIES

CREDIT LINE SUMMARY

Credit Limit	$5,000.00
Available Credit	$0.00
Statement Closing Date	**October 23, 2024**

ACCOUNT ACTIVITY SUMMARY

Previous Balance	$4,645.29
Payments/Credits	$0.00
Advances/Other Activity	$300.00
Fees Charged	$25.00
Interest Charged	$68.89
New Balance	$5,039.18

PAYMENT INFORMATION

New Balance	**$5,039.18**
Past Due	$107.00
Minimum Payment Due (includes Past Due amount)	$243.00
Overlimit Amount	$39.18
Total Amount Due	**$282.18**
Payment Due Date	**November 17, 2024**

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional advances on this account and each month you pay:	You will pay off the balance shown on this statement in about:	And you will end up paying an estimated total of:
Only the minimum payment	20 years	$12,045
$180	3 years	$6,484 *(Savings = $5,561)*

If you would like information about credit counseling services, refer to www.justice.gov/ust/list-credit-counseling-agencies-approved-pursuant-11-usc-111 or call 1-866-484-6322.

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay up to a $25.00 late fee.

Payoff Request Information: Balances include unpaid interest charges, and other unpaid fees and charges. The New Balance owed is not a payoff amount. Please, contact Customer Service at 1-800-946-2626 for an accurate payoff.

FOR YOUR ATTENTION

Notice to Cosigners in California, Illinois and Michigan: If you are a cosigner on this account, state law requires us to notify you that the primary obligor has become delinquent or defaulted on the obligation and that you are jointly responsible for payment. Accordingly, you have an obligation to pay the amount due or make arrangements for payment of the obligation. If you are a cosigner on this account and an Illinois resident, Illinois law requires us to also notify you that you have fifteen days from the date this notice was sent to pay the amount due to make arrangements for payments of the obligation. Notice to Michigan customers: Please arrange for payment of the Total Amount Due within thirty (30) days of the date of this notice.

Your balance exceeds your credit limit. Please pay the "Total Amount Due." If you cannot pay the "Total Amount Due," please call us at 1-800-241-0028.

YOUR ACCOUNT IS PAST DUE. PLEASE REMIT PAST DUE AMOUNT AS SOON AS POSSIBLE OR CALL 1-800-241-0028. THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

TRANSACTIONS

Post Date	Trans Date	Reference	Description		Amount
10/11	10/11	P908100MHEHMBPAS0	OVERDRAFT TO	8633	$300.00
FEES					
10/17	10/17		LATE FEE		$25.00
			TOTAL FEES FOR THIS PERIOD		**$25.00**
INTEREST CHARGED					
10/23	10/23		Interest Charged on Other		$1.41
10/23	10/23		Interest Charged on Advances		$67.48
			TOTAL INTEREST FOR THIS PERIOD		**$68.89**

Notice: See reverse side for important information about your account.

5596 YSG 1 7 15 241023 0 X PAGE 1 of 2 1 0 9081 7610 P602 O1BB5596

Detach and mail with check payable to **Wells Fargo**. For faster processing, include your account number on your check.

Account No.	9550
New Balance	**$5,039.18**
Past Due	$107.00
Minimum Payment Due (includes Past Due amount)	$243.00
Overlimit Amount	$39.18
Total Amount Due	**$282.18**
Payment Due Date	**November 17, 2024**

Amount Enclosed $ . .

ELIZABETH MAHONEY
5025 THACHER RD
OJAI CA 93023-8304

WELLS FARGO
PO BOX 51193
LOS ANGELES CA 90051-5493

YSG
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IMPORTANT INFORMATION ABOUT YOUR ACCOUNT

What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, write to us at: Wells Fargo Bank, NA, P.O. Box 522, Des Moines, IA 50306-0522. In your letter, give us the following information:

- Account Information: Your name and account number.
- Dollar Amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. If you call us, we are not required to investigate any potential errors, and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question, or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Credit Information

Credit Report: As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

Payments made on the last day of the statement cycle will be applied to your account on that day but may not appear on your monthly billing statement or credit report until the following statement cycle.

To Dispute or Report Inaccuracies in Information We Have Furnished to a Consumer Reporting Agency about Your Accounts

You have the right to dispute the accuracy of information that Wells Fargo Bank, NA has furnished to a consumer reporting agency. You must write to us at Wells Fargo Bank, NA, Credit Bureau Operations, P.O. Box 71092, Charlotte, NC 28272. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with all supporting documentation. If the information furnished is the result of identity theft, you must provide us with an identity theft report.

Payments

In general, payments are effective as of the date received. If your payment is received after business hours or on a weekend or holiday, it may be effective on the next business day. Please contact us at the number on the front of your account statement if you have questions or would like additional information about when payments are effective.

Payments not made by one of the following methods: bank branch, online (using Transfer Tab), ACH, phone or at the remittance address indicated on your billing statement (using the enclosed remittance envelope and coupon), may result in a processing delay. Send the check or money order payment along with the coupon attached to this statement. Do not send cash. We cannot accommodate physical checks with future dates (postdated checks). We will process your check when we receive it, regardless of the date on the check. You can schedule a payment for a future date online or by phone.

If you would like to pay off and close the account or pay down your account completely, please call us at 1-800-946-2626 to obtain your remaining balance, including any interest or fees that have not yet posted to your account.

Accord and Satisfaction

Payment in full for less than account balance request: We may accept checks marked "Payment in Full" or words of similar effect without losing any of our rights to collect the full balance of your account. If you intend to pay your balance in full with an amount less than the total balance owing on your account, you must send your request to us at: Wells Fargo Bank, NA, P.O. Box 10311, Des Moines, IA 50306-0311.

Balance Computation Method

Average Daily Balance (Including New Transactions)

Average Daily Balance (ADB) Calculation

We will figure the interest charge on your account by applying the Daily Periodic Rate (DPR) to the "average daily balance" of your account. To get the "average daily balance", we take the beginning balance of your account each day, add any new advances, interest, fees and other charges and subtract any unpaid interest, fee, other charges and payments or credits. This gives us the daily balance for the day. Then we add up all the daily balances for the billing cycle and divide by the total number of days in the billing cycle. This gives us the "average daily balance".

Authorization for Electronic Check Conversions

When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

How Payments are Applied

Payments are effective as of the date received and are applied to specific portions of the overall balance of your line of credit in the following order:

- **Interest Charged**
- **Annual Fees/Late Fees**
- **Principal Balance**

Payments received that are less than the Minimum Payment Due are applied in the order stated above. Any remainder amount of the Minimum Payment Due will remain outstanding. You may also incur late fees and be subject to negative credit bureau reporting.

If your account has balances subject to different APRs, (such as promotional rates that may be offered for certain advances), the portion of your Minimum Payment Due applied to the Principal Balance will be applied first to balances with lower APRs before balances with higher APRs.

Payments that include amounts greater than the Minimum Payment Due, received prior to the date of the next billing statement, will have the excess amount applied to any outstanding fees, then Principal Balance. If your account has balances subject to different APRs, the excess amount will be applied to balances with higher APRs first before balances with lower APRs.

Servicemembers Civil Relief Act

The Servicemembers Civil Relief Act (SCRA) may offer protection or relief to members of the military who have been called to active duty. If either you have been called to active duty, or you are the spouse, registered domestic partner, partner in a civil union, or financial dependent of a person who has been called to active duty, and you have not yet made us aware of your status, please contact us at the customer service number provided on the front of this statement.

Managing Your Account

To Manage your account including payments, alerts, and change of address, visit wellsfargo.com or call the customer service number which appears on your account statement.

O1BB5596 - 04/11/2024

ELIZABETH MAHONEY
Account No. 9550

See back of page 1 for important information about your account.

WELLS FARGO

For Customer Service M - F 8am - 8pm ET Call:
1-800-946-2626
We accept Telecommunications Relay Service calls.
Wells Fargo Online®: wellsfargo.com

Please note that calling will not preserve your Billing Rights. If you prefer to write, see back for address.

PERSONAL LINE OF CREDIT STATEMENT

2024 Totals Year-to-Date	
Total fees charged in 2024	$175.00
Total interest charged in 2024	$726.38

INTEREST CHARGE CALCULATION

YOU MAY PAY YOUR BALANCE IN FULL AT ANY TIME WITHOUT PENALTY.

YOUR **ANNUAL PERCENTAGE RATE (APR)** IS THE ANNUAL INTEREST RATE ON YOUR ACCOUNT.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charged
ADVANCES	17.25% (v)	$4,605.90	$67.48
OTHER	17.25% (v)	$96.90	$1.41

(v) - Variable

Days in Billing Cycle 31

Lewis & Clark

Statement Available

Darragh Mahoney
Customer #: [redacted]1666
Student ID: 3018621

Darragh Mahoney:

Your statement is available. **Please pay the amount due by the due date.**

Amount Due:	$9,094.00
Due Date:	12/12/2024

Your most recent statement is available to view. Please log into your account and resolve any unsettled balance by the due date.

Go to Lewis & Clark College to view details. Sign into WebAdvisor and go to Student Finance Self Service to access the Student Account Center portal to enroll in a monthly payment plan, remit payment or establish Authorized Party access for another party to enroll on your behalf. Please contact Student and Departmental Account Services should you have difficulties signing in.

Access Account

Thank you,
Lewis & Clark

Lewis & Clark

Federal Tax ID: 93-0386858
Darragh Mahoney ID: 8621

Transactions

Term: All
Dates: Past 90 Days
Account: All Accounts

DATE	NAME	ACCOUNT	TRANSACTION TYPE	ADJUSTMENT AMOUNT	AMOUNT DUE
25 Sep 2024	Darragh Mahoney	Student Account Balance	Payment - Payment (10 Sep 2024)	-$1,812.80	$3,625.60
17 Sep 2024	Darragh Mahoney	Returned Payment Fee	Payment - Returned Payment Fee (10 Sep 2024) (1)	-$30.00	$5,438.40
12 Sep 2024	Darragh Mahoney	Returned Payment Fee	Charge - Returned Payment Fee (10 Sep 2024)	$30.00	$5,468.40
12 Sep 2024	Darragh Mahoney	Student Account Balance	Return - Payment (10 Sep 2024)	$1,812.80	$5,438.40
10 Sep 2024	Darragh Mahoney	Student Account Balance	Payment - Payment (10 Sep 2024)	-$1,812.80	$3,625.60
13 Aug 2024	Darragh Mahoney	Enrollment Fee	Payment - Payment (10 Aug 2024)	-$36.00	$5,438.40
13 Aug 2024	Darragh Mahoney	MPP FEE	Payment - Payment (10 Aug 2024)	-$4.00	$5,474.40
13 Aug 2024	Darragh Mahoney	Student Account Balance	Payment - Payment (10 Aug 2024)	-$3,625.60	$5,478.40
09 Aug 2024	Darragh Mahoney	Enrollment Fee	Charge - Agreement (10 Aug 2024)	$36.00	$9,104.00
09 Aug 2024	Darragh Mahoney	MPP FEE	Charge - Agreement (10 Aug 2024)	$4.00	$9,068.00
09 Aug 2024	Darragh Mahoney	Student Account Balance	Charge - Agreement (10 Aug 2024)	$9,064.00	$9,064.00

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*
Elizabeth Reynolds Mahoney

5025 Thacher Road
Ojai CA 93023
TELEPHONE NO.: 805-798-4662 FAX NO. :
E-MAIL ADDRESS: emahoney@thacher.org
ATTORNEY FOR (*Name*): Elizabeth Reynolds Mahoney

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Ventura
STREET ADDRESS: 800 South Victoria Avenue
MAILING ADDRESS:
CITY AND ZIP CODE: Ventura 93009
BRANCH NAME: Ventura - Hall of Justice

PETITIONER: Joseph Bert Mahoney
RESPONDENT: Elizabeth Reynolds Mahoney
OTHER PARENT/PARTY:

DECLARATION OF DISCLOSURE

☐ Petitioner's ☑ Preliminary
☑ Respondent's ☐ Final

CASE NUMBER:
D415627

DO NOT FILE DECLARATIONS OF DISCLOSURE OR FINANCIAL ATTACHMENTS WITH THE COURT

In a dissolution, legal separation, or nullity action, both a preliminary and a final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. Instead, a declaration stating that service of disclosure documents was completed or waived must be filed with the court (see form FL-141).

- *In summary dissolution cases, each spouse or domestic partner must exchange preliminary disclosures as described in* Summary Dissolution Information *(form FL-810). Final disclosures are not required (see Family Code section 2109).*
- *In a default judgment case that is not a stipulated judgment or a judgment based on a marital settlement agreement, only the petitioner is required to complete and serve a preliminary declaration of disclosure. A final disclosure is not required of either party (see Family Code section 2110).*
- *Service of preliminary declarations of disclosure may not be waived by an agreement between the parties.*
- *Parties who agree to waive final declarations of disclosure must file their written agreement with the court (see form FL-144).*

The petitioner must serve a preliminary declaration of disclosure at the same time as the Petition or within 60 days of filing the Petition. The respondent must serve a preliminary declaration of disclosure at the same time as the Response or within 60 days of filing the Response. The time periods may be extended by written agreement of the parties or by court order (see Family Code section 2104(f)).

Attached are the following:

1. ☑ A completed *Schedule of Assets and Debts* (form FL-142) or ☐ A *Property Declaration* (form FL-160) for *(specify):*
   ☐ Community and Quasi-Community Property ☐ Separate Property.
2. ☑ A completed *Income and Expense Declaration* (form FL-150).
3. ☑ All tax returns filed by the party in the two years before the date that the party served the disclosure documents.
   2022, 2023
4. ☑ A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest *(not a form)*.
   See attached.
5. ☑ A statement of all material facts and information regarding obligations for which the community is liable *(not a form)*.
   See attached.
6. ☑ An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form)*.
   See attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 1/17/2025

Elizabeth Reynolds Mahoney
(TYPE OR PRINT NAME)

SIGNATURE

Form Adopted for Mandatory Use
Judicial Council of California
FL-140 [Rev. July 1, 2013]

DECLARATION OF DISCLOSURE
(Family Law)

Family Code, §§ 2102, 2104, 2105, 2106, 2112
www.courts.ca.gov

ATTACHMENT TO FORM FL-140

Item 4

Respondent is not aware of any other material facts and information regarding the valuation of assets that are community property or in which the community has an interest that have not already been disclosed on her Schedule of Assets and Debts and Income and Expense Declaration.

Item 5

Respondent is not aware of any other material facts and information regarding obligations for which the community is liable that have not already been disclosed on her Schedule of Assets and Debts and Income and Expense Declaration.

Item 6

Respondent is not aware of any investment opportunities, business opportunities, or other income-producing opportunities that have been presented since the date of separation that have not already been disclosed on her Schedule of Assets and Debts and Income and Expense Declaration.

PARTY WITHOUT ATTORNEY OR ATTORNEY
NAME: Elizabeth Reynolds Mahoney
FIRM NAME:
STREET ADDRESS: 5025 Thacher Road
CITY: Ojai STATE: CA ZIP CODE: 93023
TELEPHONE NO.: 805-798-4662 FAX NO.:
E-MAIL ADDRESS: emahoney@thacher.org
ATTORNEY FOR (*name*): Elizabeth Reynolds Mahoney
STATE BAR NUMBER:

FOR COURT USE ONLY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Ventura
STREET ADDRESS: 800 South Victoria Avenue
MAILING ADDRESS:
CITY AND ZIP CODE: Ventura 93009
BRANCH NAME: Ventura - Hall of Justice

PETITIONER: Joseph Bert Mahoney
RESPONDENT: Elizabeth Reynolds Mahoney
OTHER PARTY/PARENT/CLAIMANT:

INCOME AND EXPENSE DECLARATION

CASE NUMBER: D415627

1. **Employment** *(Give information on your current job or, if you're unemployed, your most recent job.)*

Attach copies of your pay stubs for last two months (black out Social Security numbers).

a. Employer: Thacher School
b. Employer's address: 525 Thacher Road, Ojai, CA 93023
c. Employer's phone number: 805-646-4377
d. Occupation: Teacher
e. Date job started: 08/1998
f. If unemployed, date job ended: N/A
g. I work about 40 plus hours per week.
h. I get paid $ 6,667 gross (before taxes) ☑ per month ☐ per week ☐ per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. **Age and education**
   a. My age is *(specify):* 53
   b. I have completed high school or the equivalent: ☑ Yes ☐ No If no, highest grade completed *(specify):*
   c. Number of years of college completed *(specify):* ☑ Degree(s) obtained *(specify):* B.A.
   d. Number of years of graduate school completed *(specify):* ☐ Degree(s) obtained *(specify):*
   e. I have: ☐ professional/occupational license(s) *(specify):*
      ☐ vocational training *(specify):*

3. **Tax information**
   a. ☑ I last filed taxes for tax year *(specify year):* 2023
   b. My tax filing status is ☐ single ☐ head of household ☑ married, filing separately
      ☐ married, filing jointly with *(specify name):*
   c. I file state tax returns in ☑ California ☐ other *(specify state):*
   d. I claim the following number of exemptions (including myself) on my taxes *(specify):* 4

4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at *(specify):* $ 1,000
   This estimate is based on *(explain):* Petitioner's unsigned Income & Expense Declaration dated July 2024

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: 01/17/2025

Elizabeth Reynolds Mahoney
(TYPE OR PRINT NAME)

Elizabeth Mahoney (Jan 17, 2025 10:29 PST)
(SIGNATURE OF DECLARANT)

Form Adopted for Mandatory Use
Judicial Council of California
FL-150 [Rev. September 1, 2024]

Family Code, §§ 2030–2032, 2100–2113, 3552, 3620–3634, 4050–4076, 4300–4339
www.courts.ca.gov

PETITIONER: **Joseph Bert Mahoney** RESPONDENT: **Elizabeth Reynolds Mahoney** OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: **D415627**

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. *(Black out your Social Security number on the pay stub and tax return.)*

5. **Income** *(For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)*

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	$ 7,943	7,597
b. Overtime (gross, before taxes)	$ 0	0
c. Commissions or bonuses	$ 0	0
d. Public assistance (for example: TANF, SSI, GA/GR) ☐ currently receiving	$ 0	0
e. Spousal support ☐ from this marriage ☐ from a different marriage ☐ federally taxable*	$ 0	0
f. Partner support ☐ from this domestic partnership ☐ from a different domestic partnership	$ 0	0
g. Pension/retirement fund payments	$ 0	0
h. Social Security retirement (not SSI)	$ 0	0
i. Disability: ☐ Social Security (not SSI) ☐ State disability (SDI) ☐ Private insurance	$ 0	0
j. Unemployment compensation	$ 0	0
k. Workers' compensation	$ 0	0
l. Other (military allowances, royalty payments) *(specify):*	$ 0	0

6. **Investment income** *(Attach a schedule showing gross receipts less cash expenses for each piece of property.)*

a. Dividends/interest	$ 0	0
b. Rental property income	$ 0	0
c. Trust income	$ 0	0
d. Other *(specify):*	$ 0	0

7. **Income from self-employment, after business expenses for all businesses** $ 1,200 | 1,400

I am the ☐ owner/sole proprietor ☐ business partner ☑ other *(specify):*

Number of years in this business *(specify):*

Name of business *(specify):*

Type of business *(specify):* **Horse training**

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8. ☑ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months *(specify source and amount):* **10,000 inheritance.**

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because *(specify):*

10. **Deductions**

	Last month
a. Required union dues	$ 0
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA)	$ 0
c. Medical, hospital, dental, and other health insurance premiums *(total monthly amount)*	$ 292
d. Child support that I pay for children from other relationships	$ 0
e. Spousal support that I pay by court order from a different marriage ☐ federally tax deductible*	$ 0
f. Partner support that I pay by court order from a different domestic partnership	$ 0
g. Necessary job-related expenses not reimbursed by my employer *(attach explanation labeled "Question 10g")*	$ 0

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts **Includes inheritance**	$ 6,000
b. Stocks, bonds, and other assets I could easily sell	$ 0
c. All other property, ☐ real and ☑ personal *(estimate fair market value minus the debts you owe)*	$ 595,660

401k pension plan is $594,160

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: **Joseph Bert Mahoney** RESPONDENT: **Elizabeth Reynolds Mahoney** OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: **D415627**

12. **The following people live with me:**

Name	Age	How the person is related to me *(ex: son)*	That person's gross monthly income	Pays some of the household expenses?
a. **Aidan Mahoney**	**24**	**Son**	**0**	☐ Yes ☑ No
b. **Declan Mahoney**	**21**	**Son**	**0**	☐ Yes ☑ No
c. **Darragh Mahoney**	**18**	**Son**	**0**	☐ Yes ☑ No
d.				☐ Yes ☐ No
e.				☐ Yes ☐ No

13. **Average monthly expenses** ☑ Estimated expenses ☑ Actual expenses ☐ Proposed needs

a. Home:
(1) ☐ Rent or ☐ mortgage..... $ **0**
If mortgage:
(a) average principal: $
(b) average interest: $
(2) Real property taxes..... $ **0**
(3) Homeowner's or renter's insurance (if not included above)..... $ **0**
(4) Maintenance and repair..... $ **0**
b. Health-care costs not paid by insurance..... $ **200**
c. Child care..... $ **0**
d. Groceries and household supplies..... $ **1,800**
e. Eating out..... $ **300**
f. Utilities (gas, electric, water, trash)..... $ **0**
g. Telephone, cell phone, and e-mail..... $ **500**
h. Laundry and cleaning..... $ **400**
i. Clothes..... $ **200**
j. Education..... $ **2,000**
k. Entertainment, gifts, and vacation..... $ **100**
l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... $ **200**
m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)..... $ **0**
n. Savings and investments..... $ **792**
o. Charitable contributions..... $ **0**
p. Monthly payments listed in item 14 *(itemize below in 14 and insert total here)...* $ **2,921.00**
q. Other *(specify):* $
r. **TOTAL EXPENSES** (a–q) *(do not add in the amounts in a(1)(a) and (b))* $ **9,413.00**
s. **Amount of expenses paid by others** $ **0**

14. **Installment payments and debts not listed above**

Paid to	For	Amount	Balance	Date of last payment
Cross River Bank	**Upstart Loan #5185**	$**571**	$**11,225**	**12/15/2024**
Lewis and Clark	**Tuition for Darragh**	$**1,800**	$**9,094**	**11/2024**
Wells Fargo	**Personal Loan #9550**	$**400**	$**5,039**	**11/4/24**
Jennifer Olestad / Dr. Stacy Lyons	**Aidan Therapy**	$**150**	$	**recurring**
		$	$	
		$	$	

15. **Attorney fees** *(This information is required if either party is requesting attorney fees):*
a. To date, I have paid my attorney this amount for fees and costs *(specify):* $
b. The source of this money was *(specify):*
c. I still owe the following fees and costs to my attorney *(specify total owed):* $
d. My attorney's hourly rate is *(specify):*

I confirm this fee arrangement.

Date: _____

_____ ▶ _____
(TYPE OR PRINT NAME OF ATTORNEY) (SIGNATURE OF ATTORNEY)

PETITIONER: **Joseph Bert Mahoney** RESPONDENT: **Elizabeth Reynolds Mahoney** OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: **D415627**

CHILD SUPPORT INFORMATION
(NOTE: Fill out this page only if your case involves child support.)

16. **Number of children**
    a. I have *(specify number):* **0** children under the age of 18 with the other parent in this case.
    b. The children spend percent of their time with me and percent of their time with the other parent.
    (If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. **Children's health-care expenses**
    a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
    b. Name of insurance company:
    c. Address of insurance company:

    d. The monthly cost for the **children's** health insurance is or would be *(specify):* $
    (Do not include the amount your employer pays.)

18. **Additional expense for the children in this case**

	Amount per month
a. Childcare so I can work or get job training	$
b. Children's health care not covered by insurance	$
c. Travel expenses for visitation	$
d. Children's educational or other special needs *(specify below):*	$

19. **Special hardships.** I ask the court to consider the following special financial circumstances *(attach documentation of any item listed here, including court orders):*

	Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b	$	
b. Major losses not covered by insurance *(examples: fire, theft, other insured loss)*	$	
c. (1) Expenses for my minor children who are from other relationships and are living with me	$	
(2) Names and ages of those children *(specify):*		
(3) Child support I receive for those children	$	

The expenses listed in a, b, and c create an extreme financial hardship because *(explain):*

20. **Other information I want the court to know concerning support in my case** *(specify):*
I have been paying for Petitioner's Microsoft $19.99 per month and $184.85 to TIAA Cref Insurance paid every 3 months

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	070
7JM	002890	001000		0000330027	1

Earnings Statement

THE THACHER SCHOOL
5025 THACHER ROAD
OJAI, CA 93023

Period Beginning: 08/01/2024
Period Ending: 08/31/2024
Pay Date: 08/15/2024

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 1
CA: 1

ELIZABETH H MAHONEY
5025 THACHER ROAD
OJAI CA 93023

Social Security Number: XXX-XX-6431

Earnings	rate	salary/hours	this period	year to date
Regular	7942.50	141.67	7,942.50	60,435.00
Gross Pay			**$7,942.50**	60,435.00

Deductions	Statutory		
	Federal Income Tax	-907.36	6,498.36
	Social Security Tax	-474.35	3,561.18
	Medicare Tax	-110.94	832.86
	CA State Income Tax	-335.66	2,331.64
	CA SDI Tax	-84.16	631.82
	Other		
	Aflac 125	-36.10*	288.80
	Dental 125	-42.82*	398.44
	Medical 125	-212.83*	2,309.36
	403 Additional	-397.13*	3,021.76
	403B Employee	-397.13*	3,021.76
	Net Pay	**$4,944.02**	
	Checking 1	-4,944.02	
	Net Check	**$0.00**	

*** Excluded from federal taxable wages**

Your federal taxable wages this period are $6,856.49

Other Benefits and Information	this period	total to date
Max Elig/Comp	7,942.50	60,435.00
403B Er Match	794.25	6,043.50
Ca Sick Avail		40.00

Important Notes

BASIS OF PAY: SALARY

THE THACHER SCHOOL
5025 THACHER ROAD
OJAI, CA 93023

Advice number: **00000330027**
Pay date: 08/15/2024

Deposited to the account of	account number	transit ABA	amount
ELIZABETH H MAHONEY	xxxxxx7162	xxxx xxxx	$4,944.02

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	070
7JM	002890	001000		0000370028	1

Earnings Statement

THE THACHER SCHOOL
5025 THACHER ROAD
OJAI, CA 93023

Period Beginning: 09/01/2024
Period Ending: 09/30/2024
Pay Date: 09/13/2024

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 1
CA: 1

ELIZABETH H MAHONEY
5025 THACHER ROAD
OJAI CA 93023

Social Security Number: XXX-XX-6431

Earnings	rate	salary/hours	this period	year to date
Regular	7942.50	141.67	7,942.50	68,377.50
Gross Pay			**$7,942.50**	68,377.50

Deductions	Statutory		
	Federal Income Tax	-907.36	7,405.72
	Social Security Tax	-474.35	4,035.53
	Medicare Tax	-110.93	943.79
	CA State Income Tax	-335.66	2,667.30
	CA SDI Tax	-84.16	715.98
	Other		
	Aflac 125	-36.10*	324.90
	Dental 125	-42.82*	441.26
	Medical 125	-212.83*	2,522.19
	403 Additional	-397.13*	3,418.89
	403B Employee	-397.13*	3,418.89
	Net Pay	**$4,944.03**	
	Checking 1	-4,944.03	
	Net Check	**$0.00**	

Other Benefits and Information	this period	total to date
Max Elig/Comp	7,942.50	68,377.50
403B Er Match	794.25	6,837.75
Ca Sick Avail		40.00

Important Notes
BASIS OF PAY: SALARY

*** Excluded from federal taxable wages**

Your federal taxable wages this period are $6,856.49

THE THACHER SCHOOL
5025 THACHER ROAD
OJAI, CA 93023

Advice number: **00000370028**
Pay date: 09/13/2024

Deposited to the account of	account number	transit ABA	amount
ELIZABETH H MAHONEY	xxxxxx7162	xxxx xxxx	$4,944.03

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	070
7JM	002890	001000		0000460026	1

Earnings Statement

THE THACHER SCHOOL
5025 THACHER ROAD
OJAI, CA 93023

Period Beginning: 11/01/2024
Period Ending: 11/30/2024
Pay Date: 11/15/2024

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 1
CA: 1

ELIZABETH H MAHONEY
5025 THACHER ROAD
OJAI CA 93023

Social Security Number: XXX-XX-6431

Earnings	rate	salary/hours	this period	year to date
Regular	7942.50	141.67	7,942.50	84,262.50
Gross Pay			**$7,942.50**	84,262.50

Deductions	Statutory		
	Federal Income Tax	-907.36	9,220.44
	Social Security Tax	-474.35	4,984.22
	Medicare Tax	-110.93	1,165.66
	CA State Income Tax	-335.66	3,338.62
	CA SDI Tax	-84.16	884.30
	Other		
	Aflac 125	-36.10*	397.10
	Dental 125	-42.82*	526.90
	Medical 125	-212.83*	2,947.85
	403 Additional	-397.13*	4,213.15
	403B Employee	-397.13*	4,213.15
	Net Pay	**$4,944.03**	
	Checking 1	-4,944.03	
	Net Check	**$0.00**	

*** Excluded from federal taxable wages**

Your federal taxable wages this period are $6,856.49

Other Benefits and Information	this period	total to date
Max Elig/Comp	7,942.50	84,262.50
403B Er Match	794.25	8,426.25
Ca Sick Avail		40.00

Important Notes

BASIS OF PAY: SALARY

THE THACHER SCHOOL
5025 THACHER ROAD
OJAI, CA 93023

Advice number: **00000460026**
Pay date: 11/15/2024

Deposited to the account of	account number	transit ABA	amount
ELIZABETH H MAHONEY	xxxxxx7162	xxxx xxxx	$4,944.03

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	070
7JM	002890	001000		0000500027	1

Earnings Statement

THE THACHER SCHOOL
5025 THACHER ROAD
OJAI, CA 93023

Period Beginning: 12/01/2024
Period Ending: 12/31/2024
Pay Date: 12/13/2024

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 1
CA: 1

ELIZABETH H MAHONEY
5025 THACHER ROAD
OJAI CA 93023

Social Security Number: XXX-XX-6431

Earnings	rate	salary/hours	this period	year to date
Regular	7942.50	141.67	7,942.50	92,205.00
Gross Pay			**$7,942.50**	92,205.00

Deductions	Statutory		
	Federal Income Tax	-907.36	10,127.80
	Social Security Tax	-474.35	5,458.57
	Medicare Tax	-110.94	1,276.60
	CA State Income Tax	-335.66	3,674.28
	CA SDI Tax	-84.16	968.46
	Other		
	Aflac 125	-36.10*	433.20
	Dental 125	-42.82*	569.72
	Medical 125	-212.83*	3,160.68
	403 Additional	-397.13*	4,610.28
	403B Employee	-397.13*	4,610.28
	Net Pay	**$4,944.02**	
	Checking 1	-4,944.02	
	Net Check	**$0.00**	

*** Excluded from federal taxable wages**

Your federal taxable wages this period are $6,856.49

Other Benefits and Information	this period	total to date
Max Elig/Comp	7,942.50	92,205.00
403B Er Match	794.25	9,220.50
Ca Sick Avail		40.00

Important Notes

BASIS OF PAY: SALARY

THE THACHER SCHOOL
5025 THACHER ROAD
OJAI, CA 93023

Advice number: **00000500027**
Pay date: 12/13/2024

Deposited to the account of	account number	transit ABA	amount
ELIZABETH H MAHONEY	xxxxxx7162	xxxx xxxx	$4,944.02

NON-NEGOTIABLE

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*:
Elizabeth Reynolds Mahoney

5025 Thacher Road
Ojai CA 93023

TELEPHONE NO.: **805-798-4662** FAX NO. :
E-MAIL ADDRESS: **emahoney@thacher.org**
ATTORNEY FOR (*Name*): **Elizabeth Reynolds Mahoney**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Ventura
STREET ADDRESS: **800 South Victoria Avenue**
MAILING ADDRESS:
CITY AND ZIP CODE: **Ventura 93009**
BRANCH NAME: **Ventura - Hall of Justice**

PETITIONER: **Joseph Bert Mahoney**
RESPONDENT: **Elizabeth Reynolds Mahoney**
OTHER PARENT/PARTY:

DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION

☐ Petitioner's ☑ Preliminary
☑ Respondent's ☐ Final

CASE NUMBER:
D415627

1. I am the ☐ attorney for ☐ petitioner ☑ respondent in this matter.

2. ☐ Petitioner's ☑ Respondent's *Preliminary Declaration of Disclosure* (form FL-140), current* *Income and Expense Declaration* (form FL-150), completed *Schedule of Assets and Debts* (form FL-142) or *Community and Separate Property Declarations* (form FL-160) with appropriate attachments, all tax returns filed by the party in the two years before service of the preliminary disclosures, and all other required information under Family Code section 2104 were served on:
   ☑ the other party ☐ the other party's attorney by ☐ personal service ☐ mail
   ☑ Other *(specify):* **email to bert.mahoney@gmail.com**
   on (date):

3. ☐ Petitioner's ☐ Respondent's *Final Declaration of Disclosure* (form FL-140), current* *Income and Expense Declaration* (form FL-150), completed *Schedule of Assets and Debts* (form FL-142) or *Community or Separate Property Declarations* (form FL-160) with attachments, and the material facts and information required by Family Code section 2105 were served on:
   ☐ the other party ☐ other party's attorney by ☐ personal service ☐ mail
   ☐ Other *(specify):*
   on (date):

4. ☐ Service of ☐ Petitioner's ☐ Respondent's ☐ preliminary ☐ final declaration of disclosure
   ☐ current income and expense declaration has been waived as follows:
   a. ☐ The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d.) (*Form FL-144 may be used for this purpose.*) The waiver ☐ was filed on *(date):*
      ☐ is being filed at the same time as this form.
   b. ☐ The party has failed to comply with disclosure requirements, and the court has granted the request for voluntary waiver of receipt under Family Code section 2107 on *(date):*
   c. ☐ This is a default proceeding that does not include a stipulated judgment or settlement agreement. Petitioner waives final disclosure requirements under Family Code section 2110.

**Current* is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.260.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

Elizabeth Reynolds Mahoney
(TYPE OR PRINT NAME)


SIGNATURE

NOTE: File this document with the court.
Do not file a copy of the Preliminary or Final Declaration of Disclosure or any attachments to either declaration of disclosure with this document.

Form Adopted for Mandatory Use
Judicial Council of California
FL-141 [Rev. July 1, 2013]

DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION (Family Law)

Family Code, §§ 2102, 2104, 2105, 2106, 2112
www.courts.ca.gov

Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 09-01-2023
Response Date: 09-01-2023
Tracking Number: 104949328683

Wage and Income Transcript

SSN Provided: XXX-XX-6431
Tax Period Requested: December, 2022

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):XXXXX2398
THAC
5025 T

Employee:
Employee's Social Security Number:XXX-XX-6431
ELIZ H MAHO
5025 T

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....$72,299.00
Federal Income Tax Withheld:.....$9,326.00
Social Security Wages:.....$80,924.00
Social Security Tax Withheld:.....$5,017.00
Medicare Wages and Tips:.....$80,924.00
Medicare Tax Withheld:.....$1,173.00
Social Security Tips:.....$0.00
Allocated Tips:.....$0.00
Dependent Care Benefits:.....$0.00
Deferred Compensation:.....$8,624.00
Code "Q" Nontaxable Combat Pay:.....$0.00
Code "W" Employer Contributions to a Health Savings Account:.....$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:.....$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:.....$0.00
Code "R" Employer's Contribution to MSA:.....$0.00
Code "S" Employer's Contribution to Simple Account:.....$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....$0.00
Code "V" Income from exercise of non-statutory stock options:.....$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:.....$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:.....$0.00
Code "FF" Permitted benefits under a qualified small employer health reimbursement arrangement:.....$0.00
Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....$0.00
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close of the Calendar Year:.....$0.00
Third Party Sick Pay Indicator:.....Unanswered

Retirement Plan Indicator:.....Yes - retirement plan
Statutory Employee:.....Not Statutory Employee
W2 Submission Type:.....Original
W2 WHC SSN Validation Code:.....Correct SSN

Form 1099-DIV

Payer:
Payer's Federal Identification Number (FIN):XXXXX7453
APEX
ONE DA

Recipient:
Recipient's Identification Number:XXX-XX-6431
ELIZ MAHO
5025 T

Submission Type:.....Amended document
Account Number (Optional):.....XXXXX0501
Tax Withheld:.....$0.00
Capital Gains:.....$0.00
Non-Dividend Distribution:.....$0.00
Cash Liquidation Distribution:.....$0.00
Non-Cash Liquidation Distribution:.....$0.00
Investment Expense:.....$0.00
Ordinary Dividend:.....$8.00
Collectibles (28%) Gain:.....$0.00
Unrecaptured Section 1250 Gain:.....$0.00
Section 1202 Gain:.....$0.00
Foreign Tax Paid:.....$0.00
Qualified Dividends:.....$4.00
Section 199A REIT Dividends:.....$0.00
Second Notice Indicator:.....No Second Notice
FATCA Filing Requirement:.....Box not checked no Filing Requirement
Exempt Interest Dividends:.....$0.00
Specified Private Activity Bond Interest Dividend:.....$0.00
Section 897 Ordinary Dividends:.....$0.00
Section 897 Capital Gain:.....$0.00

Form 1099-DIV

Payer:
Payer's Federal Identification Number (FIN):XXXXX3230
INVE
11 GRE

Recipient:
Recipient's Identification Number:XXX-XX-6431
ELIZ MAHO
5025 T

Submission Type:.....Original document
Account Number (Optional):.....XXXXXXXXXXXXXXX7954
Tax Withheld:.....$0.00
Capital Gains:.....$0.00
Non-Dividend Distribution:.....$0.00
Cash Liquidation Distribution:.....$0.00

Non-Cash Liquidation Distribution:.....$0.00
Investment Expense:.....$0.00
Ordinary Dividend:.....$17.00
Collectibles (28%) Gain:.....$0.00
Unrecaptured Section 1250 Gain:.....$0.00
Section 1202 Gain:.....$0.00
Foreign Tax Paid:.....$3.00
Qualified Dividends:.....$17.00
Section 199A REIT Dividends:.....$0.00
Second Notice Indicator:.....No Second Notice
FATCA Filing Requirement:.....Box not checked no Filing Requirement
Exempt Interest Dividends:.....$0.00
Specified Private Activity Bond Interest Dividend:.....$0.00
Section 897 Ordinary Dividends:.....$0.00
Section 897 Capital Gain:.....$0.00

Form 1099-DIV

Payer:
Payer's Federal Identification Number (FIN):XXXXX7400
INVE
11 GRE

Recipient:
Recipient's Identification Number:XXX-XX-6431
ELIZ MAHO
5025 T

Submission Type:.....Original document
Account Number (Optional):.....XXXXXXXXXXXXXXX7954
Tax Withheld:.....$0.00
Capital Gains:.....$0.00
Non-Dividend Distribution:.....$0.00
Cash Liquidation Distribution:.....$0.00
Non-Cash Liquidation Distribution:.....$0.00
Investment Expense:.....$0.00
Ordinary Dividend:.....$151.00
Collectibles (28%) Gain:.....$0.00
Unrecaptured Section 1250 Gain:.....$0.00
Section 1202 Gain:.....$0.00
Foreign Tax Paid:.....$0.00
Qualified Dividends:.....$49.00
Section 199A REIT Dividends:.....$0.00
Second Notice Indicator:.....No Second Notice
FATCA Filing Requirement:.....Box not checked no Filing Requirement
Exempt Interest Dividends:.....$0.00
Specified Private Activity Bond Interest Dividend:.....$0.00
Section 897 Ordinary Dividends:.....$0.00
Section 897 Capital Gain:.....$0.00

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

► **ERO must obtain and retain completed Form 8879.**

► **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
ELIZABETH MAHONEY	563-95-6431
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	73,493.
2	Total tax	2	6,925.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	9,336.
4	Amount you want refunded to you	4	2,411.
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

[X] I authorize DECKER FARRELL & MCCOY, LLP (ERO firm name) to enter or generate my PIN 93010 (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

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

Your signature ► ELIZABETH MAHONEY Date ► 9/25/2024

Spouse's PIN: check one box only

[ ] I authorize _____ (ERO firm name) to enter or generate my PIN _____ (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature ► Date ►

Practitioner PIN Method Returns Only – continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 95759493003 (Don't enter all zeros)

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

ERO's signature ► MICHAEL FARRELL Date ►

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

059

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2023**

California e-file Signature Authorization for Individuals

FORM **8879**

Your name	Your SSN or ITIN
ELIZABETH MAHONEY	563-95-6431
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

1	California adjusted gross income (AGI). See instructions	1	73,493.
2	Amount you owe. See instructions	2	
3	Refund or no amount due. See instructions	3	836.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize DECKER FARRELL & MCCOY, LLP (ERO firm name) to enter my PIN 93010 (Do not enter all zeros)

as my signature on my 2023 e-filed California individual income tax return.

[ ] I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▸ ELIZABETH MAHONEY Date ▸ 9/25/2024

Spouse's/RDP's PIN: check one box only

[ ] I authorize _____ (ERO firm name) to enter my PIN _____ (Do not enter all zeros)

as my signature on my 2023 e-filed California individual income tax return.

[ ] I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ▸ _____ Date ▸ _____

Practitioner PIN Method Returns Only – continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.
Enter your six-digit EFIN followed by your five-digit self-selected PIN. 95759493003 (Do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers.

ERO's signature ▸ MICHAEL FARRELL Date ▸ _____

DECKER FARRELL & MCCOY, LLP
400 W VENTURA BLVD STE 245
CAMARILLO, CA 93010
805-910-1441

September 25, 2024

ELIZABETH MAHONEY
5025 THACHER ROAD
OJAI, CA 93023

Dear Elizabeth,

Your 2023 Federal Individual Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879 - IRS e-file Signature Authorization. No tax is payable with the filing of this return. The refund of $2,411 will be directly deposited into your checking account.

Your 2023 California Individual Income Tax Return will be electronically filed with the Franchise Tax Board upon receipt of a signed Form 8879 - California e-file Signature Authorization. No tax is payable with the filing of this return. You will receive a refund of $836.

Please be sure to call if you have any questions.

Sincerely,

MICHAEL FARRELL

DECKER FARRELL & MCCOY, LLP
400 W VENTURA BLVD STE 245
CAMARILLO, CA 93010
805-910-1441

Client 12334
September 25, 2024

ELIZABETH MAHONEY
5025 THACHER ROAD
OJAI, CA 93023

FEDERAL FORMS	
Form 1040	2023 U.S. Individual Income Tax Return
Form 4868	Application for Automatic Extension
Schedule 8812	Credits for Qualifying Children & Other Dependents
Form 8867	Paid Preparer's Due Diligence Checklist
Form 8879	IRS e-file Signature Authorization
Form 8958	Community Property Allocation

CALIFORNIA FORMS	
Form 540	2023 California Resident Income Tax Return
Form 3853	Coverage Exemptions/Shared Responsibility Penalty
Form 8879	California e-file Signature Authorization

FEE SUMMARY		
Preparation Fee	$	475.00
Amount Due	$	475.00

*** For your security, we are no longer accepting credit card information via the mail, telephone or e-mail. If you would like to use this method of payment or see other payment options, please visit our website at www.dfmcpas.com where you will find our secure "Pay Invoice" link in the upper right corner. If making your payment online, please use Invoice #1234.

ELIZABETH MAHONEY 563-95-6431

INCOME	
WAGES, SALARIES, TIPS, ETC	73,317
DIVIDEND INCOME	176
TOTAL INCOME	73,493
ADJUSTMENTS TO INCOME	
TOTAL ADJUSTMENTS	0
ADJUSTED GROSS INCOME	73,493
ITEMIZED DEDUCTIONS	
TAXES	3,982
TOTAL ITEMIZED DEDUCTIONS	3,982
TAX COMPUTATION	
STANDARD DEDUCTION	13,850
LARGER OF ITEMIZED OR STANDARD DEDUCTION	13,850
TAXABLE INCOME	59,643
TAX BEFORE CREDITS	8,425
CREDITS	
CHILD TAX CREDIT & OTHER DEPENDENT CR	1,500
TOTAL CREDITS	1,500
TAX AFTER CREDITS	6,925
OTHER TAXES	
TOTAL TAX	6,925
PAYMENTS & REFUNDABLE CREDITS	
FEDERAL INCOME TAX WITHHELD	9,336
TOTAL PAYMENTS	9,336
REFUND OR AMOUNT DUE	
AMOUNT OVERPAID	2,411
AMOUNT REFUNDED TO YOU	2,411
AMOUNT YOU OWE	0
TAX RATES	
ORDINARY INCOME TAX BRACKET	22.0%
EFFECTIVE TAX RATE	11.6%

ELIZABETH MAHONEY 563-95-6431

FEDERAL ADJUSTED GROSS INCOME	
FEDERAL ADJUSTED GROSS INCOME	73,493
ADJUSTED GROSS INCOME	
ADJUSTED GROSS INCOME	73,493
ITEMIZED DEDUCTIONS	
CALIFORNIA ITEMIZED DEDUCTIONS	0
CALIFORNIA STANDARD DEDUCTION	5,363
TAX COMPUTATION	
TOTAL TAXABLE INCOME	68,130
TAX	2,989
EXEMPTION CREDITS	1,482
NET TAX	1,507
PAYMENTS	
CALIFORNIA INCOME TAX WITHHELD	3,243
TOTAL PAYMENTS	3,243
ISR PENALTY	
INDIVIDUAL SHARED RESPONSIBILITY PENALTY	900
REFUND OR AMOUNT DUE	
AMOUNT OVERPAID	836
AMOUNT YOU OWE	0
AMOUNT REFUNDED TO YOU	836
TAX RATES	
MARGINAL TAX RATE	8.0%
EFFECTIVE TAX RATE	2.2%

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

► **ERO must obtain and retain completed Form 8879.**

► **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
ELIZABETH MAHONEY	563-95-6431
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	73,493.
2	Total tax	2	6,925.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	9,336.
4	Amount you want refunded to you	4	2,411.
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

☒ I authorize DECKER FARRELL & MCCOY, LLP (ERO firm name) to enter or generate my PIN 93010 (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

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

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

☐ I authorize _____ (ERO firm name) to enter or generate my PIN _____ (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only – continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 95759493003 (Don't enter all zeros)

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

ERO's signature ► MICHAEL FARRELL Date ►

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

▼ DETACH HERE ▼

1032

Form **4868**
Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

For calendar year 2023, or other tax year beginning , 2023, ending , .

FDIA4601L 06/15/23

2023

Part I Identification

1

ELIZABETH MAHONEY
DECKER FARRELL & MCCOY, LLP
400 W VENTURA BLVD STE 245
CAMARILLO, CA 93010

2 3

563-95-6431

Part II Individual Income Tax

4	Estimate of total tax liability for 2023	$ 0.
5	Total 2023 payments	9,336.
6	**Balance due.** Subtract line 5 from line 4. See instructions	0.
7	Amount you're paying (see instructions)	0.
8	Check here if you're "out of the country" and a U.S. citizen or resident. See instructions	☐
9	Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding	☐

563956431 UK MAHO 30 0 202312 670

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 _____, _____, ending _____, _____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
ELIZABETH MAHONEY		563-95-6431
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
		059-70-4091

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
5025 THACHER ROAD

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
OJAI, CA 93023

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: JOSEPH BERCHMANS MAHONEY IV

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

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
AIDAN MAHONEY	618212021.	SON	☐	☒
DECLAN MAHONEY	602-39-4848	SON	☐	☒
DARRAGH MAHONEY	621-57-6964	SON	☐	☒
			☐	☐

Income

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	73,317.
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	73,317.
2a	Tax-exempt interest	2a		**b** Taxable interest	2b	
3a	Qualified dividends ST 2	3a	70.	**b** Ordinary dividends	3b	176.
4a	IRA distributions	4a		**b** Taxable amount	4b	
5a	Pensions and annuities	5a		**b** Taxable amount	5b	
6a	Social security benefits	6a		**b** Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	73,493.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	73,493.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	13,850.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	13,850.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	59,643.

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.

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.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐	16	8,425.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	8,425.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	1,500.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	1,500.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	6,925.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your **total tax**	24	6,925.
Payments	25	Federal income tax withheld from:		
		a Form(s) W-2 — 25a: 9,336.		
		b Form(s) 1099 — 25b:		
		c Other forms (see instructions) — 25c:		
		d Add lines 25a through 25c	25d	9,336.
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:		
	28	Additional child tax credit from Schedule 8812 — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Reserved for future use — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	9,336.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	2,411.
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	2,411.
Direct deposit? See instructions.		**b** Routing number 121042882 **c** Type: ☒ Checking ☐ Savings **d** Account number 2422967162		
	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	
	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 MICHAEL FARRELL Phone no. 805 910-1441 Personal identification number (PIN) 93003

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

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

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
MICHAEL FARRELL	MICHAEL FARRELL		P01070806	☐ Self-employed

Firm's name DECKER FARRELL & MCCOY, LLP Phone no. 805-910-1441

Firm's address 400 W VENTURA BLVD STE 245 CAMARILLO, CA 93010 Firm's EIN 47-1222587

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **47**

Name(s) shown on return: ELIZABETH MAHONEY

Your social security number: 563-95-6431

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			**1**	73,493.
2a	Enter income from Puerto Rico that you excluded	**2a**			
b	Enter the amounts from lines 45 and 50 of your Form 2555	**2b**			
c	Enter the amount from line 15 of your Form 4563	**2c**			
d	Add lines 2a through 2c			**2d**	
3	Add lines 1 and 2d			**3**	73,493.
4	Number of qualifying children under age 17 with the required social security number	**4**			
5	Multiply line 4 by $2,000			**5**	0.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	**6**	3		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			**7**	1,500.
8	Add lines 5 and 7			**8**	1,500.
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000			**9**	200,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			**10**	0.
11	Multiply line 10 by 5% (0.05)			**11**	
12	Is the amount on line 8 more than the amount on line 11?			**12**	1,500.
	☐ **No. STOP.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from **Credit Limit Worksheet A**			**13**	8,425.
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents** **Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**			**14**	1,500.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15 Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 ☐

16a Subtract line 14 from line 12. If zero, **stop here;** you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 — **16a** 0.

b Number of qualifying children under 17 with the required social security number: _____ X $1,600.

Enter the result. If zero, **stop here;** you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 — **16b**

TIP: The number of children you use for this line is the same as the number of children you used for line 4.

17 Enter the **smaller** of line 16a or line 16b — **17**

18a Earned income (see instructions) — **18a**

b Nontaxable combat pay (see instructions) — **18b**

19 Is the amount on line 18a more than $2,500?

☐ **No.** Leave line 19 blank and enter -0- on line 20.

☐ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result — **19**

20 Multiply the amount on line 19 by 15% (0.15) and enter the result — **20**

Next. On line 16b, is the amount $4,800 or more?

☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.

☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions — **21**

22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 — **22**

23 Add lines 21 and 22 — **23**

24 **1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.

1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. — **24**

25 Subtract line 24 from line 23. If zero or less, enter -0- — **25**

26 Enter the **larger** of line 20 or line 25 — **26**

Next, enter the **smaller** of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

27 **This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28** — **27** 0.

Form **8958**

(Rev. November 2023)

Department of the Treasury
Internal Revenue Service

Allocation of Tax Amounts Between Certain Individuals in Community Property States

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8958* for the latest information.

OMB No. 1545-0074

Attachment Sequence No. **63**

Your first name and initial	Your last name	**Your social security number (SSN)**
ELIZABETH	MAHONEY	563-95-6431
Spouse's or partner's first name and initial	**Spouse's or partner's last name**	**Spouse's or partner's SSN**
JOSEPH BERCHMANS	MAHONEY	059-70-4091

	A Total Amount	B Allocated to Spouse or RDP SSN 563-95-6431	C Allocated to Spouse or RDP SSN 059-70-4091
1 Wages (each employer)			
THACHER SCHOOL INC	73,317.	73,317.	0.
2 Interest income (each payer)			
3 Dividends (each payer)			
DIVIDEND INCOME	176.	176.	0.
4 State income tax refund			
5 Self-employment income (see instructions)			
6 Capital gains and losses			
7 Pension income			
8 Rents, royalties, partnerships, estates, trusts			

	A Total Amount	B Allocated to Spouse or RDP SSN 563-95-6431	C Allocated to Spouse or RDP SSN 059-70-4091
9 Deductible part of self-employment tax (see instructions)			
10 Self-employment tax (see instructions)			
11 Taxes withheld			
12 Other items such as social security benefits, unemployment compensation, deductions, credits, etc.			

Form **8867**

(Rev. November 2023)

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074

For tax year 20 23

Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
ELIZABETH MAHONEY	563-95-6431
Preparer's name	**Preparer tax identification number**
MICHAEL FARRELL	P01070806

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	☒	☐	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.			
• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.			
• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "**Yes,**" answer questions 4a and 4b. If "**No,**" go to question 5.)	☐	☒	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	☒	☐	
List those documents provided by the taxpayer, if any, that you relied on:			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	☒	☐	☐
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
a Did you complete the required recertification Form 8862?	☐	☐	☐
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☐	☐	☒

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

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

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

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

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

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

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

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

Part VI Eligibility Certification

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

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention.*

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

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

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

ELIZABETH MAHONEY 563-95-6431

STATEMENT 1
FORM 1040
WAGE SCHEDULE

TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI-CARE	STATE W/H	SDI
THACHER SCHOOL INC	73,317.	9,336.	5,090.	1,190.	3,243.	739.
GRAND TOTAL	73,317.	9,336.	5,090.	1,190.	3,243.	739.

STATEMENT 2
FORM 1040, LINE 3A
QUALIFIED DIVIDENDS

APEX CLEARING	$ 4.
INVE	49.
INVE #7954	17.
TOTAL	$ 70.

059

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2023**

California e-file Signature Authorization for Individuals

FORM **8879**

Your name	Your SSN or ITIN
ELIZABETH MAHONEY	563-95-6431
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

1	California adjusted gross income (AGI). See instructions	1	73,493.
2	Amount you owe. See instructions	2	
3	Refund or no amount due. See instructions	3	836.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize DECKER FARRELL & MCCOY, LLP (ERO firm name) to enter my PIN 93010 (Do not enter all zeros)

as my signature on my 2023 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's/RDP's PIN: check one box only

☐ I authorize _____ (ERO firm name) to enter my PIN _____ (Do not enter all zeros)

as my signature on my 2023 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only – continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.
Enter your six-digit EFIN followed by your five-digit self-selected PIN. 95759493003 (Do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers.

ERO's signature ▶ MICHAEL FARRELL Date ▶ _____

TAXABLE YEAR **2023**

California Resident Income Tax Return

FORM **540**

APE ATTACH FEDERAL RETURN

563-95-6431 MAHO 059-70-4091 23
ELIZABETH MAHONEY

5025 THACHER RD
OJAI CA 93023

12-04-1970 05-01-1969

Principal Residence

Enter your county at time of filing (see instructions)

If your address above is the same as your principal/physical residence address at the time of filing, check this box. . . . . ☐

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

Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.

City State ZIP code

Filing Status

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

1 ☐ Single

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

3 ☒ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. JOSEPH BERCHMANS MAHONEY

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

5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died. _____

See instructions. _____

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

Exemptions

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

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions . . . . . 7 [1] x $144 = $ 144.

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions . . . . . 8 [ ] x $144 = $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions . . . . . ● 9 [ ] x $144 = $

Exemptions

Your name: ELIZABETH MAHONEY Your SSN or ITIN: 563-95-6431

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

	Dependent 1	Dependent 2	Dependent 3
First Name	AIDAN	DECLAN	DARRAGH
Last Name	MAHONEY	MAHONEY	MAHONEY
SSN. See instr.	618212021	602394848	621576964
Dependent's relationship to you	SON	SON	SON

Total dependent exemptions . . . . . ● **10** 3 x $446 = ◉ $ 1,338.

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. . . . . ◉ **11** $ 1,482.

Taxable Income

12 State wages from your federal Form(s) W-2, box 16. . . . . ● **12** 73,317.

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 . . . . . ◉ **13** 73,493.

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

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions . . . . . **15** 73,493.

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

17 California adjusted gross income. Combine line 15 and line 16 . . . . . ● **17** 73,493.

18 Enter the **larger** of:
- Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status:
- ● Single or Married/RDP filing separately $5,363
- ● Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP $10,726
- If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions . . . . . ● **18** 5,363.

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- . . . . . ◉ **19** 68,130.

Tax

31 Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule
● [ ] FTB 3800 ● [ ] FTB 3803 . . . . . ● **31** 2,989.

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than $237,035, see instructions . . . . . ◉ **32** 1,482.

33 Subtract line 32 from line 31. If less than zero, enter -0- . . . . . ◉ **33** 1,507.

34 Tax. See instructions. Check the box if from: ● [ ] Schedule G-1 ● [ ] FTB 5870A . . . . ● **34**

35 Add line 33 and line 34 . . . . . ◉ **35** 1,507.

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions . . . . . ● **40**

43 Enter credit name . . . . . code ● and amount . . . . . ● **43**

44 Enter credit name . . . . . code ● and amount . . . . . ● **44**

Your name: ELIZABETH MAHONEY Your SSN or ITIN: 563-95-6431

Special Credits

45	To claim more than two credits, see instructions. Attach Schedule P (540)	**45**	
46	Nonrefundable Renter's Credit. See instructions	**46**	
47	Add line 40 through line 46. These are your total credits	**47**	
48	Subtract line 47 from line 35. If less than zero, enter -0-	**48**	1,507.

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	**61**	
62	Mental Health Services Tax. See instructions	**62**	
63	Other taxes and credit recapture. See instructions	**63**	
64	Add line 48, line 61, line 62, and line 63. This is your total tax	**64**	1,507.

Payments

71	California income tax withheld. See instructions	**71**	3,243.
72	2023 California estimated tax and other payments. See instructions	**72**	
73	Withholding (Form 592-B and/or Form 593). See instructions	**73**	
74	Excess SDI (or VPDI) withheld. See instructions	**74**	0.
75	Earned Income Tax Credit (EITC). See instructions	**75**	
76	Young Child Tax Credit (YCTC). See instructions	**76**	
77	Foster Youth Tax Credit (FYTC). See instructions	**77**	
78	Add line 71 through line 77. These are your total payments. See instructions	**78**	3,243.

Use Tax

91 **Use Tax.** Do not leave blank. See instructions **91** 0.

If line 91 is zero, check if: [X] No use tax is owed. [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage If you did not check the box, see instructions. [ ]

Individual Shared Responsibility (ISR) Penalty. See instructions **92** 900.

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	**93**	3,243.
94	**Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91	**94**	
95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	**95**	2,343.
96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	**96**	
97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	**97**	836.

Your name: ELIZABETH MAHONEY Your SSN or ITIN: 563-95-6431

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2024** estimated tax	**98**	
99	Overpaid tax available this year. Subtract line 98 from line 97	**99**	836.
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	**100**	

Contributions	**Code**	**Amount**
California Seniors Special Fund. See instructions	**400**	
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	**401**	
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	**403**	
California Breast Cancer Research Voluntary Tax Contribution Fund	**405**	
California Firefighters' Memorial Voluntary Tax Contribution Fund	**406**	
Emergency Food for Families Voluntary Tax Contribution Fund	**407**	
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	**408**	
California Sea Otter Voluntary Tax Contribution Fund	**410**	
California Cancer Research Voluntary Tax Contribution Fund	**413**	
School Supplies for Homeless Children Voluntary Tax Contribution Fund	**422**	
State Parks Protection Fund/Parks Pass Purchase	**423**	
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	**424**	
Keep Arts in Schools Voluntary Tax Contribution Fund	**425**	
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	**438**	
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	**439**	
Rape Kit Backlog Voluntary Tax Contribution Fund	**440**	
Suicide Prevention Voluntary Tax Contribution Fund	**444**	
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	**445**	
110 Add amounts in code 400 through code 445. This is your total contribution	**110**	

Your name: ELIZABETH MAHONEY Your SSN or ITIN: 563-95-6431

Amount You Owe

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

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

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

Interest and Penalties

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

113 Underpayment of estimated tax.

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

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

Refund and Direct Deposit

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

Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 . . . . . ● **115** 836.

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions.

Have you verified the routing and account numbers? Use whole dollars only.

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

● Routing number	● Type	● Account number	● **116** Direct deposit amount
	☐ Checking		
	☐ Savings		

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

● Routing number	● Type	● Account number	● **117** Direct deposit amount
	☐ Checking		
	☐ Savings		

Voter Info.

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

Health Care Coverage Info.

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

Sign your tax return on Page 6

Your name: ELIZABETH MAHONEY Your SSN or ITIN: 563-95-6431

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

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

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

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

◉ Your email address. Enter only one email address. ◉ Preferred phone number

Sign Here

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

MICHAEL FARRELL

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

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

DECKER FARRELL & MCCOY, LLP P01070806

Joint tax return? See instructions.

Firm's address ● Firm's FEIN

400 W VENTURA BLVD STE 245 471222587

CAMARILLO, CA 93010

Do you want to allow another person to discuss this tax return with us? See instructions . . . . . ● [X] Yes ● [ ] No

Print Third Party Designee's Name Telephone Number

MICHAEL FARRELL 805 910-1441

TAXABLE YEAR **2023**

Health Coverage Exemptions and Individual Shared Responsibility Penalty

CALIFORNIA FORM **3853**

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on your California tax return	SSN or ITIN
ELIZABETH MAHONEY	563-95-6431

Part I **Applicable Household Members.** List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
1	ELIZABETH		563-95-6431	12/04/1970	73,493.
	Last Name		ECN 1	ECN 2	ECN 3
	MAHONEY		NO ECN		
2	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	AIDAN		618212021	9/15/2000	
	Last Name		ECN 1	ECN 2	ECN 3
	MAHONEY		NO ECN		
3	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	DECLAN		602-39-4848	3/26/2003	
	Last Name		ECN 1	ECN 2	ECN 3
	MAHONEY		NO ECN		
4	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	DARRAGH		621-57-6964	6/23/2006	
	Last Name		ECN 1	ECN 2	ECN 3
	MAHONEY		NO ECN		
5	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
6	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
7	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
8	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
9	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
10	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
11	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3
12	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	Last Name		ECN 1	ECN 2	ECN 3

Part II **Coverage Exemption Claimed on Your Tax Return for Your Household**

1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See instructions. ◉ ☐

Part III **Coverage and Exemptions Claimed on Your Tax Return for Individuals.** If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

	First Name	Initial	Last Name	Coverage and Exemption Codes												
				(a) Full-year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(l) Nov	(m) Dec
1	ELIZABETH		MAHONEY		X	X	X	X	Z	Z	Z	Z	Z	Z	Z	Z
2	AIDAN		MAHONEY		X	X	X	X	Z	Z	Z	Z	Z	Z	Z	Z
3	DECLAN		MAHONEY		X	X	X	X	Z	Z	Z	Z	Z	Z	Z	Z
4	DARRAGH		MAHONEY		X	X	X	X	Z	Z	Z	Z	Z	Z	Z	Z
5																
6																
7																
8																
9																
10																
11																
12																

Part IV **Individual Shared Responsibility Penalty**

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27. See instructions ..... ● 1 900.

DFM
Decker, Farrell & McCoy, LLP
CERTIFIED PUBLIC ACCOUNTANTS
Litigation Specialists & Business Appraisers

2023 INDIVIDUAL ENGAGEMENT LETTER

Dear Client:

We appreciate the opportunity to work with you. To minimize the possibility of a misunderstanding between us, we are setting forth pertinent information about the services we will perform for you.

We will prepare your 2023 federal and state individual income tax returns from information you furnish us. To assist you in gathering and organizing the necessary information required for the preparation of your individual income tax returns, we will furnish you with a tax organizer. Providing us with the completed tax organizer will help to ensure that you are not overlooking important information that may be necessary for complete and accurate returns, as well as may help to minimize our fees.

The duration and impact of the coronavirus pandemic have been expansive, and several stimulus packages have been signed into law in the United States since March 2020 providing economic relief to businesses and individuals. Many of those relief measures have been in the form of tax provisions, and some of those tax provisions have retroactive application. If you have any questions regarding the application of these economic tax relief measures, please ask us for advice in that regard.

We must receive all information to prepare your returns by March 22, 2024, to ensure that your returns will be completed by April 15, 2024. If we have not received all of your information by March 22nd, we cannot guarantee that your returns will be completed before the deadline. If we are unable to complete the returns, we will assume that you want us to prepare an extension of time to file your returns; however, you will need to provide us with an authorization before we can file the extension on your behalf. You should keep in mind that this would be an extension of time to file the returns; however, any tax estimated to be due would need to be paid with the extension request. We assume no liability for late filing or late payment penalties.

You are confirming that you will furnish us with all the information required for preparing the returns. This includes, but is not limited to, providing us with the information necessary to identify (1) all states and foreign countries in which you “reside” (even on a temporary basis), “do business” or derive income (directly or indirectly) and (2) the extent of business operations in each relevant state and/or country. We will not audit or verify the data you submit, although we may ask you to clarify it, or furnish us with additional information. You should retain all the documents, books, and records that form the basis of your income and deductions. The documents may be necessary to prove the accuracy and completeness of the returns to a taxing authority. If you have any questions as to the type of records required, please ask us for advice in that regard.

Please note that the Internal Revenue Service (IRS) considers virtual currency (e.g., Bitcoin) as property for U.S. federal tax purposes. As such, any transactions in, or transactions that use, virtual currency are subject to the same general tax principles that apply to other property transactions. If you had virtual currency activity during the 2023 tax year, you may be subject to tax consequences associated with such transactions and may have additional foreign reporting obligations.

You agree to provide us with complete and accurate information regarding any transactions in, or transactions that have used, virtual currency during the applicable tax year. Please ask us for advice if you have any questions regarding the type of records required for virtual currency transactions.

We will use our professional judgment in preparing your returns. Given the magnitude of the economic tax relief provisions the U.S. stimulus packages have contained, as well as some new concepts introduced in the law, additional stated guidance from the Internal Revenue Service and possibly from Congress in the

form of technical corrections on certain income tax provisions may be forthcoming. We will use our professional judgment and expertise to assist you given the guidance as currently promulgated at the time our services are rendered. Subsequent developments issued by the applicable tax authorities may affect the information we have previously provided, and these effects may be material. Whenever we are aware that a possibly applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g., tax agencies and courts), we will share our knowledge and understanding of the possible positions that may be taken on your return. In accordance with our professional standards, we will follow whatever position you request, as long as it is consistent with the codes, regulations, and interpretations that have been promulgated.

If a taxing authority should later contest the position taken, there may be an assessment of additional tax, interest and penalties. We assume no liability for any such assessment of additional tax, penalties or interest. In the event, however, that you ask us to take a tax position that in our professional judgment will not meet the applicable laws and standards as promulgated, we reserve the right to stop work and shall not be liable for any damages that occur as a result of ceasing to render services.

The law provides for a penalty to be imposed where a taxpayer makes a substantial understatement of their tax liability. Taxpayers may seek to avoid all or part of the penalty by showing (1) that they acted in good faith and there was reasonable cause for the understatement, (2) that the understatement was based on substantial authority, or (3) there was a reasonable basis for the position taken on the return and the relevant facts affecting the item's tax treatment were adequately disclosed on the return. You agree to advise us if you wish disclosure to be made in your returns or if you desire us to identify or perform further research with respect to any material tax issues for the purpose of ascertaining whether, in our opinion, there is "substantial authority" for the position proposed to be taken on such issue in your returns.

If you and/or your entity have a financial interest in, or signature authority over, any foreign accounts, you may be subject to certain filing requirements with the U.S. Department of the Treasury, in addition to the IRS. Filing requirements may also apply to taxpayers that have direct or indirect control over a foreign or domestic entity with foreign financial accounts, even if the taxpayer does not have foreign account(s). By your signature below, you agree to provide us with complete and accurate information regarding any foreign accounts that you and/or your entity may have had a direct or indirect interest in, or signature authority over, during the above referenced tax year. The foreign reporting requirements are very complex, so if you have any questions regarding the application of the U.S. Department of the Treasury and/or the IRS reporting requirements to your foreign interests or activities, please ask us for advice in that regard. Failure to disclose the required information to the U.S. Department of the Treasury and the IRS may result in substantial civil and/or criminal penalties. We assume no liability for penalties associated with the failure to file or untimely filing of any of these forms.

Taxing authorities require us to electronically file all federal and state individual income tax returns ("e-filing"). However, you do have the right to "opt out" of the e-filing program. Please notify our firm immediately should you desire not to have your returns e-filed, so that we may provide you with the form(s) necessary for opting out of the e-file program. Please note that unless you notify us of your desire to not e-file your returns, we will prepare your returns to be e-filed.

Although e-filing requires both you and our firm to complete additional steps, the same filing deadlines will apply. You must therefore ensure that you complete the additional requirements well before the due dates in order for our firm to be able to timely transmit your returns. We will provide you with a paper copy of the income tax returns for your review prior to electronic transmission. After you have reviewed the returns, you must provide us with a signed authorization indicating that you have reviewed the returns and that, to the best of your knowledge, you feel they are correct. We cannot transmit the returns to the taxing authorities until we have the signed authorization. Therefore, if you have not provided our firm with your signed authorization by April 15, 2024, we will place your returns on extension, even though they might

already have been completed. In that event, you will be responsible for ensuring that any payment due with the extension is timely sent to the appropriate taxing authorities. You will also be responsible for any additional costs our firm incurs arising from the extension preparation.

Finally, please note that although our firm will use our best efforts to ensure that your returns are successfully transmitted to the appropriate taxing authorities, we will not be financially responsible for electronic transmission or other errors arising after your returns have been successfully submitted from our office.

By your signature below, you understand and agree that you are responsible for the accuracy and completeness of the records, documents, explanations, and other information provided to us for purposes of this engagement. You have the final responsibility for the income tax returns; therefore, you should review them carefully before you sign the e-file authorization forms, or sign and submit your income tax returns directly to the appropriate taxing authorities. You agree that our firm is not responsible for a taxing authority's disallowance of deductions or inadequately supported documentation, nor for resulting taxes, penalties, and interest.

Fees for our services will be at our standard rates plus computer charges and out-of-pocket expenses. Payment for service is due when rendered and interim billings may be submitted as work progresses and expenses are incurred. If we have not received payment within 30 days of our invoice, all work will be suspended until your account is brought current. Client acknowledges and agrees that in the event we stop work or withdraw from this engagement as a result of Client's failure to pay on a timely basis for services rendered as required by this engagement letter, we shall not be liable for any damages that occur as a result of our ceasing to render services.

We are responsible for preparing only the returns listed above. Our fee does not include responding to inquiries or examination by taxing authorities. However, we are available to represent you. Our fees for such services are at our standard rates and would be covered under a separate engagement letter.

In connection with this engagement, we may communicate with you or others via email transmission. We take reasonable measures to secure your confidential information in our email transmissions. However, as emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that emails from us will be properly delivered to and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure or communication of email transmissions, or for the unauthorized use or failed delivery of emails transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of sales or anticipated profits, or disclosure or communication of confidential or proprietary information.

We may from time to time and depending on the circumstances and nature of the services we are providing, share your confidential information with third-party service providers, some of whom may be cloud-based, but we remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality terms with all service providers to maintain the confidentiality of your information and will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure appropriate confidentiality terms with a third-party service provider, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Although we will use our best efforts to make the sharing of your information with such third parties secure from unauthorized access, no completely secure system for

electronic data transfer exists. As such, by your signature below, you understand that the firm makes no warranty, expressed or implied, on the security of electronic data transfers.

It is our policy to keep records related to this engagement for 7 years. However, Decker, Farrell & McCoy, LLP (DFM) does not keep any original client records, so we will return those to you at the completion of the services rendered under this engagement. It is your responsibility to retain and protect your records (which includes any work product we provide to you as well as any records that we return) for possible future use, including potential examination by any government or regulatory agencies. DFM does not accept responsibility for hosting client information; therefore, you have the sole responsibility for ensuring you retain and maintain in your possession all your financial and non-financial information, data and records.

By your signature below, you acknowledge and agree that upon the expiration of the 7-year period, DFM shall be free to destroy our records related to this engagement.

Because of the importance of oral and written representations to the effective performance of our services, Client releases and indemnifies our firm and its personnel from any and all claims, liabilities, costs and expenses attributable to any misrepresentation by you and your representatives.

If any dispute arises among the parties hereto, the parties agree to first try in good faith to settle the dispute by mediation administered by an association formed to provide alternative dispute resolution services which will be chosen by DFM at the time a dispute arises. The dispute will be conducted under the association's applicable rules for resolving professional accounting and related services disputes before resorting to litigation. Costs of any mediation proceeding shall be shared equally by all parties.

Client and accountant both agree that any dispute over fees charged by the accountant to the client will be submitted for resolution by arbitration in accordance with the applicable rules for resolving professional accounting and related services disputes to an association formed for the purpose of rendering alternative dispute resolution services chosen by DFM at the time that such fee dispute arises. It is understood and agreed that under all circumstances the fee arbitrator must follow the laws of California. Such arbitration shall be binding and final. IN AGREEING TO ARBITRATION, WE BOTH ACKNOWLEDGE THAT, IN THE EVENT OF A DISPUTE OVER FEES CHARGED BY THE ACCOUNTANT, EACH OF US IS GIVING UP THE RIGHT TO HAVE THE DISPUTE DECIDED IN A COURT OF LAW BEFORE A JUDGE OR JURY AND INSTEAD WE ARE ACCEPTING THE USE OF ARBITRATION FOR RESOLUTION. The prevailing party shall be entitled to an award of reasonable attorneys' fees and costs incurred in connection with the arbitration of the dispute in an amount to be determined by the arbitrator.

If the above fairly sets forth your understanding, please sign this letter and return it to us. Please note that you are affirming to DFM your understanding of, and agreement to, the terms and conditions of this engagement letter by any one of the following actions: returning your signed engagement letter to our firm; providing your income tax information to us for use in the preparation of your returns; the submission of the tax returns we have prepared for you to the taxing authorities; or the payment of our return preparation fees.

We are pleased to have you as a client and look forward to a long and mutually satisfying relationship.

Sincerely,

DECKER, FARRELL & McCOY, LLP

Approved:

ELIZABETH MAHONEY _____ 9/25/2024 _____

CLIENT SIGNATURE **DATE**