2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/04/2025

General Information

Name: Hon Linda Singer Stein

PID 29069

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (11Th)	Elected Constitutional Officer	

Net Worth

My Net Worth as of December 31, 2024 was $ 1,245,790.17.

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds $1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is $ 30,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
Hyundai Elantra	$ 8,000.00
Life insurance	$ 27,460.44
First Horizon Checking Account	$ 23,068.90
Vngrd RealEst Indx Inst	$ 5,242.97

Filed with COE: 06/04/2025

Description of Asset	Value of Asset
SmCap Val Eq D	$ 2,609.60
Wasatch SmCap Gr Inst	$ 2,649.97
AmFds New Wld R6	$ 5,549.05
TRowePr Ovseas Stk I	$ 8,347.51
Vngrd Ttl IntlStkindx Inst	$ 13,819.93
JPM MdCap Val R6	$ 5,276.27
TRowePr US MdCap Gr Eq D	$ 5,404.30
Fid Contra K6	$ 5,600.45
TRowePr Divd Gr I	$ 8,063.67
TRowePr Eq Inc B	$ 15,882.38
TRowePr Gr Stk B	$ 11,333.79
Vngrd Inst Indx Inst Pls	$ 11,068.86
AmFds Emrg Mkt Bd R6	$ 11,030.78
DodgeCox Inc I	$ 92,111.05
TRowePr Spctrm Inc I	$ 16,793.93
Nationwide Retirement Fixed Assets	$ 56,278.77
Merrill Lynch Bank Deposit Program	$ 1,553.00
Apple	$ 227,882.20
Nextera Energy, Inc.	$ 119,722.30
Bank of America Cash Account	$ 4,922.24
Blackrock Floating Rate Income Portfolio	$ 23,590.31
Amgen, Inc.	$ 26,064.00
Blackrock, Inc.	$ 41,004.40
Home Depot	$ 38,899.00
Lockheed Martin Corp.	$ 24,297.00
Texas Instruments	$ 18,751.00
Abbvie, Inc. (ABBV)	$ 31,097.50
Gilead Sciences, Inc. 3.5% 2/1/2025	$ 9,986.40
BLF Fed Fund	$ 13,715.00

Filed with COE: 06/04/2025

Description of Asset	Value of Asset
Amgen, Inc. 3.2% 11/2/2027	$ 9,618.50
American Express Bond 3.3% 5/3/2027	$ 14,538.90
Southern Cal Edison 5.35% 3/1/2026	$ 15,098.25
Bank of Montreal Bond 4.45% 10/7/2027	$ 19,562.00
ABLE United Savings Account: Vanguard Total Bond Market Index Fund; Vanguard Total Stock Market Index Fund and iShares MSCI EAFE International Index Fund	$ 2,771.35
Florida Division of Retirement	$ 222,821.33
Savings Bonds	$ 5,150.00

Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Logas Group LLC.	c/o Master Real Estate, 18851 NE 29th Ave., Aventura, FL 33180	$ 36,000.00
Nationwide Retirement Solutions	P.O. Box 182797, Columbus, OH 43218-2797	$ 14,044.96
RPM Living	5508 Parkcrest Dr., Suite 320, Austin, TX 78731	$ 13,720.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Filed with COE: 06/04/2025

Income

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2024 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☑ I elect to file a copy of my 2024 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding $1,000	Address of Source of Income	Amount
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
See Attached			

Interests in Specified Businesses

Business Entity # 1
N/A

Filed with COE: 06/04/2025

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Linda Singer Stein

Digitally signed: **06/04/2025**

Filed with COE: 06/04/2025

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

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

Your first name and middle initial	Last name	Your social security number
Linda A Stein		
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

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

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

Miami, FL

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

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

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

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

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

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

Dependents (see instructions):

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
	Stein		Son	☐	☒
				☐	☐
				☐	☐
				☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	188,889.
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	188,889.

Attach Sch. B if required.

2a	Tax-exempt interest	2a		b Taxable interest	2b	1,388.
3a	Qualified dividends	3a	2,214.	b Ordinary dividends	3b	2,795.
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	42,395.
8	Additional income from Schedule 1, line 10				8	369.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	235,836.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	235,836.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	21,900.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	21,900.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	213,936.

Standard Deduction for —
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- If you checked any box under *Standard Deduction*, see instructions.

TAXPAYER'S COPY

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	38,678.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	38,678.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	38,678.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,399.
	24	Add lines 22 and 23. This is your **total tax**	24	40,077.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 35,722.		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	35,722.
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return	26	4,800.
	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: 775.		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	775.
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	41,297.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	1,220.
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	0.
Direct deposit? See instructions.	b	Routing number	c Type: ☐ Checking ☐ Savings	
	d	Account number		
	36	Amount of line 34 you want **applied to your 2025 estimated tax** — 36: 1,220.		
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 | Phone no. | Personal identification number (PIN)

TAXPAYER'S COPY

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: Judge | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

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

E-FILE

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

Phone no. | Email address

Paid Preparer Use Only

Preparer's name | Date: 3/14/25 | PTIN | Check if: ☐ Self-employed

Firm's name | Phone no.

Firm's address: 100 | Firm's EIN

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2024

Attachment Sequence No. **01**

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

Linda A Stein

Your social security number

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

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v			
z	Other income. List type and amount: See Statement 1	8z	369.		
9	Total other income. Add lines 8a through 8z			9	369.
10	Combine lines 1 through 7 and 9. This is your **additional income**. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	369.

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1(Form 1041)	24k		
z	Other adjustments. List type and amount:	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	0.

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2024

Attachment Sequence No. **02**

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

Linda A Stein

Your social security number

Part I Tax

1	Additions to tax:			
a	Excess advance premium tax credit repayment. Attach Form 8962	1a		
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b		
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c		
d	Recapture of net EPE from Form 4255, line 2a, column (l)	1d		
e	Excessive payments (EP) from Form 4255. Check applicable box and enter amount. (i) ☐ Line 1a, column (n) (ii) ☐ Line 1c, column (n) (iii) ☐ Line 1d, column (n) (iv) ☐ Line 2a, column (n)	1e		
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a, column (o) (ii) ☐ Line 1c, column (o) (iii) ☐ Line 1d, column (o) (iv) ☐ Line 2a, column (o)	1f		
y	Other additions to tax (see instructions):	1y		
z	Add lines 1a through 1y		1z	
2	Alternative minimum tax. Attach Form 6251		2	0.
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17		3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE		4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6		
7	Total additional social security and Medicare tax. Add lines 5 and 6		7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐		8	37.
9	Household employment taxes. Attach Schedule H		9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required		10	
11	Additional Medicare Tax. Attach Form 8959		11	
12	Net investment income tax. Attach Form 8960		12	1,362.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12		13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares		14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000		15	
16	Recapture of low-income housing credit. Attach Form 8611		16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount: _____	17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
c	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
l	Tax on accumulation distribution of trusts	17l		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount: _____	17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Recapture of net EPE from Form 4255, line 1d, column (l)		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes**. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	1,399.

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2024

Attachment Sequence No. **03**

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

Linda A Stein

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
a	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
c	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
e	Reserved for future use	6e		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
l	Amount on Form 8978, line 14. See instructions	6l		
m	Credit for previously owned clean vehicles. Attach Form 8936	6m		
z	Other nonrefundable credits. List type and amount: _____	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		8	0.

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	775.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b		
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other refundable credits (see instructions): _____	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	775.

SCHEDULE B (Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2024

Attachment Sequence No. **08**

Name(s) shown on return

Your social security number

Linda A Stein

Part I Interest

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

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

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:		
	First Horizon Bank	1	114.
	First Horizon Bank		114.
	First Horizon Bank		114.
	First Horizon Bank		114.
	First Horizon Bank		114.
	First Horizon Bank		114.
	First Horizon Bank		114.
	First Horizon Bank		114.
	First Horizon Bank		114.
	First Horizon Bank		114.
	First Horizon Bank		114.
	First Horizon Bank		20.
2	Add the amounts on line 1	2	1,388.
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4	1,388.

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

Part II Ordinary Dividends

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

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

			Amount
5	List name of payer:		
	Merril Lynch	5	2,795.
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6	2,795.

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

Part III Foreign Accounts and Trusts

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

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

		Yes	No
7a	At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If 'Yes,' are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:		
8	During 2024, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions		X

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. 12

Name(s) shown on return

Linda A Stein

Your social security number

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

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	6	( )
7 **Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	7	

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	69,128.	26,733.		42,395.
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	
13 Capital gain distributions. See the instrs	13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	14	( )
15 **Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on the back	15	42,395.

Part III Summary

16 Combine lines 7 and 15 and enter the result . . . . . **16** 42,395.

- If line 16 is a **gain,** enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
- If line 16 is a **loss,** skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?

[X] **Yes.** Go to line 18.

[ ] **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . **18** 0.

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet **19**

20 Are lines 18 and 19 **both** zero or blank and you are not filing Form 4952?

[X] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below.

[ ] **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of:

- The loss on line 16; or
- ($3,000), or if married filing separately, ($1,500)

. . . . . **21** ( )

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

[ ] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.

[ ] **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **1116**

Department of the Treasury
Internal Revenue Service

Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

Go to *www.irs.gov/Form1116* for instructions and the latest information.

OMB No. 1545-0121

2024

Attachment Sequence No. 19

Name: Linda A Stein

ID no. as shown on page 1 of your tax return:

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a [ ] Section 951A category income
b [ ] Foreign branch category income
c [X] Passive category income
d [ ] General category income
e [ ] Section 901(j) income
f [ ] Certain income re-sourced by treaty
g [ ] Lump-sum distributions

h Resident of (name of country)

Note: If you paid taxes to only one foreign country or U.S. territory, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. territory, use a separate column and line for each country or territory.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Territory A	B	C		Total (Add columns A, B, and C.)
i Enter the name of the foreign country or U.S. territory	OTHER COUNTRY				
1a Gross income from sources within country shown above and of the type checked above (see instructions): See Statement 2	2,795.			1a	2,795.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source. See instructions. [ ]					
Deductions and losses (Caution: See instructions.):					
2 Expenses **definitely related** to the income on line 1a (attach statement)					
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction (see instructions)	21,900.				
b Other deductions (attach statement)					
c Add lines 3a and 3b	21,900.				
d Gross foreign source income (see instructions)	2,795.				
e Gross income from all sources (see instructions)	235,836.				
f Divide line 3d by line 3e (see instructions)	0.011851				
g Multiply line 3c by line 3f	260.				
4 Pro rata share of interest expense (see instructions):					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	260.			6	260.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7	2,535.

Part II Foreign Taxes Paid or Accrued (see instructions)

COUNTRY	Credit is claimed for taxes (you must check one) (j) [X] Paid (k) [ ] Accrued	Foreign taxes paid or accrued: In foreign currency — Taxes withheld at source on: (m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	In U.S. dollars — Taxes withheld at source on: (q) Dividends	(r) Rents and royalties	(s) Interest	(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add columns (q) through (t))
	(l) Date paid or accrued									
A	1099 taxes									
B										
C										

8 **Add lines A through C, column (u). Enter the total here and on line 9, page 2** 8

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9		
10	Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions) ☐	10		
	(If your income was section 951A category income (box a above Part I), leave line 10 blank.)			
11	Add lines 9 and 10	11		
12	Reduction in foreign taxes (see instructions)	12	( )	
13	Taxes reclassified under high tax kickout (see instructions)	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions	15	2,535.	
16	Adjustments to line 15 (see instructions)	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17	2,535.	
18	**Individuals:** Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. **Estates and trusts:** Enter your taxable income without the deduction for your exemption	18	213,936.	
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19 0.011849338
20	**Individuals:** Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 1z. **Estates and trusts:** See instructions			20 38,678.
	Caution: If you are completing line 20 for separate category **g** (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.			
21	Multiply line 20 by line 19 (maximum amount of credit)			21 458.
22	Increase in limitation (section 960(c)) (see instructions)			22
23	Add lines 21 and 22			23 458.
24	Enter the **smaller** of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV. See instructions			24

Part IV Summary of Credits From Separate Parts III (see instructions)

25	Credit for taxes on section 951A category income	25	
26	Credit for taxes on foreign branch category income	26	
27	Credit for taxes on passive category income	27	
28	Credit for taxes on general category income	28	
29	Credit for taxes on section 901(j) income	29	
30	Credit for taxes on certain income re-sourced by treaty	30	
31	Credit for taxes on lump-sum distributions	31	
32	Add lines 25 through 31		32
33	Enter the **smaller** of line 20 or line 32		33
34	Reduction of credit for international boycott operations. See instructions for line 12		34
35	Subtract line 34 from line 33. This is your **foreign tax credit.** Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a		35

Form **5329**

Department of the Treasury
Internal Revenue Service

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to *www.irs.gov/Form5329* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see instructions.

Linda A Stein

Your social security number

Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.

If this is an amended return, check here ☐

Foreign country name

Foreign province/state/county

Foreign postal code

If you **only** owe the additional 10% tax on the full amount of the early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040), line 8, without filing Form 5329. See instructions.

Part I Additional Tax on Early Distributions.

Complete this part if you took a taxable distribution (other than a qualified disaster distribution) before you reached age 59-1/2 from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040) – see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

1	Early distributions includible in income (see instructions). For Roth IRA distributions, see instructions	1	
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: _____	2	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	
4	**Additional tax.** Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 8	4	
	Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.		

Part II Additional Tax on Certain Distributions From Education Accounts and ABLE Accounts.

Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 8z, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP), or on Schedule 1 (Form 1040), line 8q, from an ABLE account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLE account	5	369.
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	369.
8	**Additional tax.** Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 8	8	37.

Part III Additional Tax on Excess Contributions to Traditional IRAs.

Complete this part if you contributed more to your traditional IRAs for 2024 than is allowable or you had an amount on line 17 of your 2023 Form 5329.

9	Enter your excess contributions from line 16 of your 2023 Form 5329. See instructions. If zero, go to line 15			9
10	If your traditional IRA contributions for 2024 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10		
11	2024 traditional IRA distributions included in income (see instructions)	11		
12	2024 distributions of prior year excess contributions (see instructions)	12		
13	Add lines 10, 11, and 12			13
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-			14
15	Excess contributions for 2024 (see instructions)			15
16	Total excess contributions. Add lines 14 and 15			16
17	**Additional tax.** Enter 6% (0.06) of the **smaller** of line 16 **or** the value of your traditional IRAs on December 31, 2024 (including 2024 contributions made in 2025). Include this amount on Schedule 2 (Form 1040), line 8			17

Part IV Additional Tax on Excess Contributions to Roth IRAs.

Complete this part if you contributed more to your Roth IRAs for 2024 than is allowable or you had an amount on line 25 of your 2023 Form 5329.

18	Enter your excess contributions from line 24 of your 2023 Form 5329. See instructions. If zero, go to line 23			18
19	If your Roth IRA contributions for 2024 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19		
20	2024 distributions from your Roth IRAs (see instructions)	20		
21	Add lines 19 and 20			21
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-			22
23	Excess contributions for 2024 (see instructions)			23
24	Total excess contributions. Add lines 22 and 23			24
25	**Additional tax.** Enter 6% (0.06) of the **smaller** of line 24 **or** the value of your Roth IRAs on December 31, 2024 (including 2024 contributions made in 2025). Include this amount on Schedule 2 (Form 1040), line 8			25

Form **8867**

(Rev. November 2024)

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, or 1040-SS.
Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074

For tax year 20 24

Attachment Sequence No. **70**

Taxpayer name(s) shown on return

Taxpayer identification number

Linda A Stein

Preparer's name

Preparer tax identification number

P01745999

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-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?	☒	☐

Form **8960**

Department of the Treasury
Internal Revenue Service

Net Investment Income Tax – Individuals, Estates, and Trusts

Attach to your tax return.

Go to *www.irs.gov/Form8960* for instructions and the latest information.

OMB No. 1545-2227

2024

Attachment Sequence No. **72**

Name(s) shown on your tax return

Linda A Stein

Your social security number or EIN

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
- ☐ Section 6013(h) election (see instructions)
- ☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)			1	1,388.
2	Ordinary dividends (see instructions)			2	2,795.
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a			
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b			
c	Combine lines 4a and 4b			4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	42,395.		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	42,395.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	46,578.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b			
c	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-			12	46,578.
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	235,836.		
14	Threshold based on filing status (see instructions)	14	200,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	35,836.		
16	Enter the smaller of line 12 or line 15			16	35,836.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			17	1,362.
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b			
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c			
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			21	

Statement 1
Schedule 1, Line 8z
Other Income

Qualified Tuition Program Earnings		$ 369.
	Total	$ 369.

Statement 2
Form 1116, Line 1a - Passive Category Income
Gross Income From Sources Outside U.S.

Foreign country or U.S. possession: Other Country

Dividends		$ 581.
Foreign Source Qualified Dividends		2,214.
	Total	$ 2,795.

Linda A Stein

3/15/25 04:23PM

Wage Schedule

Taxpayer - Employer	Wages	Federal W/H	FICA	Medi-care	State W/H	Local W/H
State of Florida Jeff Atwater, CFO	176,389.	33,936.	10,453.	2,561.		
St Thomas University	12,500.	1,786.	775.	181.		
Grand Total	188,889.	35,722.	11,228.	2,742.	0.	0.

Form 1040, 1040-SR, or 1040-NR, Line 3a Qualified Dividends

Merril Lynch	2,214.
Total	2,214.

QTP Distribution Worksheet

Beneficiary - Stein

1. Total distributed earnings from QTP's	369.
2. Adjusted higher education expenses allocated to QTP's	0.
3. Adjusted elementary and secondary school expenses allocated to QTP's ($10,000 max)	0.
4. Total adjusted education expenses allocated to QTP's	0.
5. Total amount of QTP's distributed	17,517.
6. QTP factor (divide line 4 by line 5)	
7. Nontaxable amount of QTP earnings (line 1 x line 6)	0.
8. Taxable amount of QTP earnings (subtract line 7 from line 1)	369.
9. Taxable rollovers	0.
10. Taxable amount of all QTP's (add line 8 and 9)	369.

Tax Bracket Worksheet (Form 1040, 1040-SR, or 1040-NR, Line 16)

Capital Gain Rates (Capital Gain/Sch. D Tax Worksheet)	Income	Tax
10% ordinary tax bracket ($0 - $16,550)	$ 16,550.	$ 1,655.
12% ordinary tax bracket ($16,551 - $63,100)	46,550.	5,586.
22% ordinary tax bracket ($63,101 - $100,500)	37,400.	8,228.
24% ordinary tax bracket ($100,501 - $191,950)	68,827.	16,518.
Taxable ordinary income	$ 169,327.	
15% capital gain bracket	44,609.	6,691.
Total using capital gain rates	$ 213,936.	$ 38,678.

* Ordinary income would have to increase by over $22,623 to begin being taxed in the next 32% tax bracket ($191,951 - $243,700)

Qualified Dividends and Capital Gain Tax Worksheet (Form 1040, 1040-SR, or 1040-NR, Line 16)

1. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 15		213,936.
2. Enter amount from Form 1040, 1040-SR, or 1040-NR, line 3a	2,214.	
3. Are you filing Schedule D? [X] Yes. Enter the smaller of line 15 or 16 of Schedule D, but do not enter less than zero [ ] No. Enter amount from Form 1040, 1040-SR, or 1040-NR, line 7	42,395.	
4. Add lines 2 and 3	44,609.	
5. Subtract line 4 from line 1. If 0 or less, enter 0.		169,327.
6. Enter: $47,025 if single or married filing separately, $94,050 if married filing jointly or qualifying surviving spouse, $63,000 if head of household		63,000.
7. Enter the smaller of line 1 or line 6		63,000.
8. Enter the smaller of line 5 or line 7		63,000.
9. Subtract line 8 from line 7. This amount is taxed at 0%		0.
10. Enter the smaller of line 1 or line 4		44,609.
11. Enter the amount from line 9		0.
12. Subtract line 11 from line 10		44,609.
13. Enter: $518,900 if single, $291,850 if married filing separately, $583,750 if married filing jointly or qualifying surviving spouse, $551,350 if head of household.		551,350.
14. Enter the smaller of line 1 or line 13		213,936.
15. Add lines 5 and 9		169,327.
16. Subtract line 15 from line 14. If 0 or less, enter 0.		44,609.
17. Enter the smaller of line 12 or line 16		44,609.
18. Multiply line 17 by 15% (.15)		6,691.
19. Add lines 9 and 17		44,609.
20. Subtract line 19 from line 10		0.
21. Multiply line 20 by 20% (.20)		0.
22. Figure the tax on the amount on line 5. (Use the Tax Table or Tax Computation Worksheet)		31,987.
23. Add lines 18, 21, and 22		38,678.
24. Figure the tax on the amount on line 1. (Use the Tax Table or Tax Computation Worksheet)		44,453.
25. Tax on all taxable income (including capital gain distributions). Enter the smaller of line 23 or line 24 here and on Form 1040, 1040-SR, or 1040-NR, line 16		38,678.

Federal Income Tax Withheld

State of Florida Jeff Atwater, CFO	33,936.
St Thomas University	1,786.
Total	35,722.

Form 1116, Page 1, Line 3d
Gross Foreign Source Income

Category of income - Passive

Other Country		
Dividend income	$	581.
Gross qualifying dividends		2,214.
Total	$	2,795.

Form 1116, Page 1, Line 3e
Gross Income from All Sources

Wages, salaries, tips, etc.	188,889.
Taxable interest	1,388.
Ordinary dividends	2,795.
Capital gain and other gains	42,395.
Other income - Schedule 1, Line 8 before NOL and Foreign Exclusion	369.
Total	$ 235,836.

Form 8960, Line 13
Modified Adjusted Gross Income Worksheet

1.	Enter your Adjusted Gross Income	$ 235,836.
2a.	Foreign Earned Income Exclusion (Form 2555, line 42)	0.
2b.	Deductions reported on Form 2555, line 44 allocable to your Foreign Earned Income Exclusion	0.
3.	Adjustments for certain CFCs and certain PFICs	0.
3a.	Adjustment from Form 1041, K-1, Code H (if positive amount)	0.
4.	Sum of lines 1, 2a, 2b, 3, and 3a	$ 235,836.

Linda A Stein

3/15/25 4:23 PM

	2024	2023	Diff
INCOME			
Wages, salaries, tips, etc	188,889	179,529	9,360
Interest income	1,388	816	572
Dividend income	2,795	3,775	-980
Capital gain or loss	42,395	55,409	-13,014
Other income	369	0	369
Total income	235,836	239,529	-3,693
ADJUSTMENTS TO INCOME			
Total adjustments	0	0	0
Adjusted gross income	235,836	239,529	-3,693
ITEMIZED DEDUCTIONS			
Taxes	1,386	1,695	-309
Interest	0	1	-1
Contributions	726	1,164	-438
Total itemized deductions	2,112	2,860	-748
TAX COMPUTATION			
Standard deduction	21,900	20,800	1,100
Larger of itemized or standard deduction	21,900	20,800	1,100
Taxable income	213,936	218,729	-4,793
Tax before credits	38,678	46,709	-8,031
CREDITS			
Total credits	0	0	0
Tax after credits	38,678	46,709	-8,031
OTHER TAXES			
Tax on IRAs, other qual. ret. plans, etc	37	0	37
Other taxes	1,362	1,502	-140
Total tax	40,077	48,211	-8,134
PAYMENTS & REFUNDABLE CREDITS			
Federal income tax withheld	35,722	33,932	1,790
Estimated tax payments	4,800	0	4,800
Excess FICA and RRTA tax withheld	775	620	155
Total payments	41,297	34,552	6,745
REFUND OR AMOUNT DUE			
Amount overpaid	1,220	0	1,220
Applied to next year's estimated tax	1,220	0	1,220
Amount you owe	0	13,659	-13,659
TAX RATES			
Ordinary income tax bracket	24.0%	32.0%	-8.0%
Effective tax rate	18.7%	22.0%	-3.3%

	a Employee's social security number	Payroll organization code	Intradepartment number
b Employer identification number (EIN)		1 Wages, tips, other compensation 176,388.52	2 Federal income tax withheld 33,935.76
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 168,600.00	4 Social security tax withheld 10,453.20
		5 Medicare wages and tips 176,652.52	6 Medicare tax withheld 2,561.46
		7 Social security tips	10 Dependent care benefits
d Control number		11 Nonqualified plans	12a See instructions for box 12 G 264.00
e Employee's first name, mi, and last name LINDA S STEIN		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b DD 22,323.60
		14 Other 125 6,672.56	12c 12d 12e
f Employee's address and ZIP code			

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

FORM **W-2** **WAGE AND TAX STATEMENT** **2024**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

---

	a Employee's social security number	Payroll organization code	Intradepartment number
b Employer identification number (EIN)		1 Wages, tips, other compensation 176,388.52	2 Federal income tax withheld 33,935.76
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 168,600.00	4 Social security tax withheld 10,453.20
		5 Medicare wages and tips 176,652.52	6 Medicare tax withheld 2,561.46
		7 Social security tips	10 Dependent care benefits
d Control number		11 Nonqualified plans	12a See instructions for box 12 G 264.00
e Employee's first name, mi, and last name LINDA S STFIN		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b DD 22,323.60
		14 Other 125 6,672.56	12c 12d 12e
f Employee's address and ZIP code			

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

FORM **W-2** **WAGE AND TAX STATEMENT** **2024**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA427W Rev. 05/31/2024

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Fac/Acad. Dean LS.

2024 W-2 and Earnings Summary

	Wages, Tips, Other Comp. Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages and Tips Box 5 of W-2
Gross Pay	$12,500.00	$12,500.00	$12,500.00
Less: Non-Taxable Earnings	$0.00	$0.00	$0.00
Less: Retirement Deductions	$0.00	N/A	N/A
Less: Other Pre-tax Deductions	$0.00	$0.00	$0.00
Less: Third Party Sick Pay	$0.00	$0.00	$0.00
Less: Excess Wages	N/A	$0.00	N/A
Total Reported Wages	$12,500.00	$12,500.00	$12,500.00
	Fed Income Box 2 of W-2	Social Security Box 4 of W-2	Medicare Box 6 of W-2
Tax Withheld	$1,785.84	$775.00	$181.25

LINDA SINGER STEIN

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

Form W-2 Wage and Tax Statement

Copy C — For EMPLOYEE'S RECORDS 2024

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. OMB No. 1545-0008 Department of Treasury - Internal Revenue Service

Control number

Employer's name, address, and ZIP code

ST THOMAS UNIVERSITY INC
16401 NW 37TH AVE
MIAMI GARDENS FL 33054

Employee's name, address, and ZIP code

LINDA SINGER STEIN

1 Wages, tips, other comp. 12500.00	2 Federal income tax withheld 1785.84
3 Social security wages 12500.00	4 Social security tax withheld 775.00
5 Medicare wages and tips 12500.00	6 Medicare tax withheld 181.25
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
	12b
13 Statutory employee / Retirement plan / Third-party sick pay	12c
	12d
Employee's social security no.	14
Employer ID number (EIN)	
15 St. / Employer's state ID number	16 State wages, tips, etc. / 17 State income tax
18 Local wages, tips, etc.	19 Local income tax / 20 Locality name

Form W-2 Wage and Tax Statement

Copy B — To Be Filed With Employee's FEDERAL Tax Return. 2024

This information is being furnished to the IRS. OMB No. 1545-0008 Department of Treasury - Internal Revenue Service

Control number

Employer's name, address, and ZIP code

ST THOMAS UNIVERSITY INC
16401 NW 37TH AVE
MIAMI GARDENS FL 33054

Employee's name, address, and ZIP code

LINDA SINGER STEIN

1 Wages, tips, other comp. 12500.00	2 Federal income tax withheld 1785.84
3 Social security wages 12500.00	4 Social security tax withheld 775.00
5 Medicare wages and tips 12500.00	6 Medicare tax withheld 181.25
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
	12b
13 Statutory employee / Retirement plan / Third-party sick pay	12c
	12d
Employee's social security no.	14
Employer ID number (EIN)	
15 St. / Employer's state ID number	16 State wages, tips, etc. / 17 State income tax
18 Local wages, tips, etc.	19 Local income tax / 20 Locality name

Form W-2 Wage and Tax Statement

Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return. 2024

OMB No. 1545-0008 Department of Treasury - Internal Revenue Service

Control number

Employer's name, address, and ZIP code

ST THOMAS UNIVERSITY INC
16401 NW 37TH AVE
MIAMI GARDENS FL 33054

Employee's name, address, and ZIP code

LINDA SINGER STEIN

1 Wages, tips, other comp. 12500.00	2 Federal income tax withheld 1785.84
3 Social security wages 12500.00	4 Social security tax withheld 775.00
5 Medicare wages and tips 12500.00	6 Medicare tax withheld 181.25
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
	12b
13 Statutory employee / Retirement plan / Third-party sick pay	12c
	12d
Employee's social security no.	14
Employer ID number (EIN)	
15 St. / Employer's state ID number	16 State wages, tips, etc. / 17 State income tax
18 Local wages, tips, etc.	19 Local income tax / 20 Locality name

Form W-2 Wage and Tax Statement

Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return. 2024

OMB No. 1545-0008 Department of Treasury - Internal Revenue Service

Control number

Employer's name, address, and ZIP code

ST THOMAS UNIVERSITY INC
16401 NW 37TH AVE
MIAMI GARDENS FL 33054

Employee's name, address, and ZIP code

LINDA SINGER STEIN

1 Wages, tips, other comp. 12500.00	2 Federal income tax withheld 1785.84
3 Social security wages 12500.00	4 Social security tax withheld 775.00
5 Medicare wages and tips 12500.00	6 Medicare tax withheld 181.25
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
	12b
13 Statutory employee / Retirement plan / Third-party sick pay	12c
	12d
Employee's social security no.	14
Employer ID number (EIN)	
15 St. / Employer's state ID number	16 State wages, tips, etc. / 17 State income tax
18 Local wages, tips, etc.	19 Local income tax / 20 Locality name

NTF 2586400 4 PYW2

Linda Singer Stein Full and Public Disclosure of Financial Interests (Form 6, Part D Income) 2024

Income:

Social Security Administration, 16900 NW 12th Ave., Miami, FL 33169-05708 – benefits paid solely to disabled adult child into a Representative Payee account $1,410 per month for the benefit of the disabled child (amount in account is less than $1,000). First Horizon Bank, 18841 NE 29th Ave., Aventura, FL 33180