2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/23/2025

General Information

Name: Hon Rosemarie Scher

CONFIDENTIAL

PID 238084

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (15Th)	Elected Constitutional Officer	

Net Worth

My Net Worth as of May 16, 2025 was $ 5,552,296.00.

Filed with COE: 05/23/2025

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 $ 60,800.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
{REDACTED}	$ 1,321,269.00
Capital One Money Market	$ 11,223.00
Wells Fargo Checking	$ 5,145.00
Wells Fargo Savings	$ 101,846.00
Charles Schwab IRA	$ 378,939.00
Charles Schwab Investment	$ 2,178,183.00
Nationwide Deferred Compensation	$ 450,699.00
Treasury Direct Series I Savings Bond	$ 10,692.00
99% Shares 846 Boca, LLC	$ 568,500.00
See Attached	

Filed with COE: 05/23/2025

Liabilities

LIABILITIES IN EXCESS OF $1,000:

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

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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			

Filed with COE: 05/23/2025

Interests in Specified Businesses

Business Entity # 1
N/A

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.

Rosemarie Scher

Digitally signed: **05/23/2025**

Filed with COE: 05/23/2025

Español

ROSEMARIE SCHER
457 - STATE OF FLORIDA DEFERRED COMPENSATION PLAN-457[redacted]
Last Login : 5/19/25, 2:45 PM ET

My Investments as of 05/22/2025

View investment election | Research available funds

By Fund | By Asset Class | By Source then Fund | By Fund

By Source then Fund

Salary Reduction

Fund	Asset Class	Units/Shares	Price	Previous Quarter Balance	Net Buys/Sells by Period
NRS Florida Fixed Fund | N/A	Short-Term Investments	N/A	N/A	$179,110.25	$1,150.0
T. Rowe Price Capital Appreciation Trust A	Balanced	2,710.2941	59.1800	$156,227.63	$575.0
			Subtotal:	**$435,885.63**	**$2,300.0**

Fund	Asset Class	Units/Shares	Price	Previous Quarter Balance	Net Buys/Sells by Participant
Ticker: [redacted]					
T. Rowe Price Overseas Stock Fund - I Class	International Stocks	7,572.9413	14.2900	$100,547.75	$575.0
Ticker: TROIX					
			Subtotal:	**$435,885.63**	**$2,300.0**

Note: Because of rounding, percentages may not total 100%.

The figures shown represent past performance and do not guarantee future results. Investment return, principal value and current performance fluctuate, so account value at the time of the withdrawal may be higher or lower than the amount invested. Current performance may be lower or higher than the performance data quoted.

Review your investments

It's always a good idea to stay on top of your investment strategy. Contact us if we can help.

Use My Investment Planner℠ created by Nationwide Investment Advisors LLC in partnership with global investment management firm Wilshire Associates. Answering a few questions can help you get the fund recommendations that are right for you.

NRW-2863AO.6

Schwab One® Account of

ROSEMARIE SCHER
DESIGNATED BENE PLAN/TOD

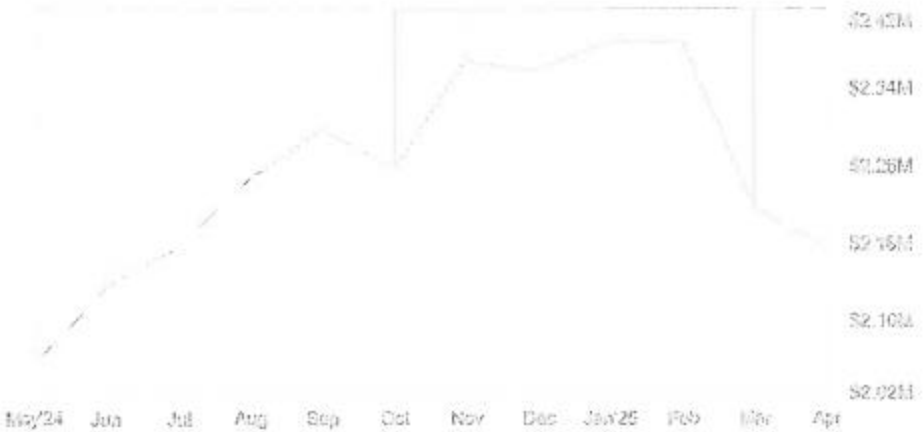
Account Number [redacted]

Statement Period
April 1-30, 2025

Account Summary

Ending Account Value as of 04/30
$2,178,183.08

Beginning Account Value as of 04/01
$2,217,767.90



	This Statement	YTD
Beginning Account Value	**$2,217,767.90**	$2,359,666.99
Deposits	**0.00**	0.00
Withdrawals	**0.00**	0.00
Dividends and Interest	**728.45**	6,413.49
Transfer of Securities	**0.00**	0.00
Market Appreciation/(Depreciation)	**(40,313.27)**	(187,897.40)
Expenses	**0.00**	0.00
Ending Account Value	**$2,178,183.08**	**$2,178,183.08**

Account Ending Value reflects the market value of your cash and investments. It does not include pending transactions, unpriced securities or assets held outside Schwab's custody.

Your Consultant

Stephen Frazer
VP - Financial Consultant
1 561-366-5388
stephen.frazer@schwab.com

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24/7 Customer Service

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ROSEMARIE SCHER
DESIGNATED BENE PLAN/TOD
[redacted]

Schwab One® Account of

ROSEMARIE SCHER
DESIGNATED BENE PLAN/TOD

Statement Period
April 1-30, 2025

Asset Allocation



	This Period	Current Allocation
Cash and Cash Investments	77,440.14	4%
Equities	2,100,742.94	96%
Total	$2,178,183.08	100%

Income Summary



	This Period		YTD	
Federal Tax Status	Tax-Exempt	Taxable	Tax-Exempt	Taxable
Bank Sweep Interest	0.00	3.25	0.00	12.41
Cash Dividends	0.00	725.20	0.00	6,401.08
Total Income	**$0.00**	**$728.45**	**$0.00**	**$6,413.49**

Top Account Holdings This Period

SYMBOL/ CUSIP	Description	Market Value	% of Account
AAPL	APPLE INC	731,850.00	34%
COST	COSTCO WHSL CORP NEW	298,350.00	14%
NEE	NEXTERA ENERGY INC	200,640.00	9%
INTU	INTUIT	150,592.80	7%
ISRG	INTUITIVE SURGICAL INC	88,201.80	4%

Gain or (Loss) Summary

	Short-Term (ST)			Long-Term (LT)		
	Gain	(Loss)	Net	Gain	(Loss)	Net
This Period	0.00	0.00	0.00	0.00	0.00	0.00
YTD			0.00			0.00
Unrealized						**$1,813,722.49**

Values may not reflect all of your gains/losses and may be rounded up to the nearest dollar. Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis may be incomplete or unavailable for some of your holdings and may change or be adjusted in certain cases. Please login to your account at Schwab.com for real-time gain/loss information. Statement information should not be used for tax preparation. Instead refer to official tax documents. For additional information refer to Terms and Conditions.

Positions - Summary

Beginning Value as of 04/01		Transfer of Securities(In/Out)	+	Dividends Reinvested	+	Cash Activity	+	Change in Market Value	=	Ending Value as of 04/30	Cost Basis	Unrealized Gain/(Loss)
$2,217,767.90		$0.00		$0.00		$728.45		($40,313.27)		**$2,178,183.08**	$287,020.45	$1,813,722.49

Values may not reflect all of your gains/losses. Schwab has provided accurate gain and loss information whenever possible for most investments. Cost basis may be incomplete or unavailable for some of your holdings and may change or be adjusted in certain cases. Statement information should not be used for tax preparation, instead refer to official tax documents. For additional information refer to Terms and Conditions.

Cash and Cash Investments

Type	Symbol	Description	Quantity	Price($)	Beginning Balance($)	Ending Balance($)	Change in Period Balance($)	Pending/Unsettled Cash($)	Interest/ Yield Rate	% of Acct
Bank Sweep		TD BANK NA[X,Z]			76,711.69	77,440.14	728.45		0.05%	4%
Total Cash and Cash Investments					**$76,711.69**	**$77,440.14**	**$728.45**			4%

Positions - Equities

Symbol	Description	Quantity	Price($)	Market Value($)	Cost Basis($)	Unrealized Gain/(Loss)($)	Est. Yield	Est. Annual Income($)	% of Acct
ABT	ABBOTT LABS	423.0000	130.75000	55,307.25	12,677.19	42,630.06	1.8%	996.28	3%
ABBV	ABBVIE INC	59.0000	195.10000	11,510.90	4,968.98	6,541.92	3.36%	387.04	<1%
ACN	ACCENTURE PLC IRELAND F	202.0000	299.15000	60,428.30	11,091.42	49,336.88	1.97%	1,195.84	3%
GOOGL	ALPHABET INC	540.0000	158.80000	85,752.00	7,372.90	78,379.10	0.5%	432.00	4%
GOOG	ALPHABET INC	540.0000	160.69000	86,880.60	7,330.11	79,550.49	0.49%	432.00	4%
AAPL	APPLE INC	3,444.0000	212.50000	731,850.00	67,076.33	664,773.67	0.47%	3,444.00	34%
COST	COSTCO WHSL CORP NEW	300.0000	994.50000	298,350.00	23,690.26	274,659.74	0.46%	1,392.00	14%
FAST	FASTENAL CO	226.0000	80.97000	18,299.22	5,756.91	12,542.31	2.12%	388.72	<1%
GWW	GRAINGER W W INC	26.0000	1,024.21000	26,632.06	5,400.81	21,231.25	0.8%	213.20	1%
INTU	INTUIT	240.0000	627.47000	150,592.80	13,356.13	137,236.67	0.66%	998.40	7%
ISRG	INTUITIVE SURGICAL INC	171.0000	515.80000	88,201.80	6,634.12	81,567.68	N/A	0.00	4%
NEE	NEXTERA ENERGY INC	3,000.0000	66.88000	200,640.00	45,557.22	154,082.78	3.38%	6,798.00	9%

Positions - Equities (continued)

Symbol	Description	Quantity	Price($)	Market Value($)	Cost Basis($)	Unrealized Gain/(Loss)($)	Est. Yield	Est. Annual Income($)	% of Acct
NKE	NIKE INC	674.0000	56.40000	38,013.60	16,449.52	21,564.08	2.83%	1,078.40	2%
ORCL	ORACLE CORP	412.0000	140.72000	57,976.64	11,307.71	46,668.93	1.42%	824.00	3%
TROW	PRICE T ROWE GROUP INC	257.0000	88.55000	22,757.35	13,041.95	9,715.40	5.73%	1,305.56	1%
QCOM	QUALCOMM INC	292.0000	148.46000	43,350.32	14,227.96	29,122.36	2.29%	992.80	2%
SBUX	STARBUCKS CORP	602.0000	80.05000	48,190.10	11,437.39	36,752.71	3.04%	1,468.88	2%
V	VISA INC	220.0000	345.50000	76,010.00	8,643.54	67,366.46	0.68%	519.20	3%
Total Equities				**$2,100,742.94**	**$287,020.45**	**$1,813,722.49**		**$22,868.32**	**96%**

Estimated Annual Income ("EAI") and Estimated Yield ("EY") calculations are for informational purposes only. The actual income and yield might be lower or higher than the estimated amounts. EY is based upon EAI and the current price of the security and will fluctuate. For certain types of securities, the calculations could include a return of principal or capital gains in which case EAI and EY would be overstated. EY and EAI are not promptly updated to reflect when an issuer has missed a regular payment or announced changes to future payments, in which case EAI and EY will continue to display at a prior rate.

Transactions - Summary

Beginning Cash* as of 04/01	+ Deposits	+ Withdrawals	+ Purchases	+ Sales/Redemptions	+ Dividends/Interest	+ Expenses	= Ending Cash* as of 04/30
$76,711.69	$0.00	$0.00	$0.00	$0.00	$728.45	$0.00	$77,440.14

Other Activity **$0.00** Other activity includes transactions which don't affect the cash balance such as stock transfers, splits, etc.

*Cash (includes any cash debit balance) held in your account plus the value of any cash invested in a sweep money fund.

Transaction Details

Date	Category	Action	Symbol/ CUSIP	Description	Quantity	Price/Rate per Share($)	Charges/ Interest($)	Amount($)	Realized Gain/(Loss)($)
04/01	Dividend	Qual. Dividend	NKE	NIKE INC				269.60	
04/16	Interest	Bank Interest XZ		BANK INT 031625-041525				3.25	
04/21	Dividend	Qual. Dividend	INTU	INTUIT				249.60	
04/23	Dividend	Qual. Dividend	ORCL	ORACLE CORP				206.00	
Total Transactions								**$728.45**	**$0.00**

Date column represents the Settlement/Process date for each transaction.

Bank Sweep Activity

Date	Description	Amount
04/01	**Beginning Balance** [X,Z]	$76,711.69
04/01	BANK CREDIT FROM BROKERAGE [X]	269.60
04/15	BANK INTEREST - TD BANK NA [X,Z]	3.25
04/21	BANK CREDIT FROM BROKERAGE [X]	249.60
04/23	BANK CREDIT FROM BROKERAGE [X]	206.00
04/30	**Ending Balance** [X,Z]	$77,440.14
04/30	**Interest Rate** [*,Z]	0.05%

* Your interest period was 03/16/25 - 04/15/25.

Pending / Open Activity

Activity Type	Date	Action	Symbol/ CUSIP	Description	Quantity	Market Price/ Rate per Share($)	Limit Price($)	Settle/ Payable Date	Expiration Date	Amount($)
Pending	04/10	Qual Div	ACN	ACCENTURE PLC IRELAND F	202.0000	1.4800		05/15		298.96
	04/15	Qual Div	ABT	ABBOTT LABS	423.0000	0.5900		05/15		249.57
		Qual Div	ABBV	ABBVIE INC	59.0000	1.6400		05/15		96.76
	04/25	Qual Div	FAST	FASTENAL CO	226.0000	0.4400		05/23		99.44
Total Pending Transactions										**$744.73**

Pending transactions are not included in account value.

Endnotes For Your Account

X Bank Sweep deposits are held at one or more FDIC-insured Program Banks. Charles Schwab & Co., Inc. is not an FDIC-insured bank and deposit insurance covers the failure of an insured bank. Certain conditions must be satisfied for FDIC insurance coverage to apply. Please review the Cash Features Program Disclosure Statement for a list of the Program Banks at schwab.com/cashfeaturesdisclosure.

Z For the Bank Sweep and Bank Sweep for Benefit Plans features, interest is paid for a period that differs from the Statement Period. Balances include interest paid as indicated on your statement by Schwab or one or more of its Program Banks. These balances do not include interest that may have accrued during the Statement Period after interest is paid. The interest paid may include interest that accrued in the prior Statement Period.

Terms and Conditions

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Terms and Conditions (continued)

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Terms and Conditions (continued)

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Contributory IRA of

ROSEMARIE SCHER
CHARLES SCHWAB & CO INC CUST
IRA CONTRIBUTORY

[redacted]

Statement Period
April 1-30, 2025

Account Summary

Ending Account Value as of 04/30
$378,939.24

Beginning Account Value as of 04/01
$380,064.65



	This Statement	YTD
Beginning Account Value	**$380,064.65**	$382,063.27
Deposits	**0.00**	0.00
Withdrawals	**0.00**	0.00
Dividends and Interest	**91.75**	1,471.00
Transfer of Securities	**0.00**	0.00
Market Appreciation/(Depreciation)	**(1,217.16)**	(4,595.03)
Expenses	**0.00**	0.00
Ending Account Value	**$378,939.24**	**$378,939.24**

Account Ending Value reflects the market value of your cash and investments. It does not include pending transactions, unpriced securities or assets held outside Schwab's custody.

Your Consultant

Stephen Frazer
VP - Financial Consultant
1 561-366-5388
stephen.frazer@schwab.com

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[redacted]

ROSEMARIE SCHER
CHARLES SCHWAB & CO INC CUST
IRA CONTRIBUTORY

[redacted]

Contributory IRA of

ROSEMARIE SCHER
CHARLES SCHWAB & CO INC CUST
IRA CONTRIBUTORY

Statement Period
April 1-30, 2025

Asset Allocation



	This Period	Current Allocation
Cash and Cash Investments	60,290.37	16%
Exchange Traded Funds	318,648.87	84%
Total	$378,939.24	100%

Top Account Holdings This Period

SYMBOL/ CUSIP	Description	Market Value	% of Account
IVV	ISHARES CORE S&P 500	107,128.32	28%
	TD BANK NA	60,290.37	16%
VEA	VANGUARD FTSE DEVELOPED	57,046.73	15%
VO	VANGUARD MID CAP ETF	49,169.28	13%
VWO	VANGUARD FTSE EMERGING	35,566.50	9%

Gain or (Loss) Summary

All Positions

	Gain	(Loss)	Net
This Period	0.00	0.00	0.00
YTD			0.00
Unrealized			**$119,988.20**

Values may not reflect all of your gains/losses; Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis may be incomplete or unavailable for some of your holdings and may change or be adjusted in certain cases. Please login to your account at Schwab.com for real-time gain/loss information. Statement information should not be used for tax preparation, instead refer to official tax documents. For additional information refer to Terms and Conditions.

Income Summary



	This Period	YTD
Bank Sweep Interest	2.54	9.98
Cash Dividends	89.21	1,461.02
Total Income	**$91.75**	**$1,471.00**

Margin Information

The opening settled debit balance in this limited margin account for the statement period was $0.00. There were no margin debits during the margin period. No interest was charged.

Retirement Details

Contributions	2024	2025
Total YTD ($)	**0.00**	**0.00**

Contributory IRA of

ROSEMARIE SCHER
CHARLES SCHWAB & CO INC CUST
IRA CONTRIBUTORY

Statement Period
April 1-30, 2025

Positions - Summary

Beginning Value as of 04/01	+ Transfer of Securities(In/Out)	+ Dividends Reinvested	+ Cash Activity	+ Change in Market Value	= Ending Value as of 04/30	Cost Basis	Unrealized Gain/(Loss)
$380,064.65	$0.00	$0.00	$91.75	($1,217.16)	**$378,939.24**	$198,660.67	$119,988.20

Values may not reflect all of your gain/losses; Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis may be incomplete or unavailable for some of your holdings and may change or be adjusted in certain cases. Statement information should not be used for tax preparation, instead refer to official tax documents. For additional information refer to Terms and Conditions.

Cash and Cash Investments

Type	Symbol	Description	Quantity	Price($)	Beginning Balance($)	Ending Balance($)	Change In Period Balance($)	Pending/Unsettled Cash($)	Interest Yield Rate	% of Acct
Cash					117.61	0.00	(117.61)	0.00		
Bank Sweep		TD BANK NA[3,5]			60,081.01	60,290.37	209.36		0.05%	16%
Total Cash and Cash Investments					**$60,198.62**	**$60,290.37**	**$91.75**			16%

Positions - Exchange Traded Funds

Symbol	Description	Quantity	Price($)	Market Value($)	Cost Basis($)	Unrealized Gain/(Loss)($)	Est. Yield	Est. Annual Income($)	% of Acct
XLE	ENERGY SELECT SECTOR	75.0000	80.50000	6,037.50	5,841.94	195.56	3.55%	214.90	2%
IVV	ISHARES CORE S&P 500	192.0000	557.96000	107,128.32	39,762.35	67,365.97	1.23%	1,327.20	28%
AGG	ISHARES CORE US	123.0000	99.02000	12,179.46	13,332.71	(1,153.25)	3.94%	480.00	3%
PFF	ISHARES PREFERRED INCOME	127.0000	30.18000	3,832.86	5,004.31	(1,171.45)	N/A	N/A	1%
SJNK	SPDR BLMRG SHR TR HG YLD	172.0000	24.99000	4,298.28	5,001.91	(703.63)	7.62%	327.61	1%
VEA	VANGUARD FTSE DEVELOPED	1,079.0000	52.87000	57,046.73	43,565.38	13,481.35	1.83%	1,045.34	15%
VWO	VANGUARD FTSE EMERGING	786.0000	45.25000	35,566.50	32,284.11	3,282.39	0.41%	147.14	9%
VO	VANGUARD MID CAP ETF	192.0000	256.09000	49,169.28	24,608.13	24,561.15	1.82%	896.33	13%
VNQ	VANGUARD REAL ESTATE	178.0000	88.33000	15,722.74	13,672.18	2,050.56	4.22%	663.51	4%

Positions - Exchange Traded Funds (continued)

Symbol	Description	Quantity	Price($)	Market Value($)	Cost Basis($)	Unrealized Gain/(Loss)($)	Est. Yield	Est. Annual Income($)	% of Acct
VB	VANGUARD SMALL CAP ETF	128.0000	216.15000	27,667.20	15,587.65	12,079.55	1.7%	470.43	7%
Total Exchange Traded Funds				**$318,648.87**	**$198,660.67**	**$119,988.20**		**$5,572.46**	**84%**

Estimated Annual Income ("EAI") and Estimated Yield ("EY") calculations are for informational purposes only. The actual income and yield might be lower or higher than the estimated amounts. EY is based upon EAI and the current price of the security and will fluctuate. For certain types of securities, the calculations could include a return of principal or capital gains in which case EAI and EY would be overstated. EY and EAI are not promptly updated to reflect when an issuer has missed a regular payment or announced changes to future payments, in which case EAI and EY will continue to display at a prior rate.

Transactions - Summary

Beginning Cash* as of 04/01	+ Deposits	+ Withdrawals	+ Purchases	+ Sales/Redemptions	+ Dividends/Interest	+ Expenses	= Ending Cash* as of 04/30
$60,198.62	$0.00	$0.00	$0.00	$0.00	$91.75	$0.00	$60,290.37

Other Activity **$0.00** Other activity includes transactions which don't affect the cash balance such as stock transfers, splits, etc.

*Cash (includes any cash debit balance) held in your account plus the value of any cash invested in a sweep money fund.

Transaction Details

Date	Category	Action	Symbol/ CUSIP	Description	Quantity	Price/Rate per Share($)	Charges/ Interest($)	Amount($)	Realized Gain/(Loss)($)
04/04	Dividend	Cash Dividend	AGG	ISHARES CORE US				40.00	
	Dividend	Cash Dividend	PFF	ISHARES PREFERRED INCOME				21.91	
	Dividend	Cash Dividend	SJNK	SPDR BLMRG SHR TR HG YLD				27.30	
04/16	Interest	Bank Interest X,Z		BANK INT 031625-041525				2.54	
Total Transactions								**$91.75**	**$0.00**

Date column represents the Settlement/Process date for each transaction.

Bank Sweep Activity

Date	Description	Amount
04/01	**Beginning Balance** X,Z	$60,081.01
04/01	BANK CREDIT FROM BROKERAGE X	117.61

Date	Description	Amount
04/15	BANK INTEREST - TD BANK NA X,Z	2.54
04/30	**Ending Balance** X,Z	$60,290.37

Bank Sweep Activity (continued)

Date	Description	Amount
04/04	BANK CREDIT FROM BROKERAGE [X]	89.21

[*] Your interest period was 03/16/25 - 04/15/25. [Z]

Date	Description	Amount
04/30	**Interest Rate** [*Z]	**0.05%**

Endnotes For Your Account

X Bank Sweep deposits are held at one or more FDIC-insured Program Banks. Charles Schwab & Co., Inc. is not an FDIC-insured bank and deposit insurance covers the failure of an insured bank. Certain conditions must be satisfied for FDIC insurance coverage to apply. Please review the Cash Features Program Disclosure Statement for a list of the Program Banks at schwab.com/cashfeaturesdisclosure.

Z For the Bank Sweep and Bank Sweep for Benefit Plans features, interest is paid for a period that differs from the Statement Period. Balances include interest paid as indicated on your statement by Schwab or one or more of its Program Banks. These balances do not include interest that may have accrued during the Statement Period after interest is paid. The interest paid may include interest that accrued in the prior Statement Period.

Terms and Conditions

GENERAL INFORMATION AND KEY TERMS: This Account statement is furnished solely by Charles Schwab & Co., Inc. ("Schwab") for your Account at Schwab ("Account"). Unless otherwise defined herein, capitalized terms have the same meanings as in your Account Agreement. If you receive any other communication from any source other than Schwab which purports to represent your holdings at Schwab (including balances held at a Depository Institution) you should verify its content with this statement. **Accrued Income:** Accrued income is the sum of the total accrued interest and/or accrued dividends on positions held in your Account, but the interest and/or dividends have not been received into your Account. Schwab makes no representation that the amounts shown (or any other amount) will be received. Accrued amounts are not covered by SIPC account protection until actually received and held in the Account. **AIP (Automatic Investment Plan) Customers:** Schwab receives remuneration in connection with certain transactions effected through Schwab. If you participate in a systematic investment program through Schwab, the additional information normally detailed on a trade confirmation will be provided upon request. **Average Daily Balance:** Average daily composite of all cash balances that earn interest and all loans from Schwab that are charged interest. **Bank Sweep and Bank Sweep for Benefit Plans Features:** Schwab acts as your agent and custodian in establishing and maintaining your Deposit Account(s) as a feature of your brokerage Account(s). Deposit accounts held through these bank sweep features constitute direct obligations of one or more FDIC insured banks ("Program Banks") that are not obligations of Schwab. Funds swept to Program Banks are eligible for deposit insurance from the FDIC up to the applicable limits for each bank for funds held in the same insurable capacity. The balance in the Deposit Accounts can be withdrawn on your order and the proceeds returned to your brokerage Account or remitted to you as provided in your Account Agreement. For information on FDIC insurance and its limits, as well as other important disclosures about the bank sweep feature(s) in your Account(s), please refer to the Cash Features Disclosure Statement available online or from a Schwab representative. **Credit Any Free Credit Balance** owed by us to you payable upon demand which, although recorded for on our books of record, is not segregated and may be used in the conduct of this firm's business. **Dividend Reinvestment Customers:** Dividend reinvestment transactions were effected by Schwab acting as a principal for its own account, except for the reinvestment of Schwab dividends, for which an independent broker-dealer acted as the buying agent. Further information on these transactions will be furnished upon written request. **Gain (or Loss):** Unrealized Gain or (Loss) and Realized Gain or (Loss) sections ("Gain/Loss Section(s)") contain a gain or a loss summary of your Account. This information has been provided on this statement at the request of your Advisor, if applicable. This information is not a solicitation or a recommendation to buy or sell. Schwab does not provide tax advice and encourages you to consult with your tax professional. Please view the Cost Basis Disclosure Statement for additional information on how gain (or loss) is calculated and how Schwab reports adjusted cost basis information to the IRS. **Interest:** For the Schwab One Interest, Bank Sweep, and Bank Sweep for Benefit Plans features, interest is paid for a period that may differ from the Statement Period. Balances include interest paid as indicated on your statement by Schwab or one or more of its Program Banks. These balances do not include interest that may have accrued during the Statement Period after interest is paid. The interest paid may include interest that accrued in the prior Statement Period. For the Schwab One Interest feature, interest accrues daily from the second-to-last business day of the prior month and is posted on the second-to-last business day of the current month. For the Bank Sweep and Bank Sweep for Benefit Plans features, interest accrues daily from the 16th day of the prior month and is credited/posted on the first business day after the 15th of the current month. If, on any given day, the interest that Schwab calculates for the Free Credit Balances in the Schwab One Interest feature in your brokerage Account is less than $.005, you will not accrue any interest on that day. For balances held at banks affiliated with Schwab in the Bank Sweep and Bank Sweep for Benefit Plans features, interest will accrue even if the amount is less than $.005. **Margin Account Customers:** This is a combined statement of your margin account and special memorandum account maintained for you under Section 220.5 of Regulation T issued by the Board of Governors of the Federal Reserve System. The permanent record of the separate account as required by Regulation T is available for your inspection. Securities purchased on margin are Schwab's collateral for the loan to you. It is important that you fully understand the risks involved in trading securities on margin. These risks include: 1) You can lose more funds than you deposit in the margin account; 2) Schwab can force the sale of securities or other assets in any of your account(s) to maintain the required account equity without contacting you; 3) You are not entitled to choose which assets are liquidated nor are you entitled to an extension of time on a margin call; 4) Schwab can increase its "house" maintenance margin requirements at any time without advance written notice to you. **Market Price:** The most recent price evaluation available to Schwab on the last business day of the report period, normally the last trade price or bid as of market close. Unpriced securities denote that no market evaluation update is currently available. Price evaluations are obtained from outside parties. Schwab shall have no responsibility for the accuracy or timeliness of any such valuations. **Assets Not Held at Schwab** are not held in your Account or covered by the Account's SIPC account protection and are not otherwise in Schwab's custody and are being provided as a courtesy to you. Information on Assets Not Held at Schwab, including but not limited to valuations, is reported solely based on information you provide to Schwab. Schwab can neither validate nor certify the existence of Assets Not Held at Schwab or the accuracy, completeness or timeliness of the information about Assets Not Held at Schwab, whether

Terms and Conditions (continued)

provided by you or otherwise. Descriptions of Assets Not Held at Schwab may be abbreviated or truncated. Some securities, especially thinly traded equities in the OTC market or foreign markets, may not report the most current price and are indicated as Stale Priced. Certain Limited Partnerships (direct participation programs) and Inflated Real Estate Investment Trust (REIT) securities, for which you may see a value on your monthly Account statement that reflects the issuer's appraised estimated value, are not listed on a national securities exchange, and are generally illiquid. Even if you are able to sell such securities, the price received may be less than the per share appraised estimated value provided in the account statement. Market Value: The Market Value is computed by multiplying the Market Price by the Quantity of Shares. This is the dollar value of your present holdings in your specified Schwab Account or a summary of the Market Value summed over multiple accounts. Non-Publicly Traded Securities: All assets shown on this statement, other than certain direct investments which may be held by a third party, are held in your Account. Values of certain Non-Publicly Traded Securities may be furnished by a third party as provided by Schwab's Account Agreement. Schwab shall have no responsibility for the accuracy or timeliness of such valuations. The Securities Investor Protection Corporation (SIPC) does not cover many limited partnership interests. Schwab Sweep Money Funds: Includes the primary money market funds into which Free Credit Balances may be automatically invested pursuant to your Account Agreement. Schwab or an affiliate sets and receives compensation as the investment Adviser, Shareholder Service Agent and Distributor for the Schwab Sweep Money Funds. The amount of such compensation is disclosed in the prospectus. The yield information for Schwab Sweep Money Funds is the current 7-day yield as of the statement period. Yields vary. If on any given day, the accrued daily dividend for your selected sweep money fund as calculated for your account is less than ½ of 1 cent ($0.005), your account will not earn a dividend for that day. In addition, if you do not accrue at least 1 daily dividend of $0.01 during a pay period, you will not receive a money market dividend for that period. Schwab and the Schwab Sweep Money Funds investment adviser may be voluntarily reducing a portion of a Schwab Sweep Money Fund's expenses. Without these reductions, yields would have been lower. Securities Products and Services: Securities products and services are offered by Charles Schwab & Co., Inc., Member SIPC. Securities products and services, including uninvested (sweep) funds and net credit balances held in brokerage accounts are not deposits or other obligations of, or guaranteed by, any bank, are not FDIC insured, and are subject to investment risk and may lose value. SIPC does not cover balances held at Program Banks in the Bank Sweep and Bank Sweep for Benefit Plans features. Please see your Cash Feature Disclosure Statement for more information on insurance coverage. Yield to Maturity: This is the actual average annual return on a note if held to maturity. IN CASE OF ERRORS OR DISCREPANCIES: If you find an error or discrepancy relating to your brokerage activity (other than an electronic fund transfer) you must notify us promptly, but no later than 10 days after this statement is sent or made available to you. If this statement shows that we have mailed or delivered security certificate(s) that you have not received, notify Schwab immediately. You may call us at 800-435-4000. (Outside the U.S., call +1-415-667-8400.) If you're a client of an independent investment advisor, call us at 800-515-2157. Any oral communications should be re-confirmed in writing to further protect your rights, including rights under the Securities Investor Protection Act (SIPA). If you do not so notify us, you agree that the statement activity and Account balance are correct for all purposes with respect to those brokerage transactions. IN CASE OF COMPLAINTS: If you have a complaint regarding your Schwab statement, products or services, please write to Client Service & Support at Charles Schwab & Co., Inc., P.O. Box 982603 El Paso, TX 79998-2603, or call customer service at 800-435-4000. (Outside the U.S., call +1-415-667-8400.) If you're a client of an independent investment advisor, call us at 800-515-2157. Address Changes: If you fail to notify Schwab in writing of any change of address or phone number, you may not receive important notifications about your Account, and trading or other restrictions might be placed on your Account. Additional Information: We are required by law to report to the Internal Revenue Service adjusted cost basis information (if applicable), certain payments to you and credits to your Account during the calendar year. Retain this statement for income tax purposes. A financial statement for your inspection is available at Schwab's offices or a copy will be mailed to you upon written request. Any third-party trademarks appearing herein are the property of their respective owners. Charles Schwab Bank, Charles Schwab Premier Bank, and Charles Schwab Trust Bank are separate but affiliated companies and subsidiaries of the Charles Schwab Corporation. © 2025 Charles Schwab & Co., Inc. ("Schwab"). All rights reserved. Member SIPC. (0102JETNC) (0922-20UL)

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Form 1040 U.S. Individual Income Tax Return 2024

Department of the Treasury-Internal Revenue Service | OMB No. 1545-0074 | IRS Use Only-Do not write or staple in this space.

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

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

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

[redacted] address, also complete spaces below. — State [redacted] — ZIP code

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

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

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

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

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

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

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

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

Dependents (see instructions):

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

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

Income

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

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

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	157,318
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	157,318
2a	Tax-exempt interest	2a		b Taxable interest	2b	30,920
3a	Qualified dividends	3a	25,702	b Ordinary dividends	3b	25,702
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	0
8	Additional income from Schedule 1, line 10				8	(3,237)
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	210,703
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	210,703
12	**Standard deduction or itemized deductions** (from Schedule A)				12	14,600
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	14,600
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	196,103

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.

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Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	37,794
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	37,794
	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	37,794
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	407
	24	Add lines 22 and 23. This is your **total tax**		24	38,201
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 43,795		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	43,795
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return		26	
	27	Earned income credit (EIC)	27		
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	0
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	43,795
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	5,594
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	5,594
Direct deposit? See instructions.	b	Routing number [redacted] e: ☒ Checking ☐ Savings			
	d	Account number [redacted]			
	36	Amount of line 34 you want **applied to your 2025 estimated tax**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	0
	38	Estimated tax penalty (see instructions)	38		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes.** Complete below. ☐ **No**

Designee's name PETER H MARTINSEN, CPA | Phone no. 561-203-9660 | Personal identification number (PIN) [redacted]

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.)
[redacted]		JUDGE	
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. [redacted]	Email address rrscher15@gmail.com		

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

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
PETER H MARTINSEN, CPA	02-12-2025	P01635534	☒ Self-employed
Preparer's name PETER H MARTINSEN, CPA	Phone no. 561-203-9660		
Firm's name PETER H MARTINSEN CPA LLC			
Firm's address 5220 HOOD RD STE 110 PALM BEACH GARDENS, FL 33418		Firm's EIN	81-3644839

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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

ROSEMARIE SCHER

Your social security number [redacted]

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	(3,237)
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ( )		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ( )		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v		
z	Other income. List type and amount:	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your **additional income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	(3,237)

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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

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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

ROSEMARIE SCHER

Your social security number [redacted]

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	
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	
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	407
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)

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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	407

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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

ROSEMARIE SCHER

Your social security number [redacted]

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:		
	Statement #1		30,920
	INTEREST SUBTOTAL 30,920	1	
2	Add the amounts on line 1	2	30,920
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	30,920

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: CHARLES SCHWAB & CO [redacted]		25,702
	DIVIDEND SUBTOTAL 25,702	5	
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6	25,702

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) 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

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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

ROSEMARIE SCHER

Your social security number [redacted]

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 page 2	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				
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	420,000	422,580	2,580	

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	
13 Capital gain distributions. See the instructions	13	
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 page 2	15	

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Part III Summary

16 Combine lines 7 and 15 and enter the result **16**

- 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?

☐ **Yes.** Go to line 18.

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

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

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

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

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

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

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 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.

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Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side | Social security number or taxpayer identification number

ROSEMARIE SCHER [redacted]

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the separate instructions.	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g).
Main Home	02-07-2022	07-15-2024	420,000	422,580	L	2,580	
2 **Totals.** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked)			420,000	422,580		2,580	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

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Name(s) shown on return. Do not enter name and social security number if shown on page 1. Your social security number

ROSEMARIE SCHER [redacted]

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column **(e)** on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198.** See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section . . . . . ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	846 BOCA LLC	P	☐	83-0689875	☐	☐
B	579 BOCA LLC - EDPA	P	☐	87-1888564	☐	☐
C			☐		☐	☐
D			☐		☐	☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach **Form 8582** if required)	(h) Passive income from **Schedule K-1**	(i) Nonpassive loss allowed (see **Schedule K-1**)	(j) Section 179 expense deduction from **Form 4562**	(k) Nonpassive income from **Schedule K-1**
A	0				
B	0		3,237		
C					
D					
29a Totals					
b Totals	0		3,237		

30	Add columns (h) and (k) of line 29a	30	
31	Add columns (g), (i), and (j) of line 29b	31	(3,237)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	32	(3,237)

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach **Form 8582** if required)	(d) Passive income from **Schedule K-1**	(e) Deduction or loss from **Schedule K-1**	(f) Other income from **Schedule K-1**
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from **Schedules Q**, line 2c (see instructions)	(d) Taxable income (net loss) from **Schedules Q**, line 1b	(e) Income from **Schedules Q**, line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	(3,237)
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

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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

ROSEMARIE SCHER

Your social security number or EIN [redacted]

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	30,920
2	Ordinary dividends (see instructions)			2	25,702
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	(3,237)		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	3,237		
c	Combine lines 4a and 4b			4c	0
5a	Net gain or loss from disposition of property (see instructions)	5a			
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	0
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	56,622

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	0
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	0

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	56,622
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	210,703		
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	10,703		
16	Enter the smaller of line 12 or line 15			16	10,703
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	407
	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	

Docusign Envelope ID: 35861277-F61F-410B-9C55-11A91C3EE1A8

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
2024

Submission Identification Number (SID) ▶

Taxpayer's name
ROSEMARIE SCHER

Social security number
[redacted]

Spouse's name

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2024 (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	210,703
2	Total tax	2	38,201
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	43,795
4	Amount you want refunded to you	4	5,594
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 Refund will be deposited to: [redacted]

[X] I authorize PETER H MARTINSEN CPA LLC (ERO firm name) to enter or generate my PIN [redacted] (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 ▶ DocuSigned by: [redacted] Date ▶ 2/13/2025

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. 606372-04786 (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 ▶ PETER H MARTINSEN, CPA Date ▶ 02-12-2025

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

Docusign Envelope ID: 35861277-F61F-410B-9C55-11A91C3EE1A8

Form **9325**
(January 2017)

Department of the Treasury - Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name
ROSEMARIE SCHER

Taxpayer address (optional)
[redacted]

1. ☐ Your federal income tax return for 2024 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by PETER H MARTINSEN CPA LLC .

2. ☐ Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____ .

3. ☐ Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.

4. ☐ Your electronic funds withdrawal payment request was accepted for processing.

5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.

6. ☐ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____ . The Submission ID assigned to your extension is _____ .

DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at *www.irs.gov*, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to *www.irs.gov* and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to *www.irs.gov/e-pay*.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to *www.irs.gov*. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

ROSEMARIE SCHER

Docusign Envelope ID: 35861277-F61F-410B-9C55-11A91C3EE1A8

Federal Supporting Statements	2024 PG01
Name(s) as shown on return	Tax ID Number
ROSEMARIE SCHER	[redacted]

Schedule B - Interest

Statement #1

Payer	Amount
579 BOCA LLC	15
846 BOCA LLC	100
BANK UNITED	3,306
CAPITAL ONE N.A.	3,758
CHARLES SCHWAB & CO [redacted]	214
SYNOVUS BANK	2,487
TRUIST BANK FKA SUNTRUST BANK [redacted]	5,200
TRUIST BANK FKA SUNTRUST BANK	1,144
WELLS FARGO	9,990
WELLS FARGO	4,706
Total	**30,920**

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Federal Supporting Statements

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

ROSEMARIE SCHER

Your Social Security Number

[redacted]

Form 8960 Line 4b Item Detail

K-1: 579 BOCA LLC	**3,237**
Total	**3,237**

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1040	Overflow Statement (This page is not filed with the return. It is for your records only.)	2024 Page 1
Name(s) as shown on return		Tax Identification Number
ROSEMARIE SCHER		[redacted]

Overflow Statement

Description	Amount
Dishwasher	$ 349
Dishwasher	40
Disposal and Dishwasher	595
Faucet	355
Floor	10,000
Granite	3,774
Painting	261
Painting	4,900
Painting	2,700
Popcorn Removal	3,500
Roof Repair	1,500
Sink	321
Window Fashions	3,800
Total:	**$ 32,095**

Schedule A, Line 11 - Cash Contributions, 60% limit

Description	Amount
Legal Aid Ticket	$ 260
Less: FMV of Ticket	(165)
Total:	**$ 95**

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1040 Dividend List

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

ROSEMARIE SCHER

Tax ID Number [redacted]

#	TSJ	Name of Payer	Res ST	Ordinary Dividends	Qualified Dividends	Capital Gain Distributions	Federal Tax Withheld	199A
1	T	CHARLES SCHWAB & CO	FL	25,702	25,702			
Totals from all pages				25,702	25,702			

#	25% Rate	Sec 1202	Investment Expenses	Nominee Div	NonTax State	US Gov Div	Res ST Muni Int	Other ST Mun Int
1								
Totals								

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1040 Interest Listing 2024

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return: ROSEMARIE SCHER

Tax ID Number: [redacted]

TSJ	Name of Payer	Res ST	Interest Income	Penalty for Early Withdrawal	United States Government Interest	Exempt from federal tax: Resident State State Interest	Exempt from federal tax: Other State State Interest	Nominee Interest	Accrued Interest	Other Tax-Exempt Interest	Federal Tax Withheld
T	579 BOCA LLC	FL	15								
T	846 BOCA LLC	FL	100								
T	BANK UNITED	FL	3,306								
T	CAPITAL ONE N.A.	FL	3,758								
T	CHARLES SCHWAB & CO	FL	214								
T	SYNOVUS BANK	FL	2,487								
T	TRUIST BANK FKA SUNTRUST BANK	FL	1,144								
T	TRUIST BANK FKA SUNTRUST BANK	FL	5,200								
T	WELLS FARGO	FL	4,706								
T	WELLS FARGO	FL	9,990								
	TOTALS		30,920								

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Federal Income Tax Withheld

(This page is not filed with the return. It is for your records only.)

2024 PG01

Name(s) as shown on return

ROSEMARIE SCHER

Tax ID Number [redacted]

Description	Amount
W2 - STATE OF FLORIDA	43,795
W-2 Subtotal	43,795
Total Withholdings	43,795

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W-2 Detail Listing

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

ROSEMARIE SCHER

Tax ID Number [redacted]

		FEDERAL			STATE	
T/S	Employer Name	Gross	W/H	State Code	Gross	W/H
T	STATE OF FLORIDA	157,318	43,795			
	Totals	157,318	43,795			

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Computation of Regular Tax

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

ROSEMARIE SCHER [redacted]

Statement for line 16 of Form 1040

Tax Rate Schedule for Single Filing Status

If taxable income is over	but not over	pay	plus	% on excess	of the amount over
0	11,600	0.00		10%	0
11,600	47,150	1,160.00		12%	11,600
47,150	100,525	5,426.00		22%	47,150
100,525	191,950	17,168.50		24%	100,525
191,950	**243,725**	**39,110.50**		**32%**	**191,950**
243,725	609,350	55,678.50		35%	243,725
609,350	. . . . .	183,647.25		37%	609,350

$39,110.50 + (($196,103.00 - $191,950.00) x 32.0%) = $40,439

Tax from Tax Rate Schedule	$ 40,439
Tax from Qualified Dividends/Capital Gain Worksheet	$ 37,794

$ 37,794 Tax computed using the most advantageous method allowed

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Qualified Dividends and Capital Gain Tax Worksheet - Line 16 (Form 1040)

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

ROSEMARIE SCHER

Taxpayer ID Number [redacted]

Before you begin:

- See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

1.	Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	196,103
2.	Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	25,702
3.	Are you filing Schedule D?* ☒ **Yes.** Enter the **smaller** of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-. ☐ **No.** Enter the amount from Form 1040 or 1040-SR, line 7.	3.	
4.	Add lines 2 and 3	4.	25,702
5.	Subtract line 4 from line 1. If zero or less, enter -0-	5.	170,401
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.	6.	47,025
7.	Enter the smaller of line 1 or line 6	7.	47,025
8.	Enter the smaller of line 5 or line 7	8.	47,025
9.	Subtract line 8 from line 7. This amount is taxed at 0%	9.	
10.	Enter the smaller of line 1 or line 4	10.	25,702
11.	Enter the amount from line 9	11.	
12.	Subtract line 11 from line 10	12.	25,702
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.	13.	518,900
14.	Enter the smaller of line 1 or line 13	14.	196,103
15.	Add lines 5 and 9	15.	170,401
16.	Subtract line 15 from line 14. If zero or less, enter -0-	16.	25,702
17.	Enter the smaller of line 12 or line 16	17.	25,702
18.	Multiply line 17 by 15% (0.15)	18.	3,855
19.	Add lines 9 and 17	19.	25,702
20.	Subtract line 19 from line 10	20.	
21.	Multiply line 20 by 20% (0.20)	21.	
22.	Figure the tax on the amount on line 5. If the amount on line 5 is less than $100,000, use the Tax Table to figure the tax. If the amount on line 5 is $100,000 or more, use the Tax Computation Worksheet	22.	33,939
23.	Add lines 18, 21, and 22	23.	37,794
24.	Figure the tax on the amount on line 1. If the amount on line 1 is less than $100,000, use the Tax Table to figure the tax. If the amount on line 1 is $100,000 or more, use the Tax Computation Worksheet	24.	40,439
25.	**Tax on all taxable income.** Enter the **smaller** of line 23 or 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25.	37,794

** If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.*

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Form 1040 or 1040-SR

Investment Income for the Earned Income Credit

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

ROSEMARIE SCHER

Tax ID Number [redacted]

Interest and Dividends

1. Enter any amount from Form 1040 or 1040-SR, line 2b 1. 30,920
2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b . . . . . 2.
3. Enter any amount from Form 1040 or 1040-SR, line 3b 3. 25,702
4. Enter the amount from Schedule 1 (Form 1040), line 8z, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.) . . . . . 4.

Capital Gain Net Income

5. Enter the amount from Form 1040 or 1040-SR, line 7. If the amount on that line is a loss, enter -0- . . . . . 5.
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) . . . . . 6.
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) . . . . . 7.

Royalties and Rental Income From Personal Property

8. Enter any royalty income from Schedule E, line 23b, plus any income from the rental of personal property shown on Schedule 1 (Form 1040), line 8l. Subtract any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Schedule 1 (Form 1040), line 24b. (If the result is less than zero, enter -0-) . . . . . 8.

Passive Activities

9. Enter the total of any net income from passive activities (such as income included on Schedule E, line 26, 29a (col. (h)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, line 26, 29b (col. (g)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-.) 9. 0
10. Adjustment from EIC screen . . . . . 10.
11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. **This is your investment income** 11. 56,622
12. Is the amount on line 11 more than **$11,600?**
    - [x] **Yes.** You can't take the credit.
    - [ ] **No.** Go to *Step 3* of the Form 1040 instructions for line 27 to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to *Rule 7*, next).

Instructions for line 9. In figuring the amount to enter on line 9, don't take into account any royalty income (or loss) included on line 26 of Schedule E or any amount included in your earned income. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, isn't from a passive activity, enter "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

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Primary Residence Calculations

(This page is not filed with the return. It is for your records only)

2024

Name(s) as shown on return

ROSEMARIE SCHER

Tax ID Number [redacted]

Worksheet 1. Adjusted Basis of Home Sold

Caution: See the Worksheet 1 Instructions before you use this worksheet.

1.	Enter the purchase price of the home sold. (If you filed Form 2119 when you originally acquired that home to postpone gain on the sale of a previous home before May 7, 1997, enter the adjusted basis of the new home from that Form 2119.)	1.	375,000
2.	Seller-paid points for home bought after 1990 Seller-paid points). Do not include any seller-paid points you already subtracted to arrive at the amount entered on line 1	2.	
3.	Subtract line 2 from line 1	3.	375,000
4.	Settlement fees for closing costs (see Settlement fees or closing costs.) If line 1 includes the adjusted basis of the new home from Form 2119, skip lines 4a - 4g and 5; go to line 6.		
a.	Abstract and recording fees	4a.	
b.	Legal fees (including fees for title search and preparing documents)	4b.	
c.	Survey fees	4c.	
d.	Title insurance	4d.	
e.	Transfer or stamp taxes	4e.	
f.	Amounts that the seller owed that you agreed to pay (back taxes or interest, recording or mortgage fees, and sales commissions)	4f.	
g.	Other	4g.	
5.	Add lines 4a through 4g	5.	
6.	Cost of additions and improvements. Do not include any additions and improvements included on line 1	6.	32,095
7.	Special tax assessments paid for local improvements, such as streets and sidewalks	7.	
8.	Other increases to basis	8.	
9.	Add lines 3, 5, 6, 7, and 8	9.	407,095
10.	Depreciation allowed or allowable, related to the business use or rental of the home	10.	
11.	Other decreases to basis (see Decreases to Basis)	11.	
12.	Add lines 10 and 11	12.	
13.	**Adjusted basis of home sold.** Subtract line 12 from line 9. Enter here and on Worksheet 2, line 4	13.	407,095

Worksheet 2. Taxable Gain on Sale of Home

Part 1: Gain or (Loss) on Sale

1.	Selling price of home	1.	420,000
2.	Selling expenses (including commissions, advertising and legal fees, and seller-paid loan charges)	2.	15,485
3.	Subtract line 2 from line 1. This is the amount realized	3.	404,515
4.	Adjusted basis of home sold (from Worksheet 1, line 13)	4.	407,095
5.	**Total gain or (loss)** on the sale. Subtract line 4 from line 3.	5.	(2,580)
5a.	**Gain or (loss)** allocated to business or rental portion.	5a.	
5b.	**Gain or (loss)** allocated to personal portion.	5b.	(2,580)

Part 2: Exclusion and Taxable Gain

6.	If you qualify to exclude gain on the sale, enter your maximum exclusion (see Maximum Exclusion). If you qualify for a reduced maximum exclusion, enter the amount from Worksheet 3, line 7. If you do not qualify to exclude gain, enter -0- and skip lines 7 and 8	6.	0
7.	Gain eligible for exclusion.	7.	
8.	**Exclusion.** Enter the smaller of line 6 or line 7	8.	
9.	**Taxable gain.** Subtract line 8 from line 7. Report your taxable gain as described under Reporting the Sale.	9.	0

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Primary Residence Calculations

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2024

Name(s) as shown on return

ROSEMARIE SCHER

Tax ID Number [redacted]

Worksheet 3. Reduced Maximum Exclusion

Caution: Complete this worksheet only if you qualify for a reduced maximum exclusion (see Reduced Maximum Exclusion.) Complete column (a).

			(a) You	(b) Your Spouse
1.	Maximum amount	1.	$250,000	$250,000
2a.	Enter the number of days (or months) that you used the property as a main home during the 5-year period* ending on the date of sale	2a.	889	
b.	Enter the number of days (or months) that you owned the property during the 5-year period* ending on the date of sale. If you used days on line 2a, you also must use days on this line and on lines 3 and 5. If you used months on line 2a, you also must use months on this line and on lines 3 and 5. (If married filing jointly and one spouse owned the property longer than the other spouse, both spouses are treated as owning the property for the longer period.)	b.	889	
c.	Enter the smaller of line 2a or 2b	c.		
3.	Have you (or your spouse, if filing jointly) excluded gain from the sale of another home during the 2-year period ending on the date of this sale? ☐ **No.** Skip line 3 and enter the number of days (or months) from line 2c on line 4. ☐ **Yes.** Enter the number of days (or months) between the date of the most recent sale of another home on which you excluded gain and the date of sale of this home	3.		
4.	Enter the smaller of line 2c or 3	4.		
5.	Divide the amount on line 4 by 730 days (or 24 months). Enter the result as a decimal (rounded to at least 3 places). But do not enter an amount greater than 1.000	5.		
6.	Multiply the amount on line 1 by the decimal amount on line 5	6.		
7.	**Reduced maximum exclusion.** Add the amounts in columns (a) and (b) of line 6. Enter it here and on Worksheet 2, line 6	7.		

* If you were a member of the uniformed services or Foreign Service, an employee of the intelligence community, or an employee or volunteer of the Peace Corps during the time you owned the home, see Members of the uniformed services or Foreign Service, employees of the intelligence community, or employees or volunteers of the Peace Corps to determine your 5-year period.

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Modified Adjusted Gross Income (MAGI)
Form 8582, Line 6

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2024

Name(s) as shown on return

ROSEMARIE SCHER

Tax ID Number [redacted]

	Regular tax	Alt Min Tax
Income		
Wages	157,318	157,318
Interest income before Series EE bond exclusion	30,920	30,920
Dividend income	25,702	25,702
Taxable state and local refunds		
Alimony received		
Nonpassive business income or (loss)		
Schedule D and Form 4797		
Taxable IRA distributions		
Taxable pensions and annuities		
Nonpassive partnership income or (loss) (including overall PTP gains and sold PTP losses)		
Nonpassive S corporation income or (loss)		
Nonpassive estate and trust income or (loss)		
Real Estate Mortgage Investment Conduits (REMICS)		
Royalty Income		
Net rental real estate gains for a real estate professional or non-passive rental		
Overall loss from the entire disposition of a passive activity	(3,237)	(3,237)
Nonpassive farm income or (loss)		
Unemployment compensation		
Other income		
Total income	210,703	210,703
Adjustments		
Educator expenses		
Certain business expenses of reservists, performing artists, and fee-based government officials		
Health savings account deduction		
Moving expenses		
Self-employed SEP, SIMPLE, and qualified plans		
Self-employed health insurance deduction		
Penalty on early withdrawal of savings		
Alimony paid		
Other adjustments		
Total adjustments	0	0
Subtract total adjustments from total income	210,703	210,703
MAGI adjustment from input screen E2		
Modified adjusted gross income	210,703	210,703

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Partner's Adjusted Basis Worksheet, page 1

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2024

Name of Partner: ROSEMARIE SCHER	SS [redacted]
Name of Partnership: 846 BOCA LLC	EIN [redacted]

A.	Partner's share of partnership liabilities (Sch K-1, Item K)		A. 5,247		
B.	Partner's share of partnership liabilities from PRIOR year		B. (7,376)		
C.	Increases (Decrease) in share of Partnership Liabilities during this tax period		C. (2,129)		
1.	Adjusted Basis from preceding year				1. 313,463
2.	Capital contributions of property				
a.	Gain (if any) recognized this year on contribution of property to partnership		2 a.		
b.	Cash contributed during the year		b.		
c.	Adjusted basis of property contributed during the year		c.		
d.	Partnership interest acquired other than by cash or property		d.		
	Total additional contributions (Total lines 2a-2d)			2.	
3.	Items of Income or Gain for this period				
a.	Ordinary Income	(Sch K-1, Line 1)	3 a.		
b.	Real Estate Rental Income	(Sch K-1, Line 2)	b.		
c.	Other Rental Income	(Sch K-1, Line 3c)	c.		
d.	Interest, Dividends & Royalties	(Sch K-1, Lines 5, 6a & 7)	d. 100		
e.	Capital Gain	(Sch K-1, Lines 8 & 9a)	e.		
f.	Other Portfolio Income	(Sch K-1, Line 11a)	f.		
g.	Section 1231 Gain	(Sch K-1, Line 10)	g.		
h.	Other Income	(Sch K-1, Line 11i)	h.		
i.	Tax Exempt Income	(Sch K-1, Lines 18a & b)	i.		
j.	Excess Depletion Adjustment		j.		
k.	Increase from Recapture of Business Credits		k.		
l.	Gain from 179 disposition (See IRC § 49(a), 50(a), 50(c)(2) & 1371 (d))		l.		
	Total items of Income or Gains (Total lines 3a-3l)			3. 100	
4.	Increase in Partnership Share of Partnership Liabilities from line C above			4.	
5.	Total increases in basis (combine lines 1 through 4)				5. 313,563
6.	Cash Distributions to the Partner during the year			6. 6,850	
7.	Decrease in Partner's Share of Partnership Liabilities from line C above			7. 2,129	
8	Decrease for Non-Deductible Expenses/Credit Adjustments			8. 35	
9.	Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8)				9. 304,549
10.	Items of Losses and Deductions (Allowed for the current year)				
a.	Ordinary Loss	(Page 2, Col d, Line 10a)	10 a.		
b.	Real Estate Rental Loss	(Page 2, Col d, Line 10b)	b. 8,116		
c.	Other Rental Loss	(Page 2, Col d, Line 10c)	c.		
d.	Capital Loss	(Page 2, Col d, Line 10d)	d.		
e.	Other Portfolio Loss	(Page 2, Col d, Line 10e)	e.		
f.	Section 1231 Loss	(Page 2, Col d, Line 10f)	f.		
g.	Other Loss	(Page 2, Col d, Line 10g)	g.		
h.	Charitable Contributions	(Page 2, Col d, Line 10h)	h.		
i.	Section 179 Expense	(Page 2, Col d, Line 10i)	i.		
j.	Portfolio Income Expenses	(Page 2, Col d, Line 10j)	j.		
k.	Other Deductions	(Page 2, Col d, Line 10k)	k.		
l.	Interest Expense on Investment Debt	(Page 2, Col d, Line 10l)	l.		
m.	Section 59(e) Expenditures	(Page 2, Col d, Line 10m)	m.		
n.	Other decreases	(Page 2, Col d, Line 10n)	n.		
o.	Loss from 179 disposition	(Page 2, Col d, Line 10o)	o.		
	Total items of Losses and Deductions (Total lines 10a-10o)			10. 8,116	
11.	Adjusted Basis of Partnership Interest (Cannot be negative) (Line 9-Line 10)				11. 296,433

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Partner's Adjusted Basis Worksheet, page 1

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2024

Name of Partner: ROSEMARIE SCHER	SSN [redacted]
Name of Partnership: 579 BOCA LLC	EIN [redacted]

A.	Partner's share of partnership liabilities (Sch K-1, Item K)		A.		
B.	Partner's share of partnership liabilities from PRIOR year		B.	( )	
C.	Increases (Decrease) in share of Partnership Liabilities during this tax period		C.		
1.	Adjusted Basis from preceding year				1. 11,302
2.	Capital contributions of property				
a.	Gain (if any) recognized this year on contribution of property to partnership		2 a.		
b.	Cash contributed during the year		b.		
c.	Adjusted basis of property contributed during the year		c.		
d.	Partnership interest acquired other than by cash or property		d.		
	Total additional contributions (Total lines 2a-2d)			2.	
3.	Items of Income or Gain for this period				
a.	Ordinary Income	(Sch K-1, Line 1)	3 a.		
b.	Real Estate Rental Income	(Sch K-1, Line 2)	b.		
c.	Other Rental Income	(Sch K-1, Line 3c)	c.		
d.	Interest, Dividends & Royalties	(Sch K-1, Lines 5, 6a & 7)	d.	15	
e.	Capital Gain	(Sch K-1, Lines 8 & 9a)	e.		
f.	Other Portfolio Income	(Sch K-1, Line 11a)	f.		
g.	Section 1231 Gain	(Sch K-1, Line 10)	g.		
h.	Other Income	(Sch K-1, Line 11l)	h.		
i.	Tax Exempt Income	(Sch K-1, Lines 18a & b)	i.		
j.	Excess Depletion Adjustment		j.		
k.	Increase from Recapture of Business Credits		k.		
l.	Gain from 179 disposition		l.		
	(See IRC § 49(a), 50(a), 50(c)(2) & 1371 (d))				
	Total items of Income or Gains (Total lines 3a-3l)			3. 15	
4.	Increase in Partnership Share of Partnership Liabilities from line C above			4.	
5.	Total increases in basis (combine lines 1 through 4)				5. 11,317
6.	Cash Distributions to the Partner during the year			6. 7,796	
7.	Decrease in Partner's Share of Partnership Liabilities from line C above			7.	
8	Decrease for Non-Deductible Expenses/Credit Adjustments			8.	
9.	Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8)				9. 3,521
10.	Items of Losses and Deductions (Allowed for the current year)				
a.	Ordinary Loss	(Page 2, Col d, Line 10a)	10 a.		
b.	Real Estate Rental Loss	(Page 2, Col d, Line 10b)	b.	3,237	
c.	Other Rental Loss	(Page 2, Col d, Line 10c)	c.		
d.	Capital Loss	(Page 2, Col d, Line 10d)	d.		
e.	Other Portfolio Loss	(Page 2, Col d, Line 10e)	e.		
f.	Section 1231 Loss	(Page 2, Col d, Line 10f)	f.		
g.	Other Loss	(Page 2, Col d, Line 10g)	g.		
h.	Charitable Contributions	(Page 2, Col d, Line 10h)	h.		
i.	Section 179 Expense	(Page 2, Col d, Line 10i)	i.		
j.	Portfolio Income Expenses	(Page 2, Col d, Line 10j)	j.		
k.	Other Deductions	(Page 2, Col d, Line 10k)	k.		
l.	Interest Expense on Investment Debt	(Page 2, Col d, Line 10l)	l.		
m.	Section 59(e) Expenditures	(Page 2, Col d, Line 10m)	m.		
n.	Other decreases	(Page 2, Col d, Line 10n)	n.		
o.	Loss from 179 disposition	(Page 2, Col d, Line 10o)	o.		
	Total Items of Losses and Deductions (Total lines 10a-10o)			10. 3,237	
11.	Adjusted Basis of Partnership Interest (Cannot be negative) (Line 9-Line 10)				11. 284

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Form **8995-A**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction

Attach to your tax return.

Go to *www.irs.gov/Form8995A* for instructions and the latest information.

OMB No. 1545-2294

2024

Attachment Sequence No. **55A**

Name(s) shown on return

ROSEMARIE SCHER

Your taxpayer identification number

[redacted]

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

Use this form if your taxable income, before your qualified business income deduction, is above $191,950 ($383,900 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	K1P: 846 NW 83RD LANE BOCA RATON FL	☐	☐	83-0689875	☐
B	K1P: 300 CORAL TRACE COURT DELRAY B	☐	☐	87-1888564	☐
C		☐	☐		☐

Part II Determine Your Adjusted Qualified Business Income

			A	B	C
2	Qualified business income from the trade, business, or aggregation. See instructions	2	0	0	
3	Multiply line 2 by 20% (0.20). If your taxable income is $191,950 or less ($383,900 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3	0	0	
4	Allocable share of W-2 wages from the trade, business, or aggregation	4	0	0	
5	Multiply line 4 by 50% (0.50)	5			
6	Multiply line 4 by 25% (0.25)	6			
7	Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7	0	0	
8	Multiply line 7 by 2.5% (0.025)	8			
9	Add lines 6 and 8	9	0	0	
10	Enter the greater of line 5 or line 9	10	0	0	
11	W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11	0	0	
12	Phased-in reduction. Enter the amount from line 26, if any	12			
13	Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13	0	0	
14	Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14			
15	Qualified business income component. Subtract line 14 from line 13	15	0	0	
16	Total qualified business income component. Add all amounts reported on line 15	16	0		

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SCHEDULE C (Form 8995-A)
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

Loss Netting and Carryforward

Attach to Form 8995-A.

Go to *www.irs.gov/Form8995A* for instructions and the latest information.

OMB No. 1545-2294

Attachment Sequence No. **55D**

Name(s) shown on return

ROSEMARIE SCHER

Your taxpayer identification number

[redacted]

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1 Trade, business, or aggregation name		(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
K1P: 846 NW 83RD LANE BOCA RATON FL 3	83-0689875	(8,116)		0
K1P: 300 CORAL TRACE COURT DELRAY BEA	87-1888564	(3,237)		0

2	Qualified business net (loss) carryforward from prior years. See instructions	2	(20,936)
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations	3	(32,289)
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations	4	
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b)	5	(0)
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-	6	(32,289)

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Carryover Worksheet
List of items that will carryover to the 2025 tax return

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

ROSEMARIE SCHER

Tax ID Number [redacted]

				Carryover Amount
Itemized Deductions				
Contributions subject to 100% of AGI limitations				
Contributions subject to 60% of AGI limitations				
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)				
Contributions subject to 30% of AGI limitations				
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)				
Taxable state and local refunds to Schedule 1 (Form 1040) line 1				
State/local taxes paid in 2025 to flow to the Schedule A				
State donations and contributions carryover				
State overpayment applied to next year				
Expenses				
Office in home operating expenses				
Office in home excess casualty losses and depreciation				
Disallowed investment interest expense	AMT		Reg. Tax	
Section 179 expense				
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use				
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use				
Losses				
Short-term capital loss	AMT		Reg. Tax	
Long-term capital loss	AMT		Reg. Tax	
Net operating loss	AMT		Reg. Tax	
Excess business loss from Form 461 (becomes part of NOL next year)	AMT		Reg. Tax	
Qualified REIT and PTP loss carryover				
QBI loss carryover				32,289
Nonrecaptured net section 1231 losses from WK_1231C	AMT		Reg. Tax	
Credits				
Mortgage interest credit				
Credit for prior year minimum tax				
Foreign Tax credit	AMT		Reg. Tax	
District of Columbia first time home owner's credit				
Residential clean energy credit				
Other				
Preparer Fee				
Overpayment applied to next year's estimates				
Estimated Tax Payment 1		Estimated Tax Payment 2		
Estimated Tax Payment 3		Estimated Tax Payment 4		
Federal tax liability for 2210 calculation				38,201
State tax liability for state 2210 calculation				
IRA basis	Taxpayer		Spouse	
Disaster distributions taxable in 2025	Taxpayer		Spouse	
Disaster distributions taxable in 2026	Taxpayer		Spouse	
Excess repayments from 8915-F	Taxpayer		Spouse	

Passive Activity

846 BOCA LLC	15,536		

At Risk Limitations

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Passive Activity Deduction Worksheet

Form 1040 or 1041 (This page is not filed with the return. It is for your records only.) **2024**

Name(s) as shown on return

ROSEMARIE SCHER

Tax ID Number [redacted]

PAN 1 Activity 846 BOCA LLC Form K1/E pg 2 100% Disposed Of NO

Regular Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized in Current Year	Losses Suspended To Next Year
Operating	(7,420)	(8,116)		(15,536)
Form 4797 - Part I				
Form 4797 - Part II				
Schedule D - Line 5				
Schedule D - Line 12				
TOTALS	(7,420)	(8,116)		(15,536)

Alternative Minimum Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized in Current Year	Losses Suspended To Next Year
Operating		(8,116)		(8,116)
Form 4797 - Part I				
Form 4797 - Part II				
Schedule D - Line 5				
Schedule D - Line 12				
TOTALS		(8,116)		(8,116)

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FOR ALT MIN TAX PURPOSES ONLY

Form **8582**

Department of the Treasury
Internal Revenue Service

Passive Activity Loss Limitations

See separate instructions.

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Go to *www.irs.gov/Form8582* for instructions and the latest information.

OMB No. 1545-1008

2024

Attachment Sequence No. **858**

Name(s) shown on return

Identifying number

ROSEMARIE SCHER [redacted]

Part I 2024 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see ***Special Allowance for Rental Real Estate Activities*** in the instructions.)

1a	Activities with net income (enter the amount from Part IV, column (a))	1a			
b	Activities with net loss (enter the amount from Part IV, column (b))	1b	( )		
c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	( )		
d	Combine lines 1a, 1b, and 1c			1d	

All Other Passive Activities

2a	Activities with net income (enter the amount from Part V, column (a))	2a			
b	Activities with net loss (enter the amount from Part V, column (b))	2b	(8,116)		
c	Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	( )		
d	Combine lines 2a, 2b, and 2c			2d	(8,116)
3	Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used			3	(8,116)

If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the **smaller** of the loss on line 1d or the loss on line 3			4	
5	Enter $150,000. If married filing separately, see instructions	5			
6	Enter modified adjusted gross income, but not less than zero. See instructions	6			
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.				
7	Subtract line 6 from line 5	7			
8	Multiply line 7 by 50% (0.50). **Do not** enter more than $25,000. If married filing separately, see instructions			8	
9	Enter the **smaller** of line 4 or line 8. If line 3 includes any CRD, see instructions			9	0

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	10	
11	**Total losses allowed from all passive activities for 2024.** Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	0

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 1a, 1b, and 1c					

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Part V **Complete This Part Before Part I, Lines 2a, 2b, and 2c.** See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
846 BOCA LLC	0	8,116	0	0	8,116
Total. Enter on Part I, lines 2a, 2b, and 2c	0	8,116	0		

Part VI **Use This Part if an Amount Is Shown on Part II, Line 9.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Total			1.00		

Part VII **Allocation of Unallowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
846 BOCA LLC	E LN 28	8,116	1	8,116
Total		8,116	1.00	8,116

Part VIII **Allowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
846 BOCA LLC	E LN 28	8,116	8,116	0
Total		8,116	8,116	0

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TAX RETURN COMPARISON 2022 / 2023 / 2024

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

ROSEMARIE SCHER

Identifying number [redacted]

	2022	2023	2024	Difference 2023-2024
Filing Status		Single	Single	
Number of Dependents				
Income				
Wages, salaries, tips, etc.		150,121	157,318	7,197
Taxable interest and dividends		53,911	56,622	2,711
Taxable state and local refunds				
Alimony				
Business income (loss)				
Gains (losses)		47,342		(47,342)
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss)		(9,597)	(3,237)	6,360
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income		241,777	210,703	(31,074)
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction				
Other adjustments				
Total Adjusted Gross Income		241,777	210,703	(31,074)
Deductions				
Medical deductions				
State and local taxes			5,993	5,993
Interest				
Contributions			95	95
Other deductions				
Total itemized deductions			6,088	6,088
Standard deduction		13,850	14,600	750
Total deductions claimed		13,850	14,600	750
Qualified Business Income Deduction				
Tax and Credits				
Taxable Income		227,927	196,103	(31,824)
Tax		43,542	37,794	(5,748)
Credits				
Self-employment tax				
Other taxes		1,588	407	(1,181)
Total Tax		45,130	38,201	(6,929)
Payments				
Withholdings		37,909	43,795	5,886
Estimated tax payments				
Earned income credit				
Other payments and credits				
Estimated tax penalty				
Overpayment			5,594	5,594
Overpayment applied				
Refund			5,594	5,594
Balance Due		7,221		(7,221)
Marginal tax rate		32.00	32.00	
Effective tax rate		19.10	19.27	0.17

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Account Transaction Summary

2024

Name(s) as shown on return

ROSEMARIE SCHER

Tax ID Number [redacted]

Account #1

Financial Institution	WELLS FARGO
Routing Transit Number	[redacted]
Account Number	
Account Type	checking

DS

Federal Main Form	
Federal Deposit	5,594
Net Deposit	**5,594**

PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize PETER H MARTINSEN CPA LLC to use this account.

DocuSigned by:

[redacted] 2/13/2025

Your Signature | Date | Spouse's Signature (If Married Filing Jointly) | Date

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Form **8582**

Department of the Treasury
Internal Revenue Service

Passive Activity Loss Limitations

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to *www.irs.gov/Form8582* for instructions and the latest information.

OMB No. 1545-1008

2024

Attachment Sequence No. **858**

Name(s) shown on return

ROSEMARIE SCHER

Identifying number [redacted]

Part I 2024 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see ***Special Allowance for Rental Real Estate Activities*** in the instructions.)

1a	Activities with net income (enter the amount from Part IV, column (a))	1a			
b	Activities with net loss (enter the amount from Part IV, column (b))	1b	( )		
c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	( )		
d	Combine lines 1a, 1b, and 1c			1d	

All Other Passive Activities

2a	Activities with net income (enter the amount from Part V, column (a))	2a			
b	Activities with net loss (enter the amount from Part V, column (b))	2b	(8,116)		
c	Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	(7,420)		
d	Combine lines 2a, 2b, and 2c			2d	(15,536)
3	Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used			3	(15,536)

If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the **smaller** of the loss on line 1d or the loss on line 3			4	
5	Enter $150,000. If married filing separately, see instructions	5			
6	Enter modified adjusted gross income, but not less than zero. See instructions	6			
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.				
7	Subtract line 6 from line 5	7			
8	Multiply line 7 by 50% (0.50). **Do not** enter more than $25,000. If married filing separately, see instructions			8	
9	Enter the **smaller** of line 4 or line 8. If line 3 includes any CRD, see instructions			9	0

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	10	
11	**Total losses allowed from all passive activities for 2024.** Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	0

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 1a, 1b, and 1c					

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Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
846 BOCA LLC	0	8,116	7,420	0	15,536
Total. Enter on Part I, lines 2a, 2b, and 2c	0	8,116	7,420		

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Total			1.00		

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
846 BOCA LLC	E LN 28	15,536	1	15,536
Total		15,536	1.00	15,536

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
846 BOCA LLC	E LN 28	15,536	15,536	0
Total		15,536	15,536	0