

General Information

Name: Hon John M Kest

CONFIDENTIAL

PID 70352

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Senior Judges	Consent to be Assigned	Senior / Retired Judge

Net WorthMy Net Worth as of December 31, 2024 was \$ 6,811,393.00.**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 \$ 370,500.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
{REDACTED}	\$ 2,000,000.00
{REDACTED}	\$ 350,000.00
Time Share {REDACTED}	\$ 18,000.00
{REDACTED}Cemetary	\$ 9,000.00

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/05/2025

Description of Asset	Value of Asset
Orange County Fla Hea	\$ 10,120.60
Hillsborough County F	\$ 10,300.00
Hillsborough County F	\$ 10,726.00
INVSCO QQQ TRUST SRS1	\$ 27,095.19
SCHWAB US DIVIDEND	\$ 8,196.00
VANGUARD DIVIDEND	\$ 12,728.95
VANGUARD MID CAP ETF	\$ 4,226.08
VANGUARD S&P 500 ETF	\$ 16,164.30
VANGUARD SMALL CAP ETF	\$ 2,402.80
ISHARES MSCI USA QLTY	\$ 112,012.32
ISHARES TR IS 1-5 YR IN	\$ 71,139.20
ISHARES MSCI INTL QUALITY	\$ 103,973.12
DFA FIVE-YEARS GLOBAL FIX	\$ 199,997.35
DFA ONE-YEAR FIXED-INCOM	\$ 207,482.11
VANGUARD SHORT TERM BOND	\$ 198,628.32
DFA EMERGING MARKETS COR	\$ 111,622.20
DFA INTERNATIONAL SMALL	\$ 75,413.96
DFA INTERNATIONAL SMALL	\$ 69,933.99
DFA INTERNATIONAL VALUE III	\$ 151,797.55
DFA REAL ESTATE SECURITIES I	\$ 63,452.84
DFA US LARGE CAP VALUE III	\$ 286,792.11
DFA US SMALLCAP I	\$ 47,051.77
DFA US SMALL CAP VALUE I	\$ 158,901.73
VANGUARD TOTAL STOCK MKT	\$ 362,635.23
GUGGENHEIM CORE BOND FUN	\$ 11,133.11
FIELITY ADVISOR INTL CA	\$ 27,160.07
JPMORGAN LARGE CAP GROWT	\$ 47,384.29
PUTNAM LARGE CAP VALUE Y	\$ 66,926.51
TOUCHSTONE LARE CAP FOC	\$ 77,993.45

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/05/2025

Description of Asset	Value of Asset
INVSC QQQ TRUST SRS 1	\$ 35,786.10
ISHARES IBOXB INVT GRADE	\$ 10,684.00
VANGUARD SHORT TERM COR	\$ 11,701.50
VANGUARD TOTAL BOND	\$ 14,382.00
US TREASUR NT	\$ 19,097.97
STANLEY BLACK &	\$ 15,001.16
JPMORGAN CHASE 5	\$ 10,005.07
TOYOTA MOTOR CREDIT	\$ 24,792.90
BARCLAYS BANK PLC 6%	\$ 25,053.25
HEWLETT PACKARD ENT	\$ 9,638.59
JEFFERIES FINL GR	\$ 24,698.83
DUKE ENERGY CORP NEW	\$ 21,548.00
NEXTERA ENERGY INC	\$ 43,014.00
SOUTHERN CO	\$ 32,928.00
DODGE & COX GLOBAL BOND	\$ 16,578.64
LOOMIS SAYLES INVESTMENT	\$ 58,202.86
VANGUARD EMERGING MARKET	\$ 21,231.48
COLUMBIA DIVIDEND INCOME	\$ 110,916.50
EVENTIDE HEALTHCARE & LI	\$ 22,974.60
FIDELITY ADVISOR REAL ES	\$ 29,297.85
FIDELITY ADVISOR SMALL C	\$ 53,489.56
FIDELITY INTERNATIONAL S	\$ 39,653.48
FIDELITY OTC	\$ 158,566.11
MACQUARIE MID CAP INCOME	\$ 47,823.87
MFS INTERNATIONAL INTRIN	\$ 48,823.62
MORGAN STANLEY INST INTL	\$ 49,083.88
VIRTUS KAR MID-CAP GROWT	\$ 67,528.09
INVSC QQQ TRUST SRS 1	\$ 178,930.50
ISHARES CORE S&P MID CAP	\$ 68,541.00

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/05/2025

Description of Asset	Value of Asset
SCHWAB US DIVIDEND	\$ 32,784.00
VANGUARD INTERMEDIATE	\$ 24,081.00
VANGUARD S&P 500 ETF	\$ 80,821.50
VANGUARD TOTAL BOND	\$ 82,696.50
XTRACKERS MSCI EAFE HDGD	\$ 33,120.00
AMERICAN TOWER CORP NEW	\$ 9,170.50
AVALONBAY CMNTYS INC	\$ 21,997.00
DIGITAL RLTY TR INC	\$ 26,599.50
REALTY INCOME CORP	\$ 16,023.00
CHARLES SCHWAB CASH ACCOUNTS COMBINED	\$ 20,906.17
CHARLES SCHWAB SWEEP ACCOUNT COMBINED	\$ 43,289.70
529 CAPITAL GROUP COLLEGE AMERICA	\$ 53,009.51
529 CAPITAL GROUP COLLEGE AMERICA	\$ 50,850.26
529 CAPITAL GROUP COLLEGE AMERICA	\$ 49,366.30
MY529 (COLLEGE ACCOUNT)	\$ 61,583.70
MY529 (COLLEGE ACCOUNT)	\$ 56,796.48

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Regions bank	111 North Orange Ave., Orlando, FL	\$ 148,295.00

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			

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.

John Marshall Kest

Digitally signed: 06/05/2025

Filed with COE: 06/05/2025

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name

JOHN M KEST

Spouse's name

KEST

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	749,868.
2	Total tax	2	186,032.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	183,923.
4	Amount you want refunded to you	4	
5	Amount you owe	5	2,109.

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

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

Taxpayer's PIN: check one box only

☒ I authorize WILLIAM H. CROSS & CO., P.A. to enter or generate my PIN as my
ERO firm name
signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but
don't enter all zeros

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

Your signature ▶

Date ▶

Spouse's PIN: check one box only

☒ I authorize WILLIAM H. CROSS & CO., P.A. to enter or generate my PIN as my
ERO firm name
signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but
don't enter all zeros

☐ 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.

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 ▶ **WILLIAM H. CROSS, CPA**

Date ▶

**ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So****BAA For Paperwork Reduction Act Notice, see your tax return instructions.**Form **8879** (Rev. 01-2021)

01/22/21

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

See separate instructions.

Your first name and middle initial
JOHN M KEST

Last name
KEST

Your social security number
[REDACTED]

If joint return, spouse's first name and middle initial Last name
[REDACTED] KEST

Spouse's social security number
[REDACTED]

Home address (number and street). If you have a P.O. box, see instructions.
[REDACTED]

Apt. no.
[REDACTED]

City, town, or post office. If you have a foreign address, also complete spaces below.
[REDACTED]

State
[REDACTED]

ZIP code
[REDACTED]

Foreign country name
[REDACTED]

Foreign province/state/county
[REDACTED]

Foreign postal code
[REDACTED]

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

☐ Single ☒ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS)

☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box

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

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

Digital Assets

At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)

☐ Yes ☒ No

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You: ☒ Were born before January 2, 1960 ☐ Are blind

Spouse: ☒ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions):		(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instr.):	
						Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ☐						☐	☐
						☐	☐
						☐	☐
						☐	☐

Income

1a Total amount from Form(s) W-2, box 1 (see instructions) **1a** 26,000.

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** 26,000.

2a Tax-exempt interest **2a** 2,474.

2b Taxable interest **2b** 236.

3a Qualified dividends **3a** 2,073.

3b Ordinary dividends **3b** 2,116.

4a IRA distributions **4a** 489,566.

4b Taxable amount **4b** 476,816.

5a Pensions and annuities **5a** 158,882.

5b Taxable amount **5b** 158,736.

6a Social security benefits **6a** 104,664.

6b Taxable amount **6b** 88,964.

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	-3,000.	
8 Additional income from Schedule 1, line 10	8		
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	749,868.	
10 Adjustments to income from Schedule 1, line 26	10		
Standard Deduction See <i>Standard Deduction Chart</i> on the last page of this form.	11 Subtract line 10 from line 9. This is your adjusted gross income	11	749,868.
12 Standard deduction or itemized deductions (from Schedule A)	12	48,168.	
13 Qualified business income deduction from Form 8995 or Form 8995-A	13	7.	
14 Add lines 12 and 13	14	48,175.	
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	701,693.	
Tax and Credits	16 Tax (see instructions). Check if any from:	16	
1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐	16	186,032.	
17 Amount from Schedule 2, line 3	17		
18 Add lines 16 and 17	18	186,032.	
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	186,032.	
23 Other taxes, including self-employment tax, from Schedule 2, line 21	23		
24 Add lines 22 and 23. This is your total tax	24	186,032.	
Payments	25 Federal income tax withheld from:	25d	183,923.
a Form(s) W-2	25a	4,328.	
b Form(s) 1099	25b	179,595.	
c Other forms (see instructions)	25c		
d Add lines 25a through 25c			
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
33 Add lines 25d, 26, and 32. These are your total payments			33
			183,923.

Refund**34** If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**.**34****35a** Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐**35a**Direct deposit?
See instructions.**b** Routing number**c** Type: ☐ Checking ☐ Savings**d** Account number**36** Amount of line 34 you want **applied to your 2025 estimated tax**.**36****Amount You Owe****37** Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to www.irs.gov/Payments or see instructions.**37**

2,109.

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

WILLIAM H. CROSS, CPA

Phone no.

407-894-6771

Personal identification number (PIN)

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.)

RETIRED

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.)

RETIRED

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

Phone no.

Email address

Paid Preparer Use Only

Preparer's name

WILLIAM H. CROSS, CPA

Preparer's signature

WILLIAM H. CROSS, CPA

Date

3-5-25

PTIN

P00928861

Check if:

☐ Self-employed

Firm's name

WILLIAM H. CROSS & CO., P.A.

Phone no.

407-894-6771

Firm's address

601 N FERN CREEK AVE
ORLANDO, FL 32803

Firm's EIN

30-0518876

Standard Deduction Chart*Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* on page 1..... 2

IF your filing status is...	AND the number of boxes checked is...	THEN your standard deduction is...
Single	1	\$ 16,550
	2	18,500
Married filing jointly	1	\$ 30,750
	2	32,300
	3	33,850
	4	35,400
Qualifying surviving spouse	1	\$ 30,750
	2	32,300
Head of household	1	\$ 23,850
	2	25,800
Married filing separately**	1	\$ 16,150
	2	17,700
	3	19,250
	4	20,800

*Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

**You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.

Go to www.irs.gov/Form1040SR for instructions and the latest information.

Form 1040-SR (2024)

SCHEDULE A
(Form 1040)Department of the Treasury
Internal Revenue Service**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

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

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

OMB No. 1545-0074

2024Attachment
Sequence No **07**

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

JOHN M AND [REDACTED] KEST

Your social security number

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- | | | | |
|---|---|---|----------|
| 1 | Medical and dental expenses (see instructions) | 1 | 15,196. |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 | 2 | 749,868. |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | 56,240. |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 0. |

**Taxes You
Paid**

- | | | | |
|---|---|----|---------|
| 5 | State and local taxes.
a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box. ☒
b State and local real estate taxes (see instructions)
c State and local personal property taxes
d Add lines 5a through 5c
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)
6 Other taxes. List type and amount: _____
7 Add lines 5e and 6 | 5a | 1,930. |
| | | 5b | 15,675. |
| | | 5c | |
| | | 5d | 17,605. |
| | | 5e | 10,000. |
| | | 6 | |
| | | 7 | 10,000. |

**Interest You
Paid****Caution:** Your mortgage interest deduction may be limited. See instructions.

- | | | | |
|---|--|----|--------|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box. ☐
a Home mortgage interest and points reported to you on Form 1098. See instructions if limited
b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address
c Points not reported to you on Form 1098. See instructions for special rules
d Reserved for future use
e Add lines 8a through 8c
9 Investment interest. Attach Form 4952 if required. See instructions.
10 Add lines 8e and 9. | 8a | 6,591. |
| | | 8b | |
| | | 8c | |
| | | 8d | |
| | | 8e | 6,591. |
| | | 9 | |
| | | 10 | 6,591. |

**Gifts to
Charity****Caution:** If you made a gift and got a benefit for it, see instructions.

- | | | | |
|----|--|----|---------|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | 31,577. |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 12 | |
| 13 | Carryover from prior year. | 13 | |
| 14 | Add lines 11 through 13 | 14 | 31,577. |

**Casualty and
Theft Losses**

- | | | | |
|----|--|----|----|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 15 | 0. |
|----|--|----|----|

**Other
Itemized
Deductions**

- | | | | |
|----|---|----|----|
| 16 | Other—from list in instructions. List type and amount: _____
_____ | 16 | 0. |
|----|---|----|----|

**Total
Itemized
Deductions**

- | | | | |
|----|---|----|---------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12. | 17 | 48,168. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box. ☐ | | |

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

JOHN M AND [REDACTED] KEST

Your social security number

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.

- 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:

CHARLES SCHWAB [REDACTED]

REGIONS BANK [REDACTED]

Amount

34.

202.

1

- 2 Add the amounts on line 1. 2 236.
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. . . 4 236.

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

- 5 List name of payer.

CHARLES SCHWAB [REDACTED]

PRINCIPAL FINANCIAL GROUP [REDACTED]

WALT DISNEY COMPANY

Amount

1,383.

636.

97.

5

- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b. 6 2,116.

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

Part III

**Foreign
Accounts
and Trusts**

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.

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.

- 7a At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions. X
If 'Yes,' are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements.
b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:
8 During 2024, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions. X

Yes	No
	X
	X

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

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

OMB No. 1545-0074

2024Attachment
Sequence No **12**

Name(s) shown on return

JOHN M AND [REDACTED] KEST

Your social security number

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

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

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.	32,425.	33,122.		-697.
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 (1,880.)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back.				7 -2,577.

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.	9,524.	9,950.		-426.
8b Totals for all transactions reported on Form(s) 8949 with Box D checked.				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked.				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked.				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824.				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.				12
13 Capital gain distributions. See the instrs.				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions.				14 (39,832.)
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back.				15 -40,258.

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	-42,835.
• 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	(3,000.)
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.		

Schedule D (Form 1040) 2024

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.

2024

Attachment
Sequence No. 72

Name(s) shown on your tax return

JOHN M AND [REDACTED] KEST

Your social security number or EIN

Part I Investment Income

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

1	Taxable interest (see instructions)		1	236.
2	Ordinary dividends (see instructions)		2	2,116.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c	Combine lines 4a and 4b		4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	-3,000.	
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	-3,000.
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	-648.

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	10,000.	
d	Add lines 9a, 9b, and 9c		9d	10,000.
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	10,000.

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	0.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	749,868.
14	Threshold based on filing status (see instructions)	14	250,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-.	15	499,868.
16	Enter the smaller of line 12 or line 15.	16	
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	
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	

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

JOHN M AND [REDACTED] KEST

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		☐	☐		☐
B		☐	☐		☐
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		
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		
4 Allocable share of W-2 wages from the trade, business, or aggregation.	4		
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		
8 Multiply line 7 by 2.5% (0.025)	8		
9 Add lines 6 and 8	9		
10 Enter the greater of line 5 or line 9	10		
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11		
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		
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		
16 Total qualified business income component. Add all amounts reported on line 15	16		

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

Form 8995-A (2024)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$191,950 but not \$241,950 (\$383,900 and \$483,900 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
17 Enter the amounts from line 3	17			
18 Enter the amounts from line 10	18			
19 Subtract line 18 from line 17	19			
20 Taxable income before qualified business income deduction	20			
21 Threshold. Enter \$191,950 (\$383,900 if married filing jointly)	21			
22 Subtract line 21 from line 20	22			
23 Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23			
24 Phase-in percentage. Divide line 22 by line 23	24			
25 Total phase-in reduction. Multiply line 19 by line 24	25			
26 Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26			

Part IV Determine Your Qualified Business Income Deduction

27 Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27			
28 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28	37.		
29 Qualified REIT dividends and PTP (loss) carryforward from prior years	29			
30 Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30	37.		
31 REIT and PTP component. Multiply line 30 by 20% (0.20)	31	7.		
32 Qualified business income deduction before the income limitation. Add lines 27 and 31	32			7.
33 Taxable income before qualified business income deduction	33	701,700.		
34 Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	34	2,073.		
35 Subtract line 34 from line 33. If zero or less, enter -0-	35			699,627.
36 Income limitation. Multiply line 35 by 20% (0.20)	36			139,925.
37 Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37			7.
38 DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38			
39 Total qualified business income deduction. Add lines 37 and 38	39			7.
40 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40			

Form 8995-A (2024)

☐ CORRECTED (If checked)

PAYER FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 92,521.62		OMB No 1545-0119 2024 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS.
			2a Taxable amount \$ 92,521.62			
			2b Taxable amount not determined ☐			
PAYER'S TIN 59-1354377		RECIPIENT'S TIN [REDACTED]		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 20,682.60	
RECIPIENT JOHN M KEST [REDACTED]			5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$	
			7 Distribution code(s) 7	IRA/ SEP/ SIMPLE ☐	8 Other \$	
			9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib	12 FATCA filing requirement ☐	14 State tax withheld \$		15 State/Payer's state no	16 State distribution \$
Account number (see instructions) [REDACTED]		13 Date of payment	17 Local tax withheld \$		18 Name of locality	19 Local distribution \$

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

a Employee's social security number [REDACTED]		Payroll organization code 22-20-09-00-630		Intrdepartment number 0000000000	
b Employer identification number (EIN) 59 - 6001874		1 Wages, tips, other compensation 17,500.00		2 Federal income tax withheld 3,324.59	
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages		4 Social security tax withheld	
		5 Medicare wages and tips 17,500.00		6 Medicare tax withheld 253.75	
		7 Social security tips		10 Dependent care benefits	
d Control number 15674 01/07		11 Nonqualified plans		12a See instructions for box 12	
e Employee's first name, mi, and last name JOHN M KEST [REDACTED]		13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		12b	
		14 Other		12c	
				12d	
				12e	
f Employee's address and ZIP code					
15 State Employer's state ID number	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name

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

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)

AA427 (Rev 05/31/2024)

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

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

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2024

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name JOHN M KEST		Box 2. Beneficiary's Social Security Number [REDACTED]
Box 3. Benefits Paid in 2024 \$56,628.00	Box 4. Benefits Repaid to SSA in 2024 NONE	Box 5. Net Benefits for 2024 (Box 3 minus Box 4) \$56,628.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or Direct deposit \$49,029.60 Medicare Part B premiums deducted from your benefits \$6,708.00 Medicare Prescription Drug premiums (Part D) deducted from your benefits \$890.40 Total Additions \$56,628.00 Benefits for 2024 \$56,628.00		DESCRIPTION OF AMOUNT IN BOX 4 NONE
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address JOHN M KEST [REDACTED]
		Box 8. Claim Number (Use this number if you need to contact SSA.) [REDACTED]