

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/03/2025

General Information

Name: Ms Anne Marie Gannon

PID 43979

AGENCY INFORMATION

Organization	Suborganization	Title
Palm Beach County	Elected Constitutional Officer	Tax Collector

Net Worth

My Net Worth as of December 31, 2024 was \$ 2,521,920.00.

2024 Form 6 - Full and Public Disclosure of Financial Interests

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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 \$ 184,777.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Property at 236 Dixie Blvd, Delray Beach	\$ 950,000.00
Capital One Cash	\$ 111,252.00
Wells Fargo Cash	\$ 4,406.02
Wells Fargo Cash	\$ 48,818.00
FRS Investment - Voya 401A	\$ 199,001.00
IRA Raymond James 4375	\$ 53,412.00
Raymond James - Cash Equities DJ74	\$ 122,450.00
Raymond James - Equity 4375	\$ 47,839.68
Annuity - Riversource	\$ 205,817.00
Empower	\$ 419,924.00
Raymond James J674	\$ 60,361.00

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
Palm Beach Tax Collector	301 N. Olive Avenue, WPB, FL 33401	\$ 227,233.00
Dole Fresh fruit	Box 859, Pittsburg, PA 15230	\$ 6,099.00
Pension Benefit Corporation	Box 15239, Alexandra, WA 22315	\$ 1,015.92
SSA	1 Jamica Place, New York, NY 11432	\$ 48,878.00
1099 IRA	Raymond James, Jupiter, FL	\$ 3,323.00
Capital One Interest	1680 Capital One Dr., McClean, VA 22101	\$ 4,838.00
Voya	P. O. Box 990070, Hartford, CT 06199-0070	\$ 7,253.24
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

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer 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.

Anne Marie Gannon

Digitally signed: 06/03/2025

Filed with COE: 06/03/2025

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. February 2024)

Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year (enter year) 2024 or fiscal year (enter month and year ended)

Your first name and middle initial ANNE M.		Last name GANNON	Your social security number [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. 236 DIXIE BOULEVARD			Presidential Election Campaign Check here if you, or your spouse if filing jointly, didn't previously want \$3 to go to this fund, but now do. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code DELRAY BEACH, FL 33444			
Foreign country name Foreign province/state/county Foreign postal code			

Amended return filing status. You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.

☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse unless you are amending a Form 1040-NR. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above.
Use Part II on page 2 to explain any changes.

	A. Original amount reported or as previously adjusted (see instructions)	B. Net change — amount of increase or (decrease) — explain in Part II	C. Correct amount
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Income and Deductions

1	Adjusted gross income. If a net operating loss (NOL) carryback is included, check here. ☐	1	254,263.	-5,717.	248,546.
2	Itemized deductions or standard deduction	2	16,550.		16,550.
3	Subtract line 2 from line 1.	3	237,713.	-5,717.	231,996.
4a	Reserved for future use	4a			
4b	Qualified business income deduction	4b	20.		20.
5	Taxable income. Subtract line 4b from line 3. If the result for column C is zero or less, enter -0- in column C.	5	237,693.	-5,717.	231,976.

Tax Liability

6	Tax. Enter method(s) used to figure tax (see instructions): <u>QDCGTW</u>	6	53,355.	-1,829.	51,526.
7	Nonrefundable credits. If a general business credit carryback is included, check here. ☐	7	24.		24.
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	53,331.	-1,829.	51,502.
9	Reserved for future use	9			
10	Other taxes	10	533.		533.
11	Total tax. Add lines 8 and 10.	11	53,864.	-1,829.	52,035.

Payments

12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12	64,194.	-1,830.	62,364.
13	Estimated tax payments, including amount applied from prior year's return	13			
14	Earned income credit (EIC)	14			
15	Refundable credits from: ☐ Schedule 8812 Form(s) ☐ 2439 ☐ 4136 ☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify):	15			

16	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed.	16			
17	Total payments. Add lines 12 through 15, column C, and line 16.	17			62,364.

Refund or Amount You Owe

18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS.	18		10,330.	
19	Subtract line 18 from line 17. (If less than zero, see instructions.)	19		52,034.	
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference.	20		1.	
21	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return.	21			
22	Amount of line 21 you want refunded to you	22			
23	Amount of line 21 you want applied to your (enter year): estimated tax.	23			

Complete and sign this form on page 2.

Part I Dependents

Complete this part to change any information relating to your dependents. This would include a change in the number of dependents. Enter the information for the return year entered at the top of page 1.

	A. Original number of dependents reported or as previously adjusted	B. Net change -- amount of increase or (decrease)	C. Correct number
24 Reserved for future use.....	24		
25 Your dependent children who lived with you.....	25		
26 Reserved for future use.....	26		
27 Other dependents.....	27		
28 Reserved for future use.....	28		
29 Reserved for future use.....	29		

30 List ALL dependents (children and others) claimed on this amended return.

Dependents (see instructions):

(a) First name Last name	(b) Social security number	(c) Relationship to you	(d) Check the box if qualifies for (see instructions):	
			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ☐			☐	☐
			☐	☐
			☐	☐
			☐	☐

Part II Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

Attach any supporting documents and new or changed forms and schedules.

WE ARE AMENDING TO REMOVE A 2023 1099-R FORM'S INCOME AND FEDERAL TAX WITHHOLDINGS FROM THE FORM 1040-2024 RETURN, AS FILED.

SAID ERRANT FORM WAS ERRONEOUSLY INCLUDED ON THE INITIALLY FILED RETURN AND A COPY OF IT IS ATTACHED HEREWITH FOR YOUR PERUSAL!

IN ADDITION... A CHECK FOR THE ONE AND 00/100 (\$1.00) DOLLAR BALANCE OWING IS BEING MAILED IN, TOO!

SORRY FOR THE CONFUSION!

Sign Here	Remember to keep a copy of this form for your records.			
	Under penalties of perjury, I declare that I have filed an original return, and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.			
	Your signature <i>Anne M. Gannon</i>	Date <i>4-24-25</i>	Your occupation TAX COLLECTOR	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ☐
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ☐
Paid Preparer Use Only	Phone no. 561-251-1204		Email address	
	Preparer's name JACK H. DIETZ	Preparer's signature <i>[Signature]</i>	Date <i>4/18/25</i>	PTIN P00041455
	Firm's name TAXING MATTERS	Firm's address 1660 SOUTHERN BOULEVARD WEST PALM BEACH, FL 33406		Check if: ☒ Self-employed
	Firm's EIN 65-0007610		Phone no. (561) 697-9797	

For forms and publications, visit www.irs.gov/Forms.

Form 1040-X (Rev. 2-2024)

ANNE M. GANNON

**STATEMENT 1
FORM 1040-SR
WAGE SCHEDULE**

TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI- CARE	STATE W/H	LOCAL W/H
TAX COLLECTOR, PBC	190,107.	50,923.	10,453.	3,540.		
GRAND TOTAL	190,107.	50,923.	10,453.	3,540.	0.	0.

**STATEMENT 2
FORM 1040-SR
PENSION AND ANNUITIES SCHEDULE**

TAXPAYER - PAYER	TOTAL RECEIVED	TAXABLE AMOUNT	FEDERAL W/H	STATE W/H
STATE STREET RETIREE SERVICES FOR	1,016.	1,016.		
BNY MELLON - DOLE FRESH FRUIT SALAD	6,099.	6,099.		
GRAND TOTAL	7,115.	7,115.	0.	0.

**STATEMENT 3
FORM 1040-SR
IRA DISTRIBUTION SCHEDULE**

TAXPAYER - PAYER	TOTAL RECEIVED	TAXABLE AMOUNT	FEDERAL W/H	STATE W/H
RAYMOND JAMES & ASSOC - NEW HAMP	2,212.	2,212.	442.	
GRAND TOTAL	2,212.	2,212.	442.	0.

**STATEMENT 4
FORM 1116, LINE 1A - PASSIVE CATEGORY INCOME
GROSS INCOME FROM SOURCES OUTSIDE U.S.**
FOREIGN COUNTRY OR U.S. POSSESSION: OTHER COUNTRY (VARIOUS)

DIVIDENDS	\$	42.
GROSS FOREIGN SOURCE QUALIFIED DIVIDENDS	383.	
FOREIGN SOURCE QUALIFIED DIVIDEND ADJUSTMENT	-228.	
NET FOREIGN SOURCE QUALIFIED DIVIDENDS		155.
CAPITAL GAIN DISTRIBUTIONS	2.	
CAPITAL GAIN DISTRIBUTIONS ADJUSTMENT	-1.	
NET FOREIGN SOURCE CAPITAL GAIN DISTRIBUTIONS		1.
TOTAL	\$	198.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. VOYA RETIREMENT INSURANCE & ANNUITY CO. PO BOX 590067 HARTFORD, CT 06199-0067 (800) 584-6001		1 Gross distribution \$ 5717.42		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
		2a Taxable amount \$ 5717.42		2023 Form 1099-R			
PAYER'S TIN 71-0294708		2b Taxable amount not determined ☐ Total distribution ☐		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 1829.57	
				5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$	
RECIPIENT'S name ANNE M GANNON 236 DIXIE BLVD DELRAY BEACH FL 33444-3850		7 Distribution code(s) 7		8 Other ☐		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.	
		IRA/ SEP/ SIMPLE ☐		%			
Account number (see instructions) ☐		9a Your percentage of total distribution %		9b Total employee contributions \$		12 FATCA Filing requirement ☐	
		14 State tax withheld \$		15 State/Payer's state no. FL0		13 Date of payment	
10 Amount available to IRAs within 5 years \$		11 10 year or other distribution ☐		16 State distribution \$		17 Local distribution \$	
		17 Local tax withheld \$		18 Name of locality		19 Local distribution \$	

Form 1099-R Department of the Treasury - Internal Revenue Service

THIS WAS
 REMOVED FROM
 THE 2024
 INITIALLY
 FILED INCOME
 TAX RETURN

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

ANNE M. GANNON

Spouse's name

Social security number

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	254,263.
2	Total tax	2	53,864.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	64,194.
4	Amount you want refunded to you	4	10,330.
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only
☒ I authorize TAXING MATTERS to enter or generate my PIN [REDACTED] as my

ERO firm name

Enter five digits, but
don't enter all zeros

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 ►

Anne M. Gannon

Date ►

4-2-25

Spouse's PIN: check one box only
☐ I authorize Anne M. Gannon to enter or generate my PIN [REDACTED] as my

ERO firm name

Enter five digits, but
don't enter all zeros

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.

65095241455

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 ►

[Signature]

Date ►

3-23-25

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)

Department of the Treasury
Internal Revenue Service

For the year January 1–December 31, 2024

See instructions.Go to www.irs.gov/Form8453 for the latest information.**2024**Please
print or
type.

P R I N T C L E A R L Y	Your first name and middle initial		Last name		Your social security number	
	ANNE M. GANNON				[REDACTED]	
	If a 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.	
	236 DIXIE BOULEVARD					
City, town or post office, state, and ZIP code (If a foreign address, also complete spaces below.)						
DELRAY BEACH				FL 33444		
Foreign country name Foreign province/state/county Foreign postal code						

Important!
You **must** enter
your SSN(s) above.**FILE THIS FORM ONLY IF YOU ARE ATTACHING ONE OR MORE
OF THE FOLLOWING FORMS OR SUPPORTING DOCUMENTS.****Check the applicable box(es) to identify the attachments.**

- ☐ Form 1098-C, Contributions of Motor Vehicles, Boats, and Airplanes (or equivalent contemporaneous written acknowledgement)
- ☐ Form 2848, Power of Attorney and Declaration of Representative (or POA that states the agent is granted authority to sign the return)
- ☐ Form 3115, Application for Change in Accounting Method
- ☐ Form 3468 - Attach a copy of the first page of NPS Form 10-168, Historic Preservation Certification Application (Part 2 – Description of Rehabilitation), with an indication that it was received by the Department of the Interior or the State Historic Preservation Officer, together with proof that the building is a certified historic structure (or that such status has been requested)
- ☐ Form 4136 - Attach the appropriate certificates and, if applicable, the appropriate reseller statements for biodiesel, renewable diesel, and sustainable aviation fuel claims
- ☐ Form 5713, International Boycott Report
- ☐ Form 8283, Noncash Charitable Contributions, Section A (if any statement or qualified appraisal is required), or Section B, Donated Property, and any related attachments (including any qualified appraisal or partnership Form 8283)
- ☐ Form 8332, Release/Revocation of Release of Claim to Exemption for Child by Custodial Parent (or certain pages from a divorce decree or separation agreement that went into effect after 1984 and before 2009) (see instructions)
- ☐ Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)
- ☐ Form 8864 - Attach the appropriate certificates and, if applicable, the appropriate reseller statements for biodiesel, renewable diesel, and sustainable aviation fuel claims
- ☒ Form 8949, Sales and Other Dispositions of Capital Assets (or a statement with the same information), if you elect not to report your transactions electronically on Form 8949

DON'T SIGN THIS FORM.**BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see your tax return instructions.**Form **8453** (2024)

MAIL FORM 8453 AND ATTACHMENTS TO:
INTERNAL REVENUE SERVICE
ATTN: SHIPPING AND RECEIVING, 0254
RECEIPT AND CONTROL BRANCH
AUSTIN, TX 73344-0254

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

See separate instructions.

Your first name and middle initial ANNE M. GANNON Last name _____

Your social security number [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. 236 DIXIE BOULEVARD Apt. no. _____

City, town, or post office. If you have a foreign address, also complete spaces below. DELRAY BEACH, FL 33444 State _____ ZIP code _____

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

☒ 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		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instr.):	
(see instructions):	(1) First name Last name			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** 190,107.

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

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** 190,107.

Attach Schedule B if required.

2a Tax-exempt interest **2a**

3a Qualified dividends **3a** 2,312.

4a IRA distributions **4a**

5a Pensions and annuities **5a**

6a Social security benefits **6a** 48,878.

b Taxable interest **2b** 4,853.

b Ordinary dividends **3b** 3,302.

b Taxable amount **4b** 2,212.

b Taxable amount **5b** 12,832.

b Taxable amount **6b** 41,546.

c If you elect to use the lump-sum election method, check here (see instructions) ☐

Standard Deduction See Standard Deduction Chart on the last page of this form.	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here. ☐	7	-589.
	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	254,263.
	10	Adjustments to income from Schedule 1, line 26	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income	11	254,263.
	12	Standard deduction or itemized deductions (from Schedule A)	12	16,550.
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	20.
	14	Add lines 12 and 13	14	16,570.
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	237,693.
Tax and Credits	16	Tax (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐	16	53,355.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	53,355.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	24.
	21	Add lines 19 and 20	21	24.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	53,331.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	533.
	24	Add lines 22 and 23. This is your total tax	24	53,864.
	Payments	25	Federal income tax withheld from:	
a		Form(s) W-2	25a	50,923.
b		Form(s) 1099	25b	13,026.
c		Other forms (see instructions)	25c	245.
d		Add lines 25a through 25c	25d	64,194.
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	64,194.

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

Form 1040-SR (2024)

Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid .	34	10,330.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here.	35a	10,330.
Direct deposit? See instructions.	b Routing number [REDACTED] c Type: ☒ 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	
	38 Estimated tax penalty (see instructions).	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? ☒ Yes. Complete below. ☐ No		
	See instructions		
	Designee's name JACK H. DIETZ	Phone no. 561-697-9797	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.			
Joint return? See instructions. Keep a copy for your records.	Your signature <i>Anne M. Gannon</i>	Date 4-2-25	Your occupation TAX COLLECTOR	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [REDACTED]
	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.)

Paid Preparer Use Only	Phone no. [REDACTED]	Email address		
	Preparer's name JACK H. DIETZ	Preparer's signature <i>[Signature]</i>	Date 3-23-25	PTIN P00041455
	Firm's name TAXING MATTERS			Check if: ☒ Self-employed
	Firm's address 1660 SOUTHERN BOULEVARD WEST PALM BEACH, FL 33406	Phone no. (561) 697-9797	Firm's EIN 65-0007610	

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

Form 1040-SR (2024)

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

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 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

ANNE M. GANNON

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 (i).	1d	
e	Excessive payments (EP) from Form 4255. Check applicable box and enter amount. (i) ☐ Line 1a, column (n) (ii) ☐ Line 1c, column (n) (iii) ☐ Line 1d, column (n) (iv) ☐ Line 2a, column (n).	1e	
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a, column (o) (ii) ☐ Line 1c, column (o) (iii) ☐ Line 1d, column (o) (iv) ☐ Line 2a, column (o).	1f	
y	Other additions to tax (see instructions):	1y	
z	Add lines 1a through 1y.	1z	
2	Alternative minimum tax. Attach Form 6251.	2	0.
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE.	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137.	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919.	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6.	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
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	245.
12	Net investment income tax. Attach Form 8960.	12	288.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12.	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares.	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.	15	
16	Recapture of low-income housing credit. Attach Form 8611.	16	

(continued on page 2)

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount:	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions.	17b	
c	Additional tax on HSA distributions. Attach Form 8889.	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889.	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853.	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853.	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property.	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A.	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A.	17i	
j	Section 72(m)(5) excess benefits tax.	17j	
k	Golden parachute payments.	17k	
l	Tax on accumulation distribution of trusts.	17l	
m	Excise tax on insider stock compensation from an expatriated corporation.	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866.	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR.	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund.	17p	
q	Any interest from Form 8621, line 24.	17q	
z	Any other taxes. List type and amount:	17z	
18	Total additional taxes. Add lines 17a through 17z.		18
19	Recapture of net EPE from Form 4255, line 1d, column (i).		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
			533.

Schedule 2 (Form 1040) 2024

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **03**

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

ANNE M. GANNON

Your social security number

[REDACTED]

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	24.
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount:	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	24.

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b	
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
z	Other refundable credits (see instructions):	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	0.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2024

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

ANNE M. GANNON

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-DIV, 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:

CAPITAL ONE

RAYMOND JAMES

RAYMOND JAMES

WELLS FARGO

Amount

4,838.

1.

10.

4.

1

- 2 Add the amounts on line 1.
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b.

4,853.

4,853.

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

Amount

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:

RAYMOND JAMES

RAYMOND JAMES

392.

2,910.

5

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

3,302.

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.
- 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.

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

2024

Attachment
Sequence No. **12**

Name(s) shown on return

ANNE M. GANNON

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.....	16,549.	16,700.		-151.
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 (2,571.)
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 -2,722.

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.....	43,279.	41,026.		2,253.
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 2.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions.....				14 (122.)
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 2,133.

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	-589.
• 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	589.)
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

Foreign Tax Credit

OMB No. 1545-0121

(Individual, Estate, or Trust)

2024

Department of the Treasury
Internal Revenue ServiceAttach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.
Go to www.irs.gov/Form1116 for instructions and the latest information.Attachment
Sequence No. 19

Name ANNE M. GANNON

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

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

h Resident of (name of country) UNITED STATES

Note: If you paid taxes to only one foreign country or U.S. territory, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. territory, use a separate column and line for each country or territory.**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

	Foreign Country or U.S. Territory			Total (Add columns A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. territory	OTHER COUNTRY (VARIOUS)			
1 a Gross income from sources within country shown above and of the type checked above (see instructions): SEE STATEMENT 4	198.			1 a 198.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	16,550.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	16,550.			
d Gross foreign source income (see instructions)	427.			
e Gross income from all sources (see instructions)	257,107.			
f Divide line 3d by line 3e (see instructions)	0.001661			
g Multiply line 3c by line 3f	27.			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	27.			6 27.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 171.

Part II Foreign Taxes Paid or Accrued (see instructions)

C O U N T R Y	Credit is claimed for taxes (you must check one) (i) ☒ Paid (ii) ☐ Accrued	Foreign taxes paid or accrued								
		In foreign currency			In U.S. dollars					
		Taxes withheld at source on:			Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add columns (q) through (t))	
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	(q) Dividends			(r) Rents and royalties
A	12/31/2024					24.				24.
B										
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 8 24.

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I.	9	24.	
10	Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions). ☐ (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10		
11	Add lines 9 and 10	11	24.	
12	Reduction in foreign taxes (see instructions)	12		
13	Taxes reclassified under high tax kickout (see instructions)	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		24.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions	15	171.	
16	Adjustments to line 15 (see instructions)	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17	171.	
18	Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption. Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	236,318.	
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		0.000723601
20	Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 1z. Estates and trusts: See instructions. Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 9978, Partner's Additional Reporting Year Tax, see instructions.	20		53,355.
21	Multiply line 20 by line 19 (maximum amount of credit)	21		39.
22	Increase in limitation (section 960(c)) (see instructions)	22		
23	Add lines 21 and 22	23		39.
24	Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV. See instructions.	24		24.

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

25	Credit for taxes on section 951A category income	25		
26	Credit for taxes on foreign branch category income	26		
27	Credit for taxes on passive category income	27		
28	Credit for taxes on general category income	28		
29	Credit for taxes on section 901(j) income	29		
30	Credit for taxes on certain income re-sourced by treaty	30		
31	Credit for taxes on lump-sum distributions	31		
32	Add lines 25 through 31	32		
33	Enter the smaller of line 20 or line 32	33		24.
34	Reduction of credit for international boycott operations. See instructions for line 12.	34		
35	Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a	35		24.

Attach to your tax return.

2024Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form8995A for instructions and the latest information.Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

ANNE M. GANNON

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	98.	
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	98.	
31	REIT and PTP component. Multiply line 30 by 20% (0.20).....	31	20.	
32	Qualified business income deduction before the income limitation. Add lines 27 and 31.....	32		20.
33	Taxable income before qualified business income deduction.....	33	237,713.	
34	Enter your net capital gain, if any, increased by any qualified dividends (see instructions).....	34	2,312.	
35	Subtract line 34 from line 33. If zero or less, enter -0-.....	35		235,401.
36	Income limitation. Multiply line 35 by 20% (0.20).....	36		47,080.
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		20.
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		20.
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)

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.
Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

Your social security number

ANNE M. GANNON

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5.	1	227,233.	
2	Unreported tips from Form 4137, line 6.	2		
3	Wages from Form 8919, line 6.	3		
4	Add lines 1 through 3.	4	227,233.	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	5	200,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		27,233.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II.	7		245.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8		
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	9		
10	Enter the amount from line 4.	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III.	13		

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions).	14		
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV.	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V.	18		245.
----	---	----	--	------

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6.	19	3,540.	
20	Enter the amount from line 1.	20	227,233.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages.	21	3,295.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages.	22		245.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions).	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions).	24		245.

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.

Name(s) shown on your tax return

ANNE M. GANNON

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	4,853.
2	Ordinary dividends (see instructions)	2	3,302.
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	-589.
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	-589.
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	7,566.

Part II Investment Expenses Allocable to Investment Income and Modifications

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

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-	12	7,566.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	254,263.
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	54,263.
16	Enter the smaller of line 12 or line 15	16	7,566.
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	288.
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	

ANNE M. GANNON

**STATEMENT 1
FORM 1040-SR
WAGE SCHEDULE**

TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI- CARE	STATE W/H	LOCAL W/H
TAX COLLECTOR, PBC	190,107.	50,923.	10,453.	3,540.		
GRAND TOTAL	190,107.	50,923.	10,453.	3,540.	0.	0.

**STATEMENT 2
FORM 1040-SR
PENSION AND ANNUITIES SCHEDULE**

TAXPAYER - PAYER	TOTAL RECEIVED	TAXABLE AMOUNT	FEDERAL W/H	STATE W/H
VOYA RET INS & ANNUITY CO	5,717.	5,717.	1,830.	
STATE STREET RETIREE SERVICES FOR	1,016.	1,016.		
BNY MELLON - DOLE FRESH FRUIT SALAD	6,099.	6,099.		
GRAND TOTAL	12,832.	12,832.	1,830.	0.

**STATEMENT 3
FORM 1040-SR
IRA DISTRIBUTION SCHEDULE**

TAXPAYER - PAYER	TOTAL RECEIVED	TAXABLE AMOUNT	FEDERAL W/H	STATE W/H
RAYMOND JAMES & ASSOC - NEW HAMP	2,212.	2,212.	442.	
GRAND TOTAL	2,212.	2,212.	442.	0.

**STATEMENT 4
FORM 1116, LINE 1A - PASSIVE CATEGORY INCOME
GROSS INCOME FROM SOURCES OUTSIDE U.S.**
**FOREIGN COUNTRY OR U.S. POSSESSION: OTHER COUNTRY (VARIOUS
DIVIDENDS.....**

	\$	42.
GROSS FOREIGN SOURCE QUALIFIED DIVIDENDS.....	383.	
FOREIGN SOURCE QUALIFIED DIVIDEND ADJUSTMENT.....	-228.	
NET FOREIGN SOURCE QUALIFIED DIVIDENDS.....		155.
CAPITAL GAIN DISTRIBUTIONS.....	2.	
CAPITAL GAIN DISTRIBUTIONS ADJUSTMENT.....	-1.	
NET FOREIGN SOURCE CAPITAL GAIN DISTRIBUTIONS.....		1.
TOTAL \$		198.

Raymond James & Associates, Inc.

Account

Foreign Income and Taxes Summary

2024

02/15/2025

This schedule lists all income and foreign tax by country. Mutual Funds and Unit Investment Trusts (UITs) structured as Regulated Investment Companies (RICs) are listed separately with a country designation of "RIC."

			Dividends				
Country	Security Description	CUSIP	Nonqualified	Qualified	Interest	Total Income	Tax
CA	NUTRIEN LIMITED (CANADA)	67077M108	0.00	34.02	0.00	34.02	-5.10
Total CANADA			0.00	34.02	0.00	34.02	-5.10
EI	MEDTRONIC PLC SHS (IRELAND)	G5960L103	0.00	31.29	0.00	31.29	0.00
EI	STERIS PLC SHS USD (IRELAND)	G8473T100	0.00	2.95	0.00	2.95	0.00
EI	TRANE TECHNOLOGIES PLC SHS (IRELAND)	G8994E103	0.00	10.08	0.00	10.08	0.00
Total IRELAND			0.00	44.32	0.00	44.32	0.00
NL	NXP SEMICONDUCTORS N V (NETHERLANDS)	N8596X109	0.00	15.21	0.00	15.21	-2.28
Total NETHERLANDS			0.00	15.21	0.00	15.21	-2.28
UK	UNILEVER PLC SPON ADR NEW (UNITED KINGDOM)	904767704	0.00	38.78	0.00	38.78	0.00
Total UNITED KINGDOM			0.00	38.78	0.00	38.78	0.00
Foreign source income from mutual funds and UITs					Foreign source income		
Country	Security Description	CUSIP		Qualified	Total	Adjusted	Tax
RIC	NYLI FTSE INTERNATIONAL EQUITY CURRENCY NEUTRAL ETF	45409B560		250.35	292.47	0.00	-16.72
Total				250.35	292.47	0.00	-16.72
Grand Total		Total Foreign Source Income*		424.80			
		Qualified Foreign Source Income**		382.68			
		Foreign Tax		-24.10			

* Total Foreign Source Income utilizes the "Total" column for RICs which may not always be supplied.

** Qualified Foreign Source Income utilizes the "Qualified" column for RICs which may not always be supplied.

FORM

1116
SUPPLEMENT

Raymond James & Associates, Inc. 880 Canillon Parkway Saint Petersburg, FL 33716 Customer Service: 800-647-7378 PAYER'S TIN: 59-1237041	Tax Information Account [REDACTED]	Statement Date: 02/15/2025 Document ID: [REDACTED]	2024
	Anne M Gannon Trust 236 Dixie Blvd Delray Beach, FL 33444-3850	Patrick E. Shea 561-668-2201 patrick.shea@heliuswm.com Office Code: ERU Rep Code: 8P1J	

11 - [] FATCA filing requirement (see instructions)

Summary information

12 - [] FATCA filing requirement (see instructions)

DIVIDENDS AND DISTRIBUTIONS 2024 1099-DIV*		OMB No. 1545-0018	MISCELLANEOUS INFORMATION 2024 1099-MISC*		OMB No. 1545-0015
1a- Total ordinary dividends (includes lines 1b, 5, 2e)		2,909.93	2- Royalties		0.00
1b- Qualified dividends		1,919.79	3- Other income		0.00
2a- Total capital gain distributions (includes lines 2b, 2c, 2d, 2f)		2.25	4- Federal income tax withheld		0.00
2b- Unrecaptured Section 1250 gain		0.00	8- Substitute payments in lieu of dividends or interest		0.00
2c- Section 1202 gain		0.00			
2d- Collectibles (28%) gain		0.00			
2e- Section 897 ordinary dividends		0.00			
2f- Section 897 capital gain		1.71			
3- Nondividend distributions		30.70			
4- Federal income tax withheld		0.00			
5- Section 199A dividends		98.03			
6- Investment expenses		0.00			
8- Foreign country or US possession: See detail	7- Foreign tax paid:	24.10			
9- Cash liquidation distributions		0.00			
10- Noncash liquidation distributions		0.00			
12- Exempt-interest dividends (includes line 13)		0.00			
13- Specified private activity bond interest dividends (AMT)		0.00			

SECTION 1256 CONTRACTS 2024 1099-B*

OMB No. 1545-0015

8- Profit or (loss) realized in 2024 on closed contracts	0.00
9- Unrealized profit or (loss) on open contracts-12/31/2023	0.00
10- Unrealized profit or (loss) on open contracts-12/31/2024	0.00
11- Aggregate profit or (loss) on contracts	0.00

If applicable, proceeds from sale transactions appear summarized below and are detailed in subsequent sections of this document.

* This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

SUMMARY OF PROCEEDS, GAINS & LOSSES, ADJUSTMENTS AND WITHHOLDING

Refer to the 1099-B and Proceeds not reported to the IRS pages to ensure that you consider all relevant items and to determine the correct gains and losses. The amounts shown below are for informational purposes.

Term	Form 8949 type	Proceeds	Cost basis	Market discount	Wash sale loss disallowed	Net gain or loss(-)
Short	A (basis reported to the IRS)	16,549.40	16,699.57	0.00	0.00	-150.17
Short	B (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Short	C (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	Total Short-term	16,549.40	16,699.57	0.00	0.00	-150.17
Long	D (basis reported to the IRS)	43,279.40	41,025.78	0.00	0.00	2,253.62
Long	E (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Long	F (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	Total Long-term	43,279.40	41,025.78	0.00	0.00	2,253.62
Undetermined	B or E (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Undetermined	C or F (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	Total Undetermined-term	0.00	0.00	0.00	0.00	0.00
	Grand total	59,828.80	57,725.35	0.00	0.00	2,103.45

Withholding	Amount
Federal income tax withheld	0.00

Changes to dividend tax classifications processed after your original tax form is issued for 2024 may require an amended tax form.

Raymond James & Associates, Inc.

Account

Proceeds from Broker and Barter Exchange Transactions

2024 1099-B* OMB No. 1545-0715

02/15/2025

Sales transactions are organized into sections according to term (long, short or undetermined) and covered status (covered or noncovered). For tax lots whose term is undetermined, use your historical documents to establish the cost basis and date of purchase. The Box 12, Check if basis reported to IRS checkmark, is reflected as being checked in the title of the covered securities pages of Forms 1099-B, short-term and long-term. The title pages of the noncovered securities pages for Forms 1099-B reflect that Box 12 is not being checked, as these securities are not being reported to the IRS.

Several columns include both an amount and a qualifying notation to its right. Where proceeds are the result of an option exercise or assignment, there is indication of whether the amount is N (net of option premium) or G (Gross). Accrued market discount and wash sale loss disallowed appear in the same column, identified by the letters D or W, respectively. Where you are not permitted to recognize a loss, an indication of X (change in control or capital structure) or Z (other corporate action) is used. The change in control condition is reported to the IRS for covered lots. Neither the disallowance of loss due to a corporate action nor the amount of gain or loss is reported to the IRS in any instance.

Some tax lots may have notations in the column of Additional Information, because they require special treatment on your tax returns. Sales of securities such as Contingent Payment Debt Instruments (CPDI) are marked as "Ordinary" because gains and losses on these instruments generally do not qualify as short- or long-term capital transactions. Similarly, lots noted as "3 - [X] Collectible" are handled distinctly under the tax code. These conditions are reported to the IRS. You may wish to consult with your tax advisor, the IRS or your state tax authority regarding the proper treatment for these scenarios. With further regard to Box 3, there is also a checkmark to indicate the proceeds of sale are from a Qualified Opportunity Zone Fund investment - a QOF. If the proceeds are from a QOF the Additional Information column will reflect the following - "3 - [X] Proceeds from QOF." The tax treatment for QOF investments can be complex and you may wish to consult your tax advisor about such sales.

Closing of written options is presented in a distinct manner in accordance with IRS regulations. For these transactions the Cost or other basis (column 1e) is always presented as \$0.00 and the Proceeds (column 1d) is the net of the amount received when the option was written and the cost to close the position.

FATCA filing requirement []

SHORT TERM TRANSACTIONS FOR COVERED TAX LOTS [Ordinary gains or losses are identified in the Additional information column] (Lines 2 & 3)

Report on Form 8949, Part I with Box A checked. Basis is provided to the IRS. (Line *2)

*Gain or loss (-) is NOT reported to the IRS.

1a- Description of property/CUSIP/Symbol

1c- Date sold or disposed	Quantity	1d- Proceeds & 6- Reported (G)ross or (N)et	1b- Date acquired	1e- Cost or other basis	1f- Accrued mkt disc (D) & 1g- Wash sale loss disallowed (W)	Gain or loss(-) & 7- Loss not allowed (X) also not reported (Z)	Additional information
ADVANCED MICRO DEVICES INCORPORATED / CUSIP: 007903107 / Symbol: AMD							
05/01/24	7,000	1,030.85	01/18/24	1,137.22	0.00	-106.37	Sale
ALLSTATE CORPORATION / CUSIP: 020002101 / Symbol: ALL							
04/24/24	1,000	171.86	01/18/24	152.47	0.00	19.39	Sale
CVS HEALTH CORPORATION / CUSIP: 126850100 / Symbol: CVS							
2 transactions for 05/10/24. Total proceeds and cost reported to the IRS.							
	11,000	613.19	06/20/23	754.33	0.00	-141.14	1 of 2 - Sale
	3,000	167.24	01/18/24	221.52	0.00	-54.28	2 of 2 - Sale
05/10/24	14,000	780.43	Various	975.85	0.00	-195.42	Total of 2 transactions

* This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. Remember, taxpayers are ultimately responsible for the accuracy of their tax return(s).

Raymond James & Associates, Inc.

Account

Proceeds from Broker and Barter Exchange Transactions

2024 1099-B* OMB No. 1545-0715

(continued)

02/15/2025

SHORT TERM TRANSACTIONS FOR COVERED TAX LOTS [Ordinary gains or losses are identified in the Additional information column] (Lines 2 & 3)

Report on Form 8949, Part I with Box A checked. Basis is provided to the IRS. (Line 12)

*Gain or loss (-) is NOT reported to the IRS.

1a- Description of property/CUSIP/Symbol

1c- Date sold or disposed	Quantity	1d- Proceeds & 6- Reported (G)ross or (N)et	1b- Date acquired	1e- Cost or other basis	1f- Accrued mkt disc (D) & 1g- Wash sale loss disallowed (W)	7- Loss not allowed (X) also not reported (Z)	Additional information
CISCO SYSTEMS INCORPORATED / CUSIP: 17275R102 / Symbol: CSCO							
2 transactions for 04/12/24. Total proceeds and cost reported to the IRS.							
	16,000	779.46	06/20/23	825.39	0.00	-45.93	1 of 2 - Sale
	4,000	194.87	01/18/24	202.98	0.00	-8.11	2 of 2 - Sale
04/12/24	20,000	974.33	Various	1,028.37	0.00	-54.04	Total of 2 transactions
XTRACKERS SHORT DURATION HIGH YIELD BOND ETF / CUSIP: 233051283 / Symbol: SHYL							
05/10/24	64,000	2,817.89	01/18/24	2,827.45	0.00	-9.56	Sale
DEVON ENERGY CORPORATION NEW / CUSIP: 25179M103 / Symbol: DVN							
10/17/24	12,000	485.39	01/18/24	492.07	0.00	-6.68	Sale
DIAMONDBACK ENERGY INCORPORATED / CUSIP: 25278X109 / Symbol: FANG							
04/24/24	3,000	613.28	10/24/23	494.94	0.00	118.34	Sale
EDWARDS LIFESCIENCES CORPORATION / CUSIP: 26176E106 / Symbol: EW							
04/24/24	3,000	266.09	01/18/24	221.82	0.00	44.27	Sale
META PLATFORMS INCORPORATED CLASS A / CUSIP: 30303M102 / Symbol: META							
04/24/24	1,000	489.86	01/18/24	375.42	0.00	114.44	Sale
GILEAD SCIENCES INCORPORATED / CUSIP: 375558103 / Symbol: GILD							
05/10/24	3,000	198.29	01/18/24	259.52	0.00	-61.23	Sale
HALLIBURTON COMPANY / CUSIP: 406216101 / Symbol: HAL							
04/24/24	2,000	77.31	01/18/24	66.70	0.00	10.61	Sale
KEURIG DR PEPPER INCORPORATED / CUSIP: 49271V100 / Symbol: KDP							
02/05/24	13,000	405.00	01/18/24	412.98	0.00	-7.98	Sale
L3HARRIS TECHNOLOGIES INCORPORATED / CUSIP: 502431109 / Symbol: LHX							
04/24/24	1,000	207.50	01/18/24	206.00	0.00	1.50	Sale
LAMAR ADVERTISING COMPANY NEW CLASS A REIT / CUSIP: 512816109 / Symbol: LAMR							
02/05/24	1,000	102.83	01/18/24	103.57	0.00	-0.74	Sale

* This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. Remember, taxpayers are ultimately responsible for the accuracy of their tax return(s).

Raymond James & Associates, Inc.

Account

Proceeds from Broker and Barter Exchange Transactions

2024 1099-B* OMB No. 1545-0715

(continued)

02/15/2025

SHORT TERM TRANSACTIONS FOR COVERED TAX LOTS [Ordinary gains or losses are identified in the Additional information column] (Lines 2 & 5)

Report on Form 8949, Part I with Box A checked. Basis is provided to the IRS. (Line 12)

*Gain or loss (-) is NOT reported to the IRS.

1a- Description of property/CUSIP/Symbol

1c- Date sold or disposed	Quantity	1d- Proceeds & 6- Reported (G)ross or (N)et	1b- Date acquired	1e- Cost or other basis	1f- Accrued mkt disc (D) & 1g- Wash sale loss disallowed (W)	Gain or loss(-) & 7- Loss not allowed (X) also not reported (Z)	Additional information
LAUDER ESTEE COMPANIES INCORPORATED CLASS A / CUSIP: 518439104 / Symbol: EL							
04/24/24	1,000	147.33	01/18/24	128.07	0.00	19.26	Sale
07/31/24	8,000	799.97	01/18/24	1,024.58	0.00	-224.61	Sale
	Security total:	947.30		1,152.65		-205.35	
NUTRIEN LIMITED (CANADA) / CUSIP: 67077M108 / Symbol: NTR							
10/17/24	21,000	1,004.20	02/05/24	1,053.01	0.00	-48.81	Sale
PACER US SMALL CAP CASH COWS 100 ETF / CUSIP: 69374H857 / Symbol: CALF							
01/18/24	68,000	3,144.39	07/21/23	2,901.83	0.00	242.56	Sale
TJX COMPANIES INCORPORATED NEW / CUSIP: 872540109 / Symbol: TJX							
04/24/24	2,000	189.44	01/18/24	189.66	0.00	-0.22	Sale
WEITZ CORE PLUS INCOME FUND INSTL CL N/L / CUSIP: 94904P831 / Symbol: WCPBX							
2 transactions for 01/18/24. Total proceeds and cost reported to the IRS.							
	12,767	122.69	Various	122.32	0.00	0.37	1 of 2 - Sale
	262,276	2,520.47	03/03/23	2,525.72	0.00	-5.25	2 of 2 - Sale
01/18/24	275,043	2,643.16	Various	2,648.04	0.00	-4.88	Total of 2 transactions
Totals :		16,549.40		16,699.57		-150.17	

LONG TERM TRANSACTIONS FOR COVERED TAX LOTS [Ordinary gains or losses are identified in the Additional information column] (Lines 2 & 5)

Report on Form 8949, Part II with Box D checked. Basis is provided to the IRS. (Line 12)

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1a- Description of property/CUSIP/Symbol

1c- Date sold or disposed	Quantity	1d- Proceeds & 6- Reported (G)ross or (N)et	1b- Date acquired	1e- Cost or other basis	1f- Accrued mkt disc (D) & 1g- Wash sale loss disallowed (W)	Gain or loss(-) & 7- Loss not allowed (X) also not reported (Z)	Additional information
ABBVIE INCORPORATED / CUSIP: 00287Y109 / Symbol: ABBV							
01/18/24	7,000	1,142.19	11/21/22	1,107.89	0.00	34.30	Sale

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Raymond James & Associates, Inc.

Account

Proceeds from Broker and Barter Exchange Transactions

2024 1099-B* OMB No. 1545-0715

(continued)

02/15/2025

LONG TERM TRANSACTIONS FOR COVERED TAX LOTS [Ordinary gains or losses are identified in the Additional information column] (Lines 3 & 5)

Report on Form 8949, Part II with Box D checked. Basis is provided to the IRS. (Line 12)

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1a- Description of property/CUSIP/Symbol

1c- Date sold or disposed	Quantity	1d- Proceeds & 6- Reported (G)ross or (N)et	1b- Date acquired	1e- Cost or other basis	1f- Accrued mkt disc (D) & 1g- Wash sale loss disallowed (W)	Gain or loss(-) & 7- Loss not allowed (X) also not reported (Z)	Additional information
ALPHABET INCORPORATED CAP STK CLASS A / CUSIP: 02079K305 / Symbol: GOOGL							
01/18/24	2,000	287.47	11/21/22	192.23	0.00	95.24	Sale
04/24/24	1,000	158.36	11/21/22	96.12	0.00	62.24	Sale
	Security total:	445.83		288.35		157.48	
AMAZON COM INCORPORATED / CUSIP: 023135106 / Symbol: AMZN							
01/18/24	2,000	307.12	11/21/22	183.92	0.00	123.20	Sale
04/24/24	2,000	353.30	11/21/22	183.92	0.00	169.38	Sale
	Security total:	660.42		367.84		292.58	
AMEX COMPANY / CUSIP: 025816109 / Symbol: AXP							
2 transactions for 01/18/24. Total proceeds and cost reported to the IRS.							
	4,000	718.71	03/25/22	761.64	0.00	-42.93	1 of 2 - Sale
	2,000	359.36	07/06/22	278.26	0.00	81.10	2 of 2 - Sale
01/18/24	6,000	1,078.07	Various	1,039.90	0.00	38.17	Total of 2 transactions
APPLE INCORPORATED / CUSIP: 037833100 / Symbol: AAPL							
2 transactions for 01/18/24. Total proceeds and cost reported to the IRS.							
	5,000	944.79	02/08/21	683.00	0.00	261.79	1 of 2 - Sale
	2,000	377.92	03/25/22	347.70	0.00	30.22	2 of 2 - Sale
01/18/24	7,000	1,322.71	Various	1,030.70	0.00	292.01	Total of 2 transactions
ARES MANAGEMENT CORPORATION CLASS A COM STK / CUSIP: 03990B101 / Symbol: ARES							
01/18/24	2,000	228.04	03/25/22	152.33	0.00	75.71	Sale
BROADCOM INCORPORATED / CUSIP: 11135F101 / Symbol: AVGO							
01/18/24	1,000	1,142.01	02/08/21	468.34	0.00	673.67	Sale
CLOROX COMPANY DEL / CUSIP: 189054109 / Symbol: CLX							
01/18/24	6,000	858.23	11/21/22	894.31	0.00	-36.08	Sale
DEVON ENERGY CORPORATION NEW / CUSIP: 25179M103 / Symbol: DVN							
10/17/24	13,000	525.83	09/13/23	665.36	0.00	-139.53	Sale
DIGITAL RLTY TR INCORPORATED REIT / CUSIP: 253868103 / Symbol: DLR							
01/18/24	9,000	1,211.93	11/21/22	981.00	0.00	230.93	Sale

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Raymond James & Associates, Inc.

Account [REDACTED]

Proceeds from Broker and Barter Exchange Transactions

2024 1099-B* OMB No. 1545-0715

(continued)

02/15/2025

LONG TERM TRANSACTIONS FOR COVERED TAX LOTS [Ordinary gains or losses are identified in the Additional information column] (Lines 2 & 3)

Report on Form 8949, Part II with Box D checked. Basis is provided to the IRS. (Line 12)

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GILEAD SCIENCES INCORPORATED / CUSIP: 375558103 / Symbol: GILD							
05/10/24	8.000	528.77	03/28/23	644.24	0.00	-115.47	Sale
GOLDMAN SACHS GROUP INCORPORATED / CUSIP: 38141G104 / Symbol: GS							
01/18/24	3.000	1,130.38	03/25/22	1,012.29	0.00	118.09	Sale
INTEL CORPORATION / CUSIP: 458140100 / Symbol: INTC							
01/18/24	33.000	1,545.04	11/21/22	957.99	0.00	587.05	Sale
JPMORGAN CHASE & COMPANY / CUSIP: 48625H100 / Symbol: JPM							
04/24/24	1.000	192.53	02/06/21	140.12	0.00	52.41	Sale
JPMORGAN ULTRA-SHORT INCOME ETF / CUSIP: 46641Q837 / Symbol: JPST							
01/18/24	174.000	8,764.32	11/21/22	8,727.84	0.00	36.48	Sale
KEURIG DR PEPPER INCORPORATED / CUSIP: 49271V100 / Symbol: KDP							
3 transactions for 02/05/24. Total proceeds and cost reported to the IRS.							
	14.000	436.15	03/25/22	520.66	0.00	-84.51	1 of 3 - Sale
	3.000	93.46	04/11/22	115.71	0.00	-22.25	2 of 3 - Sale
	6.000	186.92	11/21/22	227.70	0.00	-40.78	3 of 3 - Sale
02/05/24	23.000	716.53	Various	864.07	0.00	-147.54	Total of 3 transactions
LAMAR ADVERTISING COMPANY NEW CLASS A REIT / CUSIP: 512816109 / Symbol: LAMR							
2 transactions for 02/05/24. Total proceeds and cost reported to the IRS.							
	6.000	616.95	03/25/22	680.70	0.00	-63.75	1 of 2 - Sale
	2.000	205.65	11/21/22	191.96	0.00	13.69	2 of 2 - Sale
02/05/24	8.000	822.60	Various	872.66	0.00	-50.06	Total of 2 transactions
MICROSOFT CORPORATION / CUSIP: 594918104 / Symbol: MSFT							
01/18/24	2.000	785.97	02/06/21	484.59	0.00	301.38	Sale
NIKE INCORPORATED CLASS B / CUSIP: 654106103 / Symbol: NKE							
2 transactions for 01/18/24. Total proceeds and cost reported to the IRS.							
	8.000	898.55	03/25/22	1,064.40	0.00	-255.85	1 of 2 - Sale
	1.000	101.07	07/06/22	105.19	0.00	-4.12	2 of 2 - Sale
01/18/24	9.000	909.62	Various	1,169.59	0.00	-259.97	Total of 2 transactions

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Proceeds from Broker and Barter Exchange Transactions

2024 1099-B* OMB No. 1545-0715

(continued)

02/15/2025

LONG TERM TRANSACTIONS FOR COVERED TAX LOTS [Ordinary gains or losses are identified in the Additional information column] (Lines 2 & 3)

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PFIZER INCORPORATED / CUSIP: 717081103 / Symbol: PFE							
2 transactions for 01/18/24. Total proceeds and cost reported to the IRS.							
	20,000	561.99	03/25/22	1,052.00	0.00	-490.01	1 of 2 - Sale
	1,000	28.10	11/21/22	48.13	0.00	-20.03	2 of 2 - Sale
01/18/24	21,000	590.09	Various	1,100.13	0.00	-510.04	Total of 2 transactions
PRICE T ROWE GROUP INCORPORATED / CUSIP: 74144T108 / Symbol: TROW							
01/18/24	8,000	848.47	11/21/22	966.85	0.00	-118.38	Sale
PROLOGIS INCORPORATED, REIT / CUSIP: 74340W103 / Symbol: PLD							
01/18/24	7,000	883.26	11/21/22	800.80	0.00	82.46	Sale
SCHWAB U.S. LARGE-CAP VALUE ETF / CUSIP: 808524409 / Symbol: SCHV							
2 transactions for 01/18/24. Total proceeds and cost reported to the IRS.							
	57,000	3,935.90	07/15/22	3,580.08	0.00	355.82	1 of 2 - Sale
	11,000	759.56	11/21/22	742.60	0.00	16.96	2 of 2 - Sale
01/18/24	68,000	4,695.46	Various	4,322.68	0.00	372.78	Total of 2 transactions
BLOCK INCORPORATED CLASS A / CUSIP: 852234103 / Symbol: SQ							
01/18/24	13,000	838.79	11/21/22	800.64	0.00	38.15	Sale
TESLA INCORPORATED / CUSIP: 68180R101 / Symbol: TSLA							
01/18/24	7,000	1,480.55	11/21/22	1,186.07	0.00	294.48	Sale
UNITED PARCEL SERVICE INCORPORATED CLASS B / CUSIP: 911312106 / Symbol: UPS							
01/18/24	1,000	156.73	09/02/22	195.35	0.00	-38.62	Sale
08/01/24	8,000	1,048.37	11/21/22	1,440.86	0.00	-392.51	Sale
	Security total:	1,205.10		1,636.23		-431.13	
VANECK FALLEN ANGEL HIGH YIELD BOND ETF / CUSIP: 92189F437 / Symbol: ANGL							
2 transactions for 01/18/24. Total proceeds and cost reported to the IRS.							
	39,000	1,125.53	03/25/22	1,175.85	0.00	-50.32	1 of 2 - Sale
	19,000	548.33	11/21/22	512.05	0.00	36.28	2 of 2 - Sale
01/18/24	58,000	1,673.86	Various	1,687.90	0.00	-14.04	Total of 2 transactions

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Proceeds from Broker and Barter Exchange Transactions

2024 1099-B* OMB No. 1545-0715

(continued)

02/15/2025

LONG TERM TRANSACTIONS FOR COVERED TAX LOTS [Ordinary gains or losses are identified in the Additional information column] (Lines 3 & 5)

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VANGUARD MID-CAP ETF / CUSIP: 922908629 / Symbol: VO							
2 transactions for 01/18/24. Total proceeds and cost reported to the IRS.							
	5,000	1,134.99	03/25/22	1,186.95	0.00	-51.96	1 of 2 - Sale
	2,000	453.99	11/21/22	419.16	0.00	34.83	2 of 2 - Sale
01/18/24	7,000	1,588.98	Various	1,606.11	0.00	-17.13	Total of 2 transactions
VANGUARD SMALL-CAP ETF / CUSIP: 922908751 / Symbol: VB							
4 transactions for 01/18/24. Total proceeds and cost reported to the IRS.							
	6,000	1,231.99	03/25/22	1,277.28	0.00	-45.29	1 of 4 - Sale
	1,000	205.33	07/06/22	179.09	0.00	26.24	2 of 4 - Sale
	7,000	1,437.32	07/15/22	1,252.02	0.00	185.30	3 of 4 - Sale
	3,000	615.99	11/21/22	571.17	0.00	44.82	4 of 4 - Sale
01/18/24	17,000	3,490.63	Various	3,279.56	0.00	211.07	Total of 4 transactions
WALMART INCORPORATED / CUSIP: 931142103 / Symbol: WMT							
01/18/24	6,000	978.55	03/25/22	858.54	0.00	120.01	Sale
INTERNATIONAL GAME TECHNOLOGY SHS USD (UNITED KINGDOM) / CUSIP: G4863A108 / Symbol: IGT							
01/18/24	38,000	994.64	11/21/22	910.86	0.00	83.78	Sale
Totals :		43,279.40		41,026.78		2,253.62	

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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 on line 4, attach this copy to your return. This information is being furnished to the IRS.

RECIPIENT'S TIN: [REDACTED] EIN: [REDACTED]

Payor: [REDACTED] 236 Dale Blvd, Delray Beach, FL 33446-3550

1 Gross distribution \$2,211.37 (a) Your percentage of total distribution \$2,211.37 (b) Total employee contributions (c) Amount allocable to IRAs within 5 years (d) 15-year or dating plan contract (e) 12 FATCA (a) (b) (c) (d) (e) 13 Date of payment 14 State tax withheld 15 State 16 State distribution 17 State distribution 18 State distribution 19 State distribution

2024 Form 1099-R Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

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Payor: [REDACTED] 236 Dale Blvd, Delray Beach, FL 33446-3550

1 Gross distribution \$2,211.37 (a) Your percentage of total distribution \$2,211.37 (b) Total employee contributions (c) Amount allocable to IRAs within 5 years (d) 15-year or dating plan contract (e) 12 FATCA (a) (b) (c) (d) (e) 13 Date of payment 14 State tax withheld 15 State 16 State distribution 17 State distribution 18 State distribution 19 State distribution

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: ANNE M GANNON

Box 2 Beneficiary Paid in 2024: NONE

Box 3 Beneficiary Paid in 2024: NONE

Box 4 Beneficiary Paid in 2024: NONE

Box 5 Beneficiary Paid in 2024: NONE

Box 6 Beneficiary Paid in 2024: NONE

Box 7 Beneficiary Paid in 2024: NONE

Box 8 Beneficiary Paid in 2024: NONE

Box 9 Beneficiary Paid in 2024: NONE

Box 10 Beneficiary Paid in 2024: NONE

Box 11 Beneficiary Paid in 2024: NONE

Box 12 Beneficiary Paid in 2024: NONE

Box 13 Beneficiary Paid in 2024: NONE

Box 14 Beneficiary Paid in 2024: NONE

Box 15 Beneficiary Paid in 2024: NONE

Box 16 Beneficiary Paid in 2024: NONE

Box 17 Beneficiary Paid in 2024: NONE

Box 18 Beneficiary Paid in 2024: NONE

Box 19 Beneficiary Paid in 2024: NONE

Box 20 Beneficiary Paid in 2024: NONE

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Box 22 Beneficiary Paid in 2024: NONE

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Box 94 Beneficiary Paid in 2024: NONE

Box 95 Beneficiary Paid in 2024: NONE

Box 96 Beneficiary Paid in 2024: NONE

Box 97 Beneficiary Paid in 2024: NONE

Box 98 Beneficiary Paid in 2024: NONE

Box 99 Beneficiary Paid in 2024: NONE

Box 100 Beneficiary Paid in 2024: NONE

2024 Form 1099-R Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

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Payor: [REDACTED] 236 Dale Blvd, Delray Beach, FL 33446-3550

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2023 Form 1099-R Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

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