

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/24/2025

General Information

Name: Hon Deborah J Cunningham

CONFIDENTIAL

PID 40288

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (20Th)	Elected Constitutional Officer	County Judge, Collier Co

Net Worth

My Net Worth as of December 31, 2024 was \$ 637,209.58.

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 \$ 47,500.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
{REDACTED}	\$ 217,500.00
2024 Honda CR-V Hybrid Sport	\$ 38,000.00
Checking account (Bank of America)	\$ 12,497.49
Savings Account (Bank of America)	\$ 23,704.75
Checking Account (Suncoast Credit Union)	\$ 1,329.42
Savings Account (Suncoast Credit Union)	\$ 3,005.37
cash	\$ 1,500.00
Florida Retirement System Investment Account	\$ 466,980.23

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
American Honda Financial Services	P.O. Box 7829, Philadelphia, PA 19101-7829	\$ 43,378.68
Finwise Bank	P.O.Box 1503, San Carlos, CA 94070	\$ 56,514.24

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.

Deborah J Cunningham

Digitally signed: 06/24/2025

Filed with COE: 06/24/2025

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20

See separate instructions.

Your first name and middle initial [REDACTED]		Last name Cunningham		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial Deborah J		Last name Cunningham		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		Foreign province/state/county		Foreign postal code	

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

Filing Status

☐ Single ☐ Head of household (HOH)

☒ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

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

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

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

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent

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

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

Dependents (see instructions):

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

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 303,382.
	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 0.
	i Nontaxable combat pay election (see instructions)	1i
	z Add lines 1a through 1h	1z 303,382.
	2a Tax-exempt interest	2a
	3a Qualified dividends	3a
	4a IRA distributions	4a
	5a Pensions and annuities	5a
	6a Social security benefits	6a
	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	☐
	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	9 303,382.
	10 Adjustments to income from Schedule 1, line 26	10
	11 Subtract line 10 from line 9. This is your adjusted gross income	11 303,382.
	12 Standard deduction or itemized deductions (from Schedule A)	12 29,200.
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13
	14 Add lines 12 and 13	14 29,200.
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15 274,182.

Tax and Credits	16 Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16 51,889.															
	17 Amount from Schedule 2, line 3	17															
	18 Add lines 16 and 17	18 51,889.															
	19 Child tax credit or credit for other dependents from Schedule 8812	19 2,000.															
	20 Amount from Schedule 3, line 8	20															
	21 Add lines 19 and 20	21 2,000.															
	22 Subtract line 21 from line 18. If zero or less, enter -0-	22 49,889.															
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23 546															
	24 Add lines 22 and 23. This is your total tax	24 50,435.															
Payments	25 Federal income tax withheld from: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">a Form(s) W-2</td> <td style="width: 10%; text-align: center;">25a</td> <td style="width: 30%; text-align: right;">41,989.</td> </tr> <tr> <td>b Form(s) 1099</td> <td style="text-align: center;">25b</td> <td></td> </tr> <tr> <td>c Other forms (see instructions)</td> <td style="text-align: center;">25c</td> <td style="text-align: right;">81.</td> </tr> <tr> <td colspan="3">d Add lines 25a through 25c</td> </tr> </table>	a Form(s) W-2	25a	41,989.	b Form(s) 1099	25b		c Other forms (see instructions)	25c	81.	d Add lines 25a through 25c			25d 42,070.			
a Form(s) W-2	25a	41,989.															
b Form(s) 1099	25b																
c Other forms (see instructions)	25c	81.															
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 42,070.															
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34															
Direct deposit? See instructions.	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a															
	b Routing number <table border="1" style="display: inline-table; text-align: center; font-size: x-small;"> <tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr> </table> c Type: ☐ Checking ☐ Savings	X	X	X	X	X	X	X	X	X	X						
	X	X	X	X	X	X	X	X	X	X							
d Account number <table border="1" style="display: inline-table; text-align: center; font-size: x-small;"> <tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr> </table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
	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 8,365.															
	38 Estimated tax penalty (see instructions)	38															
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes. Complete below. ☒ No																
	Designee's name _____ Phone no. _____ Personal identification number (PIN) _____																
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 _____ Date _____ Your occupation _____	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.) _____															
	Phone no. _____ Email address _____																
	Preparer's name _____ Preparer's signature _____ Date _____ PTIN _____ Check if: ☐ Self-employed																
Paid Preparer Use Only	Firm's name Self-Prepared Phone no. _____ Firm's address _____ Firm's EIN _____																

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

Ch[REDACTED] & Deborah J Cunningham

Your social security number

[REDACTED]

Part I Tax

1 Additions to tax:

- a** Excess advance premium tax credit repayment. Attach Form 8962 **1a**
- b** Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936) **1b**
- c** Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936) **1c**
- d** Recapture of net EPE from Form 4255, line 2a, column (l) **1d**
- e** Excessive payments (EP) from Form 4255. Check applicable box and enter amount.
(i) ☐ Line 1a, column (n) (ii) ☐ Line 1c, column (n)
(iii) ☐ Line 1d, column (n) (iv) ☐ Line 2a, column (n) **1e**
- f** 20% EP from Form 4255. Check applicable box and enter amount. See instructions.
(i) ☐ Line 1a, column (o) (ii) ☐ Line 1c, column (o)
(iii) ☐ Line 1d, column (o) (iv) ☐ Line 2a, column (o) **1f**
- y** Other additions to tax (see instructions): _____ **1y**

z Add lines 1a through 1y **1z**

2 Alternative minimum tax. Attach Form 6251 **2**

3 Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 **3**

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** 546.
- 12** Net investment income tax. Attach Form 8960 **12**
- 13** Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 **13**
- 14** Interest on tax due on installment income from the sale of certain residential lots and timeshares **14**
- 15** Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 **15**
- 16** Recapture of low-income housing credit. Attach Form 8611 **16**

(continued on page 2)

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

546.

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

**Credits for Qualifying Children
and Other Dependents**

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. **47**

Your social security number

& Deborah J Cunningham

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	303,382.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	303,382.
4	Number of qualifying children under age 17 with the required social security number	4	1
5	Multiply line 4 by \$2,000	5	2,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	2,000.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000	9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Is the amount on line 8 more than the amount on line 11?	12	2,000.
☐ No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
☒ Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A	13	51,889.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	2,000.

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

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

Part II-A Additional Child Tax Credit for All Filers**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 ☐		
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under age 17 with the required social security number: _____ x \$1,700. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b	
TIP: The number of children you use for this line is the same as the number of children you used for line 4.			
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? ☐ No. Leave line 19 blank and enter -0- on line 20. ☐ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$5,100 or more? ☐ No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. ☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	

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

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

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

OMB No. 1545-0074

2024
 Attachment
 Sequence No. **71**

Your social security number

Deborah J Cunningham

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	310,711.		
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	310,711.		
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	250,000.		
6 Subtract line 5 from line 4. If zero or less, enter -0-			6	60,711.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II			7	546.

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			546.
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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	4,586.		
20 Enter the amount from line 1	20	310,711.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	4,505.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages			22	81.
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	81.

**Net Investment Income Tax—
Individuals, Estates, and Trusts**

Attach to your tax return.
Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2024
Attachment
Sequence No. **72**

Name(s) shown on your tax return

& Deborah J Cunningham

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	
2	Ordinary dividends (see instructions)		2	
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		
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	
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	

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		0.
Individuals:				
13	Modified adjusted gross income (see instructions)	13	303,382.	
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	53,382.	
16	Enter the smaller of line 12 or line 15	16		0.
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		0.
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		

Copy B - For Employee's Federal Income Tax Return		2024		OMB No. 1545-0008
a Employee's social security number	1 Wages, tips, other comp. 99946.95	2 Federal income tax withheld 12196.01		
b Employer ID number	3 Social security wages 101787.65	4 Social security tax withheld 6310.80		
	5 Medicare wages and tips 101787.65	6 Medicare tax withheld 1475.94		
c Employer's name, address, and ZIP code [REDACTED]				
d Control number 83563 356				
e Employer's name, address, and ZIP code [REDACTED] Cunningham				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans			
12a E	1840.70	13 Statutory employee Retirement plan 3rd-party sick pay X		
12b		14 Other		
12c				
12d				
15 State Employer's State ID#	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
N/A	N/A	N/A		

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

Copy 2 - For Employee's State Income Tax Return		[FL]	2024		OMB No. 1545-0008
a Employee's social security number	1 Wages, tips, other comp. 99946.95	2 Federal income tax withheld 12196.01			
b Employer ID number	3 Social security wages 101787.65	4 Social security tax withheld 6310.80			
	5 Medicare wages and tips 101787.65	6 Medicare tax withheld 1475.94			
c Employer's name, address, and ZIP code [REDACTED]					
d Control number 83563 356					
e Employer's name, address, and ZIP code [REDACTED] Cunningham					
7 Social security tips	8 Allocated tips	9 Advance EIC payment			
10 Dependent care benefits	11 Nonqualified plans				
12a E	1840.70	13 Statutory employee Retirement plan 3rd-party sick pay X			
12b		14 Other			
12c					
12d					
FL	NOT NEEDED	99946.95			
15 State Employer's State ID#	16 State wages, tips, etc.	17 State income tax			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
N/A	N/A	N/A			

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy C - FOR EMPLOYEE'S RECORDS ONLY**2024**OMB No.
1545-0008

a Employee's social security number [REDACTED]	1 Wages, tips, other comp. 99946.95	2 Federal income tax withheld 12196.01
b Employer ID number [REDACTED]	3 Social security wages 101787.65	4 Social security tax withheld 6310.80
	5 Medicare wages and tips 101787.65	6 Medicare tax withheld 1475.94
c Employer's name, address, and ZIP code [REDACTED]		
d Control number 83563 356		
e Employee's name, address, and ZIP code [REDACTED] Cunningham [REDACTED]		
7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	
12a E	1840.70	13 Statutory employee Retirement plan 3rd-party sick pay X
12b		14 Other
12c		
12d		
FL NOT NEEDED	99946.95	
15 State Employer's State ID#	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. N/A	19 Local income tax N/A	20 Locality name N/A

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

a Employee's social security number [REDACTED]		Payroll organization code 22-25-20-11-110		Intradepartment number 0000000000									
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 203,435.07		2 Federal income tax withheld 29,792.50									
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 168,600.00		4 Social security tax withheld 10,453.20									
		5 Medicare wages and tips 208,923.39		6 Medicare tax withheld 3,109.69									
		7 Social security tips		10 Dependent care benefits									
d Control number 018402 01/07		11 Nonqualified plans		12a See instructions for box 12 DD 22,156.08									
e Employee's first name, mi, and last name DEBORAH J CUNNINGHAM [REDACTED]		13 Statutory employee ☐		Retirement plan ☒		Third-party sick pay ☐		12b					
		14 Other 125		4,205.28		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 B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

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

a Employee's social security number [REDACTED]		Payroll organization code 22-25-20-11-110		Intradepartment number 0000000000									
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 203,435.07		2 Federal income tax withheld 29,792.50									
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 168,600.00		4 Social security tax withheld 10,453.20									
		5 Medicare wages and tips 208,923.39		6 Medicare tax withheld 3,109.69									
		7 Social security tips		10 Dependent care benefits									
d Control number 018402 01/07		11 Nonqualified plans		12a See instructions for box 12 DD 22,156.08									
e Employee's first name, mi, and last name DEBORAH J CUNNINGHAM [REDACTED]		13 Statutory employee ☐		Retirement plan ☒		Third-party sick pay ☐		12b					
		14 Other 125		4,205.28		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
AA427W Rev. 05/31/2024

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

Department of the Treasury - Internal Revenue Service