

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/02/2025

General Information

Name: Mrs Amy Lynn Blackburn

PID 311379

AGENCY INFORMATION

Organization	Suborganization	Title
Hernando County	Elected Constitutional Officer	Tax Collector

Net Worth

My Net Worth as of December 31, 2024 was \$ 604,802.94.

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/02/2025

Assets

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

The aggregate value of my household goods and personal effect is \$ 50,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
5050 Baseball Pond Road Brooksville FL 34602	\$ 275,554.00
LargeCap S&P 500 Index; Symbol: PSPJX	\$ 3,467.05
MidCap; Symbol: PMBJX	\$ 28,378.54
MidCap Value; Symbol: PVEJX	\$ 14,511.08
Real Estate Securities; Symbol: PREJX	\$ 9,193.12
SmallCap; Symbol: PSBJX	\$ 7,738.30
Bank Accounts (Suncoast Credit Union)	\$ 49,268.54
Prepaid College Fund - State of Florida	\$ 52,224.32
My Cigna HSA Account	\$ 14,394.71
2012 Toyota Sienna LE Van	\$ 10,000.00
2019 Chevrolet Silverado 2500 Truck	\$ 20,000.00
1996 GMC Sierra C1500 Truck	\$ 7,000.00
2024 Enclosed E-Z Hauler Trailer 6x12 ft	\$ 8,000.00
1991 Cattle Trailer 16 ft Homemade	\$ 3,500.00
2010 GATOR 20 ft Hay Trailer	\$ 1,800.00
2011 John Deere Tractor w/implements	\$ 15,000.00
2014 King Cutter Zero Turn Mower	\$ 1,200.00
53 Head of Cattle	\$ 42,250.00

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
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.

Amy Lynn Blackburn

Digitally signed: 06/02/2025

Filed with COE: 06/02/2025

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

Amy L

Last name

Blackburn

Your social security number

If joint return, spouse's first name and middle initial

James F

Last name

Blackburn, III

Spouse's social security number

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

PO Box 1206

Apt. no.

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

Brooksville

State

FL

ZIP code

34605

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)

Check only one box.

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

☐ Married filing separately (MFS)

☐ Qualifying surviving spouse (QSS)

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

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

Digital Assets

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

☐ Yes ☒ No

Standard Deduction

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

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

Age/Blindness

You: ☐ Were born before January 2, 1960

☐ Are blind

Spouse: ☐ Was born before January 2, 1960

☐ Is blind

Dependents (see instructions):

If more than four dependents, see instructions and check here ☐	(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
	Sarah E	Blackburn		Daughter	☒	☐
	Savannah L	Blackburn		Daughter	☒	☐
					☐	☐
					☐	☐

Income

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	134,596.
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	134,596.

Attach Sch. B if required.

2a	Tax-exempt interest	2a		b	Taxable interest	2b	423.
3a	Qualified dividends	3a		b	Ordinary dividends	3b	
4a	IRA distributions	4a		b	Taxable amount	4b	
5a	Pensions and annuities	5a		b	Taxable amount	5b	
6a	Social security benefits	6a		b	Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions)		☐				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here		☐	7		7	
8	Additional income from Schedule 1, line 10			8		8	-5,622.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9		9	129,397.
10	Adjustments to income from Schedule 1, line 26			10		10	
11	Subtract line 10 from line 9. This is your adjusted gross income			11		11	129,397.
12	Standard deduction or itemized deductions (from Schedule A)			12		12	29,200.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13		13	0.
14	Add lines 12 and 13			14		14	29,200.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income			15		15	100,197.

Standard Deduction for—

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

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	12,149.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	12,149.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	4,000.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	4,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,149.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	8,149.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	13,878.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	13,878.
	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC) No	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	13,878.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,729.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	5,729.
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? 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.			
	Your signature <i>Amy L Blackmun</i>	Date 4/12/25	Your occupation Tax Collector	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign. <i>[Signature]</i>	Date 4/12/25	Spouse's occupation Property Mgmt Asst	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. (352) 584-8933	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
	Firm's name Self-Prepared			Phone no.	
	Firm's address			Firm's EIN	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2024
Attachment
Sequence No. 01

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

Amy L Blackburn & James F Blackburn, III

Your social security number

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

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	-5,622.
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-5,622.

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

Schedule 1 (Form 1040) 2024

Part II Adjustments to Income

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

SCHEDULE F
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Farming

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, 1041, or 1065.
Go to www.irs.gov/ScheduleF for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. **14**

Name of proprietor

James F Blackburn, III

Social security number (SSN)

A Principal crop or activity

Cattle

B Enter code from Part IV

1 1 2 1 1 1

C Accounting method:

☒ Cash ☐ Accrual

D Employer ID number (EIN) (see instr.)

E Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on passive losses ☒ Yes ☐ No

F Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No

G If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No

Part I Farm Income—Cash Method. Complete Parts I and II. (Accrual method. Complete Parts II and III, and Part I, line 9.)

1a	Sales of purchased livestock and other resale items (see instructions)	1a		
b	Cost or other basis of purchased livestock or other items reported on line 1a	1b		
c	Subtract line 1b from line 1a	1c		
2	Sales of livestock, produce, grains, and other products you raised	2	15,050.	
3a	Cooperative distributions (Form(s) 1099-PATR)	3a		3b Taxable amount
4a	Agricultural program payments (see instructions)	4a	0.	4b Taxable amount
5a	Commodity Credit Corporation (CCC) loans reported under election	5a	0.	5c Taxable amount
b	CCC loans forfeited	5b	0.	5c Taxable amount
6	Crop insurance proceeds and federal crop disaster payments (see instructions):			
a	Amount received in 2024	6a	0.	6b Taxable amount
c	If election to defer to 2025 is attached, check here ☐	6d	0.	6d Amount deferred from 2023
7	Custom hire (machine work) income	7		
8	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	8	0.	
9	Gross income. Add amounts in the right column (lines 1c, 2, 3b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use the accrual method, enter the amount from Part III, line 50. See instructions	9	15,050.	

Part II Farm Expenses—Cash and Accrual Method. Do not include personal or living expenses. See instructions.

10	Car and truck expenses (see instructions). Also attach Form 4562	10	1,812.	23	Pension and profit-sharing plans	23	
11	Chemicals	11	0.	24	Rent or lease (see instructions):		
12	Conservation expenses (see instructions)	12	0.	a	Vehicles, machinery, equipment	24a	0.
13	Custom hire (machine work)	13	0.	b	Other (land, animals, etc.)	24b	0.
14	Depreciation and section 179 expense (see instructions)	14	1,908.	25	Repairs and maintenance	25	3,274.
15	Employee benefit programs other than on line 23	15	0.	26	Seeds and plants	26	0.
16	Feed	16	9,511.	27	Storage and warehousing	27	0.
17	Fertilizers and lime	17	0.	28	Supplies	28	2,754.
18	Freight and trucking	18	0.	29	Taxes	29	0.
19	Gasoline, fuel, and oil	19	970.	30	Utilities	30	0.
20	Insurance (other than health)	20	0.	31	Veterinary, breeding, and medicine	31	443.
21	Interest (see instructions):			32	Other expenses (specify):		
a	Mortgage (paid to banks, etc.)	21a	0.	a		32a	
b	Other	21b	0.	b		32b	
22	Labor hired (less employment credits)	22	0.	c		32c	
				d		32d	
				e		32e	
				f		32f	
33	Total expenses. Add lines 10 through 32f. If line 32f is negative, see instructions	33	20,672.				
34	Net farm profit or (loss). Subtract line 33 from line 9	34	-5,622.				

If a profit, stop here and see instructions for where to report. If a loss, complete line 36.

35 Reserved for future use.

36 Check the box that describes your investment in this activity and see instructions for where to report your loss:

a ☒ All investment is at risk. b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

BAA

REV 03/20/25 TTW

Schedule F (Form 1040) 2024

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

**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**

Name(s) shown on return

Your social security number

Amy L Blackburn & James F Blackburn, III

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	129,397.
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	129,397.
4	Number of qualifying children under age 17 with the required social security number	4	2
5	Multiply line 4 by \$2,000	5	4,000.
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	4,000.
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? ☐ 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.	12	4,000.
13	Enter the amount from Credit Limit Worksheet A	13	12,149.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	4,000.

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	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	
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	
18a	Earned income (see instructions)	
b	Nontaxable combat pay (see instructions)	
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	
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.	

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.	
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	
23	Add lines 21 and 22	
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. }	
25	Subtract line 24 from line 23. If zero or less, enter -0-	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	

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	
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Department of the Treasury
Internal Revenue ServiceAttach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.2024
Attachment
Sequence No. 52

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.

Amy L Blackburn

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2024. See instructions	☐ Self-only ☒ Family
2	HSA contributions you made for 2024 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2024. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2024 and, on the first day of every month during 2024, you were, or were considered, an eligible individual with the same coverage, enter \$4,150 (\$8,300 for family coverage). All others , see the instructions for the amount to enter	3 8,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2024 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2024, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 8,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2024, see the instructions for the amount to enter	6 8,300.
7	If you were age 55 or older at the end of 2024, married, and you or your spouse had family coverage under an HDHP at any time during 2024, enter your additional contribution amount. See instructions	7
8	Add lines 6 and 7	8 8,300.
9	Employer contributions made to your HSAs for 2024	9 7,693.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 7,693.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 607.
13	HSA deduction (see instructions).	13 0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2024 from all HSAs (see instructions)	14a 5,943.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c 5,943.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15 5,943.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16 0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ☐	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2024Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No. **55**

Name(s) shown on return

Amy L Blackburn & James F Blackburn, III

Your taxpayer identification number

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 at or below \$191,950 (\$383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Spring Lake Cattle Company		-5,622.
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 -5,622.	
3	Qualified business net (loss) carryforward from the prior year	3 (69,282.)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 0.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 0.
11	Taxable income before qualified business income deduction (see instructions)	11 100,197.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 100,197.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 20,039.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15 0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (74,904.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)

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

REV 03/20/25 TTW

Form **8995** (2024)

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024

Attachment
Sequence No. 179

Name(s) shown on return

Amy L Blackburn & James F Blackburn, III

Business or activity to which this form relates

Sch F Spring Lake Cattle Company

Identifying number

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	1,908.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,908.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☒ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . 25								
26 Property used more than 50% in a qualified business use:								
GMC Sierra SLE	10/01/2017	93.92 %						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%			S/L –			
		%			S/L –			
		%			S/L –			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . 28								
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . 29								

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)	2,705					
31 Total commuting miles driven during the year	0					
32 Total other personal (noncommuting) miles driven	175					
33 Total miles driven during the year. Add lines 30 through 32	2,880					
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	X					
35 Was the vehicle used primarily by a more than 5% owner or related person?	X					
36 Is another vehicle available for personal use?	X					

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year (see instructions):					
43 Amortization of costs that began before your 2024 tax year 43					
44 Total. Add amounts in column (f). See the instructions for where to report 44					

Qualified Business Income Component Worksheet

2024

► Keep for your records

Name(s) Shown on Return
Amy L Blackburn & James F Blackburn, III

Social Security Number

Aggregate trade or business name

Spring Lake Cattle Company

Aggregate trade or business ID number (EIN)

Social Security Number of owner if no EIN available

Reason for no EIN or SSN if none available

For multiple businesses being aggregated under Regulations section 1.199A-4, complete the explanation statements below.

Provide a description of the trade or business and an explanation of the factors met that allow the aggregation in accordance with Regulations section 1.199A-4.

Has this trade or business aggregation changed from the prior year? This includes changes due to a trade or business being formed, acquired, disposed, or ceasing operations. If yes, explain.

Business name	Tax ID	QBI	W2 wages	UBIA
Spring Lake Cattle Company		-5,622.	0.	22,596.

- 1 Qualified business income (QBI) -5,622.
- If using Simplified Worksheet, stop here.**
- 2 Taxable Income
- 3 Threshold Amount. \$383,900 if MFJ, \$191,950 if MFS, otherwise \$191,950
- 4 Subtract line 3 from line 2. If less than 0, enter 0.
- 5 Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000.
- 6 Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5.
Otherwise, enter 1.
- 7 Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000
- 8 Wages allocable to qualified business income.
- 9 Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable
to qualified business income
- Reductions for Specified Service Trades or Businesses**
- Check if Specified Service Trade or Business (SSTB) ☐
- 11 SSTB reduction to QBI
- 12 SSTB reduction to allocable wages.
- 13 SSTB reduction to allocable UBIA
- QBI, wages, and UBIA after applicable SSTB reductions**
- 14 Qualified business income
- 15 Allocable wages
- 16 Allocable UBIA
- Tentative QBI component**
- 17 Adjustments for QBI losses
- 18 Loss-adjusted QBI (line 14 plus line 17)
- 19 Tentative QBI component before limitations (20% of line 18)
- Wages and assets limits**
- 20 50% of W2 wages
- 21 25% of W2 wages
- 22 2.5% of UBIA
- 23 Sum of 25% of W2 wages and 2.5% of UBIA
- 24 Wage and Asset Limit. Larger of line 20 or line 23
- 25 Subtract wage/asset limit (line 24) from tentative QBI component (line 19)
(But not less than 0)
- 26 Reduction Amount. Multiply line 6 by line 25.
- 27 Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19)
- 28 Qualified payments from agricultural or horticultural coop
- 29 Wages allocable to qualified payments from coop
- 30 Patron reduction (lesser of 9% of line 28 or 50% of line 29)
- Qualified business income component amount**
- 31 Subtract line 30 from line 27

Qualified Business Income Deduction Summary

2024

► Keep for your records

Name(s) Shown on Return

Amy L Blackburn & James F Blackburn, III

Social Security Number

QuickZoom to QBI Component Worksheet ►
QuickZoom to Form 8995. ►
QuickZoom to Form 8995-A ►

1	Trade or business name	Net QBI
	Spring Lake Cattle Company	-5,622.
2	Net qualified business income (QBI) from qualified trades or businesses	-5,622.
3	Loss from previous year	-69,282.
4	Sum of activities with gains (only positive amounts from table on line 1)	
5	Sum of activities with losses (only negative amounts from table on line 1)	-74,904.
6	Check if using Simplified Computation (Form 8995)	☒
7	QBI component from Form 8995 line 5 or Form 8995A line 16	0.
8	QBI loss carryover from Form 8995 line 16 or Form 8995A Schedule C line 6	-74,904.
9	Total REIT dividends	
10	PTP Income from non-SSTBs	
11	PTP Income from SSTBs	
12	Allowed PTP Income from SSTBs	
13	Total Allowed PTP income (sum of line 10 and line 12)	
14	Carryover REIT/PTP losses from prior year	
15	Total REIT/PTP income	
16	20% of total REIT/PTP income	
17	Disallowed REIT/PTP loss	0.
18	Combined QBI Amount (QBI component plus 20% of REIT/PTP income).	0.
19	Taxable income before qualified business income deduction.	100,197.
20	Net capital gains	0.
21	Taxable income minus net capital gains. If zero or less, enter -0-	100,197.
22	20% of taxable income minus net capital gains	20,039.
23	QBI deduction before DPAD.	0.
	<i>Lesser of Combined QBI Amount or 20% of taxable income minus cap gains</i>	
24 a	Section 199A(g) deduction for domestic production activities	
	Enter DPAD reported on 1099-PATR not connected with business activity on this return 24a	
b	DPAD from business activities on this return. 24b	
	Section 199A(g) deduction for domestic production activities	
25	Total 199A (QBI) deduction (sum of lines 23 and 24)	0.

2024

► Keep for your records

Estimated Tax Payments for 2024 (If more than 4 payments for any state or locality, see Tax Help)

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2024					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2024 extensions					

Prior Year Taxes Paid In 2024 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2023 extensions				
22	2023 estimated tax paid after 12/31/2023				
23	Balance due paid with 2023 return				
24	Other (amended returns, installment payments, etc) . .				

Federal Carryover Worksheet

2024

► Keep for your records

Name(s) Shown on Return

Amy L Blackburn & James F Blackburn, III

Social Security Number

2023 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

2023 State Extension Information

(a) State	(b) Paid With Extension

2023 Locality Extension Information

(a) Locality	(b) Paid With Extension

2023 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2023 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2023 State Taxes Due Information

(a) State	(e) Paid With Return

2023 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2023 State Refund Applied Information

(a) State	(g) Applied Amount

2023 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2023 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

2023 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Amy L Blackburn & James F Blackburn, III

Other Tax and Income Information			2023	2024
1	Filing status	1	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3	2,886.	3,582.
4	Check box if required to itemize deductions	4	☐	☐
5	Adjusted gross income	5	93,797.	129,397.
6	Tax liability for Form 2210 or Form 2210-F	6	3,489.	8,149.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ▶

Excess Contributions			2023	2024
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers			2023	2024
Note: Enter all entries as a positive amount				
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2024	b		
	b 2023	c		
	c 2022	d		
	d 2021	e		
	e 2020	f		
	f 2019			
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2024	b		
	b 2023	c		
	c 2022	d		
	d 2021	e		
	e 2020	f		
	f 2019			

Credit Carryovers			2023	2024
18	General business credit	18		
19	Adoption credit from:	19 a		
	a 2024	b		
	b 2023	c		
	c 2022	d		
	d 2021	e		
	e 2020	f		
	f 2019			
20	Mortgage interest credit from:	20 a		
	a 2024	b		
	b 2023	c		
	c 2022	d		
	d 2021			
21	Credit for prior year minimum tax	21		
22	District of Columbia first-time homebuyer credit	22		
23	Residential Clean Energy Credit (Previously the Residential energy efficient property credit	23		

Other Carryovers				2023	2024
24	Section 179 expense deduction disallowed			24	
25	Excess	a	Taxpayer (Form 2555, line 46)	25 a	
	foreign	b	Taxpayer (Form 2555, line 48)	b	
	housing	c	Spouse (Form 2555, line 46)	c	
	deduction:	d	Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

26	2023 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2023					0.
b	2022					0.
c	2021					0.
d	2020					0.
e	2019					0.

27	2024 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2024					0.
b	2023					
c	2022					
d	2021					
e	2020					

28 Amount overpaid less earned income credit 5,047.

Qualified Business Income Deduction (Section 199A) carryovers				2023	2024
29	Qualified business loss carryforward			29	-69,282.
30	Qualified PTP loss carryforward			30	-74,904.
31	Applicable percentage	2018	31 a	100.00	
		2019	b	100.00	
		2020	c	100.00	
		2021	d	100.00	
		2022	e	100.00	
		2023	f	100.00	

2023 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

► Keep for your records

[illegible]

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

Copy B To Be Filed With Employee's FEDERAL Tax Return		38-2099803 OMB No. 1545-0008	
a Employee's soc. sec. no. [REDACTED]	1 Wages, tips, other comp. 109782.15	2 Federal income tax withheld 12326.72	
b Employer ID number 59-6000651	3 Social security wages 113445.89	4 Social security tax withheld 7033.71	
	5 Medicare wages and tips 113445.89	6 Medicare tax withheld 1644.92	
c Employer's name, address, and ZIP code HERNANDO COUNTY TAX COLLECTOR 20 N. MAIN STREET, ROOM 112 BROOKSVILLE, FL 34601-2892			
d Control number			
e Employee's name, address, and ZIP code AMY LYNN BLACKBURN 5050 BASEBALL POND RD BROOKSVILLE, FL 34602			
7 Social security tips .00	8 Allocated tips .00		
10 Dependent care benefits .00	11 Nonqualified plans .00	12a Code See Inst. for box 12 W 7692.50	
13 Statutory employee	14 Other FRS414 3663.74	12b Code .00	
Retirement plan X	.00	12c Code .00	
Third-party sick pay	.00	12d Code .00	
	.00	.00	
15 State Emplr's state I.D. #	16 State wages, tips, etc. .00	17 State income tax .00	
18 Local wages, tips, etc. .00	19 Local income tax .00	20 Locality name	
Form W-2 Wage and Tax Statement 2024 Dept. of the Treasury -- IRS			

This information is being furnished to the Internal Revenue Service.

Copy B To Be Filed With Employee's FEDERAL Tax Return		38-2099803 OMB No. 1545-0008	
a Employee's soc. sec. no. [REDACTED]	1 Wages, tips, other comp. 24813.74	2 Federal income tax withheld 1551.14	
b Employer ID number 59-1155275	3 Social security wages 25583.13	4 Social security tax withheld 1586.12	
	5 Medicare wages and tips 25583.13	6 Medicare tax withheld 370.91	
c Employer's name, address, and ZIP code HERNANDO COUNTY BOARD OF COMM 20 NORTH MAIN STREET RM 264 BROOKSVILLE, FL 34601-2800			
d Control number			
e Employee's name, address, and ZIP code JAMES F BLACKBURN III 5050 BASEBALL POND ROAD BROOKSVILLE, FL 34602 0135			
7 Social security tips .00	8 Allocated tips .00		
10 Dependent care benefits .00	11 Nonqualified plans .00	12a Code See Inst. for box 12 DD 6.72	
13 Statutory employee	14 Other FRS414 769.39	12b Code .00	
Retirement plan X	.00	12c Code .00	
Third-party sick pay	.00	12d Code .00	
	.00	.00	
15 State Emplr's state I.D. #	16 State wages, tips, etc. .00	17 State income tax .00	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	