

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/10/2025

General Information

Name: Mrs Holly H Pickens

PID 275260

AGENCY INFORMATION

Organization	Suborganization	Title
Putnam County School Board	Elected Constitutional Officer	School Board Member

Net Worth

My Net Worth as of December 31, 2024 was \$ 893,009.00.

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 \$ 25,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Residence-107 Driftwood Cove, Georgetown, FL	\$ 587,230.00
Land-Prospect St, Crescent City, FL	\$ 13,940.00
Cash in Banks-TD Banks	\$ 65,499.00
Cash in Banks-SouthState Bank	\$ 46,326.00
Variable Retirement Annuity-Mass Mutual	\$ 21,686.00
Individual Retirement Account-Mass Mutual	\$ 173,847.00
Indexed Annuity-Midland National Life	\$ 36,955.00
Annuity-Voya	\$ 48,287.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Flagstar Bank	5151 Corporate Dr Troy MI	\$ 93,468.00
Vystar Credit Union	510 Hwy 19N, Palatka	\$ 17,211.00
Vystar Credit Union	510 Hwy 19N, Palatka	\$ 15,082.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2024 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☒ I elect to file a copy of my 2024 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
See Attached			

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

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.

CPA/Attorney Signature Only

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, **Mark Philip Stanton** prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Mark Philip Stanton

Digitally signed: 06/10/2025

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.

Holly H Pickens

Digitally signed: 06/10/2025

Filed with COE: 06/10/2025

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 Robert W		Last name Pickens, Jr.		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial Holly H		Last name Pickens		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. 107 Driftwood Lane				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Georgetown				State FL	
				ZIP code 32139	
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) ☐ Qualifying surviving spouse (QSS)

Check only one box. ☒ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS)

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

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$14,000 • Married filing jointly or Qualifying surviving spouse, \$29,000 • Head of household, \$21,000 • If you checked any box under Standard Deduction, see instructions.	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	110,764
	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	110,764
	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	6a Soc. sec. ben.	6a	
b Taxable interest	2b	5,085	
b Ordinary dividends	3b		
b Taxable amount	4b		
b Taxable amount	5b	41,028	
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	81,089	
8 Additional income from Schedule 1, line 10	8	42,337	
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	280,303	
10 Adjustments to income from Schedule 1, line 26	10	1,952	
11 Subtract line 10 from line 9. This is your adjusted gross income	11	278,351	
12 Standard deduction or itemized deductions (from Schedule A)	12	32,300	
13 Qualified business income deduction from Form 8995 or Form 8995-A	13	6,523	
14 Add lines 12 and 13	14	38,823	
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	239,528	

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

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972	16	38,057
	3			
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	38,057
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	38,057
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	4,981	
24	Add lines 22 and 23. This is your total tax	24	43,038	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	14,192
	b	Form(s) 1099	25b	2,503
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	16,695
	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	16,695	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐	35a	
	b	Routing number	c	Type: ☐ Checking ☐ Savings
	d	Account number		
36	Amount of line 34 you want applied to your 2025 estimated tax	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions.	37	27,452
	38	Estimated tax penalty (see instructions)	38	1,109

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	Mark P. Stanton	Phone no.	386-328-1553
			Personal identification number (PIN)	

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
			Sales	
	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 instr.)
		Retired		
	Phone no.	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☒ Self-employed
	Mark P. Stanton	Mark P. Stanton	04/14/25	P01272691	
	Firm's name	Mark P. Stanton CPA	Phone no.	386-328-1553	
	Firm's address	113 North 2nd Street PALATKA FL 32177	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

Robert W Pickens, Jr. & Holly H Pickens

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/1099.

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	1,440
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	33,697
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount: P & F Mini Storage	8z	7,200
9	Total other income. Add lines 8a through 8z	9	7,200
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	42,337

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	1,952
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	1,952

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

Robert W Pickens, Jr. & Holly H Pickens

Your social security number

[REDACTED]

Part I Tax

1 Additions to tax:

- a** Excess advance premium tax credit repayment. Attach Form 8962
- 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)
- 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)
- d** Recapture of net EPE from Form 4255, line 2a, column (l)
- 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)
- 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)
- y** Other additions to tax (see instructions):

1a

1b

1c

1d

1e

1f

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 **3,904**
- 5** Social security and Medicare tax on unreported tip income. Attach Form 4137 **5**
- 6** Uncollected social security and Medicare tax on wages. Attach Form 8919 **6**
- 7** Total additional social security and Medicare tax. Add lines 5 and 6 **7**
- 8** Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐ **8**
- 9** Household employment taxes. Attach Schedule H **9**
- 10** Repayment of first-time homebuyer credit. Attach Form 5405 if required **10**
- 11** Additional Medicare Tax. Attach Form 8959 **11**
- 12** Net investment income tax. Attach Form 8960 **1,077**
- 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:		
b Recapture of federal mortgage subsidy, if you sold your home see instructions	17a	
c Additional tax on HSA distributions. Attach Form 8889	17b	
d Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17c	
e Additional tax on Archer MSA distributions. Attach Form 8853	17d	
f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17e	
g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17f	
h Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17g	
i Compensation you received from a nonqualified deferred compensation plan described in section 457A	17h	
j Section 72(m)(5) excess benefits tax	17i	
k Golden parachute payments	17j	
l Tax on accumulation distribution of trusts	17k	
m Excise tax on insider stock compensation from an expatriated corporation	17l	
n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17m	
o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17n	
p Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17o	
q Any interest from Form 8621, line 24	17p	
z Any other taxes. List type and amount:	17q	
	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
		4,981

SCHEDULE B
(Form 1040)

Interest and Ordinary Dividends

Department of the Treasury
Internal Revenue Service

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

Robert W Pickens, Jr. & Holly H Pickens

Your social security number

Part I

Interest

(See instructions
and the
Instructions for
Form 1040,
line 2b.)

Note: If you
received a
Form 1099-INT,
Form 1099-OID,
or substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the total interest
shown on that
form.

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

Commonwealth Annuity & Life Insurance
South State Bank NA
South State Bank NA
Pierson Auto Parts LLC
TD Bank
JBM Investments

Amount

30

16

1,481

1,500

2,053

5

- 2 Add the amounts on line 1

5,085

- 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

5,085

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

Part II

**Ordinary
Dividends**

(See instructions
and the
Instructions for
Form 1040,
line 3b.)

Note: If you
received a
Form 1099-DIV
or substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the ordinary
dividends shown
on that form.

- 5 List name of payer:

Amount

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

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

Part III

**Foreign
Accounts
and Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 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

Yes No

X

- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

- b** If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:

- 8** During 2024, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

X

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

Schedule B (Form 1040) 2024

SCHEDULE C
(Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2024

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

Attachment
Sequence No. **09**

Name of proprietor

Holly H Pickens

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)

Sporting Official

B Enter code from instructions

812990

C Business name. If no separate business name, leave blank.

Holly Pickens

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

E Business address (including suite or room no.) **107 Driftwood Lane**

City, town or post office, state, and ZIP code **Georgetown FL 32139**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)

G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2024, check here

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions

☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 1099?

☐ Yes ☒ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	☐	1	1,440
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	1,440
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	1,440
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6		7	1,440

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28	0	26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	1,440	27a	Other expenses (from line 48)	27a	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30		b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	1,440				
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a	☐ All investment is at risk.		
				32b	☐ Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Schedule C (Form 1040) 2024

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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.

2024

Attachment
Sequence No. **12**

Name(s) shown on return

Robert W Pickens, Jr. & Holly H Pickens

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				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 0

Part II Long-Term Capital Gains and Losses — Generally Assets Held More Than One Year (see instructions)

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
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 81,089
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 81,089

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

Schedule D (Form 1040) 2024

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	81,089
• 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	13,308
20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☒ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	()
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. ☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

SCHEDULE E

(Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2024

Attachment
Sequence No.

13

Name(s) shown on return

Your social security number

Robert W Pickens, Jr. & Holly H Pickens

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No
B If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No

1a Physical address of each property (street, city, state, ZIP code)

A 143 Marshside Drive, St Augustine, FL 32080

B

C

1b Type of Property
(from list below)

A 2

B

C

2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.

Fair Rental
Days

Personal Use
Days

QJV

A

366

B

C

Type of Property:

- | | | | |
|---------------------------|------------------------------|-------------|--------------------|
| 1 Single Family Residence | 3 Vacation/Short-Term Rental | 5 Land | 7 Self-Rental |
| 2 Multi-Family Residence | 4 Commercial | 6 Royalties | 8 Other (describe) |

Income:

		Properties:		
		A	B	C
3 Rents received	3	75,349		
4 Royalties received	4			

Expenses:

5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9	6,420		
10 Legal and other professional fees	10			
11 Management fees	11	8,400		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13	4,449		
14 Repairs	14	17,597		
15 Supplies	15			
16 Taxes	16	10,274		
17 Utilities	17	18,109		
18 Depreciation expense or depletion	18	8,204		
19 Other (list) See Statement 1	19	356		
20 Total expenses. Add lines 5 through 19	20	73,809		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198.	21	1,540		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	0		

23a Total of all amounts reported on line 3 for all rental properties	23a	75,349	
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d	8,204	
e Total of all amounts reported on line 20 for all properties	23e	73,809	

24 Income. Add positive amounts shown on line 21. Do not include any losses **24** 1,540

25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here **25**

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 **26** 1,540

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Schedule E (Form 1040) 2024

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

Robert W Pickens, Jr. & Holly H Pickens**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

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

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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	JBM Investments	P				
B	P & F Mini Storage	P				
C	Peninsular Auto Parts, Inc.	S			X	
D	Pierson Auto Parts LLC	P				

Passive Income and Loss**Nonpassive Income and Loss**

	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A	462				
B	0	29,116			
C			15,484		
D			0		18,987
29a Totals		29,116			18,987
b Totals	462		15,484		

30 Add columns (h) and (k) of line 29a

31 Add columns (g), (i), and (j) of line 29b

32 Total partnership and S corporation income or (loss). Combine lines 30 and 31

30	48,103
31	15,946
32	32,157

Part III Income or Loss From Estates and Trusts

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

Passive Income and Loss**Nonpassive Income and Loss**

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

35 Add columns (d) and (f) of line 34a

36 Add columns (c) and (e) of line 34b

37 Total estate and trust income or (loss). Combine lines 35 and 36

35	
36	
37	

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

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

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

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	33,697
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

Robert W Pickens, Jr.

Social security number of person
with self-employment income

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is church employee income, see instructions for how to report your income and the definition of church employee income.

- A** If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

- 1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A

- b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

- 2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order

- 3** Combine lines 1a, 1b, and 2

- 4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

- b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here

- c** Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. **Exception:** If less than \$400 and you had church employee income, enter -0- and continue

- 5a** Enter your church employee income from Form W-2. See instructions for definition of church employee income

- b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-

- 6** Add lines 4c and 5b

- 7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2024

- 8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$168,600 or more, skip lines 8b through 10, and go to line 11

- b** Unreported tips subject to social security tax from Form 4137, line 10

- c** Wages subject to social security tax from Form 8919, line 10

- d** Add lines 8a, 8b, and 8c

- 9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11

- 10** Multiply the smaller of line 6 or line 9 by 12.4% (0.124)

- 11** Multiply line 6 by 2.9% (0.029)

- 12** Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3

- 13** Deduction for one-half of self-employment tax.

Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15

1a	
1b	
2	26,187
3	26,187
4a	24,184
4b	
4c	24,184
5a	
5b	0
6	24,184
7	168,600
8a	65,364
8b	
8c	
8d	65,364
9	103,236
10	2,999
11	701
12	3,700
13	1,850

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

Schedule SE (Form 1040) 2024

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$10,380, or (b) your net farm profits² were less than \$7,493.

14 Maximum income for optional methods

14**6,920**

15 Enter the **smaller** of: two-thirds ($\frac{2}{3}$) of gross farm income¹ (not less than zero) or \$6,920. Also, include this amount on line 4b above

15

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$7,493 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14

16

17 Enter the **smaller** of: two-thirds ($\frac{2}{3}$) of gross nonfarm income⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above

17

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

Holly H Pickens

Social security number of person
with self-employment income

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is church employee income, see instructions for how to report your income and the definition of church employee income.

- A** If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

- 1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A

- b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

- 2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order

- 3** Combine lines 1a, 1b, and 2

- 4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

- b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here

- c** Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. **Exception:** If less than \$400 and you had church employee income, enter -0- and continue

- 5a** Enter your church employee income from Form W-2. See instructions for definition of church employee income

- b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-

- 6** Add lines 4c and 5b

- 7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2024

- 8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$168,600 or more, skip lines 8b through 10, and go to line 11

- b** Unreported tips subject to social security tax from Form 4137, line 10

- c** Wages subject to social security tax from Form 8919, line 10

- d** Add lines 8a, 8b, and 8c

- 9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11

- 10** Multiply the smaller of line 6 or line 9 by 12.4% (0.124)

- 11** Multiply line 6 by 2.9% (0.029)

- 12** Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3

- 13** Deduction for one-half of self-employment tax.

Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15

1a	
1b	
2	1,440
3	1,440
4a	1,330
4b	
4c	1,330
5a	
5b	0
6	1,330
7	168,600
8a	47,217
8b	
8c	
8d	47,217
9	121,383
10	165
11	39
12	204
13	102

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

Schedule SE (Form 1040) 2024

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$10,380, or (b) your net farm profits² were less than \$7,493.

14 Maximum income for optional methods

14**6,920**

15 Enter the **smaller** of: two-thirds ($\frac{2}{3}$) of gross farm income¹ (not less than zero) or \$6,920. Also, include this amount on line 4b above

15

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$7,493 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14

16

17 Enter the **smaller** of: two-thirds ($\frac{2}{3}$) of gross nonfarm income⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above

17

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

2024

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.Attachment
Sequence No. 27

Name(s) shown on return

Identifying number

Robert W Pickens, Jr. & Holly H Pickens

- 1a Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions
- 1b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- 1c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)

- 3 Gain, if any, from Form 4684, line 39
- 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6 Gain, if any, from line 32, from other than casualty or theft
- 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows
- Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.
- Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.
- 8 Nonrecaptured net section 1231 losses from prior years. See instructions
- 9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

3

4

5

6

7

81,089

81,089

8

9

Part II Ordinary Gains and Losses (see instructions)

- 10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11 Loss, if any, from line 7
- 12 Gain, if any, from line 7 or amount from line 8, if applicable
- 13 Gain, if any, from line 31
- 14 Net gain or (loss) from Form 4684, lines 31 and 38a
- 15 Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17 Combine lines 10 through 16
- 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.
- a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
- b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

11

12

13

14

15

16

17

18a

18b

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2024)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A House 2319 St Johns Ave, Palatka		Various	09/05/24		
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.					
		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20 115,000			
21	Cost or other basis plus expense of sale	21 47,219			
22	Depreciation (or depletion) allowed or allowable	22 13,308			
23	Adjusted basis. Subtract line 22 from line 21	23 33,911			
24	Total gain. Subtract line 23 from line 20	24 81,089			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g 0			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage. See instructions	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	81,089
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	81,089

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
 (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation. See instructions	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35

**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

Robert W Pickens, Jr. & Holly H Pickens

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	Mini-Warehouses	59-2876101	29,116
ii	Peninsular Auto Parts, Inc.	59-1568735	-15,484
iii	Form 1065, Page 1	46-3029376	17,646
iv	Holly Pickens		1,338
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	32,616	
3	Qualified business net (loss) carryforward from the prior year		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	32,616	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		6,523
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	0	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		6,523
11	Taxable income before qualified business income deduction (see instructions)	246,051	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	81,089	
13	Subtract line 12 from line 11. If zero or less, enter -0-	164,962	
14	Income limitation. Multiply line 13 by 20% (0.20)		32,992
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)		6,523
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		0
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		

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

Form **8995** (2024)

Net Investment Income Tax—
Individuals, Estates, and Trusts

OMB No. 1545-2227

2024

Attachment
Sequence No. 72Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

Your social security number or EIN

Robert W Pickens, Jr. & Holly H Pickens

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	5,085
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	35,137
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	-4,943
c	Combine lines 4a and 4b	4c	30,194
5a	Net gain or loss from disposition of property (see instructions)	5a	81,089
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	81,089
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	116,368

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	116,368
13	Modified adjusted gross income (see instructions)	13	278,351
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	28,351
16	Enter the smaller of line 12 or line 15	16	28,351
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	1,077
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	

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

Form 8960 (2024)

**S Corporation Shareholder Stock and
Debt Basis Limitations**

OMB No. 1545-2302

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.Attachment
Sequence No. **203**

Name of shareholder

Robert W Pickens, Jr.

Identifying number

A Name of S corporation

Peninsular Auto Parts, Inc.

B Employer identification number

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:

(1) ☐ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gifted (5) ☐ Other:E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐**Part I Shareholder Stock Basis**

1	Stock basis at the beginning of the corporation's tax year	1	384,217
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	0
5	Stock basis before distributions. Add lines 1, 2, and 4	5	384,217
6	Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	9,372
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	374,845
8a	Non deductible expenses	8a	
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	374,845
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	15,484
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	15,484
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	359,361

Part II Shareholder Debt Basis**Section A—Amount of Debt (If more than three debts, see instructions.)**

Description	(a) Debt 1 ☐ Formal note ☐ Open account	(b) Debt 2 ☐ Formal note ☐ Open account	(c) Debt 3 ☐ Formal note ☐ Open account	(d) Total
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Add lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)				
20 Loan balance at the end of the corporation's tax year. Subtract lines 19 from line 18				

Part II Shareholder Debt Basis (continued)**Section B—Adjustments to Debt Basis**

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year				
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Add lines 21, 22, and 23				
25 Divide line 24 by line 18				
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C—Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 Reportable gain. Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss	15,484		15,484		
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions					
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	15,484		15,484		

Passive Activity Loss Limitations

OMB No. 1545-1008

Department of the Treasury
Internal Revenue Service

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

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

2024

Attachment
Sequence No. 858

Name(s) shown on return

Identifying number

Robert W Pickens, Jr. & Holly H Pickens

Part I 2024 Passive Activity Loss

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

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

1a	Activities with net income (enter the amount from Part IV, column (a))	111,745
1b	Activities with net loss (enter the amount from Part IV, column (b))	462
1c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	
1d	Combine lines 1a, 1b, and 1c	111,283

All Other Passive Activities

2a	Activities with net income (enter the amount from Part V, column (a))	
2b	Activities with net loss (enter the amount from Part V, column (b))	
2c	Prior years' unallowed losses (enter the amount from Part V, column (c))	
2d	Combine lines 2a, 2b, and 2c	

3	Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	111,283
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If line 3 is a loss and:

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

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

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

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

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

Part III Total Losses Allowed

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

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
See Statement 2					
Total. Enter on Part I, lines 1a, 1b, and 1c	111,745	462			

For Paperwork Reduction Act Notice, see instructions.

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

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

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

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

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
JBM Investments	Sch E2	462	1.0000	
Total		462	1.00	

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total				

Federal Statements

2 Vikings LLC

Statement 1 - Schedule E, Line 19 - Other Expenses

<u>Description</u>	<u>Gross Amount</u>	<u>Business Use Percentage</u>	<u>Net Amount</u>
Officie Expenses	\$ 356		\$ 356
Total	\$ 356		\$ 356

Federal Statements

Statement 2 - Form 8582, Part IV - Lines 1a, 1b, and 1c

Description	Current Year Net Income	Current Year Net Loss	Prior Year Unallowed Loss	Overall Gain	Overall Loss
2 Vikings LLC	\$ 82,629	\$	\$	\$ 82,629	\$
JBM Investments		462			462
P & F Mini Storage	29,116			29,116	
Total	\$ 111,745	\$ 462	\$ 0		

Name _____

Taxpayer Identification Number

Robert W Pickens, Jr. & Holly H Pickens

T/S		Payer	Box 7 Code	Gross Distribution	Rollover	Taxable Amount
A	S	State of Florida	7	41,028	-	41,028
B	-		-		-	
C	-		-		-	
D	-		-		-	
E	-		-		-	
F	-		-		-	
G	-		-		-	
H	-		-		-	
I	-		-		-	
J	-		-		-	
K	-		-		-	
L	-		-		-	
M	-		-		-	
N	-		-		-	
O	-		-		-	
			Taxpayer			
			Spouse	41,028		41,028
			Total	41,028		41,028

	NIIT	Capital Gain Distribution	Public Safety Officer Exclusion	Federal Withholding	State Withholding	Local Withholding
A				2,503		
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
N						
O						
Taxpayer						
Spouse				2,503		
Total				2,503		

Form 1040

Salaries & Wages Report

2024

Name

Taxpayer Identification Number

Robert W Pickens, Jr. & Holly H Pickens

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A S	Putnam County School District	39,717	6,923	39,717
B T	Peninsular Auto Parts, Inc.	8,245	780	8,500
C T	Putnam Co Board of Co Commissioner	50,502	5,278	52,064
D S	Peninsular Auto Parts, Inc.	7,500	678	7,500
E T	Pierson Auto Parts LLC	4,800	533	4,800
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer		63,547	6,591	65,364
Spouse		47,217	7,601	47,217
Totals		110,764	14,192	112,581

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	2,462	39,717	576				
B	527	8,500	123				
C	3,228	52,064	755				1,562
D	465	7,500	109				
E	298	4,800	70				
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	4,053	65,364	948				1,562
Spouse	2,927	47,217	685				
Totals	6,980	112,581	1,633				1,562

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer						
Spouse						
Totals						

1	39716.92	6923.46	2	Federal income tax withheld	
3	39716.92	2462.46	4	Social security tax withheld	
5	39716.92	575.90	6	Medicare tax withheld	
Employee's name, address, and ZIP code PUTNAM COUNTY SCHOOL DISTRICT 200 REID STREET PALATKA FL 32177					
7	Social security tips	8	Allocated tips		
9		10	Dependent care benefits		
11	Nonqualified plans	12aW	1000.00		
		12bDD	7418.60		
13	Statutory employee	Retirement plan	Third-party sick pay		
		X			
14	Employee's social security no. [REDACTED] Employer ID number (EIN) 59-6000821 Control number				
HOLLY H PICKENS 107 DRIFTWOOD LANE GEORGETOWN FL 32139					
Employee's name, address, and ZIP code					
15a	Employee's state ID number	16	State wages, tips, etc.	17	State income tax
	FL 596000821				
18	Local wages, tips, etc.	19	Local income tax	20	Locality name
Wage and Tax Statement Copy B This information is being furnished to the IRS. To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0053 Department of the Treasury - Internal Revenue Service					

1	39716.92	6923.46	2	Federal income tax withheld	
3	39716.92	2462.46	4	Social security tax withheld	
5	39716.92	575.90	6	Medicare tax withheld	
Employee's name, address, and ZIP code PUTNAM COUNTY SCHOOL DISTRICT 200 REID STREET PALATKA FL 32177					
7	Social security tips	8	Allocated tips		
9		10	Dependent care benefits		
11	Nonqualified plans	12aW	1000.00		
		12bDD	7418.60		
13	Statutory employee	Retirement plan	Third-party sick pay		
		X			
14	Employee's social security no. [REDACTED] Employer ID number (EIN) 59-6000821 Control number				
HOLLY H PICKENS 107 DRIFTWOOD LANE GEORGETOWN FL 32139					
Employee's name, address, and ZIP code					
15a	Employee's state ID number	16	State wages, tips, etc.	17	State income tax
	FL 596000821				
18	Local wages, tips, etc.	19	Local income tax	20	Locality name
Wage and Tax Statement Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0053 Department of the Treasury - Internal Revenue Service					

1	39716.92	6923.46	2	Federal income tax withheld	
3	39716.92	2462.46	4	Social security tax withheld	
5	39716.92	575.90	6	Medicare tax withheld	
Employee's name, address, and ZIP code PUTNAM COUNTY SCHOOL DISTRICT 200 REID STREET PALATKA FL 32177					
7	Social security tips	8	Allocated tips		
9		10	Dependent care benefits		
11	Nonqualified plans	12aW	1000.00		
		12bDD	7418.60		
13	Statutory employee	Retirement plan	Third-party sick pay		
		X			
14	Employee's social security no. [REDACTED] Employer ID number (EIN) 59-6000821 Control number				
HOLLY H PICKENS 107 DRIFTWOOD LANE GEORGETOWN FL 32139					
Employee's name, address, and ZIP code					
15a	Employee's state ID number	16	State wages, tips, etc.	17	State income tax
	FL 596000821				
18	Local wages, tips, etc.	19	Local income tax	20	Locality name
Wage and Tax Statement Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0053 Department of the Treasury - Internal Revenue Service					

1	39716.92	6923.46	2	Federal income tax withheld	
3	39716.92	2462.46	4	Social security tax withheld	
5	39716.92	575.90	6	Medicare tax withheld	
Employee's name, address, and ZIP code PUTNAM COUNTY SCHOOL DISTRICT 200 REID STREET PALATKA FL 32177					
7	Social security tips	8	Allocated tips		
9		10	Dependent care benefits		
11	Nonqualified plans	12aW	1000.00		
		12bDD	7418.60		
13	Statutory employee	Retirement plan	Third-party sick pay		
		X			
14	Employee's social security no. [REDACTED] Employer ID number (EIN) 59-6000821 Control number				
HOLLY H PICKENS 107 DRIFTWOOD LANE GEORGETOWN FL 32139					
Employee's name, address, and ZIP code					
15a	Employee's state ID number	16	State wages, tips, etc.	17	State income tax
	FL 596000821				
18	Local wages, tips, etc.	19	Local income tax	20	Locality name
Wage and Tax Statement Copy C - For EMPLOYEE'S RECORDS This information is being furnished to the IRS. If you are required to file a tax return, a refundable credit or other action may be imposed on you if this income is taxable and you fail to report it. OMB No. 1545-0053 Department of the Treasury - Internal Revenue Service					

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.
Box 2. Enter this amount on the federal income tax withheld line of your tax return.
Box 3. You may be required to report this amount on Form 5525. See the Form 1040 instructions to determine if you are required to complete Form 5525.
Box 4. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.
Box 5. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.
Box 6. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.
Box 7. Social security tips.
Box 8. Allocated tips.
Box 9. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4377 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4377, your social security tips will be credited to your social security record (and you will figure your benefits).
Box 10. This amount includes the total dependent care benefits that your employer paid to you or included on your behalf (including amounts from a section 125 (pre-tax) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.
Box 11. This amount is reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or 20 included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 52 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.
Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes A, E, F, and G) and designated Roth contributions (codes AA, BB, and CC) under all plans are generally limited to a total of \$23,000 (\$14,000 if you only have SIMPLE IRAs; \$24,000 for section 408(a) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code D are limited to \$23,000. Deferrals under code H are limited to \$7,000.
However, if you were at least age 50 in 2024, your employer may have allowed an additional deferral of up to \$7,500 (\$2,000 for section 401(a)(1) and 408(a) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.
Box 13. If you have code D through H, S, Y, AA, BB, or CC, you made a make-up election for a year before 2024 when you were in military service. To figure whether you made excess deferrals, consider those amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.
A—Unaffected social security or RRA tax on tips. Indicate this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.
B—Unaffected Medicare tax on tips. Indicate this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.
C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3, 5, and 7 to the social security wage base), and 5.
D—Elective deferrals to a section 401(a) plan or 408(a) designated Roth account. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(a) arrangement.
E—Elective deferrals under a section 402(a) salary reduction agreement.
F—Elective deferrals under a section 408(a) salary reduction SEP.
G—Elective deferrals and employer contributions (including nonexcess deferrals) to a section 457(b) deferred compensation plan.
H—Elective deferrals to a section 501(c)(29) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.
I—Nontaxable sick pay information only, not included in box 1, 3, 5, or 7.
J—20% excludable tax on excess gratuity payments. See the Form 1040 instructions.
K—Substantiated employee business expense reimbursements (nontaxable).
L—Unaffected social security or RRA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.
M—Unaffected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.
N—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, 5, or 7).
O—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.
P—Employer contributions to your Archer MSA. Report on Form 8853.
R—Employee salary reduction contributions under a section 402(g) SIMPLE plan.

T—Adoption benefits (not included in box 1). Complete Form 8838 to figure any taxable and nontaxable amounts.
V—Income from exercise of nonstatutory stock options (included in boxes 1, 3, 5, 7, 9, and 10 to the social security wage base, and 5). See Pub. 526 for reporting requirements.
W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8879.
Y—Deferrals under a section 408(a) nonqualified deferred compensation plan.
Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 408A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.
AA—Designated Roth contributions under a section 401(a) plan.
BB—Designated Roth contributions under a section 408(a) plan.
CC—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.
DD—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.
EE—Unaffected benefits under a qualified employer health reimbursement arrangement.
FF—Income from qualified equity grants under section 83(b).
GG—Income from qualified equity grants under section 83(b) elections as of the close of the calendar year.
HH—Aggressive deferrals under section 503 elections as of the close of the calendar year.
II—Medicare wage payments excluded from gross income under Notice 2014-7.
JJ—Box 12, if the "Retirement plan" box is checked, special rules may apply to the amount of additional 3A contributions you may deduct. See Pub. 590-A.
Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, accidental death payments, or a member of the employer's pension advance and utilities. Related employers use this box to report related retirement (RRA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Indicate tips reported by the employer in the related retirement (RRA) compensation.
Notes: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.
Future developments. For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to www.irs.gov/formw2.

Notice to Employee

You have to file a return to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.
Earned income tax credit (EITC). You may be able to take the EITC for 2024 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and tax status. Workers and students could qualify for a smaller credit, and any qualifying child must have valid social security number (SSN). You can't take the EITC if your investment income is more than the specified amount for 2024 or if income is earned for services provided while you were an inmate of a penal institution. For 2024 income limits and more details, visit www.irs.gov/eitc. See also Pub. 596. Any EITC that is more than your tax liability is refunded to you, but only if you file a tax return.
Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).
Glavery and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.
Governmental employees. If your name, SSN, or address is incorrect, contact Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2 from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.ssa.gov.
Cost of employer-sponsored health coverage. If such cost is provided by the employer, the reporting in box 13, under code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.
Credit for excess taxes. If you had more than one employer in 2024 and more than \$10,453.20 in social security and/or Tier 1 related retirement (RRA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If such cost is provided by the employer, the reporting in box 13, under code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.
Form 543. See the instructions for Form 543.

		a Employee's social security number [REDACTED]		OMB No. 1545-0008		Safe, accurate, FAST! Use IRS e-file		Visit the IRS website at www.irs.gov/efile .			
b Employer identification number (EIN) [REDACTED]				1 Wages, tips, other compensation 7500.00		2 Federal income tax withheld 678.00					
				3 Social security wages 7500.00		4 Social security tax withheld 465.00					
				5 Medicare wages and tips 7500.00		6 Medicare tax withheld 108.75					
				7 Social security tips		8 Allocated tips					
c Employer's name, address, and ZIP code PENINSULAR AUTO PARTS, INC. 533 S. SUMMIT STREET CRESCENT CITY FL 32112-3031				9		10 Dependent care benefits					
d Control number 7				11 Nonqualified plans		12a See instructions for box 12					
e Employee's first name and initial Last name Suff. HOLLY H. PICKENS 107 DRIFTWOOD LN GEORGETOWN FL 32139				13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		12b					
				14 Other		12c					
						12d					
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

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.
DAA

		a Employee's social security number [REDACTED]		OMB No. 1545-0008		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.					
b Employer identification number (EIN) [REDACTED]				1 Wages, tips, other compensation 7500.00		2 Federal income tax withheld 678.00					
				3 Social security wages 7500.00		4 Social security tax withheld 465.00					
				5 Medicare wages and tips 7500.00		6 Medicare tax withheld 108.75					
				7 Social security tips		8 Allocated tips					
c Employer's name, address, and ZIP code PENINSULAR AUTO PARTS, INC. 533 S. SUMMIT STREET CRESCENT CITY FL 32112-3031				9		10 Dependent care benefits					
d Control number 7				11 Nonqualified plans		12a See instructions for box 12					
e Employee's first name and initial Last name Suff. HOLLY H. PICKENS 107 DRIFTWOOD LN GEORGETOWN FL 32139				13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		12b					
				14 Other		12c					
						12d					
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
Copy C—For EMPLOYEE'S RECORDS

2024

Department of the Treasury—Internal Revenue Service
Safe, accurate,

☐ CORRECTED (if checked)

PAYER FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 41,027.82		OMB No. 1545-0119 2024 Form 1099-R	Distributions From Pension Annuities Retirement Profit-Sharing Plans, IRAs Insurance Contracts, etc Copy Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS
			2a Taxable amount \$ 41,027.82			
PAYER'S TIN 59-1354377		RECIPIENT'S TIN [REDACTED]		2b Taxable amount not determined ☐ Total distribution ☐		
RECIPIENT HOLLY H PICKENS 107 DRIFTWOOD LANE GEORGETOWN FL 32139-3119		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 2,503.38		
		5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 7		IRA/ SEP/ SIMPLE ☐	8 Other \$ %	
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00
12 FATCA filing requirement ☐		14 State tax withheld \$		15 State/Payer's state no.		16 State distribution \$
Account number (see instructions) [REDACTED]		13 Date of payment		17 Local tax withheld \$		18 Name of locality \$
				19 Local distribution \$		

Form 1099-R
www.irs.gov/Form1099R
Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 41,027.82		OMB No. 1545-0119 2024 Form 1099-R	Distributions From Pensions Annuities Retirement Profit-Sharing Plans, IRAs Insurance Contracts, etc Copy For Recipient's Record
			2a Taxable amount \$ 41,027.82			
PAYER'S TIN 59-1354377		RECIPIENT'S TIN [REDACTED]		2b Taxable amount not determined ☐ Total distribution ☐		
RECIPIENT HOLLY H PICKENS 107 DRIFTWOOD LANE GEORGETOWN FL 32139-3119		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 2,503.38		
		5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 7		IRA/ SEP/ SIMPLE ☐	8 Other \$ %	
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00
12 FATCA filing requirement ☐		14 State tax withheld \$		15 State/Payer's state no.		16 State distribution \$
Account number (see instructions) [REDACTED]		13 Date of payment		17 Local tax withheld \$		18 Name of locality \$
				19 Local distribution \$		