

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/04/2025

General Information

Name: Ms Sandra I Gilyard

PID 7226

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 \$ 287,000.00.

Assets

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

The aggregate value of my household goods and personal effect is \$ 33,100.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
N/A	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Select Portfolio Servicing, Inc. Home Mortgage	P.O. Box 65250 Salt Lake City, UT 84165-0250	\$ 34,000.00

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.

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.

Sandra I Gilyard

Digitally signed: 06/04/2025

Filed with COE: 06/04/2025

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. VENERABLE INSURANCE AND ANNUITY COMPANY 699 Walnut St Suite 1350 Des Moines, IA 50309		1 Gross distribution \$ 10947.12		OMB No. 1545-0119 2024 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 10947.12			
1 (800) 366-0066		2b Taxable amount not determined ☒ Total distribution ☐		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 1094.76
PAYER'S TIN 41-0991508	RECIPIENT'S TIN [REDACTED]	5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$	
RECIPIENT'S name Sandra Gilyard P O Box 465 San Mateo, FL 32187		7 Distribution code(s) 7 IRA/ SEP/ SIMPLE ☒		8 Other \$ %	
		9a Your percentage of total distribution %		9b Total employee contributions \$	
		14 State tax withheld \$		15 State/Payer's state no. FL 0	
Account number (see instruction [REDACTED])		11 1st year of desig. Roth contrib.		17 Local tax withheld \$	
10 Amount allocable to IRR within 5 years \$		17 Local tax withheld \$		18 Name of locality \$	
19 Local distribution \$		19 Local distribution \$		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 \$ 74,132.04		OMB No. 1545-0119 2024 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 74,132.04			
2b Taxable amount not determined ☐ Total distribution ☐		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 11,196.06	
PAYER'S TIN 59-1354377	RECIPIENT'S TIN [REDACTED]	5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$	
RECIPIENT SANDRA I GILYARD PO BOX 465 SAN MATEO FL 32187-0465		7 Distribution code(s) 7 IRA/ SEP/ SIMPLE ☐		8 Other \$ %	
		9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00	
		14 State tax withheld \$		15 State/Payer's state no.	
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.		16 State distribution \$	
12 FATCA filing requirement ☐		14 State tax withheld \$		16 State distribution \$	
Account number (see instructions) [REDACTED]		13 Date of payment		17 Local tax withheld \$	
17 Local tax withheld \$		18 Name of locality		19 Local distribution \$	
19 Local distribution \$		19 Local distribution \$		19 Local distribution \$	

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

43635.52 tips, other comp.		6925.66 2 Federal income tax withheld		43635.52 security wages		2705.37 4 Social security tax withheld		43635.52 re wages and tips		632.70 6 Medicare tax withheld		4 COUNTY SCHOOL DISTRICT 212 STREET CA FL 32177	
8 Allocated tips		10 Dependent care benefits		12a		12b		12c		12d		Employee's social security no. Employee ID number (EIN) 59-6000823	
16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Local taxes		21		I GILYARD 465 TEO FL 32187	
1d Tax Statement		1 With Employee's tax return		2024		2024		2024		2024		2024	

43635.52		6925.66	
1 Wages, tips, other comp.		2 Federal income tax withheld	
43635.52		2705.37	
3 Social security wages		4 Social security tax withheld	
43635.52		632.70	
5 Medicare wages and tips		6 Medicare tax withheld	
Employer'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		12a	
		12b	
13 Statutory employee		12c	
Retirement plan		12d	
Third-party sick pay			
X			
14		Employee's social security no. [REDACTED]	
		Employer ID number (EIN) 59-6000821	
		Control number	
SANDRA I GILYARD PO BOX 465 SAN MATEO FL 32187			
Employee's name, address, and ZIP code			
15 a Employer's state ID number FL 596000821		16 State wages, tips, etc.	
17 State income tax			
18 Local wages, tips, etc.		19 Local income tax	
		20 Locality name	
Wage and Tax Statement Copy B To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0048			
This information is being furnished to the IRS. Department of the Treasury - Internal Revenue Service		Form W-2 2024	

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
SANDRA I

Last name
GILYARD

Your social security number
[REDACTED]

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

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.
PO BOX 465

Apt. no.

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

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

State
FL

ZIP code
32187

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status
Check only one box.

☐ Single ☐ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS)
☒ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets

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

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

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

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ☐	SATURA	STOKES	[REDACTED]	Niece	☐	☐	☒
	EARNEST	STOKES	[REDACTED]	Nephew	☐	☐	☒
					☐	☐	☐
					☐	☐	☐

Income

1a Total amount from Form(s) W-2, box 1 (see instructions) **1a** **43,636**

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.

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** **43,636**

Attach Schedule B if required.

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

3a Qualified dividends **3a**

4a IRA distributions **4a**

5a Pensions and annuities **5a**

6a Social security benefits **6a** **26,848**

b Taxable interest **2b** **19**

b Ordinary dividends **3b**

b Taxable amount **4b** **10,947**

b Taxable amount **5b** **74,132**

b Taxable amount **6b** **22,821**

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

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

Form **1040-SR** (2024)

Standard DeductionSee *Standard Deduction Chart* on the last page of this form.

7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	7	
8	Additional income from Schedule 1, line 10	8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	151,555
10	Adjustments to income from Schedule 1, line 26	10	0
11	Subtract line 10 from line 9. This is your adjusted gross income	11	151,555
12	Standard deduction or itemized deductions (from Schedule A)	12	26,210
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	26,210
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	125,345

Tax and Credits

16	Tax (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐	16	21,432
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	21,432
19	Child tax credit or credit for other dependents from Schedule 8812	19	1,000
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	1,000
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	20,432
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	20,432

Payments

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	6,926
b	Form(s) 1099	25b	12,291
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	19,217
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	0
33	Add lines 25d, 26, and 32. These are your total payments	33	19,217

If you have a qualifying child, attach Sch. EIC.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	0
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	0
Direct deposit? See instructions.	b	Routing number	c Type:	☐ Checking ☐ Savings
	d	Account number		
	36	Amount of line 34 you want applied to your 2025 estimated tax	36	
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	1,215
	38	Estimated tax penalty (see instructions)	38	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes. Complete below. ☒ No Designee's name Phone no. Personal identification number (PIN) [] [] [] [] []			
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instructions. Keep a copy for your records.	Your signature <i>Sandra J. Silyard</i>	Date <i>6-2-25</i>	Your occupation SCHOOL BOARD MEMBER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [] [] [] [] []
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) [] [] [] [] []
Phone no. 386-325-2469		Email address sgilyard@comcast.net		
Paid Preparer Use Only	Preparer's signature <i>Cynthia H Pert</i>		Date 05-31-2025	PTIN P01201439
			Check if: ☒ Self-employed	
	Preparer's name CYNTHIA H PERT			Phone no. 386-325-9490
	Firm's name INCOME TAX SERVICE			Firm's EIN 59-3334602
Firm's address 101 GARDENIA STREET Palatka, FL 32177				

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **07**

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

Your social security number

SANDRA I GILYARD

**Medical
and
Dental
Expenses**

Caution: Do not include expenses reimbursed or paid by others.

- | | | | |
|---|---|---|---------|
| 1 | Medical and dental expenses (see instructions) | 1 | 11,273 |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 | 2 | 151,555 |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | 11,367 |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 0 |

**Taxes You
Paid**

- | | | | |
|---|---|----|-------|
| 5 | State and local taxes. | | |
| a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☒ | 5a | 1,471 |
| b | State and local real estate taxes (see instructions) | 5b | 1,581 |
| c | State and local personal property taxes | 5c | |
| d | Add lines 5a through 5c | 5d | 3,052 |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 3,052 |
| 6 | Other taxes. List type and amount: | 6 | |
| 7 | Add lines 5e and 6 | 7 | 3,052 |

**Interest
You Paid**

Caution: Your mortgage interest deduction may be limited. See instructions.

- | | | | |
|----|---|----|-------|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐ | | |
| a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | 4,621 |
| b | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address | 8b | |
| c | Points not reported to you on Form 1098. See instructions for special rules | 8c | |
| d | Reserved for future use | 8d | |
| e | Add lines 8a through 8c | 8e | 4,621 |
| 9 | Investment interest. Attach Form 4952 if required. See instructions | 9 | |
| 10 | Add lines 8e and 9 | 10 | 4,621 |

**Gifts to
Charity**

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

- | | | | |
|----|---|----|--------|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | 18,537 |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 12 | |
| 13 | Carryover from prior year | 13 | |
| 14 | Add lines 11 through 13 | 14 | 18,537 |

**Casualty and
Theft Losses**

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

**Other
Itemized
Deductions**

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

**Total
Itemized
Deductions**

- | | | | |
|----|--|----|--------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 | 17 | 26,210 |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐ | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2024

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

**Credits for Qualifying Children
and Other Dependents**

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **47**

Name(s) shown on return

SANDRA I GILYARD

Your social security number

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	151,555
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	151,555
4	Number of qualifying children under age 17 with the required social security number	4	
5	Multiply line 4 by \$2,000	5	0
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	2
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	1,000
8	Add lines 5 and 7	8	1,000
9	Enter the amount shown below for your filing status. • Married filing jointly-\$400,000 • All other filing statuses-\$200,000	9	200,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0
11	Multiply line 10 by 5% (0.05)	11	
12	Is the amount on line 8 more than the amount on line 11? ☐ No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. ☒ Yes. Subtract line 11 from line 8. Enter the result.	12	1,000
13	Enter the amount from Credit Limit Worksheet A	13	21,432
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.	14	1,000

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

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

Schedule 8812 (Form 1040) 2024

EEA

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

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

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

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

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27		0
----	--	----	--	---

Nondeductible IRAs

OMB No. 1545-0074

2024

Attachment
Sequence No. 48Department of the Treasury
Internal Revenue ServiceAttach to 2024 Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8606 for instructions and the latest information.

Name. If married, file a separate form for each spouse required to file 2024 Form 8606. See instructions.

Your social security number

SANDRA I GILYARD

Fill in Your Address
Only if You Are
Filing This Form by
Itself and Not With
Your Tax Return

Home address (number and street, or P.O. box if mail is not delivered to your home)

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).

Foreign country name

Foreign province/state/country

Foreign postal code

Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, Traditional SEP, and Traditional SIMPLE IRAs

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2024.
- You took distributions from a traditional, traditional SEP, or traditional SIMPLE IRA in 2024 and you made nondeductible contributions to a traditional IRA in 2024 or an earlier year. For this purpose, "distributions" does not include rollovers (but does include certain 2024 retirement plan distribution repayments treated as rollovers (see instructions)). Also, it does not include qualified charitable distributions, one-time distributions to fund an HSA, conversions, recharacterizations, or returns of certain contributions.
- You converted part, but not all, of your traditional, traditional SEP, and traditional SIMPLE IRAs to Roth, Roth SEP, or Roth SIMPLE IRAs in 2024 and you made nondeductible contributions to a traditional IRA in 2024 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2024, including those made for 2024 from January 1, 2025, through April 15, 2025. See instructions	1	6,400
2	Enter your total basis in traditional IRAs. See instructions	2	
3	Add lines 1 and 2	3	6,400
In 2024, did you take a distribution from traditional, traditional SEP, or traditional SIMPLE IRAs, or make a Roth, Roth SEP, or Roth SIMPLE IRA conversion? ☐ No ☐ Yes Enter the amount from line 3 on line 14. Do not complete the rest of Part I. Go to line 4.			
4	Enter those contributions included on line 1 that were made from January 1, 2025, through April 15, 2025	4	
5	Subtract line 4 from line 3	5	
6	Enter the value of all your traditional, traditional SEP, and traditional SIMPLE IRAs as of December 31, 2024, plus any outstanding rollovers. Subtract certain 2024 retirement plan distribution repayments treated as rollovers, if any (see instructions)	6	
7	Enter your distributions from traditional, traditional SEP, and traditional SIMPLE IRAs in 2024. Do not include rollovers (but do include certain 2024 retirement plan distribution repayments treated as rollovers (see instructions)). Also, do not include qualified charitable distributions; a one-time distribution to fund an HSA; conversions to a Roth, Roth SEP, or Roth SIMPLE IRA; certain returned contributions; or recharacterizations of traditional IRA contributions (see instructions)	7	
8	Enter the net amount you converted from traditional, traditional SEP, and traditional SIMPLE IRAs to Roth, Roth SEP, or Roth SIMPLE IRAs in 2024. Also, enter this amount on line 16	8	
9	Add lines 6, 7, and 8	9	
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"	10	x
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth, Roth SEP, or Roth SIMPLE IRAs. Also, enter this amount on line 17	11	
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth, Roth SEP, or Roth SIMPLE IRA	12	
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions	13	
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2024 and earlier years	14	6,400
15a	Subtract line 12 from line 7	15a	
b	Enter the amount on line 15a attributable to qualified disaster distributions, if any, from 2024 Form(s) 8915-F (see instructions). Also, enter this amount on 2024 Form(s) 8915-F, line 18, as applicable (see instructions)	15b	
c	Taxable amount. Subtract line 15b from line 15a. Reduce that amount by certain 2024 retirement plan distribution repayments (other than those reported on Form 8915-F) that are treated as rollovers (see instructions). If more than zero, also include this amount on 2024 Form 1040, 1040-SR, or 1040-NR, line 4b Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59 1/2 at the time of the distribution. See instructions.	15c	

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

Form 8606 (2024)