

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/08/2025

General Information

Name: John C Thomas

PID 210998

AGENCY INFORMATION

Organization	Suborganization	Title
School Board Of Brevard County	Elected Constitutional Officer	Board Member

Net Worth

My Net Worth as of December 31, 2024 was \$ 238,798.24.

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 \$ 13,600.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Residential Home	\$ 253,000.00
Bank Account	\$ 6,218.11
Bank Account	\$ 4,711.88

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
The PNC Financial Services Group, Inc.	Pennsylvania	\$ 38,731.75

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.

John C Thomas

Digitally signed: 06/08/2025

Filed with COE: 06/08/2025

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

Your first name and middle initial

JOHN C.

Last name

THOMAS

Your social security number

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

DEBORAH R.

Last name

THOMAS

Spouse's social security number

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

311 NIBLICK STREET

Apt. no.

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

MELBOURNE

State

FL

ZIP code

32901

Foreign country name

Foreign province/state/county

Foreign postal code

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

Filing Status

☐ Single☐ Head of household (HOH)Check only
one box.☒ Married filing jointly (even if only one had income)☐ Married filing separately (MFS)☐ Qualifying surviving spouse (QSS)If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the
qualifying person is a child but not your dependent:☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter
their name (see instructions and attach statement if required):Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,
exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ NoStandard 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 alienAge/Blindness You: ☐ Were born before January 2, 1960 ☐ Are blind Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions):

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

Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 221,731

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	221,731

Attach Sch. B
if required.Standard
Deduction for—
• Single or
Married filing
separately,
\$14,000
• Married filing
jointly or
Qualifying
surviving spouse,
\$29,200
• Head of
household,
\$21,500
• If you checked
any box under
Standard
Deduction,
see instructions.

2a	Tax-exempt interest	2a		b	Taxable interest	2b	
3a	Qualified dividends	3a		b	Ordinary dividends	3b	
4a	IRA distributions	4a		b	Taxable amount	4b	
5a	Pensions and annuities	5a		b	Taxable amount	5b	
6a	Soc. sec. ben.	6a		b	Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions)						
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here					7	
8	Additional income from Schedule 1, line 10					8	18,130
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income					9	239,861
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	239,861
12	Standard deduction or itemized deductions (from Schedule A)					12	29,200
13	Qualified business income deduction from Form 8995 or Form 8995-A					13	
14	Add lines 12 and 13					14	29,200
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income					15	210,661

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

Form 1040 (2024)

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972	16	36,644
	3		17	
	17	Amount from Schedule 2, line 3	18	36,644
	18	Add lines 16 and 17	19	
	19	Child tax credit or credit for other dependents from Schedule 8812	20	
	20	Amount from Schedule 3, line 8	21	
	21	Add lines 19 and 20	22	36,644
	22	Subtract line 21 from line 18. If zero or less, enter -0-	23	
23	Other taxes, including self-employment tax, from Schedule 2, line 21	24	36,644	
24	Add lines 22 and 23. This is your total tax			

Payments	25	Federal income tax withheld from:			25d	36,598
	a	Form(s) W-2	25a			
	b	Form(s) 1099	25b			
	c	Other forms (see instructions)	25c			
	d	Add lines 25a through 25c	25d		36,598	
	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	36,598			

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	46
	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)	
	RONALD R. WINN	321-723-3141	48700	

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.)
	<i>John Thomas</i>		MANAGER	
	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.)
<i>Deborah Thomas</i>		COUNCIL MEMBER		
Phone no.	Email address			

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
	RONALD R. WINN	<i>RONALD R. WINN</i>	05/27/25	P00648700	
	Firm's name	Phone no.			
	RONALD R. WINN, C.P.A., P.A.	321-723-3141			
Firm's address	Firm's EIN				
2103 Grant Pl	FL 32901				

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2024)

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

2024Attachment
Sequence No. **01**

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

Your social security number

JOHN C. & DEBORAH R. THOMAS

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	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	See Stmt 1 18,130
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z	9	18,130
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	18,130

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

Schedule 1 (Form 1040) 2024

Form **8995****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

JOHN C. & DEBORAH R. THOMAS

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			
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	
3	Qualified business net (loss) carryforward from the prior year	3	4,691
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	0
11	Taxable income before qualified business income deduction (see instructions)	11	210,661
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	210,661
14	Income limitation. Multiply line 13 by 20% (0.20)	14	42,132
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	15	0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	4,691
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	

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

Form **8995** (2024)

Form **1040****Tax Return Reconciliation Worksheet****2024**Filing Status: ☐ 1 Single ☒ 2 Married filing jointly ☐ 3 Married filing separately ☐ 4 Head of household* ☐ 5 Qualifying widow(er)*

MFS spouse name:

*Qualifying person that is a child but not a dependent:

Taxpayer first name and initial JOHN C.	Last name THOMAS	Taxpayer social security number [REDACTED]
---	----------------------------	---

If a joint return, spouse's first name and initial DEBORAH R.	Last name THOMAS	Spouse's social security number [REDACTED]
---	----------------------------	---

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

311 NIBLICK STREET

Apt. no.

Presidential Election Campaign

Taxpayer ☐Spouse ☐

City, town or post office, state, and ZIP code.

MELBOURNE**FL 32901**

Foreign country name

Foreign province/state/county

Foreign postal code

At any time during 2024, did you receive, sell, send, exchange, or otherwise acquire financial interest in any digital assets? Yes ☐ No ☒6a ☒ Taxpayer. If someone can claim you as a dependent, do not check box 6a

Boxes checked on 6a and 6b

2b ☒ Spouse

Children on 6c who lived with you

Children on 6c who did not live with you

Dependents on 6c not entered above

Total. Add lines above

2**6c Dependents:**

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ☒ if qualifies for		If more than four dependents, ☐ here
				Child tax credit	Other dependents	

Income
(Schedule 1)

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	221,731
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount Cancellation of debt	21	18,130
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	239,861

Adjusted Gross Income
(Schedule 1)

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Reserved for future use	34	
35	Reserved for future use	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	239,861

Form **1040****Tax Return Reconciliation Worksheet, Page 2****2024**Name **JOHN C. & DEBORAH R. THOMAS**

Tp TIN

239,861**Tax and Credits**

(Schedules 2, 3)

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$14,600
Married filing jointly or Qualifying widow(er), \$29,200
Head of household, \$21,900

38 Amount from line 37 (adjusted gross income) **38 239,861**

39a Check ☐ You were born before January 2, 1960, ☐ Blind. ☐ Total boxes checked **39a**

if: ☐ Spouse was born before January 2, 1960, ☐ Blind. **39b**

b If your spouse itemizes on a separate return or you were a dual-status alien, check here **39b**

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) **40 29,200**

40b **40b**

41 Subtract line 40 and 40b from line 38 **41 210,661**

42 Qualified business income deduction (see instructions) **42**

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43 210,661**

44 Tax (see instr.). Check if any from: a ☐ Form(s) 9814 b ☐ Form 9872 c ☐ **44 36,644**

45 Alternative minimum tax (see instructions). Attach Form 6251 **45**

46 Additions to tax (Excess advance premium tax credit repayment and clean vehicle repayment) **46**

47 Add lines 44, 45, and 46 **47 36,644**

48 Foreign tax credit. Attach Form 1116 if required **48**

49 Credit for child and dependent care expenses. Attach Form 2441 **49**

50 Education credits from Form 8863, line 19 **50**

51 Retirement savings contributions credit. Attach Form 8880 **51**

52 Child tax credit/credit for other dependents **52**

53 Residential energy credits. Attach Form 5695 **53**

54 Other credits from Form(s): a ☐ 3800 b ☐ 8801 c ☐ **54**

55 Add lines 48 through 54. These are your total credits **55**

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- **56 36,644**

Other Taxes

(Schedule 2)

57 Self-employment tax. Attach Schedule SE **57**

58 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919 **58**

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **59**

60a Household employment taxes from Schedule H **60a**

b First-time homebuyer credit repayment. Attach Form 5405 if required **60b**

61 Taxes from: a ☐ Form 9869 b ☐ Form 8960 c ☐ Instructions; enter code(s) **61**

62 Section 965 net tax liability installment from Form 965-A **62**

63 Add lines 56 through 61. This is your total tax **63 36,644**

Payments

(Schedule 3)

64 Federal income tax withheld from:

a Form(s) W-2 **64a 36,598**

b Form(s) 1099 **64b**

c Other forms **64c**

65 2024 estimated tax payments and amount applied from 2023 return **65**

66 Earned income credit (EIC) **66**

67 Additional child tax credit. Attach Schedule 8812 **67**

68 American opportunity credit from Form 8863, line 8 **68**

69 Recovery rebate credit **69**

70 Net premium tax credit. Attach Form 8962 **70**

71 Amount paid with request for extension to file **71**

72 Excess social security and tier 1 RRTA tax withheld **72**

73 Credit for federal tax on fuels. Attach Form 4136 **73**

74 Other payments and refundable credits **74**

75 Total pymts. Add lines 64 - 74. **75 36,598**

Refund

76 If line 75 is more than line 63, subtract line 63 from line 75. This is the amount you overpaid **76**

77a Amount of line 76 you want refunded to you. If Form 8888 is attached, check here ☐ **77a**

b Routing number c Type: ☐ Checking ☐ Savings

d Account number

78 Amount of line 76 you want applied to your 2025 estimated tax **78**

Amount You Owe

79 Amount you owe. Subtract line 75 from line 63. For details on how to pay, see instructions **79 46**

80 Estimated tax penalty (see instructions) **80**

Int/Pen

Date filed Int Fail to file Fail to pay Total

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No Personal identification no. (PIN) **48700**

Designee's Name **RONALD R. WINN** Phone no. **321-723-3141**

Other Info

Taxpayer Daytime phone number Taxpayer's Occupation **MANAGER** IRS Identity Protection PIN

Spouse's Occupation **COUNCIL MEMBER** IRS Identity Protection PIN

☐ Taxpayer ☐ Spouse Email address

Form **4868****Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**

OMB No. 1545-0074

2024Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form4868 for the latest information.

(on bottom of page)

**Mail To: Department of the Treasury
Internal Revenue Service
Austin, TX 73301-0045**

Extension request originally filed electronically

CUT HERE

Form **4868****Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**

OMB No. 1545-0074

2024Department of the Treasury
Internal Revenue Service

For calendar year 2024, or other tax year beginning

, and ending

Part I Identification		Part II Individual Income Tax	
1 Your name(s) (see instructions)		4 Estimate of total tax liability for 2024 \$ 36,644	
JOHN C. THOMAS DEBORAH R. THOMAS		5 Total 2024 payments 39,603	
Address (see instructions) 311 NIBLICK STREET		6 Balance due. Subtract line 5 from line 4. See instructions 0	
City, town, or post office MELBOURNE	State FL	ZIP code 32901	7 Amount you're paying (see instructions) 0
2 Your social security number		8 Check here if you're "out of the country" and a U.S. citizen or resident. See instructions ☐	
3 Spouse's social security number		9 Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding ☐	

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Form **4868** (2024)

Federal Statements**Statement 1 - Form 1040, Schedule 1, line 8c - Cancellation of Debt**

<u>Description</u>	<u>Amount</u>
Total debt canceled	\$ 18,130
Total	<u>\$ 18,130</u>

Cancellation of Debt Worksheet

2024

Name

JOHN C. & DEBORAH R. THOMAS

Taxpayer Identification Number

Form 1099-C Creditor Name	Form 1040	Unit	(A) 1099-C Box 2 Debt Canceled	(B) 1099-C Box 3 Deduct. Interest	(C) Box 2 Exception/ Exclusion Amount	Net Amount in Income (A) - (B) - (C)	Exception/Exclusion to Inclusion in Income
CITIBANK, NA	1040		2,778			2,778	
JP MORGAN CHASE BANK	1040		15,352			15,352	
Total reported on 1040, Sch 1, 11			18,130			18,130	

Form **1040****Salaries & Wages Report****2024**

Name

Taxpayer Identification Number

JOHN C. & DEBORAH R. THOMAS

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A T	HOMEBUILDERS & CONTRACTORS	92,795	14,336	92,795
B S	WELBRO BUILDING CORP	123,884	21,883	124,281
C T	SCHOOL BOARD OF BREVARD	5,052	379	5,209
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer		97,847	14,715	98,004
Spouse		123,884	21,883	124,281
Totals		221,731	36,598	222,285

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	5,753	92,795	1,346				
B	7,705	124,281	1,802				
C	323	5,209	76				
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	6,076	98,004	1,422				
Spouse	7,705	124,281	1,802				
Totals	13,781	222,285	3,224				

	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						

Form **1040****Two Year Comparison Report - Page 1****2023 & 2024**

Name

Taxpayer Identification Number

JOHN C. & DEBORAH R. THOMAS

		2023	2024	Differences
		MFJ	MFJ	
Filing Status				
Dependents		0	0	
1. Salaries and wages	1.	195,771	221,731	25,960
2. Interest income	2.			
3. Tax exempt interest income	3.			
4. Dividend income	4.			
5. Qualified dividend income	5.			
6. Taxable state/local refunds	6.			
7. Alimony received	7.			
8. Business income/loss	8.			
9. Capital gain/loss	9.			
10. Other gains/losses	10.			
11. Taxable IRA distributions	11.			
12. Taxable pensions	12.			
13. Rent and royalty income including farm rental	13.			
14. Partnership/S corp income	14.			
15. Estate or trust income	15.			
16. Farm income/loss	16.			
17. Unemployment compensation	17.			
18. Taxable social security	18.			
19. Other income	19.	5,372	18,130	12,758
20. Total income	20.	201,143	239,861	38,718
21. Moving expenses	21.			
22. Deductible part of self-employment tax	22.			
23. SEP/SIMPLE/Qualified plans deductions	23.			
24. SE health insurance	24.			
25. Penalty on early withdrawal of savings	25.			
26. Alimony paid	26.			
27. IRA deductions	27.			
28. Student loan interest	28.			
29. Other adjustments	29.			
30. Adjusted gross income	30.	201,143	239,861	38,718
31. Medical	31.			
32. Taxes	32.	1,619	3,415	1,796
33. Interest	33.		1,788	1,788
34. Contributions	34.			
35. Casualty losses	35.			
36. Miscellaneous expenses	36.			
37. Allowable itemized deductions	37.	1,619	5,203	3,584
38. Standard deduction	38.	27,700	29,200	1,500
		Standard	Standard	
39. Deduction taken	39.	27,700	29,200	1,500
40. Taxable income before Qual Bus Inc Ded (QBID)	40.	173,443	210,661	37,218
41. QBID	41.	0	0	
42. Taxable income	42.	173,443	210,661	37,218

Form **1040****Two Year Comparison Report - Page 2****2023 & 2024**

Name

JOHN C. & DEBORAH R. THOMAS

Taxpayer Identification Number

		2023	2024	Differences
43. Taxable income from 2YR page 1, line 42	43.	173,443	210,661	37,218
44. Tax on taxable income	44.	28,772	36,644	7,872
45. Alternative minimum tax	45.			
46. Excess advance premium tax credit & other advanced repayment	46.			
47. Child care credit	47.			
48. Education credits	48.			
49. Retirement savings credit	49.			
50. Child & other dependent tax credit	50.			
51. General business credit	51.			
52. Other credits	52.			
53. Total credits	53.			
54. Net tax liability	54.	28,772	36,644	7,872
55. Self-employment taxes	55.			
56. Other taxes	56.			
57. Total tax	57.	28,772	36,644	7,872
58. Income tax withheld	58.	32,293	36,598	4,305
59. Estimated tax payments	59.			
60. Earned income credit	60.			
61. Additional Child tax credit	61.			
62. Other refundable tax credits	62.			
63. Other payments	63.			
64. Total payments	64.	32,293	36,598	4,305
65. Tax due/-refund	65.	-3,521	46	3,567
66. Penalties and interest	66.			
67. Net tax due/-refund	67.	-3,521	46	3,567
68. Refund applied to estimated tax payments	68.			
69. Refund received	69.	-3,521		3,521
70. Effective tax rate	70.	17.0 %	17.0 %	

Two Year Comparison - Tax Reconciliation Marginal Tax Rates

	2023	2023 Marginal	2024	2024 Marginal
	Taxable Income	Tax Rate	Taxable Income	Tax Rate
Ordinary Income	173,443	22.0 %	210,661	24.0 %
Capital income		%		%
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%

Form **1040****Reconciliation Worksheet - Taxable Income & Tax****2024**

Name

JOHN C. & DEBORAH R. THOMAS

Taxpayer Identification Number

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income, further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status **Married filing jointly** Tax Pct Total Tax (In 27) divided Total Taxable Income (In 19) **17.0 %**
 Tax Method **Tax rate schedule**

Tax using ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:

Tax using capital gains rates

Tax using Ordinary rates

Tax savings

	Taxable Amount	Marginal Tax Rate	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	210,661	24.0 %	36,644	\$201,050 - \$383,900	173,239
Capital Income		%			
Capital Income - 1250		%			
Capital Income - 1202		%			

*Tax on taxable ordinary income under \$100,000 is determined using IRS Tax Tables that impose the same amount of tax on taxable income within \$50 intervals. Therefore, the column (b) Tax may not be calculated as column (a) times the applicable line tax rate.

Income taxed at ordinary rates

	(a) Taxable Income	(b) Tax*
1. 10% rate Maximum taxable income per this bracket: \$23,200	1a. 23,200	1b. 2,323
2. 12% rate Maximum taxable income per this bracket: \$71,100	2a. 71,100	2b. 8,535
3. 22% rate Maximum taxable income per this bracket: \$106,750	3a. 106,750	3b. 23,479
4. 24% rate Maximum taxable income per this bracket: \$182,850	4a. 9,611	4b. 2,307
5. 32% rate	5a.	5b.
6. 35% rate	6a.	6b.
7. 37% rate	7a.	7b.
8. Total ordinary taxable income and ordinary tax. Add lines 1 through 7	8a. 210,661	8b. 36,644

Income taxed at capital gains rates

9. 0% capital gains rate	9a.	9b.
10. 15% capital gains rate	10a.	10b.
11. 20% capital gains rate	11a.	11b.
12. 25% capital gains rate Unrecaptured Section 1250 Gain	12a.	12b.
13. 28% capital gains rate Small business stock, collectibles	13a.	13b.
14. Total taxable capital gains and capital gains tax. Add lines 9 through 13	14a.	14b.

Total taxable income

15. Total ordinary taxable income. Enter the amount from line 8a.	15. 210,661
16. Total capital gains taxable income. Enter the amount from line 14a.	16.
17. Add lines 15 and 16.	17. 210,661
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.
19. Taxable Income reported on 1040/1040SR, line 15, (1040NR, line 15). Subtract line 18 from line 17.	19. 210,661

Total tax

20. Total ordinary tax. Enter the amount from line 8b.	20. 36,644
21. Total capital gains tax. Enter the amount from line 14b.	21.
22. Tax on child's interest and dividend.	22.
23. Tax on lump-sum distribution.	23.
24. Other taxes.	24.
25. Add lines 20 through 24.	25. 36,644
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.	26.
27. Total tax reported on 1040/1040SR, line 16, (1040NR, line 16). Subtract line 26 from line 25.	27. 36,644

d Control number	1 Wages, tips, other compensation 92794.78	2 Federal income tax withheld 14335.88
OMB No. 1545-0008	3 Social security wages 92794.78	4 Social security tax withheld 5753.28
	5 Medicare wages and tips 92794.78	6 Medicare tax withheld 1345.50

c Employer's name, address, and ZIP code
Homebuilders & Contractors Associati
1500 W Eau Gallie Blvd Ste A-2
Melbourne FL 32935

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See inst. for box 12 0.00
12b	12c	12d

b Employer identification number (EIN) a Employee's social security number

13 Statutory employee plan	14 Other
----------------------------	----------

e Employee's name, address, and ZIP code
John Thomas
311 Niblick Street
Melbourne FL 32901

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.

2024	15 State Employer's state ID number	16 State wages, tips, etc. 0.00
------	-------------------------------------	------------------------------------

Form Wage and Tax W-2 Statement

17 State income tax 0.00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation 92794.78	2 Federal income tax withheld 14335.88
OMB No. 1545-0008	3 Social security wages 92794.78	4 Social security tax withheld 5753.28
	5 Medicare wages and tips 92794.78	6 Medicare tax withheld 1345.50

c Employer's name, address, and ZIP code
Homebuilders & Contractors Associati
1500 W Eau Gallie Blvd Ste A-2
Melbourne FL 32935

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See inst. for box 12 0.00
12b	12c	12d

b Employer identification number (EIN) a Employee's social security number

13 Statutory employee plan	14 Other
----------------------------	----------

e Employee's name, address, and ZIP code
John Thomas
311 Niblick Street
Melbourne FL 32901

2024	15 State Employer's state ID number	16 State wages, tips, etc. 0.00
------	-------------------------------------	------------------------------------

Form Wage and Tax W-2 Statement

17 State income tax 0.00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation 92794.78	2 Federal income tax withheld 14335.88
OMB No. 1545-0008	3 Social security wages 92794.78	4 Social security tax withheld 5753.28
	5 Medicare wages and tips 92794.78	6 Medicare tax withheld 1345.50

c Employer's name, address, and ZIP code
Homebuilders & Contractors Associati
1500 W Eau Gallie Blvd Ste A-2
Melbourne FL 32935

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See inst. for box 12 0.00
12b	12c	12d

b Employer identification number (EIN) a Employee's social security number

13 Statutory employee plan	14 Other
----------------------------	----------

e Employee's name, address, and ZIP code
John Thomas
311 Niblick Street
Melbourne FL 32901

2024	15 State Employer's state ID number	16 State wages, tips, etc. 0.00
------	-------------------------------------	------------------------------------

Form Wage and Tax W-2 Statement

17 State income tax 0.00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation 92794.78	2 Federal income tax withheld 14335.88
OMB No. 1545-0008	3 Social security wages 92794.78	4 Social security tax withheld 5753.28
	5 Medicare wages and tips 92794.78	6 Medicare tax withheld 1345.50

c Employer's name, address, and ZIP code
Homebuilders & Contractors Associati
1500 W Eau Gallie Blvd Ste A-2
Melbourne FL 32935

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See inst. for box 12 0.00
12b	12c	12d

b Employer identification number (EIN) a Employee's social security number

13 Statutory employee plan	14 Other
----------------------------	----------

e Employee's name, address, and ZIP code
John Thomas
311 Niblick Street
Melbourne FL 32901

2024	15 State Employer's state ID number	16 State wages, tips, etc. 0.00
------	-------------------------------------	------------------------------------

Form Wage and Tax W-2 Statement

17 State income tax 0.00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Department of the Treasury - Internal Revenue Service

a Employee's social security number [REDACTED]		OMB No. 1545-0008		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 59-6000522		1 Wages, tips, other compensation 5051.53		2 Federal income tax withheld 378.68	
c Employer's name, address, and ZIP code 9000 SCHOOL BOARD OF BREVARD COUNTY 2700 JUDGE FRAN JAMIES VIERA, FL 32940-6601		3 Social security wages 5208.80		4 Social security tax withheld 322.95	
		5 Medicare wages and tips 5208.80		6 Medicare tax withheld 75.53	
		7 Social security tips		8 Allocated tips	
		9		10 Dependent care benefits	
d Control number 000004456		11 Nonqualified plans		12a See instructions for box 12 C .66	
e Employee's first name and initial Last name Suffix JOHN C. THOMAS 311 NIBLICK ST MELBOURNE, FL 32901		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.

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 5051.53		2 Federal income tax withheld 378.68	
c Employer's name, address, and ZIP code 9000 SCHOOL BOARD OF BREVARD COUNTY 2700 JUDGE FRAN JAMIES VIERA, FL 32940-6601		3 Social security wages 5208.80		4 Social security tax withheld 322.95	
		5 Medicare wages and tips 5208.80		6 Medicare tax withheld 75.53	
		7 Social security tips		8 Allocated tips	
		9		10 Dependent care benefits	
d Control number 000004456		11 Nonqualified plans		12a See instructions for box 12 C .66	
e Employee's first name and initial Last name Suffix JOHN C. THOMAS 311 NIBLICK ST MELBOURNE, FL 32901		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 C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

	Wages, Tips, Other Comp. Box 1 of W-2	Social Security Wages ¹ Box 3 of W-2	Medicare Wages and Tips Box 5 of W-2
Gross Pay	\$127,087.14	\$127,087.14	\$127,087.14
Less: Non-Taxable Earnings	(\$597.92)	\$0.00	\$0.00
Less: Retirement Deductions	\$0.00	N/A	N/A
Less: Other Pre-tax Deductions	(\$2,805.92)	(\$2,805.92)	(\$2,805.92)
Less: Third Party Sick Pay	\$0.00	\$0.00	\$0.00
Less: Excess Wages	N/A	\$0.00	N/A
Total Reported Wages	\$123,883.90	\$124,281.22	\$124,281.22
	Fed Income Box 2 of W-2	Social Security Box 4 of W-2	Medicare Box 6 of W-2
Tax Withheld	\$21,883.16	\$7,705.44	\$1,802.08

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

Form W-2 Wage and Tax Statement		
Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return.		2024 OMB No. 1545-0048 Department of Treasury — Internal Revenue Service
Control number	00U68 ACWA	00069
Employer's name, address, and ZIP code		
WELBRO BUILDING CORPORATION 2301 MAITLAND CENTER PKWY STE 250 MAITLAND FL 32751		
Employee's name, address, and ZIP code		
DEBORAH R THOMAS 311 NIBLICK ST MELBOURNE FL 32901		
1 Wages, tips, other comp.	123883.90	2 Federal income tax withheld
3 Social security wages	124281.22	4 Social security tax withheld
5 Medicare wages and tips	124281.22	6 Medicare tax withheld
7 Social security tips		8 Allocated tips
9		10 Dependent care benefits
11 Nonqualified plans	12a C	397.32
13 Salaried employee	12b DD	9628.23
Retirement plan	12c	
Third-party sick pay	12d	
Employee's social security no.	14	
Employer's EIN (not on SSN)		
15 State, city, or local income tax	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Local income tax

