

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/10/2025

General Information

Name: Charles L. Overturf III

PID 247977

AGENCY INFORMATION

Organization	Suborganization	Title
Putnam County	Elected Constitutional Officer	Supervisor of Elections

Net Worth

My Net Worth as of December 31, 2024 was \$ 2,013,915.00.

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 \$ 50,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Cash in Bank-Vystar Credit Union	\$ 154,000.00
Cash in Bank-Ameris Bank	\$ 53,000.00
Stocks & Securities-SEI Private Trust	\$ 365,560.00
Cash Surrender Value Life Insurance-New York Life	\$ 625,689.00
Retirement Accounts-MetLife Insurance	\$ 190,286.00
50% Interest in Johnson Overturf Funeral Home, Palatka	\$ 537,954.00
50% interest in Putnam Crematory, Palatka	\$ 37,426.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

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

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

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

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

PRIMARY SOURCES OF INCOME:

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

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

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

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

N/A

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

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.

Charles L. Overturf III

Digitally signed: 06/10/2025

Filed with COE: 06/10/2025

Amended

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 Charles L	Last name Overturf, III	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.
158 Confederate Point Rd.

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

State
FL

ZIP code
32177

Foreign country name Foreign province/state/county Foreign postal code

☐ You ☐ Spouse

Filing Status ☒ Single ☐ Head of household (HOH)

Check only one box.
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

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

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

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

Dependents (see instructions):

(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 instr. and check here ☐					

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	135,796
	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	135,796
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	2a Tax-exempt interest 2a	2a	31
	3a Qualified dividends 3a	3a	388
	4a IRA distributions 4a	4a	
	5a Pensions and annuities 5a	5a	
	6a Soc. sec. ben. 6a	6a	
	c If you elect to use the lump-sum election method, check here (see instructions)		
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	18,335
	8 Additional income from Schedule 1, line 10	8	64,262
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	225,118
	10 Adjustments to income from Schedule 1, line 26	10	22,000
	11 Subtract line 10 from line 9. This is your adjusted gross income	11	203,118
	12 Standard deduction or itemized deductions (from Schedule A)	12	31,012
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	12,753
	14 Add lines 12 and 13	14	43,765
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	159,353

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

1

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972	16	31,252
3	☐	17	
17	Amount from Schedule 2, line 3	18	31,252
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	31,252
22	Subtract line 21 from line 18. If zero or less, enter -0-	23	118
23	Other taxes, including self-employment tax, from Schedule 2, line 21	24	31,370
24	Add lines 22 and 23. This is your total tax		

Payments

25	Federal income tax withheld from:	25a	24,203	25d	24,203
a	Form(s) W-2	25b		26	
b	Form(s) 1099	25c		27	
c	Other forms (see instructions)			28	
d	Add lines 25a through 25c			29	
26	2024 estimated tax payments and amount applied from 2023 return			30	
27	Earned income credit (EIC)			31	
28	Additional child tax credit from Schedule 8812			32	
29	American opportunity credit from Form 8863, line 8			33	24,203
30	Reserved for future use			34	
31	Amount from Schedule 3, line 15			35a	
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits				
33	Add lines 25d, 26, and 32. These are your total payments				

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.	37	7,371
	For details on how to pay, go to www.irs.gov/Payments or see instructions		
38	Estimated tax penalty (see instructions)	38	204

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) **[REDACTED]**

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.)
Supervisor of Elections			
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.)

Phone no.	Email address	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☒ Self-employed
		Mark P. Stanton	Mark P. Stanton	06/05/25	P01272691	

Paid Preparer Use Only

Firm's name	Mark P. Stanton CPA	Phone no.	386-328-1553
Firm's address	113 North 2nd Street	Firm's EIN	59-2885126
	PALATKA		
	FL 32177		

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2024)

6/10 Int 77 FTP 72 Tot 7,520



Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. February 2024)

Go to www.irs.gov/Form1040X for instructions and the latest information.This return is for calendar year (enter year) **2024** or fiscal year (enter month and year ended)

Your first name and middle initial Charles L		Last name Overturf, III		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. 158 Confederate Point Rd.				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Palatka				State FL	ZIP code 32177
Foreign country name				Foreign province/state/country	
				Foreign postal code	

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, didn't previously want \$3 to go to this fund, but now do. Checking a box below will not change your tax or refund.

☐ You ☐ Spouse**Amended return filing status.** You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse unless you are amending a Form 1040-NR. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent.

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above. Use Part II on page 2 to explain any changes.		A. Original amount reported or as previously adjusted (see instructions)	B. Net change — amount of increase or (decrease) — explain in Part II	C. Correct amount
Income and Deductions				
1	Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ☐	181,783	21,335	203,118
2	Itemized deductions or standard deduction	30,958	54	31,012
3	Subtract line 2 from line 1	150,825	21,281	172,106
4a	Reserved for future use			
4b	Qualified business income deduction	12,753		12,753
5	Taxable income. Subtract line 4b from line 3. If the result for column C is zero or less, enter -0- in column C	138,072	21,281	159,353
Tax Liability				
6	Tax. Enter method(s) used to figure tax (see instructions): Sch. D	26,145	5,107	31,252
7	Nonrefundable credits. If a general business credit carryback is included, check here ☐	0		
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-	26,145	5,107	31,252
9	Reserved for future use			
10	Other taxes	0	118	118
11	Total tax. Add lines 8 and 10	26,145	5,225	31,370
Payments				
12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	24,203		24,203
13	Estimated tax payments, including amount applied from prior year's return	0		
14	Earned income credit (EIC)	0		
15	Refundable credits from: ☐ Schedule 8812 Form(s) ☐ 2439 ☐ 4136 ☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify):	0		
16	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed			1,942
17	Total payments. Add lines 12 through 15, column C, and line 16			26,145
Refund or Amount You Owe				
18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS			
19	Subtract line 18 from line 17. (If less than zero, see instructions.)			26,145
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference			5,225
21	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return			
22	Amount of line 21 you want refunded to you			
23	Amount of line 21 you want applied to your (enter year): estimated tax	23		

Complete and sign this form on page 2.



Part I Dependents

Complete this part to change any information relating to your dependents. This would include a change in the number of dependents.

Enter the information for the return year entered at the top of page 1.

	A. Original number of dependents reported or as previously adjusted	B. Net change — amount of increase or (decrease)	C. Correct number
24 Reserved for future use	24		
25 Your dependent children who lived with you	25		
26 Reserved for future use	26		
27 Other dependents	27		
28 Reserved for future use	28		
29 Reserved for future use	29		
30 List ALL dependents (children and others) claimed on this amended return.			

Dependents (see instructions):

If more than four dependents, see instructions and check here ☐

(a) First name	Last name	(b) Social security number	(c) Relationship to you	(d) Check the box if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Part II Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

Attach any supporting documents and new or changed forms and schedules.

Taxpayer sold rental property at 2021 Westover Dr, Palatka in 2024 and omitted reporting in the original filing. This omission was an oversight and not intentional. This results in an increase in income on schedule 4797.

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Sign Here

Your signature	Date	Your occupation Supervisor of Elections	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
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.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name Mark P. Stanton	Preparer's signature Mark P. Stanton	Date 06/05/25	PTIN P01272691	Check if: ☒ Self-employed
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 59-2885126			

For forms and publications, visit www.irs.gov/Forms.

Form 1040-X (Rev. 2-2024)

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

2024

Attachment
Sequence No **01**

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

Charles L Overturf, III

Your social security number

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

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/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	64,262
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:	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	64,262

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

Schedule 1 (Form 1040) 2024



Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	22,000
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions): 11/18/2010			
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	22,000

[REDACTED]

[REDACTED]

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

Charles L Overturf, III

Your social security number

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 (i)
- 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):
- z** Add lines 1a through 1y

1a

1b

1c

1d

1e

1f

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
- 5** Social security and Medicare tax on unreported tip income. Attach Form 4137
- 6** Uncollected social security and Medicare tax on wages. Attach Form 8919
- 7** Total additional social security and Medicare tax. Add lines 5 and 6
- 8** Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐
- 9** Household employment taxes. Attach Schedule H
- 10** Repayment of first-time homebuyer credit. Attach Form 5405 if required
- 11** Additional Medicare Tax. Attach Form 8959
- 12** Net investment income tax. Attach Form 8960
- 13** Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12
- 14** Interest on tax due on installment income from the sale of certain residential lots and timeshares
- 15** Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000
- 16** Recapture of low-income housing credit. Attach Form 8611

5

6

4

7

8

9

10

11

12

118

13

14

15

16

(continued on page 2)



Part II Other Taxes (continued)**17** Other additional taxes:

a Recapture of other credits. List type, form number, and amount:

17a

b Recapture of federal mortgage subsidy, if you sold your home see instructions

17b

c Additional tax on HSA distributions. Attach Form 8889

17c

d Additional tax on an HSA because you didn't remain an eligible individual.
Attach Form 8889

17d

e Additional tax on Archer MSA distributions. Attach Form 8853

17e

f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853

17f

g Recapture of a charitable contribution deduction related to a fractional interest
in tangible personal property

17g

h Income you received from a nonqualified deferred compensation plan that fails
to meet the requirements of section 409A

17h

i Compensation you received from a nonqualified deferred compensation plan
described in section 457A

17i

j Section 72(m)(5) excess benefits tax

17j

k Golden parachute payments

17k

l Tax on accumulation distribution of trusts

17l

m Excise tax on insider stock compensation from an expatriated corporation

17m

n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866

17n

o Tax on non-effectively connected income for any part of the year you were a
nonresident alien from Form 1040-NR

17o

p Any interest from Form 8621, line 16f, relating to distributions from, and
dispositions of, stock of a section 1291 fund

17p

q Any interest from Form 8621, line 24

17q

z Any other taxes. List type and amount:

17z

18 Total additional taxes. Add lines 17a through 17z

18

19 Recapture of net EPE from Form 4255, line 1d, column (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

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Schedule 2 (Form 1040) 2024

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

Charles L Overturf, III

Your social security number

**Medical
and
Dental
Expenses**

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

- | | | | |
|---|---|---|---------|
| 1 | Medical and dental expenses (see instructions) | 1 | 10,415 |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 | 2 | 203,118 |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | 15,234 |
| 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 1,327

b State and local real estate taxes (see instructions)

5b

c State and local personal property taxes

5c

d Add lines 5a through 5c

5d

1,327

e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)

5e

1,327

6 Other taxes. List type and amount:

6

7 Add lines 5e and 6

7

1,327

**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

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

9 Investment interest. Attach Form 4952 if required. See instructions

9

10 Add lines 8e and 9

10

**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

29,685

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

29,685

**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

31,012

18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐



SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

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

Charles L Overturf, III

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:

Vystar Credit Union
Sei Private Trust
American Express Bank
Johnson-Overturf Funeral Home, Inc.

Amount

2,110
2
2,511
960

- 2 Add the amounts on line 1
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

5,583

5,583

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:

Pfizer, Inc.
SEI Private Trust
Viatis Inc
Johnson-Overturf Funeral Home, Inc.

Amount

131
1,003
4
4

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

1,142

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

Caution: If
required, failure to
file FinCEN Form
114 may result in
substantial
penalties.
Additionally, you
may be required
to file Form 8938,
Statement of
Specified Foreign
Financial Assets.
See instructions.

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

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

Yes No

X

X

[REDACTED]

[REDACTED]

[REDACTED]

SCHEDULE D
(Form 1040)**Capital Gains and Losses**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue ServiceAttach 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

Charles L Overturf, III

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	16,244	16,136	0	108
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	-4,083
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	-3,975

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	321,657	348,873	0	-27,216
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	49,459
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	67
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	22,310

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	18,335
- 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	27,341
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.		



File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

Attachment
Sequence No. 12A

Social security number or taxpayer identification number

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (C) Short-term transactions not reported to you on Form 1099-B

(C) Short-term transactions not reported to you on Form 1099-B								
1	(a) Description of property (Example: 100 sh XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	100.000 sh Sei Private Trust [REDACTED] Various	12/31/24		16,244	16,136			108

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

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

[REDACTED]

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Charles L Overturf, III

Social security number or taxpayer identification number

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You **must** check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☒ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property (Example: 100 sh XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
					(f) Code(s) from instructions	(g) Amount of adjustment	
100.000 sh Sei Private Trust	Various	12/31/24	321,657	348,873			-27,216
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)			321,657	348,873		0	-27,216

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.



SCHEDULE E

(Form 1040)

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

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

Your social security number

Charles L Overturf, III

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	2021 Westover Drive, Palatka, FL 32177
B	
C	

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	1	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.	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) |

	Properties:		
	A	B	C
Income:			
3 Rents received	3	2,625	
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	1,248	
10 Legal and other professional fees	10		
11 Management fees	11		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14		
15 Supplies	15		
16 Taxes	16	880	
17 Utilities	17		
18 Depreciation expense or depletion	18		
19 Other (list)	19		
20 Total expenses. Add lines 5 through 19	20	2,128	
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	497	
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	2,625	
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		
e Total of all amounts reported on line 20 for all properties	23e	2,128	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		497
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		497

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

Charles L Overturf, III**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	Johnson-Overturf Funeral Home, Inc.	S			☒	
B	Putnam Crematory, Inc.	S				
C						
D						

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			0		55,144
B			0		8,621
C					
D					
29a Totals					63,765
b Totals					

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

30 63,765

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

31 0

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

32 63,765

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

35

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

36

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

39

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	64,262
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	

[REDACTED]

[REDACTED]

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

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2024

Attachment
Sequence No. 27Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Charles L Overturf, III

Identifying number

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

1a

b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets

1b

c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

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						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6 49,459
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.						7 49,459
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
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						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	11	()
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	
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	18a	
		18b	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2024)

[REDACTED]

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 Rental House 2021 Westover Dr Palatka		Various	08/02/24
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.		Property A	Property B
20 Gross sales price (Note: See line 1a before completing.)	20	64,000	
21 Cost or other basis plus expense of sale	21	45,857	
22 Depreciation (or depletion) allowed or allowable	22	31,316	
23 Adjusted basis. Subtract line 22 from line 21	23	14,541	
24 Total gain. Subtract line 23 from line 20	24	49,459	
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	49,459
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	49,459

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	

[REDACTED]

**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

Charles L Overturf, III

Your taxpayer identification number

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$191,950 (\$383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Johnson-Overturf Funeral Home, Inc.		55,144
ii	Putnam Crematory, Inc.		8,621
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	63,765	
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-	63,765	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		12,753
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		12,753
11	Taxable income before qualified business income deduction (see instructions)	172,106	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	18,723	
13	Subtract line 12 from line 11. If zero or less, enter -0-	153,383	
14	Income limitation. Multiply line 13 by 20% (0.20)		30,677
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)		12,753
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)

1

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Form **8960**Department of the Treasury
Internal Revenue Service**Net Investment Income Tax—
Individuals, Estates, and Trusts**

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2024Attachment
Sequence No. **72**

Name(s) shown on your tax return

Charles L Overturf, III

Your social security number or EIN

Part I Investment Income☐ Section 6013(g) election (see instructions)☐ Section 6013(h) election (see instructions)☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)	1	5,583
2	Ordinary dividends (see instructions)	2	1,142
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	64,262
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	-63,765
c	Combine lines 4a and 4b	4c	497
5a	Net gain or loss from disposition of property (see instructions)	5a	18,335
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	-67
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	18,268
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	25,490

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	25,490
13	Modified adjusted gross income (see instructions)	13	203,118
14	Threshold based on filing status (see instructions)	14	200,000
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	3,118
16	Enter the smaller of line 12 or line 15	16	3,118
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	118
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)

[REDACTED]

S Corporation Shareholder Stock and
Debt Basis Limitations

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

Attachment
Sequence No. 203

Name of shareholder

Charles L Overturf, III

Identifying number

A Name of S corporation

Johnson-Overturf Funeral Home, 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	598,555
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	55,144
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	960
e	Ordinary dividends	3e	4
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	67
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	31
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	56,206
5	Stock basis before distributions. Add lines 1, 2, and 4	5	654,761
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	
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	654,761
8a	Nondeductible expenses	8a	13,345
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	13,345
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	641,416
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	4,083
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	4,083
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	637,333

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					
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss	4,083		4,083		
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	4,083		4,083		

Form 1040

Salaries & Wages Report

2024

Name

Charles L Overturf, III

Taxpayer Identification Number

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	Putnam County Supervisor of Elect	135,796	24,203	135,796
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer Spouse Totals		135,796	24,203	135,796

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	8,419	135,796	1,969				
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer Spouse Totals	8,419	135,796	1,969				

	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						



a Employee's SSN [REDACTED]		b Employer identification number (EIN) 59-3469808			OMB No. 1545-0008	
c Employer's name, address, and ZIP code PUTNAM COUNTY SUPERVISOR OF ELECT 2509 CRILL AVENUE SUITE 900 PALATKA FL 32177		1 Wgs, tips, other compn 135795.84	2 Fed inc tax withheld 24203.00	3 Social security wages 135795.84		
		4 SS tax withheld 8419.34	5 Medicare wages & tips 135795.84	6 Medicare tax withheld 1969.04		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code CHARLES L OVERTURF, 158 CONFEDERATE POINT ROAD PALATKA FL 32177		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	14 Other	12b		
				12c		
				12d		
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

REV 12/30/24 QBDT

Department of the Treasury — IRS

Form **W-2**
Wage and Tax Statement
2024

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

a Employee's SSN [REDACTED]		b Employer identification number (EIN) 59-3469808			OMB No. 1545-0008	
c Employer's name, address, and ZIP code PUTNAM COUNTY SUPERVISOR OF ELECT 2509 CRILL AVENUE SUITE 900 PALATKA FL 32177		1 Wgs, tips, other compn 135795.84	2 Fed inc tax withheld 24203.00	3 Social security wages 135795.84		
		4 SS tax withheld 8419.34	5 Medicare wages & tips 135795.84	6 Medicare tax withheld 1969.04		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code CHARLES L OVERTURF, 158 CONFEDERATE POINT ROAD PALATKA FL 32177		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	14 Other	12b		
				12c		
				12d		
15 State	Employer's state ID No.	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name

REV 12/30/24 QBDT

Form **W-2**
Wage and Tax Statement
2024

Copy 2 To Be
Filed With
Employee's State,
City, or Local
Income Tax
Return.

a Employee's SSN [REDACTED]		b Employer identification number (EIN) 59-3469808			OMB No. 1545-0008		
c Employer's name, address, and ZIP code PUTNAM COUNTY SUPERVISOR OF ELECT 2509 CRILL AVENUE SUITE 900 PALATKA FL 32177		This information is being furnished to the IRS. 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.					
		1 Wgs, tips, other compn 135795.84	2 Fed inc tax withheld 24203.00	3 Social security wages 135795.84			
		4 SS tax withheld 8419.34	5 Medicare wages & tips 135795.84	6 Medicare tax withheld 1969.04			
d Control No.		7 Social security tips	8 Allocated tips	9			
e Employee's name, address, and ZIP code CHARLES L OVERTURF, 158 CONFEDERATE POINT ROAD PALATKA FL 32177		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	14 Other	12a			
				12b			
				12c			
15 State		Employer's state ID No.	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name

REV 12/30/24 QBDT

Form **W-2**
Wage and Tax Statement
2024

Copy C For
EMPLOYEE'S
RECORDS.
(See Notice to
Employee.)

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