2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/17/2025

General Information

Name: Mrs LAURIE LEHMANN

PID 312029

AGENCY INFORMATION

Organization	Suborganization	Title
Cape Coral	City Commission	Council Member
Cape Coral	Community Redevelopment Agency	Commissioner

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
CAPE CORAL SALARY	CAPE CORAL, FL	SALARY FROM CITY COUNCILWOMAN
SOCIAL SECURITY BENEFITS	WILKES BARRE, PA.	TAXABLE SOC. SEC. BENEFITS
NAT'L AUTOMATIC SPRINKLER	LANDOVER, MD	PENSION
INTERST INCOME	FORT MYERS, FL	WELLS FARGO, EDWARD JONES INVESTMENTS
DIVIDENDS ON INVESTMENTS	FORT MYERS, FL	EDWARD JONES INVESTMENTS
CAPITAL GAINS	FORT MYERS, FL	EDWARD JONES INVESTMENTS
See Attached		

Filed with COE: 06/17/2025

Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write “none” or “n/a”)

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
N/A

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
N/A	

Filed with COE: 06/17/2025

Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
N/A	

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1
N/A

Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, 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.

Filed with COE: 06/17/2025

Signature of Filer

LAURIE LEHMANN

Digitally signed: **06/17/2025**

Filed with COE: 06/17/2025

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

41-0852411
OMB No. 1545-0008

a Employee's soc. sec. no. [redacted]	1 Wages, tips, other comp. 3708.29	2 Federal income tax withheld 234.34
	3 Social security wages 3708.29	4 Social security tax withheld 229.91
b Employer ID number (EIN) 59-1312996	5 Medicare wages and tips 3708.29	6 Medicare tax withheld 53.77

c Employer's name, address, and ZIP code

CITY OF CAPE CORAL, FLORIDA
P.O. BOX 150027
CAPE CORAL, FL 33915

d Control number

e Employee's name, address, and ZIP code — Suff.

LAURIE LEHMANN
2409 SW 38TH TERRACE
CAPE CORAL, FL 33914

7 Social security tips 0.00	8 Allocated tips 0.00	9
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a Code See inst. for box 12
13 Statutory employee / Retirement plan / Third-party sick pay	14 Other	12b Code / 12c Code / 12d 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** Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service *www.irs.gov/efile*

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

41-0852411
OMB No. 1545-0008

a Employee's soc. sec. no. [redacted]	1 Wages, tips, other comp. 3708.29	2 Federal income tax withheld 234.34
	3 Social security wages 3708.29	4 Social security tax withheld 229.91
b Employer ID number (EIN) 59-1312996	5 Medicare wages and tips 3708.29	6 Medicare tax withheld 53.77

c Employer's name, address, and ZIP code

CITY OF CAPE CORAL, FLORIDA
P.O. BOX 150027
CAPE CORAL, FL 33915

d Control number

e Employee's name, address, and ZIP code — Suff.

LAURIE LEHMANN
2409 SW 38TH TERRACE
CAPE CORAL, FL 33914

7 Social security tips 0.00	8 Allocated tips 0.00	9
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a Code See inst. for box 12
13 Statutory employee / Retirement plan / Third-party sick pay	14 Other	12b Code / 12c Code / 12d 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** Dept. of the Treasury -- IRS

Copy C - For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.)

41-0852411
OMB No. 1545-0008

a Employee's soc. sec. no. [redacted]	1 Wages, tips, other comp. 3708.29	2 Federal income tax withheld 234.34
	3 Social security wages 3708.29	4 Social security tax withheld 229.91
b Employer ID number (EIN) 59-1312996	5 Medicare wages and tips 3708.29	6 Medicare tax withheld 53.77

c Employer's name, address, and ZIP code

CITY OF CAPE CORAL, FLORIDA
P.O. BOX 150027
CAPE CORAL, FL 33915

d Control number

e Employee's name, address, and ZIP code — Suff.

LAURIE LEHMANN
2409 SW 38TH TERRACE
CAPE CORAL, FL 33914

7 Social security tips 0.00	8 Allocated tips 0.00	9
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13 Statutory employee / Retirement plan / Third-party sick pay	14 Other	12b Code / 12c Code / 12d 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** Dept. of the Treasury -- IRS
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.

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

41-0852411
OMB No. 1545-0008

a Employee's soc. sec. no. [redacted]	1 Wages, tips, other comp. 3708.29	2 Federal income tax withheld 234.34
	3 Social security wages 3708.29	4 Social security tax withheld 229.91
b Employer ID number (EIN) 59-1312996	5 Medicare wages and tips 3708.29	6 Medicare tax withheld 53.77

c Employer's name, address, and ZIP code

CITY OF CAPE CORAL, FLORIDA
P.O. BOX 150027
CAPE CORAL, FL 33915

d Control number

e Employee's name, address, and ZIP code — Suff.

LAURIE LEHMANN
2409 SW 38TH TERRACE
CAPE CORAL, FL 33914

7 Social security tips 0.00	8 Allocated tips 0.00	9
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a Code See inst. for box 12
13 Statutory employee / Retirement plan / Third-party sick pay	14 Other	12b Code / 12c Code / 12d Code
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18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement **2024** Dept. of the Treasury -- IRS

#3

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2024 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name	Box 2. Beneficiary's Social Security Number
LAURIE LEHMANN	[redacted]

Box 3. Benefits Paid in 2024	Box 4. Benefits Repaid to SSA in 2024	Box 5. Net Benefits for 2024 *(Box 3 minus Box 4)*
$30,428.40	NONE	$30,428.40

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or Direct deposit	$28,332.00
Medicare Part B premiums deducted from your benefits	$2,096.40
Total Additions	$30,428.40
Benefits for 2024	$30,428.40

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

LAURIE LEHMANN
2409 SW 38TH TER
CAPE CORAL FL 33914-2411

Box 8. Claim Number (*Use this number if you need to contact SSA.*)

[redacted]

Form **SSA-1099-SM** (1-2025) **DO NOT RETURN THIS FORM TO SSA OR IRS**

IMPORTANT: TAX INFORMATION ENCLOSED
KEEP THIS FORM FOR PROOF OF SOCIAL SECURITY BENEFITS

⚠ SCAM ALERT ⚠

Scammers are pretending to be government employees. They may threaten you and may demand immediate payment to avoid arrest or other legal action. Do not be fooled!

If you receive a suspicious call:

1. **HANG UP!**
2. **DO NOT GIVE THEM MONEY OR PERSONAL INFORMATION!**
3. **REPORT THE SCAM AT *OIG.SSA.GOV***

Form 1099-R ☐ CORRECTED (if checked) #2

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
NATIONAL AUTOMATIC SPRINKLER IND
PENSION FUND
8000 CORPORATE DRIVE
LANDOVER MD 20785-2285 301-577-1700

PAYER'S TIN	RECIPIENT'S TIN
52-6054620	[redacted]

RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code
LAURIE LEHMANN
2409 SW 38TH TER
CAPE CORAL FL 33914-2411

1 Gross distribution $ 20,123.09		OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2a Taxable amount $ 20,123.09		2024 Form 1099-R	
2b Taxable amount not determined ☐	Total distribution ☐		
3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	5 Employee contributions/ Designated Roth contributions or insurance premiums $	
6 Net unrealized appreciation in employer's securities $	7 Distribution code(s) 7	IRA/SEP/ SIMPLE ☐	8 Other $ %
9a Your percentage of total distribution %		9b Total employee contributions $	
10 Amount allocable to IRR within 5 years $	11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	
13 Date of payment	Account number (see instructions) [redacted]		
14 State tax withheld $	15 State/Payer's state no.	16 State distribution $	
17 Local tax withheld $	18 Name of locality	19 Local distribution $	

Copy B
Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
This information is being furnished to the IRS.
[redacted]

Department of the Treasury - Internal Revenue Service

Form 1099-R ☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
NATIONAL AUTOMATIC SPRINKLER IND
PENSION FUND
8000 CORPORATE DRIVE
LANDOVER MD 20785-2285 301-577-1700

PAYER'S TIN	RECIPIENT'S TIN
52-6054620	[redacted]

RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code
LAURIE LEHMANN
2409 SW 38TH TER
CAPE CORAL FL 33914-2411

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2a Taxable amount $ 20,123.09		2024 Form 1099-R	
2b Taxable amount not determined ☐	Total distribution ☐		
3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	5 Employee contributions/ Designated Roth contributions or insurance premiums $	
6 Net unrealized appreciation in employer's securities $	7 Distribution code(s) 7	IRA/SEP/ SIMPLE ☐	8 Other $ %
9a Your percentage of total distribution %		9b Total employee contributions $	
10 Amount allocable to IRR within 5 years $	11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	
13 Date of payment	Account number (see instructions) [redacted]		
14 State tax withheld $	15 State/Payer's state no.	16 State distribution $	
17 Local tax withheld $	18 Name of locality	19 Local distribution $	

Copy 2
File this copy with your state, city, or local income tax return, when required.
[redacted]

Department of the Treasury - Internal Revenue Service

Form 1099-R ☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
NATIONAL AUTOMATIC SPRINKLER IND
PENSION FUND
8000 CORPORATE DRIVE
LANDOVER MD 20785-2285 301-577-1700

PAYER'S TIN	RECIPIENT'S TIN
52-6054620	[redacted]

RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code
LAURIE LEHMANN
2409 SW 38TH TER
CAPE CORAL FL 33914-2411

1 Gross distribution $ 20,123.09		OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2a Taxable amount $ 20,123.09		2024 Form 1099-R	
2b Taxable amount not determined ☐	Total distribution ☐		
3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	5 Employee contributions/ Designated Roth contributions or insurance premiums $	
6 Net unrealized appreciation in employer's securities $	7 Distribution code(s) 7	IRA/SEP/ SIMPLE ☐	8 Other $ %
9a Your percentage of total distribution %		9b Total employee contributions $	
10 Amount allocable to IRR within 5 years $	11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	
13 Date of payment	Account number (see instructions) [redacted]		
14 State tax withheld $	15 State/Payer's state no.	16 State distribution $	
17 Local tax withheld $	18 Name of locality	19 Local distribution $	

Copy C
For Recipient's Records
This information is being furnished to the IRS.
[redacted]

(keep for your records)

Department of the Treasury - Internal Revenue Service

'2024

DATE
,123.09
$0.00
$0.00
$0.00
$0.00
$0.00

WELLS FARGO BANK, NA
P.O. BOX 5192
MAC N9777-113
SIOUX FALLS, SD 57117-5192

#1

IF YOU HAVE QUESTIONS CONTACT:
TAX OPS
PHONE: 18008693557

[redacted]
LAURIE LEHMANN RESTATED AND AMENDED
LAURIE LEHMANN TTE
2409 SW 38TH TER
CAPE CORAL, FL 33914-2411

Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the Instructions for Form 8949. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer must generally report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You may also have a filing requirement. See the Instructions for Form 8938.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Payer's Routing Transit Number (RTN). A payer may include the RTN to identify the bank or financial institution where your account is held.

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during the calendar year on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912. See the instructions above for a taxable covered security acquired at a premium.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the Instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. This amount is included in box 1. **Note:** This amount is not deductible.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040 or 1040-SR. See your tax return instructions.

Box 7. Shows the country or U.S. territory to which the foreign tax was paid.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. See how to report this amount in the Instructions for Form 1040. This amount may be subject to backup withholding. See *Box 4* above. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the Instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 10. For a taxable or tax-exempt covered security, if you made an election under section 1278(b) to include market discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.6045-1(n)(5), shows the market discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-OID. For a taxable or tax-exempt covered security acquired on or after January 1, 2015, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to make a constant yield election for market discount under section 1276(b). Report the accrued market discount on your income tax return as directed in the Instructions for Forms 1040. Market discount on a tax-exempt security is includible in taxable income as interest income.

Box 11. For a taxable covered security (other than a U.S. Treasury obligation), shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the Instructions for Schedule B (Form 1040) to determine the net amount of interest includible in income on Form 1040 or 1040-SR with respect to the security. If an amount is not reported in this box for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in box 11 is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4).

Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the Instructions for Schedule B (Form 1040) to determine the net amount of interest includible in income on Form 1040 or 1040-SR with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 3. If the amount in box 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4).

Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to determine the net amount of tax-exempt interest reportable on Form 1040 or 1040-SR. If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount in box 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(ii).

Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s).

Boxes 15-17. State tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096, list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form1099INT*.

Free File Program. Go to *www.irs.gov/FreeFile* to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. WELLS FARGO BANK, NA P.O. BOX 5192 MAC N9777-113 SIOUX FALLS, SD 57117-5192	Payer's RTN (optional) OMB No. 1545-0112 **2024** Form **1099-INT** **Interest Income**
PAYER'S TIN 94-1347393 RECIPIENT'S TIN [redacted]	1 Interest income $ 2,572.25
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code LAURIE LEHMANN RESTATED AND AMENDED LAURIE LEHMANN TTE 2409 SW 38TH TER CAPE CORAL, FL 33914-2411	2 Early withdrawal penalty $ 3 Interest on U.S. Savings Bonds and Treasury obligations $ 4 **Federal income tax withheld** $ / 5 Investment expenses $ 6 Foreign tax paid $ / 7 Foreign country or U.S. possession 8 Tax-exempt interest $ / 9 Specified private activity bond interest $ 10 Market discount $ / 11 Bond premium $ 12 Bond premium on Treasury obligations $ / 13 Bond premium on tax-exempt bond $
FATCA filing requirement ☐ Account number (see instructions) [redacted]	14 Tax-exempt and tax credit bond CUSIP no. 15 State: FL / 16 State identification no.: 94-1347393 / 17 State tax withheld $

Copy B For Recipient

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form **1099-INT** (Rev. 1-2024) (keep for your records) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service

[redacted] [redacted] [redacted] [redacted]

Edward Jones

edwardjones.com

#4

201 Progress Parkway
Maryland Heights, MO 63043-3042

2024 CONSOLIDATED 1099 STATEMENT

Recipient's Name:
LAURIE LEHMANN

(Includes 1099-INT, 1099-B)

FIGURES ARE FINAL

Information as of February 09, 2025

Edward Jones Account Number:
[redacted]

Payer's Identification Number:
43-1591643

Recipient's Identification Number:
[redacted]

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1099-INT Interest Income - 2024 Statement for recipient (Copy B) (OMB NO. 1545-0112)

Box 1	Interest Income	1,546.04
Box 2	Early Withdrawal Penalty	0.00
Box 3	Interest on U.S. Savings Bonds and Treasury Obligations	0.00
Box 4	Federal Income Tax Withheld	0.00
Box 5	Investment Expenses	0.00
Box 6	Foreign Tax Paid	0.00
Box 7	Foreign country or U.S. territory	
Box 8	Tax-Exempt Interest	0.00
Box 9	Specified Private Activity Bond Interest	0.00
Box 10	Market Discount	0.00
Box 11	Bond Premium	0.00
Box 12	Bond Premium on Treasury Obligations	0.00
Box 13	Bond Premium on Tax-Exempt Bond	0.00
Box 14	Tax-Exempt and Tax Credit Bond CUSIP no.	

[redacted]

[redacted]

Edward Jones

edwardjones.com

201 Progress Parkway
Maryland Heights, MO 63043-3042

#5

Recipient's Name:
LAURIE LEHMANN

2024 CONSOLIDATED 1099 STATEMENT

(Includes 1099-DIV, 1099-B)

FIGURES ARE FINAL

Information as of February 09, 2025

Edward Jones Account Number:
[redacted]

Payer's Identification Number:
[redacted]

Recipient's Identification Number:
[redacted]

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1099-DIV Dividends and Distributions - 2024 Statement for recipient (Copy B) (OMB NO. 1545-0110)

Box 1a	Total Ordinary Dividends	2,900.77
Box 1b	Qualified Dividends	1,076.66
Box 2a	Total Capital Gain Distributions	2,845.70
Box 2b	Unrecap. Sec. 1250 Gain	0.00
Box 2c	Section 1202 Gain	0.00
Box 2d	Collectibles (28%) Gain	0.00
Box 2e	Section 897 ordinary dividends	0.00
Box 2f	Section 897 capital gain	0.00
Box 3	Nondividend Distributions	0.00
Box 4	Federal Income Tax Withheld	0.00
Box 5	Section 199A Dividends	4.38
Box 6	Investment Expenses	0.00
Box 7	Foreign Tax Paid	90.16
Box 8	Foreign Country or U.S.Possesion	
Box 9	Cash Liquidation Distributions	0.00
Box 10	Noncash Liquidation Distributions	0.00
Box 12	Exempt-Interest Dividends	0.00
Box 13	Specified Private Activity Bond Interest Dividends	0.00

[redacted]

[redacted]