

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/21/2025

General Information

Name: Hon Timothy C Campbell

CONFIDENTIAL

PID 223743

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (14Th)	Elected Constitutional Officer	

Net Worth

My Net Worth as of April 1, 2025 was \$ 1,766,535.00.

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 \$ 80,084.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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Description of Asset	Value of Asset
Homestead, est.	\$ 1,075,000.00
vacant land (1/2 int.) est.	\$ 17,000.00
Regions Bank checking	\$ 12,378.00
Regions Bank Money Mkt./Savings	\$ 5,219.00
MetLife	\$ 31,721.00
Est. vested retirement	\$ 750,354.00
Bay Bull Investment share	\$ 2,140.00
Charles Schwab bank deposit	\$ 5,500.00
J.P. Morgan money mkt. @ Raymond James	\$ 27,939.34
stock: Advanced Micro Devises	\$ 3,082.20
stock: Microsoft Corp.	\$ 11,261.70
stock: Nvidia Corp.	\$ 67,195.60
stock: Oracle Corp.	\$ 4,194.30
stock: BWLPG Limited	\$ 10,880.00
stock: Hafnia Limited	\$ 6,240.00
stock: Alphabet, Inc.	\$ 1,562.30
stock: Chevron Corp.	\$ 3,345.80
stock: Deven Energy Corp.	\$ 1,870.00
stock: Diamondback Energy, Inc.	\$ 3,197.60
stock: Ford MTR Corp.	\$ 1,003.00
stock: Pfizer, Inc.	\$ 2,534.00
stock: Torm, PLC	\$ 3,296.00
Mutual Fund: Aristotle Floating Income Fund	\$ 20,219.08
ETF: SPDR Tech Select Sector Fund	\$ 4,542.56
ETF: Vanguard S&P Mid Cap Growth	\$ 4,539.48
Mutual Fund: Gateway Natixis Advisor Fund	\$ 42,116.92
Vehicle	\$ 20,000.00
boat & trailer	\$ 7,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Regions Bank	P.O. Box 18001, Hattiesburg, MS	\$ 216,681.00
Regions Mortgage	P.O. 18001, Hattiesburg, MS	\$ 85,841.00
FNL Investments, LLC	2863 Tupelo Dr., Panama City, FL	\$ 42,000.00
SBA	2 N. 20th St. Suite 320, Birmingham, AL	\$ 40,368.00
Coastal Parasail, Inc.	P.O. Box 18671, Panama City Beach, FL	\$ 3,257.00
Ken Kyser	7331 Sapp Dr. Bay Co., FL	\$ 44,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

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

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

PRIMARY SOURCES OF INCOME:

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

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

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

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

N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Timothy C Campbell

Digitally signed: 06/21/2025

Filed with COE: 06/21/2025

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

See separate instructions.

Your first name and middle initial
TIMOTHY

Last name
CAMPBELL

Your social security number

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

Last name
CAMPBELL

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.
PO BOX 1200

Apt. no.

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

State
[REDACTED]

ZIP code
[REDACTED]

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign

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

☐ You ☐ Spouse

Filing Status

Check only one box.

☐ Single ☒ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets

At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)

☐ Yes ☒ No

Standard Deduction

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

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

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

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

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

1a **230,017**

1b Household employee wages not reported on Form(s) W-2

1b

1c Tip income not reported on line 1a (see instructions)

1c

1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)

1d

1e Taxable dependent care benefits from Form 2441, line 26

1e

1f Employer-provided adoption benefits from Form 8839, line 29

1f

1g Wages from Form 8919, line 6

1g

1h Other earned income (see instructions)

1h

1i Nontaxable combat pay election (see instructions)

1i

1z Add lines 1a through 1h

1z **230,017**

2a Tax-exempt interest

2a

2b Taxable interest

2b **5**

3a Qualified dividends

3a **1,255**

3b Ordinary dividends

3b **4,729**

4a IRA distributions

4a

4b Taxable amount

4b

5a Pensions and annuities

5a

5b Taxable amount

5b

6a Social security benefits

6a

6b Taxable amount

6b

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

	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	-3,000
	8	Additional income from Schedule 1, line 10	8	49,995
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	281,746
	10	Adjustments to income from Schedule 1, line 26	10	
Standard Deduction See Standard Deduction Chart on the last page of this form.	11	Subtract line 10 from line 9. This is your adjusted gross income	11	281,746
	12	Standard deduction or itemized deductions (from Schedule A)	12	32,300
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12 and 13	14	32,300
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	249,446
Tax and Credits	16	Tax (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐ _____	16	45,839
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	45,839
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	45,839
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	66
	24	Add lines 22 and 23. This is your total tax	24	45,905
	Payments	25	Federal income tax withheld from:	
a		Form(s) W-2	25a	35,405
b		Form(s) 1099	25b	
c		Other forms (see instructions)	25c	12,000
	25d	Add lines 25a through 25c	25d	47,405
	26	2024 estimated tax payments and amount applied from 2023 return	26	
If you have a qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	47,405

Go to www.irs.gov/Form1040SR for instructions and the latest information.

Form 1040-SR (2024)

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,500
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐	35a	1,500
Direct deposit? See instructions.	b	Routing number	c	Type: ☒ Checking ☐ Savings
	d	Account number		
	36	Amount of line 34 you want applied to your 2025 estimated tax	36	
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions ☒ Yes. Complete below. ☐ No

Designee's name **PHILLIP EASTON RAMER, CPA** Phone no. **850-769-9491** Personal identification number (PIN) [REDACTED]

Sign Here Joint return? See instructions. Keep a copy for your records.	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 JUDGE
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation [REDACTED]

Phone no. Email address

Paid Preparer Use Only	Preparer's name	Preparer's signature	PTIN	Check if: ☐ Self-employed
	PHILLIP EASTON RAMER, CPA		P01416907	
	Firm's name	Date		
	TIPTON, MARLER, GARNER & CHASTAIN	03/14/25		
	Firm's address	Phone no.	Firm's EIN	
	PANAMA CITY	850-769-9491	20-1217629	

Go to www.irs.gov/Form1040SR for instructions and the latest information.

Form **1040-SR** (2024)

Standard Deduction Chart*Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* on page 1 **2**

IF your filing status is...	AND the number of boxes checked is...	THEN your standard deduction is...
Single	1	\$16,550
	2	18,500
Married filing jointly	1	\$30,750
	2	32,300
	3	33,850
	4	35,400
Qualifying surviving spouse	1	\$30,750
	2	32,300
Head of household	1	\$23,850
	2	25,800
Married filing separately**	1	\$16,150
	2	17,700
	3	19,250
	4	20,800

* Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

** You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.

Go to www.irs.gov/Form1040SR for instructions and the latest information.

Form **1040-SR** (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

TIMOTHY & [REDACTED] CAMPBELL

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	-5
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	50,000
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(f) 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	50,000
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	49,995

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

Schedule 1 (Form 1040) 2024

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

TIMOTHY & [REDACTED] CAMPBELL

Your social security number

Part I Tax

1 Additions to tax:			
a Excess advance premium tax credit repayment. Attach Form 8962	1a		
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)	1b		
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)	1c		
d Recapture of net EPE from Form 4255, line 2a, column (i)	1d		
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)	1e		
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)	1f		
y Other additions to tax (see instructions):	1y		
z Add lines 1a through 1y		1z	
2 Alternative minimum tax. Attach Form 6251		2	
3 Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17		3	

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE		4	
5 Social security and Medicare tax on unreported tip income. Attach Form 4137	5		
6 Uncollected social security and Medicare tax on wages. Attach Form 8919	6		
7 Total additional social security and Medicare tax. Add lines 5 and 6		7	
8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐		8	
9 Household employment taxes. Attach Schedule H		9	
10 Repayment of first-time homebuyer credit. Attach Form 5405 if required		10	
11 Additional Medicare Tax. Attach Form 8959		11	
12 Net investment income tax. Attach Form 8960		12	66
13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12		13	
14 Interest on tax due on installment income from the sale of certain residential lots and timeshares		14	
15 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000		15	
16 Recapture of low-income housing credit. Attach Form 8611		16	

(continued on page 2)

Part II Other Taxes (continued)**17 Other additional taxes:****a** Recapture of other credits. List type, form number, and amount:**b** Recapture of federal mortgage subsidy, if you sold your home see instructions**c** Additional tax on HSA distributions. Attach Form 8889**d** Additional tax on an HSA because you didn't remain an eligible individual.
Attach Form 8889**e** Additional tax on Archer MSA distributions. Attach Form 8853**f** Additional tax on Medicare Advantage MSA distributions. Attach Form 8853**g** Recapture of a charitable contribution deduction related to a fractional interest
in tangible personal property**h** Income you received from a nonqualified deferred compensation plan that fails
to meet the requirements of section 409A**i** Compensation you received from a nonqualified deferred compensation plan
described in section 457A**j** Section 72(m)(5) excess benefits tax**k** Golden parachute payments**l** Tax on accumulation distribution of trusts**m** Excise tax on insider stock compensation from an expatriated corporation**n** Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866**o** Tax on non-effectively connected income for any part of the year you were a
nonresident alien from Form 1040-NR**p** Any interest from Form 8621, line 16f, relating to distributions from, and
dispositions of, stock of a section 1291 fund**q** Any interest from Form 8621, line 24**z** Any other taxes. List type and amount:

17a

17b

17c

17d

17e

17f

17g

17h

17i

17j

17k

17l

17m

17n

17o

17p

17q

17z

18 Total additional taxes. Add lines 17a through 17z**19** Recapture of net EPE from Form 4255, line 1d, column (I)**20** Section 965 net tax liability installment from Form 965-A**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

18

19

20

21

66

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

TIMOTHY & [REDACTED] CAMPBELL

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:

RAYMOND JAMES & ASSOC INC

Amount

5

- 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

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:

MET LIFE

RAYMOND JAMES & ASSOCIATES, INC

RAYMOND JAMES & ASSOCIATES, INC

BAY BULLS

59-1360538

Amount

235

527

3,938

29

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

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

Part III
Foreign Accounts and Trusts

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

- 7a At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

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.

- 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

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

2024

Attachment
Sequence No. **12**

Name(s) shown on return

TIMOTHY & [REDACTED] CAMPBELL

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	67,044	72,051	0	-5,007
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back			7	-5,007

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	42
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	42

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	-4,965
• 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	
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) } Note: When figuring which amount is smaller, treat both amounts as positive numbers.	21	(3,000)
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.		

Name(s) shown on return

Social security number or taxpayer identification number

TIMOTHY & [REDACTED] CAMPBELL

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.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

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

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.	(f) 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	
	RAYMOND JAMES	VARIOUS	VARIOUS	61,304	65,246			-3,942
	RAYMOND JAMES	VARIOUS	VARIOUS	5,740	6,805			-1,065
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 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).				67,044	72,051		0	-5,007

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.

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

Your social security number

TIMOTHY & [REDACTED] CAMPBELL**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

	(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
28						
A	BAY BULLS	P		59-1360538		
B	OTHER DEDUCTIONS	P		59-1360538		
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
A		0	
B		5	
C			
D			
29a Totals		5	
b Totals			
30 Add columns (h) and (k) of line 29a		30	0
31 Add columns (g), (i), and (j) of line 29b		31	5
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31		32	-5

Part III Income or Loss From Estates and Trusts

(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

(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
38				
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	-5
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	

Net Investment Income Tax—
Individuals, Estates, and Trusts

Attach to your tax return.

OMB No. 1545-2227

2024

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

Name(s) shown on your tax return

Your social security number or EIN

TIMOTHY & DEBORAH CAMPBELL

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
2	Ordinary dividends (see instructions)	2	4,729
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	-5
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	5
c	Combine lines 4a and 4b	4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	-3,000
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	-3,000
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	1,734

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	1,734
13	Modified adjusted gross income (see instructions)	13	281,746
14	Threshold based on filing status (see instructions)	14	250,000
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	31,746
16	Enter the smaller of line 12 or line 15	16	1,734
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	66
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)

Form 1040	Capital Loss Carryover Worksheets	2024
Name TIMOTHY & [REDACTED] CAMPBELL		Taxpayer Identification Number [REDACTED]

2024 to 2025 Capital Loss Carryover Worksheet

Use this worksheet to figure your capital loss carryovers from 2024 to 2025 if Schedule D, Line 21, is a loss and (a) that loss is a smaller loss than the loss on Schedule D, line 16, or (b) Form 1040, line 15, is less than zero. Otherwise, you do not have any carryovers.

1. Enter the amount from Form 1040, line 15. If a loss, enclose the amount in parentheses	1.	<u>249,446</u>
2. Enter the loss from Schedule D, line 21, as a positive amount	2.	<u>3,000</u>
3. Combine lines 1 and 2. If zero or less, enter -0-	3.	<u>252,446</u>
4. Enter the smaller of line 2 or line 3	4.	<u>3,000</u>
If line 7 of Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.		
5. Enter the loss from Schedule D, line 7, as a positive amount	5.	<u>5,007</u>
6. Enter any gain from Schedule D, line 15. If a loss, enter -0-	6.	<u>42</u>
7. Add lines 4 and 6	7.	<u>3,042</u>
8. Short-term capital loss carryover to 2025. Subtract line 7 from line 5. If zero or less, enter -0-	8.	<u>1,965</u>
If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.		
9. Enter the loss from Schedule D, line 15, as a positive amount	9.	
10. Enter any gain from Schedule D, line 7	10.	
11. Subtract line 5 from line 4. If zero or less, enter -0-	11.	
12. Add lines 10 and 11	12.	
13. Long-term capital loss carryover to 2025. Subtract line 12 from line 9. If zero or less, enter -0-	13.	

2024 to 2025 Capital Loss Carryover Worksheet, AMT

Use this worksheet to figure AMT capital loss carryovers from 2024 to 2025 if AMT Schedule D, Line 21, is a loss and (a) that loss is a smaller loss than the loss on AMT Schedule D, line 16 or (b) Form 6251, line 4 is a loss. Otherwise, you do not have any carryovers.

1. Enter the amount from Form 6251, line 4. If a loss, enclose the amount in parentheses	1.	<u>281,746</u>
2. Enter the loss from AMT Schedule D, line 21 as a positive amount	2.	<u>3,000</u>
3. Combine lines 1 and 2. If zero or less, enter -0-	3.	<u>284,746</u>
4. Enter the smaller of line 2 or line 3	4.	<u>3,000</u>
If line 7 of AMT Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.		
5. Enter the loss from AMT Schedule D, line 7 as a positive amount	5.	<u>5,007</u>
6. Enter the gain, if any, from AMT Schedule D, line 15	6.	<u>42</u>
7. Add lines 4 and 6	7.	<u>3,042</u>
8. AMT Short-term capital loss carryover to 2025. Subtract line 7 from line 5. If zero or less, enter -0-	8.	<u>1,965</u>
If line 15 of AMT Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.		
9. Enter the loss from AMT Schedule D, line 15, as a positive amount	9.	
10. Enter the gain, if any, from AMT Schedule D, line 7	10.	
11. Subtract line 5 from line 4. If zero or less, enter -0-	11.	
12. Add lines 10 and 11	12.	
13. AMT Long-term capital loss carryover to 2025. Subtract line 12 from line 9. If zero or less, enter -0-	13.	

Form 982 Reduction of Capital Loss Carryovers to 2025

	Regular	AMT
1. Subtract 2024 to 2025 Capital Loss Carryover Worksheet, line 7 from line 5	1.	
2. Form 982 line 9 reduction of tax attributes applied to short-term capital loss carryover	2.	
3. Adjusted Short-term capital loss carryover to 2025. Subtract line 2 from line 1. Enter this amount on line 8 in the 2024 to 2025 Capital Loss Carryover Worksheet	3.	
4. Subtract 2024 to 2025 Capital Loss Carryover Worksheet, line 12 from line 9	4.	
5. Form 982 line 9 reduction of tax attributes applied to long-term capital loss carryover	5.	
6. Adjusted Long-term capital loss carryover to 2025. Subtract line 5 from line 4. Enter this amount on line 13 in the 2024 to 2025 Capital Loss Carryover Worksheet	6.	

Name

Taxpayer Identification Number

TIMOTHY & [REDACTED] CAMPBELL

1. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	249,446	
2. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 3a*	2.	1,255	
3. Are you filing Schedule D?*			
☒ Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is a loss, enter -0-			
☐ No. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 7	3.		
4. Add lines 2 and 3	4.	1,255	
5. Subtract line 4 from line 1. If zero or less, enter -0-	5.	248,191	
6. Enter:			
\$47,025 if single or married filing separately,			
\$94,050 if married filing jointly or qualifying surviving spouse,	6.	94,050	
\$63,000 if head of household.			
7. Enter the smaller of line 1 or line 6	7.	94,050	
8. Enter the smaller of line 5 or line 7	8.	94,050	
9. Subtract line 8 from line 7. This amount is taxed at 0%	9.	0	
10. Enter the smaller of line 1 or line 4	10.	1,255	
11. Enter the amount from line 9	11.	0	
12. Subtract line 11 from line 10	12.	1,255	
13. Enter:			
\$518,900 if single,			
\$291,850 if married filing separately,			
\$583,750 if married filing jointly or qualifying surviving spouse,	13.	583,750	
\$551,350 if head of household.			
14. Enter the smaller of line 1 or line 13	14.	249,446	
15. Add lines 5 and 9	15.	248,191	
16. Subtract line 15 from line 14. If zero or less, enter -0-	16.	1,255	
17. Enter the smaller of line 12 or line 16	17.	1,255	
18. Multiply line 17 by 15% (0.15)	18.	188	
19. Add lines 9 and 17	19.	1,255	
20. Subtract line 19 from line 10	20.	0	
21. Multiply line 20 by 20% (0.20)	21.	0	
22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet	22.	45,651	
23. Add lines 18, 21, and 22	23.	45,839	
24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24.	45,952	
25. Tax on all taxable income. Enter the smaller of line 23 or line 24. Also include this amount on the entry space on Form 1040, 1040-SR, or 1040-NR, line 16. If you are filing Form 2555, do not enter this amount on the entry space on 1040, 1040-SR, or 1040-NR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25.	45,839	

*If you are filing Form 2555, these lines may be reduced (but not below zero) by your capital gain excess. Please refer to Foreign Earned Income Tax Worksheets - Excess Capital Gain for detail if the lines have been reduced.

Name

TIMOTHY & [REDACTED] CAMPBELL

Taxpayer Identification Number

Standard Deduction Worksheet

1. Enter the amount shown below for your filing status.

- Single or Married filing separately - \$14,600
- Married filing jointly or qualifying widow(er) - \$29,200
- Head of household - \$21,900

1. 29,200

2. Can you (or your spouse if married, filing jointly) be claimed as a dependent?

- ☒ **No.** Skip line 3; enter the amount from line 1 on line 4.
- ☐ **Yes.** Go to line 3.

3. Is your
- earned income**
- more than \$850?

- ☐ **Yes.** Add \$450 to your earned income. Enter the total.
- ☐ **No.** Enter \$1,300

3. _____

4. Enter the
- smaller**
- of line 1 or line 3. If under 65 and not blind, continue to line 6.
- Otherwise**
- , go to line 5.

4. 29,200

5. Check if:
- ☒
- You**
- were 65 or older,
- ☐
- Blind**
- ;
- ☒
- Spouse**
- was 65 or older,
- ☐
- Blind**
- .
- Total boxes checked**
- 2

If 65 or older or blind, multiply \$1,550 (\$1,950 if single or head of household) by the number in the box above

5. 3,100

6. Add lines 4 and 5. Enter the total here and on Form 1040 or 1040-SR, line 12

6. 32,300**Dependent Modified Adjusted Gross Income Worksheet**

1. Are you required to file a tax return?

- ☐ **No.** Do not include Dependent's modified adjusted gross income in Claiming Taxpayer's household income.
- ☐ **Yes.** Include Modified Adjusted Gross Income in claiming taxpayer's household income.

- 2.
- Adjusted Gross Income.**
- Enter the amount from Form 1040, Line 11

2. _____

3. Enter tax-exempt interest from Form 1040, line 2a

3. _____

4. Enter any amounts from your Form 2555, lines 45 and 50

4. _____

- 5.
- Subtotal.**
- Combine lines 2 through 4

5. _____

6. Enter the total Social Security benefits from Form 1040, line 6a

6. _____

7. Enter the taxable Social Security benefits from Form 1040, line 6b

7. _____

8. Nontaxable Social Security benefits. Subtract line 7 from line 6

8. _____

- 9.
- Dependent Modified Adjusted Gross Income for Claiming Taxpayer's Form 8962.**

9. _____

Add lines 5 and 8

Form 1040	Form 8960 - Net Investment Income Worksheet 1	2024
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Name TIMOTHY & [REDACTED] CAMPBELL	Taxpayer Identification Number
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Form 8960, Line 4b, Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business

Activity	Profit or loss on Sch C / Net Rental Income(Loss) on Sch E	Net Royalty Income(Loss) on Sch E	Net K-1 Nonpassive Income(Loss) on Sch E	Net K-1 Passive Income(Loss) on Sch E	Non-section 1411 Adjustment
BAY BULLS			-5		5
Totals			-5		
Additional adjustment					▶
Total adjustment. Enter on Form 8960, line 4b					▶ 5

Form 8960, Line 5b, Net gain or loss from disposition of property not subject to net investment income tax

Description	Schedule D Short Term Gain(Loss)	Schedule D Long Term Gain(Loss)	Form 4797 Short Term Gain(Loss)	Form 4797 Long Term Gains (Losses)	Non-section 1411 Adjustment
Totals					
Adjustment for capital loss carryforward from 2023					
Total capital gain/(loss)			Total ordinary gain/(loss)		
Additional adjustment					▶
Total net gain or loss from disposition of property not subject to net investment income tax					▶
Adjustment for capital loss carryover to 2025. Lesser of line 3 or 4 from worksheet below, entered as a negative number					▶ 0
Total adjustment. Enter on Form 8960, line 5b					▶

Adjustment for capital loss carryover to 2025

Complete this worksheet if there is a capital loss carryover to next year

1. Enter the Total capital gain/(loss) excluded. If a gain, enter as a negative. If a loss, enter as a positive.	1. _____
2. Enter the Total adjustment from disposition of partnership interest or S corporation stock from Net Investment Income Worksheet 3	2. _____
3. Combine lines 1 and 2. If zero or less, enter -0-	3. 0
4. Enter the amount of capital loss carried over to the following year, as a positive number	4. 1,965

Federal Statements

Form 1040-SR, Dividend Income

<u>Payer</u>	<u>Ordinary Dividends</u>	<u>Qualified Dividends</u>	<u>Section 199A Dividends</u>
MET LIFE	\$ 235	\$ 235	\$
RAYMOND JAMES & ASSOCIATES, INC	527	292	
RAYMOND JAMES & ASSOCIATES, INC	3,938	705	1
BAY BULLS	29	23	
	<u>29</u>	<u>23</u>	<u></u>
TOTAL	\$ <u>4,729</u>	\$ <u>1,255</u>	\$ <u>1</u>

Federal Statements

STATE OF FLORIDA, CHIEF FINANCIAL OFFICER Form W-2, Box 12

Description	Amount
COST OF EMPLOYER-SPONSORED HEALTH COVERAGE	\$ 22,894
TOTAL	\$ 22,894

STATE OF FLORIDA, CHIEF FINANCIAL OFFICER Form W-2, Box 14 - Other

Description	Amount
IRC SECTION 125 FLEXIBLE BENEFITS PROGRAM	\$ 3,326
TOTAL	\$ 3,326

Federal Statements

BAY COUNTY SCHOOL BOARD

Form W-2, Box 12

Description	Amount
COST OF EMPLOYER-SPONSORED HEALTH COVERAGE	\$ 715
TOTAL	\$ 715

BAY COUNTY SCHOOL BOARD

Form W-2, Box 14 - Other

Description	Amount
IRC SECTION 125 FLEXIBLE BENEFITS PROGRAM	\$ 741
OTHER REIMBURSED EXPENSES	1,682
TOTAL	\$ 2,423

Name

Taxpayer Identification Number

Name		Employer	Federal Wages	Federal Withheld	Soc Sec wages
TIMOTHY & [REDACTED] CAMPBELL					
T/S					
A	T	STATE OF FLORIDA, CHIEF FINANCIAL OF	174,499	25,672	168,600
B	S	BAY COUNTY SCHOOL BOARD	55,518	9,733	57,200
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
Taxpayer			174,499	25,672	168,600
Spouse			55,518	9,733	57,200
Totals			230,017	35,405	225,800

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	10,453	179,999	2,610				3,326
B	3,546	57,200	829				2,423
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	10,453	179,999	2,610				3,326
Spouse	3,546	57,200	829				2,423
Totals	13,999	237,199	3,439				5,749

	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						

Name
TIMOTHY & [REDACTED] CAMPBELL

Taxpayer Identification Number

T/S	Payer	Reportable Winnings	Federal Withheld	Type of Wager
A	T FLA DEPT OF THE LOTTERY	50,000	12,000	O \$4.00
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				
U				
V				
W				
Taxpayer		50,000	12,000	
Spouse				
Totals		50,000	12,000	

Identical Wager Winnings	State	State Withheld	Name of Locality	Local Withheld
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				
U				
V				
W				
Taxpayer				
Spouse				
Totals				

a Employee's social security number		Payroll organization code 22-25-14-03-110		Intradepartment number 0000000005	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 174,499.14		2 Federal income tax withheld 25,671.78	
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 168,600.00		4 Social security tax withheld 10,453.20	
		5 Medicare wages and tips 179,998.92		6 Medicare tax withheld 2,609.98	
		7 Social security tips		10 Dependent care benefits	
d Control number 018210 0107		11 Nonqualified plans		12a See instructions for box 12 DD 22,894.08	
e Employee's first name, mi and last name TIMOTHY CAMPBELL [REDACTED]		13 Statutory employee Retirement plan Third-party sick pay ☐ ☒ ☐		12b	
		14 Other 125 3,326.16		12c	
				12d	
				12e	
f Employee's address and ZIP code		16 State wages, tips, etc.		17 State income tax	
15 State Employer's state ID number		18 Local wages, tips, etc.		19 Local income tax	
				20 Locality name	

FORM **W-2** WAGE AND TAX STATEMENT

2024

OMB No. 1545-0048

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA427W Rev. 05/31/2024

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

☐ CORRECTED (if checked)

OMB No. 1545-0238

2024

Form W-2G

**Certain
Gambling
Winning**

This is important tax information and is being furnished to the Internal Revenue Service. 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.

Copy C

**For Winner's
Records**

PAYER'S name, address, ZIP code, and Federal identification number, and telephone number FLA DEPT OF THE LOTTERY 250 Marriott Drive Tallahassee, FL 32399-6573 59-2859478 (850) 487-7707	1 Reportable winnings \$50,000.00	2 Date won 08 03 24
	3 Type of wager O \$4.00	4 Federal income tax withheld \$12,000.00
	5 Transaction 2866037	6 Race
	7 Winnings from identical wagers	8 Cashier
WINNER'S name, address (including apt. no.), and ZIP code TIMOTHY CRAIG CAMPBELL [REDACTED]	9 Winner's taxpayer identification no.	10 Window
	11 First I.D.	12 Second I.D.
	13 State/Payer's state identification no.	14 State winnings
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments. XX Signature> Date>		

Form **W-2G**

RETAIN FOR TAX FILING

Department of the Treasury - Internal Revenue Service

Department of Treasury—Internal Revenue Service

d Control number	1 Wages, tips, other compensation 55,518.29	2 Federal income tax withheld 9,733.46
OMB NO. 1545-0048	3 Social security wages 57,296.14	4 Social security tax withheld 3,546.41
	5 Medicare wages and tips 57,296.14	6 Medicare tax withheld 829.48

c Employer's name, address and ZIP code

BAY DISTRICT SCHOOLS
1311 BALBOA AVENUE
PANAMA CITY, FL 32401

7 Social security tips	8 Allocated tips	9 Verification code
10 Dependent care benefits 0.00	11 Nonqualified plans	12a See instructions for box 12 DD 715.44
12b	12c	12d
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	32	33
34	35	36
37	38	39
40	41	42
43	44	45
46	47	48
49	50	51
52	53	54
55	56	57
58	59	60
61	62	63
64	65	66
67	68	69
70	71	72
73	74	75
76	77	78
79	80	81
82	83	84
85	86	87
88	89	90
91	92	93
94	95	96
97	98	99

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

2024

For calendar year 2024, or tax year

beginning / / 2024

ending / /

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

B Partnership's name, address, city, state, and ZIP code

BAY BULLS
2400 W 11TH STREET
PANAMA CITY, FL 32405

C IRS center where partnership filed return: E-FILE

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

TIMOTHY CAMPBELL

G ☒ General partner or LLC member-manager ☐ Limited partner or other LLC memberH1 ☒ Domestic partner ☐ Foreign partnerH2 ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN Name

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

Beginning

Ending

Profit	%	0.205 %
Loss	%	0.205 %
Capital	%	0.57707 %

Check if decrease is due to:

☐ Sale or ☐ Exchange of partnership interest. See instructions.

K1 Partner's share of liabilities:

Beginning

Ending

Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$	\$

K2 Check this box if item K1 includes liability amounts from lower-tier partnerships. ☐K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions. ☐

L Partner's Capital Account Analysis

Beginning capital account	\$	0.
Capital contributed during the year	\$	2,130.
Current year net income (loss)	\$	66.
Other increase (decrease) (attach explanation)	\$	
Withdrawals and distributions	\$ (	)
Ending capital account	\$	2,196.

M Did the partner contribute property with a built-in gain (loss)?

☐ Yes ☒ No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning	\$
Ending	\$

☐ Final K-1☐ Amended K-1

651123

OMB No. 1545-0123

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	14	Self-employment earnings (loss)
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked. ☐
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income		
6a	Ordinary dividends		
	29.		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
	23.		
6c	Dividend equivalents		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	19	Distributions
	42.		
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain	20	Other information
		A	29.
10	Net section 1231 gain (loss)	AJ*	STMT
11	Other income (loss)		
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		
22*		5.	
23	More than one activity for at-risk purposes*		
23	More than one activity for passive activity purposes*		

For 485 Use Only

*See attached statement for additional information.

2024 Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership (continued)

Partnership Name

BAY BULLS

Employer I.D. number

Name of Partner

TIMOTHY CAMPBELL

Partner's I.D. number

Part II—Allowable Loss and Deduction Items (Enter as a negative.)

	Column A	Column B	Column C	Column D	Column E
	Current year distributive share	Prior-year carryforward amount	Total of columns A and B	Amount reducing basis (see instructions)	Suspended carryforward
12 Nondeductible expenses.....					
13 Depletion for oil and gas.....					

14 Basis after nondeductible expenses and depletion (reduce line 11a by the amounts on lines 12 and 13, column D)..... 2,201.

	Column A	Column B	Column C	Column D	Column E
	Current year distributive share	Prior-year carryforward amount	Total of columns A and B	Allowable loss and deductions (see instructions)	Disallowed loss carryforward
15a Ordinary business loss.....					
15b Net rental real estate loss (excluding BIE).....					
15c Other net rental loss (excluding BIE).....					
15d Foreign taxes paid or accrued.....					
15e Net short-term capital loss.....					
15f Net long-term capital loss.....					
15g Net section 1231 loss.....					
15h Other losses.....					
15i Section 179 deduction.....					

Other Deductions

15j Charitable contributions.....					
15k Investment interest expense.....					
15l Deductions (royalty income).....					
15m Section 59(e)(2).....					
15n EBIE.....					
15o Deductions—portfolio (other).....					
15p All other.....	-5.		-5.	-5.	
15q BIE.....					
15r Other decreases to basis.....					
15s Subtotal (add lines 15a through 15r).....	-5.	0.	-5.	-5.	0.
15t Total deductions and losses (add lines 15a through 15r, column C).....			-5.		
16 Allowable deductions and losses.....				-5.	
17 Unutilized EBIE on sale of partnership interest.....				0.	
18 Adjusted basis at the end of the tax year (Enter the sum of lines 14, 16, and 17.).....				<u>2,196.</u>	

2024 Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

Partnership Name
BAY BULLS

Employer I.D. number

Name of Partner
TIMOTHY CAMPBELL
Keep for your records.

Partner's I.D. number

Part I—Partner Basis

1 Adjusted basis at the beginning of the tax year. Don't enter less than zero **1** 0.

Section A—Increases

2 Acquisitions of partnership interests and contributions of money and property **2** 2,130.

3a Partner's share of liabilities at the end of the year **3a** _____

3b Partner's share of liabilities at the beginning of the year **3b** _____

3c Increase (decrease) in partnership liabilities (subtract line 3b from line 3a) **3c** _____

3d Partnership liabilities assumed during the tax year **3d** _____

3e Increase in liabilities (add lines 3c and 3d) (If amount is negative, enter on line 9a below.) **3e** 0.

4a Ordinary business income **4a** _____

4b Net rental real estate income **4b** _____

4c Other net rental income **4c** _____

4d Interest income **4d** _____

4e Ordinary dividends **4e** 29.

4f Dividend equivalents **4f** _____

4g Royalties **4g** _____

4h Net short-term capital gain **4h** _____

4i Net long-term capital gain **4i** 42.

4j Net section 1231 gain **4j** _____

4k Other income **4k** _____

4l Tax-exempt income **4l** _____

4m Other increases to basis **4m** _____

4n BIE (enter as a positive) (see instructions) **4n** _____

4o Total increases (add lines 4a through 4n) **4o** 71.

5 Gain recognized on contributions of property during the year **5** _____

6 Excess depletion adjustment **6** _____

7 Total basis before decreases (add lines 1, 2, 3e, 4o, 5, and 6) **7** 2,201.

Section B—Decreases (Enter as a negative.)

8 Withdrawals, distributions of money, and the adjusted basis of distributed property

8a Cash and marketable securities distributed **8a** _____

8b Distribution subject to section 737 **8b** _____

8c Other property distributed **8c** _____

8d Total distributions (add lines 8a through 8c) **8d** 0.

9a Decrease in partner's share of liabilities (see instructions) **9a** 0.

9b Partner's liabilities assumed by the partnership during the tax year **9b** _____

9c Decrease in liabilities (sum of lines 9a and 9b) **9c** 0.

10 Total distributions and decrease in liabilities (add lines 8d and 9c) **10** 0.

11a Basis after distributions (add lines 7 and 10) (If the result is negative, enter 0 on line 11a and enter the amount as a positive on line 11b.) **11a** 2,201.

11b Gain on distributions in excess of basis **11b** 0.

Partner's Capital Account Reconciliation

Partnership Name

BAY BULLS

Name of Partner

TIMOTHY CAMPBELL

Employer I.D. number

Partner's I.D. number

I. SCHEDULE K-1, ITEM L:

BEGINNING CAPITAL ACCOUNT	
CAPITAL CONTRIBUTED DURING THE YEAR	2,130.
PARTNER'S SHARE OF LINES 3, 4 AND 7, FORM 1065, SCH. M-2:	
TAX NET INCOME (LOSS) (line 3)	66.
OTHER INCREASES (line 4)	
OTHER DECREASES (line 7)	
TOTAL OF LINES 3, 4, AND 7	66.
WITHDRAWALS AND DISTRIBUTIONS	
ENDING CAPITAL ACCOUNT	2,196.

II. ANALYSIS OF PARTNER'S TAX INCOME (LOSS) FROM SCHEDULE K-1:

INCOME

1. Ordinary business income or (loss)	
2. Net rental real estate income (loss)	
3. Other net rental income (loss)	
4. Guaranteed payments	
5. Interest income	
6a. Dividends	29.
7. Royalties	
8. Net short-term capital gain (loss)	
9a. Net long-term capital gain (loss)	42.
10. Net gain (loss) under section 1231	
11. Other income	
Total income	71.

DEDUCTIONS

12. Section 179 deduction	
13. Charitable contributions	
13. Investment interest expense	
13. Section 59(e)(2) expenditures	
13. Other deductions	5.
21. Total foreign taxes	
Total deductions	5.

TAX NET INCOME (LOSS), Item A less Item B. 66.

III. OTHER INCREASES (DECREASES):

OTHER INCREASES:

Tax-exempt int. and tax-exempt other inc.	
Section 743(b) negative income adjustments	
Gain on disposition of Section 179 assets	
Recapture of Section 179 deduction	
Other	
Total other increases	

OTHER DECREASES:

Non-deductible expenses	
Guaranteed payments (other than health ins.)	
Section 743(b) positive income adjustments	
Loss on disposition of Section 179 assets	
Oil and gas depletion expense	
Other	
Total other decreases	

**BOX 13
OTHER DEDUCTIONS***** DESCRIPTIVE INFORMATION**

ZZ INVESTMENT EXPENSES..... \$ 5.

**BOX 20
OTHER INFORMATION***** DESCRIPTIVE INFORMATION**

AJ AGGREGATE BUSINESS ACTIVITY TOTAL DEDUCTIONS..... \$ 5.

SUPPLEMENTAL INFORMATION

PURSUANT TO IRC SECTION 6221(B) (1), FOR THE CURRENT TAX YEAR, THE PARTNERSHIP HAS ELECTED OUT OF THE CENTRALIZED PARTNERSHIP AUDIT REGIME. ANY IRS AUDIT CONDUCTED, AND ANY SUBSEQUENT ASSESSMENT, WILL BE MADE AT THE PARTNER LEVEL, PARTNER BY PARTNER, AND UNDER THE AUDIT PROCEDURES APPLICABLE TO EACH PARTNER FOR THE YEAR UNDER EXAMINATION.