

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/24/2025

General Information

Name: Hon Chet A. Tharpe

CONFIDENTIAL

PID 24092

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Senior Judges	Consent to be Assigned	Senior / Retired Judge

Net Worth

My Net Worth as of June 24, 2025 was \$ 1,363,338.75.

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 \$ 200,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Personal Residence	\$ 400,000.00
Sciens Warshaw Subscription	\$ 250,000.00
Charles Schwab PCRA Trust Cash	\$ 21,660.70
Bank of Baroda NY,NY CD c/o Charles Schwab	\$ 109,803.10
State Bank of India, NY,NY CD c/o Charles Schwab	\$ 109,910.35
State Bank of India, NY,NY CD c/o Charles Schwab	\$ 109,743.81
Webster Bank, N.A. CT CD c/o Charles Schwab	\$ 109,983.50
Nationwide Cash	\$ 43,535.81
Suncoast Credit Union Cash	\$ 3,781.14
2016 Everglades 243cc Boat	\$ 90,000.00
2012 Pathfinder 2200 TRS Boat	\$ 40,000.00

2024 Form 6 - Full and Public Disclosure of Financial Interests

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Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Suncoast Credit Union	PO Box 11904 Tampa, FL 33680	\$ 6,503.08
GM Financial	PO Box 9000 Lutherville, MD 21094	\$ 52,396.04
Grow Financial Federal Credit Union	PO Box 89909 Tampa, FL 33689-0415	\$ 31,737.70
Nationwide Retirement Solutions	PO Box 182797 Columbus OH 43218	\$ 34,443.14

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.

Chet A. Tharpe

Digitally signed: 06/24/2025

Filed with COE: 06/24/2025

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
CHET A

Last name
THARPE, SR

Your social security number

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

Last name
THARPE

Spouse's social security number

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

Apt. no.

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

State

ZIP code

Foreign country name

Foreign province/state/country

Foreign postal code

☐ You ☐ Spouse

Filing Status

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

Check only one box.

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

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

Digital Assets

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

Standard Deduction

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

Age/Blindness

You: ☒ Were born before January 2, 1960 ☐ Are blind

Spouse: ☒ Was born before January 2, 1960 ☐ Is blind

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

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	18,000.
	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	0.
	i	Nontaxable combat pay election (see instructions) 1i		
	z	Add lines 1a through 1h	1z	18,000.

Attach Schedule B if required.	2a	Tax-exempt interest	2a		b	Taxable interest	2b	1,044.
	3a	Qualified dividends	3a		b	Ordinary dividends	3b	
	4a	IRA distributions	4a		b	Taxable amount	4b	
	5a	Pensions and annuities	5a	236,332.	b	Taxable amount	5b	236,316.
	6a	Social security benefits	6a	59,464.	b	Taxable amount	6b	50,544.
	c	If you elect to use the lump-sum election method, check here (see instructions) ☐						

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

7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	7	
8	Additional income from Schedule 1, line 10	8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	305,904.
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	305,904.
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	273,604.
Tax and Credits	16 Tax (see instructions). Check if any from:		
	1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐	16	51,750.
	17 Amount from Schedule 2, line 3	17	
	18 Add lines 16 and 17	18	51,750.
	19 Child tax credit or credit for other dependents from Schedule 8812	19	
	20 Amount from Schedule 3, line 8	20	5,104.
	21 Add lines 19 and 20	21	5,104.
	22 Subtract line 21 from line 18. If zero or less, enter -0-	22	46,646.
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23	40.
	24 Add lines 22 and 23. This is your total tax	24	46,686.
Payments	25 Federal income tax withheld from:		
	a Form(s) W-2 25a	2,253.	
	b Form(s) 1099 25b	46,732.	
	c Other forms (see instructions) 25c		
	d Add lines 25a through 25c 25d		48,985.
	26 2024 estimated tax payments and amount applied from 2023 return	26	
	27 Earned income credit (EIC) 27		
	28 Additional child tax credit from Schedule 8812 28		
	29 American opportunity credit from Form 8863, line 8 29		
	30 Reserved for future use 30		
	31 Amount from Schedule 3, line 15 31		
	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33 Add lines 25d, 26, and 32. These are your total payments	33	48,985.

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

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,299.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐	35a	2,299.
Direct deposit? See instructions.	b	Routing number [REDACTED]	c	Type: ☒ Checking ☐ Savings
	d	Account number [REDACTED]		
	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	Phone no.
		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.			
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [REDACTED]
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) [REDACTED]
	Phone no. [REDACTED]		Email address	

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
	Firm's name	Self-Prepared			Phone no.
	Firm's address				Firm's EIN

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

BAA REV 03/2025 Intnl.cj.djp

Form **1040-SR** (2024)

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

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.

BAA REV 03/25 1040SR

Form **1040-SR** (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

Your social security number

CHET A THARPE, SR [REDACTED] THARPE

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 (l) **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** 40.
- 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:**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****40**

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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. **03**

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

Your social security number

CHET A THARPE, SR [REDACTED] THARPE [REDACTED]

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	4,504.
b	Energy efficient home improvement credit from Form 5695, line 32	5b	600.
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount: _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	5,104.

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b	
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
z	Other refundable credits (see instructions): _____	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	

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

BAA

REV 03/2025 1040-ss-01

Schedule 3 (Form 1040) 2024

**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.

Name(s) shown on your tax return

CHET A THARPE, SR & [REDACTED] THARPE

Your social security number or EIN [REDACTED]

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	1,044.
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	4c	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c	Combine lines 4a and 4b			
5a	Net gain or loss from disposition of property (see instructions)	5a	5d	
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	
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	1,044.

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	1,044.
Individuals:				
13	Modified adjusted gross income (see instructions)	13	305,904.	
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	55,904.	
16	Enter the smaller of line 12 or line 15		16	1,044.
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	40.
Estates and Trusts:				
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	

Residential Energy Credits

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

Go to www.irs.gov/Form5695 for instructions and the latest information.

Name(s) shown on return

Your social security number

CHET A THARPE, SR [REDACTED] THARPE [REDACTED]

Part I Residential Clean Energy Credit (See instructions before completing this part.)**Note:** Skip lines 1 through 11 if you only have a **credit carryforward from 2023**.Enter the complete address of the home where you installed the property and/or technology associated with lines 1 through 4 and 5b.
For more than one home, see instructions.

Number and street	Unit no.	City or town	State	ZIP code
1	Qualified solar electric property costs			1 15,014.
2	Qualified solar water heating property costs			2
3	Qualified small wind energy property costs			3
4	Qualified geothermal heat pump property costs			4
5a	Qualified battery storage technology. Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours? (See instructions.) If you checked the "No" box, you cannot claim a credit for qualified battery storage technology			5a ☐ Yes ☒ No
b	If you checked the "Yes" box, enter the qualified battery technology costs			5b
6a	Add lines 1 through 5b			6a 15,014.
b	Multiply line 6a by 30% (0.30)			6b 4,504.
7a	Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your main home located in the United States? (See instructions.) If you checked the "No" box, you cannot claim a credit for qualified fuel cell property. Skip lines 7b through 11.			7a ☐ Yes ☒ No
b	Enter the complete address of the main home where you installed the fuel cell property. Number and street Unit no. City or town State ZIP code			
c	If the special rule for joint occupants applies, check here ☐ and attach a statement. (See instructions.)			
8	Qualified fuel cell property costs			8
9	Multiply line 8 by 30% (0.30)			9
10	Kilowatt capacity of property on line 8 above x \$1,000			10
11	Enter the smaller of line 9 or line 10			11
12	Credit carryforward from 2023. Enter the amount, if any, from your 2023 Form 5695, line 16			12
13	Add lines 6b, 11, and 12			13 4,504.
14	Limitation based on tax liability. Enter the amount from the Residential Clean Energy Credit Limit Worksheet. (See instructions.)			14 51,150.
15	Residential clean energy credit. Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5a			15 4,504.
16	Credit carryforward to 2025. If line 15 is less than line 13, subtract line 15 from line 13			16

Part II Energy Efficient Home Improvement Credit**Section A—Qualified Energy Efficiency Improvements**

17a	Are the qualified energy efficiency improvements installed in or on your main home located in the United States? (See instructions.)	17a	☐ Yes ☒ No										
b	Are you the original user of the qualified energy efficiency improvements?	17b	☐ Yes ☒ No										
c	Are the components reasonably expected to remain in use for at least 5 years? If you checked the "No" box for line 17a, 17b, or 17c, you cannot claim the energy efficient home improvement credit. Do not complete Part II, Section A.	17c	☐ Yes ☒ No										
d	Enter the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time. (See instructions.)												
<table border="1"> <thead> <tr> <th>Number and street</th> <th>Unit no.</th> <th>City or town</th> <th>State</th> <th>ZIP code</th> </tr> </thead> <tbody> <tr> <td colspan="5"></td> </tr> </tbody> </table>				Number and street	Unit no.	City or town	State	ZIP code					
Number and street	Unit no.	City or town	State	ZIP code									
e	Were any of these improvements related to the construction of this main home? If you checked the "Yes" box, you can only claim the energy efficient home improvement credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.	17e	☐ Yes ☒ No										
18	Insulation or air sealing material or system.												
a	Enter the cost of insulation material or system (include air sealing material or system) specifically and primarily designed to reduce heat loss or gain of your home that meets the criteria established by the IECC. (See instructions.)	18a											
b	Multiply line 18a by 30% (0.30). Enter the results. Do not enter more than \$1,200	18b											
19	Exterior doors that meet the applicable Energy Star requirements.												
a	Enter the cost of the most expensive door you bought	19a											
b	Multiply line 19a by 30% (0.30). Do not enter more than \$250	19b											
c	Enter the cost of all other qualifying exterior doors	19c											
d	Multiply line 19c by 30% (0.30)	19d											
e	Add lines 19b and 19d. Do not enter more than \$500	19e											
20	Windows and skylights that meet the Energy Star certification requirements.												
a	Enter the cost of exterior windows and skylights that meet the Energy Star certification requirements. (See instructions.)	20a											
b	Multiply line 20a by 30% (0.30). Enter the results. Do not enter more than \$600	20b											

Section B—Residential Energy Property Expenditures

21a	Did you incur costs for qualified energy property installed on or in connection with a home located in the United States?	21a	☒ Yes ☐ No																				
b	Was the qualified energy property originally placed into service by you? If you checked the "No" box for line 21a or 21b, you cannot claim the credit for your residential energy property costs. Skip lines 22 through 25 and line 29. Go to line 26.	21b	☒ Yes ☐ No																				
c	Enter the complete address of each home where you installed qualified energy property.																						
<table border="1"> <thead> <tr> <th>Number and street</th> <th>Unit no.</th> <th>City or town</th> <th>State</th> <th>ZIP code</th> </tr> </thead> <tbody> <tr> <td colspan="5"></td> </tr> <tr> <td colspan="5"></td> </tr> <tr> <td colspan="5"></td> </tr> </tbody> </table>				Number and street	Unit no.	City or town	State	ZIP code															
Number and street	Unit no.	City or town	State	ZIP code																			
22	Residential energy property costs (include labor costs for onsite preparation, assembly, and original installation). (See instructions.)																						
a	Enter the cost of central air conditioners	22a	8,000.																				
b	Multiply line 22a by 30% (0.30). Enter the results. Do not enter more than \$600	22b	600.																				
23a	Enter the cost of natural gas, propane, or oil water heaters	23a																					
b	Multiply line 23a by 30% (0.30). Enter the results. Do not enter more than \$600	23b																					
24a	Enter the cost of natural gas, propane, or oil furnace or hot water boilers	24a																					
b	Multiply line 24a by 30% (0.30). Enter the results. Do not enter more than \$600	24b																					

Section B—Residential Energy Property Expenditures (continued)

25a	Enter the cost of improvements or replacement of panelboards, subpanelboards, branch circuits, or feeders	25a		
b	Multiply line 25a by 30% (0.30). Enter the results. Do not enter more than \$600	25b		
26	Home energy audits.			
a	Did you incur costs for a home energy audit that included an inspection of your main home located in the United States and a written report prepared by a certified home energy auditor? (See instructions.) If you checked the "No" box, you cannot claim the home energy audit credit. Stop. Go to line 27.	26a	☐ Yes ☒ No	
b	Enter the cost of the home energy audits	26b		
c	Multiply line 26b by 30% (0.30). Enter the results. Do not enter more than \$150	26c		
27	Add lines 18b, 19e, 20b, 22b, 23b, 24b, 25b, and 26c	27	600.	
28	Enter the smaller of line 27 or \$1,200	28		600.
29	Heat pumps and heat pump water heaters; biomass stoves and biomass boilers.			
a	Enter the cost of electric or natural gas heat pumps	29a		
b	Enter the cost of electric or natural gas heat pump water heaters	29b		
c	Enter the cost of biomass stoves and biomass boilers	29c		
d	Add lines 29a, 29b, and 29c	29d		
e	Multiply line 29d by 30% (0.30). Enter the results. Do not enter more than \$2,000	29e		
30	Add lines 28 and 29e	30		600.
31	Limitation based on tax liability. Enter the amount from the Energy Efficient Home Improvement Credit Limit Worksheet. (See instructions.)	31		51,750.
32	Energy efficient home improvement credit. Enter the smaller of line 30 or line 31. Also include this amount on Schedule 3 (Form 1040), line 5b	32		600.
a	If the special rule for joint occupants applies, check here ☐ and attach a statement. (See instructions.)			

a Employee's social security number [REDACTED]		Payroll organization code 22-20-13-00-630		Intradepartment number 0000000000	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 18,000.00		2 Federal income tax withheld 2,252.53	
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		4 Social security tax withheld	
		5 Medicare wages and tips 18,000.00		6 Medicare tax withheld 261.00	
		7 Social security tips		10 Dependent care benefits	
d Control number 016629 01/07		11 Nonqualified plans		12a See instructions for box 12	
e Employee's first name, mi, and last name CHET A THARPE [REDACTED]		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		12b	
		14 Other		12c	
				12d	
				12e	
f Employee's address and ZIP code		15 State wages, tips, etc.		16 Local wages, tips, etc.	
15 State Employer's state ID number		17 State income tax		18 Local income tax	
				20 Locality name	

FORM **W-2** WAGE AND TAX STATEMENT **2024**

OMB No. 1545-0008
Department of the Treasury - Internal Revenue Service

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

a Employee's social security number [REDACTED]		Payroll organization code 22-20-13-00-630		Intradepartment number 0000000000	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 18,000.00		2 Federal income tax withheld 2,252.53	
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		4 Social security tax withheld	
		5 Medicare wages and tips 18,000.00		6 Medicare tax withheld 261.00	
		7 Social security tips		10 Dependent care benefits	
d Control number 016629 01/07		11 Nonqualified plans		12a See instructions for box 12	
e Employee's first name, mi, and last name CHET A THARPE [REDACTED]		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		12b	
		14 Other		12c	
				12d	
				12e	
f Employee's address and ZIP code		15 State wages, tips, etc.		16 Local wages, tips, etc.	
15 State Employer's state ID number		17 State income tax		18 Local income tax	
				20 Locality name	

FORM **W-2** WAGE AND TAX STATEMENT **2024**

OMB No. 1545-0008
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.

STATE OF FLORIDA

ORG: 22-20-13-00-630
ID#: 0000000000DEPARTMENT OF FINANCIAL SERVICES - BUREAU OF STATE PAYROLLS
ANNUAL EARNINGS AND BENEFITS STATEMENT FOR 2024

ORIGINAL

CHET A THARPE

DATE OF BIRTH
09/11/1954

SOCIAL SECURITY NUMBER

Please carefully check the above information. If you find an error, you must make the correction to the W-4 form in the People First system or through your agency personnel office.

Below is a recap of your income from the State of Florida. Contributions made by the state on your behalf are shown. Mandatory deductions, payroll deductions chosen by you, reductions of taxable income chosen by you, and general information which may be of interest to you are presented to aid in evaluating your tax liability. This statement is intended as an informational aid only.

YOUR TOTAL STATE INCOME AND NONTAXABLE GROSS:

WAGE AMOUNT:	
OPS WAGES	18,000.00

TOTAL WAGE AMOUNT	18,000.00

TOTAL STATE INCOME	18,000.00
REPORTABLE COMPENSATION:	
W-2 EARNINGS	18,000.00

TOTAL REPORTABLE	
COMPENSATION	18,000.00
LESS:	
MANDATORY TAX DEDUCTIONS:	
FEDERAL INCOME TAX	2,252.53
MEDICARE TAX	261.00

NET PAID BY SALARY WARRANT	15,486.47
	=====

STATE CONTRIBUTIONS ON YOUR BEHALF (INFORMATIONAL):

MEDICARE EMPLOYER CONTRIBUTIONS	261.00

TOTAL STATE CONTRIBUTIONS	261.00
	=====

SUMMARY OF MISCELLANEOUS DEDUCTIONS PROCESSED FOR YOU DURING THE CALENDAR YEAR. NOTE: IF YOU ARE NOT SURE ABOUT THE POSSIBLE TAX IMPACT OF A DEDUCTION, ASK THE IRS OR YOUR TAX RETURN PREPARER.

CODE	DEDUCTION	ANNUAL TOTAL

	TOTAL OTHER MISC. DEDUCTIONS	.00
		=====

FLEX SPENDING ACCT REWARD	.00
LTD PURPOSE FLEX SPENDING REWARD	.00
HEALTH SAVING ACCOUNT REWARD	.00

☐ CORRECTED (if checked)

PAYER FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 134,243.64		OMB No. 1545-0119 2024 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 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.			
			2a Taxable amount \$ 134,227.80						
			2b Taxable amount not determined ☐		Total distribution ☐				
			3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 14,752.14				
PAYER'S TIN 59-1354377		RECIPIENT'S TIN [REDACTED]		5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 15.84		6 Net unrealized appreciation in employer's securities \$			
RECIPIENT CHET A THARPE [REDACTED]		7 Distribution code(s) 7		IRA/ SEP/ SIMPLE ☐	8 Other \$ %				
		9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00					
		10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐			
Account number (see instructions) [REDACTED]		13 Date of payment		14 State tax withheld \$		15 State/Payer's state no.		16 State distribution \$	
				17 Local tax withheld \$		18 Name of locality		19 Local distribution \$	

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

☐ CORRECTED (if checked)

PAYER FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 134,243.64		OMB No. 1545-0119 2024 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C For Recipient's Records This information is being furnished to the IRS.			
			2a Taxable amount \$ 134,227.80						
			2b Taxable amount not determined ☐		Total distribution ☐				
			3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 14,752.14				
PAYER'S TIN 59-1354377		RECIPIENT'S TIN [REDACTED]		5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 15.84		6 Net unrealized appreciation in employer's securities \$			
RECIPIENT CHET A THARPE [REDACTED]		7 Distribution code(s) 7		IRA/ SEP/ SIMPLE ☐	8 Other \$ %				
		9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00					
		10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐			
Account number (see instructions) [REDACTED]		13 Date of payment		14 State tax withheld \$		15 State/Payer's state no.		16 State distribution \$	
				17 Local tax withheld \$		18 Name of locality		19 Local distribution \$	

Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

**Florida Retirement System
Division of Retirement
RETIREE ANNUAL STATEMENT – 2024**

Personal Information

Payee Name CHET A THARPE
SSN [REDACTED]
Member Name CHET A THARPE
SSN [REDACTED]

Tax Status:
Filing Status M
Extra Withholding \$0.00
Stated Amount \$0.00
Withholding Response YES (1)

Annual Income/Deductions

Income - Payment Type: MONTHLY

Health Insurance Subsidy (HIS)	\$ 2,700.00 (2)
Retirement Benefit	\$ 134,243.64
	\$
	\$
	\$
TOTAL GROSS	\$ 136,943.64

Deductions

Tax Withholding	\$ 14,752.14
STATE HEALTH TRUST FUND (Health)	\$ 10,324.20
	\$
	\$
	\$
	\$
TOTAL DEDUCTIONS	\$ 25,076.34

Form 1099-R Calculation

Gross Income	\$ 136,943.64
Minus HIS Tax Exclusion	\$ 2,700.00 (3)
= Box 1 (Gross Distribution)	\$ 134,243.64
Minus Box 5 (Simplified Method)	\$ 15.84
= Box 2a (Taxable Amount)	\$ 134,227.80
Box 4 = Tax Withheld	\$ 14,752.14
Box 7 = Distribution Code	7
Box 9b = Total Employee Contributions for those who retired in current year	\$

(1) If you have income-tax related questions, please contact your tax advisor. You may also visit the Internal Revenue Services' (IRS) website at www.irs.gov, call the IRS toll free at 800-829-1040 or 800-829-4059 (TDD) if you are hearing impaired. Division of Retirement employees are not trained to provide tax or financial-related advice.

(2) The Health Insurance Subsidy (HIS) benefit is an optional monthly payment that eligible pension recipients must apply for. The purpose of the HIS payment is to provide assistance with the cost of health insurance coverage. The HIS benefit is not an insurance policy and it is not a part of your Florida Retirement System pension.

(3) The Health Insurance Subsidy Tax Exclusion amount shown above has already been used to reduce your Box 1 (Gross Distribution) amount reported to the IRS for the tax year. This excluded amount cannot be used twice. Therefore, eligible Public Safety Officers CANNOT use this same amount again for a health insurance tax exclusion under the provisions of the Pension Protection Act/HELPS Act.

Pension Protection Act/HELPS Act - Under the provisions of this Act some "Public Safety Officer" retirees (as determined by this Act) may be eligible for a tax exclusion up to \$3,000. For more information, please contact your tax advisor or get general information from the IRS. You may visit the www.irs.gov website and refer to the Instructions Booklet for IRS Form 1040. For your convenience the document "Information for Retired Public Safety Officers Tax Exclusion" can be found on the "Retirees" page of the Division of Retirement's website at www.frs.myflorida.com under Helpful Links and Resources for Retirees.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NATIONWIDE RETIREMENT SOLUTIONS, INC PUBLIC SECTOR WEST REGION PO BOX 182797 COLUMBUS, OH 43218 877-677-3678			1 Gross distribution \$100,000.00		OMB No. 1545-0119 2024 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			2a Taxable amount \$100,000.00					
PAYER'S TIN 73-0948330			2b Taxable amount not determined ☐		Total distribution ☐		Copy 2 File this copy with your state, city, or local income tax return, when required.	
RECIPIENT'S TIN [REDACTED]			3 Capital gain (included in box 2a)		4 Federal income tax withheld \$20,000.00			
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code CHET A THARPE [REDACTED]			5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities			
			7 Distribution code(s) 7		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 ☐	14 State tax withheld		15 State/Payer's state no. FL/		16 State distribution \$100,000.00
Account number (see instructions) [REDACTED]			13 Date of payment	17 Local tax withheld		18 Name of locality		19 Local distribution

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NATIONWIDE RETIREMENT SOLUTIONS, INC PUBLIC SECTOR WEST REGION PO BOX 182797 COLUMBUS, OH 43218 877-677-3678			1 Gross distribution \$100,000.00		OMB No. 1545-0119 2024 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			2a Taxable amount \$100,000.00					
PAYER'S TIN 73-0948330			2b Taxable amount not determined ☐		Total distribution ☐		Copy C For Recipient's Records This information is being furnished to the IRS.	
RECIPIENT'S TIN [REDACTED]			3 Capital gain (included in box 2a)		4 Federal income tax withheld \$20,000.00			
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code CHET A THARPE [REDACTED]			5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities			
			7 Distribution code(s) 7		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 ☐	14 State tax withheld		15 State/Payer's state no. FL/		16 State distribution \$100,000.00
Account number (see instructions) [REDACTED]			13 Date of payment	17 Local tax withheld		18 Name of locality		19 Local distribution

Form 1099-R

(keep for your records)

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NATIONWIDE RETIREMENT SOLUTIONS, INC PUBLIC SECTOR WEST REGION PO BOX 182797 COLUMBUS, OH 43218 877-677-3678			1 Gross distribution \$100,000.00		OMB No. 1545-0119 2024 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			2a Taxable amount \$100,000.00					
PAYER'S TIN 73-0948330			2b Taxable amount not determined ☐		Total 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.	
RECIPIENT'S TIN [REDACTED]			3 Capital gain (included in box 2a)		4 Federal income tax withheld \$20,000.00			
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code CHET A THARPE [REDACTED]			5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities			
			7 Distribution code(s) 7		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 ☐	14 State tax withheld		15 State/Payer's state no. FL/		16 State distribution \$100,000.00
Account number (see instructions) [REDACTED]			13 Date of payment	17 Local tax withheld		18 Name of locality		19 Local distribution

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service
041477 KOPSF9RG



Schwab One® Account of
CHET A THARPE &
HELEN S THARPE JT TEN

Account Number

TAX YEAR 2024
FORM 1099-COMPOSITE

Date Prepared: January 24, 2025

Recipient's Name and Address

CHET A THARPE &
HELEN S THARPE JT TEN

Taxpayer ID Number

Account Number

Payer's Name and Address

CHARLES SCHWAB & CO., INC.
3000 SCHWAB WAY
WESTLAKE, TX 76262
Telephone Number: (800) 435-4000
Federal ID Number: 94-1737782

Form 1099-INT

Copy B for Recipient (OMB No. 1545-0112)

Interest Income — 2024
Department of the Treasury-Internal Revenue Service

Box	Description	Total
1	Interest Income	\$ 1,043.99
3	Interest on U.S. Savings Bonds and Treasury Obligations	\$ 0.00
4	Federal Income Tax Withheld	\$ 0.00
5	Investment Expenses	\$ 0.00
6	Foreign Tax Paid	\$ 0.00
7	Foreign Country or U.S. Territory	\$ 0.00
8	Tax-Exempt Interest	\$ 0.00
9	Specified Private Activity Bond Interest	\$ 0.00
10	Market Discount	\$ 0.00
11	Bond Premium	\$ 0.00
12	Bond Premium on Treasury Obligations	\$ 0.00
13	Bond Premium on Tax-Exempt Bond	\$ 0.00
14	Tax-Exempt and Tax Credit Bond CUSIP No.	\$ 0.00
15	State	\$ 0.00
16	State Identification No.	\$ 0.00
17	State Tax Withheld	\$ 0.00

FATCA Filing Requirement ☐
Amount in Box 9 Specified Private Activity Bond Interest subject to Alternative Minimum Tax is already included in Box 8 Tax-Exempt Interest. Both market discount and bond premium reported for covered taxable and tax-exempt bonds. Market discount is only reported if you submitted a written election to include in income currently.

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.



Schwab One® Account of
**CHET A THARPE &
HELEN S THARPE JT TEN**

Account Number

**TAX YEAR 2024
YEAR-END SUMMARY**

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: January 24, 2025

INTEREST & DIVIDENDS

The information in the following sections may be helpful for, but not limited to, Schedule B. Please consult with your tax advisor or financial advisor regarding specific questions.

Detail Information of Interest Income

Description	CUSIP Number	Paid In 2024	Paid/Adjusted In 2025 for 2024	Amount
Interest Income				
BEAL BANK 5.15XXX	07371BYQ8	\$ 1,027.18	\$ 0.00	\$ 1,027.18
SCHWAB 1 INTEREST		\$ 16.81	\$ 0.00	\$ 16.81
Total Interest Income (Included in Box 1)		\$ 1,043.99	\$ 0.00	\$ 1,043.99
Total Interest Income (Box 1)		\$ 1,043.99	\$ 0.00	\$ 1,043.99

FORM SSA-1099SM - 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 CHET A THARPE SR		Box 2. Beneficiary's Social Security Number [REDACTED]
Box 3. Benefits Paid in 2024 \$40,328.40	Box 4. Benefits Repaid to SSA in 2024 NONE	Box 5. Net Benefits for 2024 (Box 3 minus Box 4) \$40,328.40
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or Direct deposit \$29,184.70 Medicare part B premiums deducted from your benefits \$2,912.40 Voluntary Federal Income Tax Withheld \$8,231.30 Total Additions \$40,328.40 Benefits for 2024 \$40,328.40		DESCRIPTION OF AMOUNT IN BOX 4 NONE
		Box 6. Voluntary Federal Income Tax Withheld \$8,231.30
		Box 7. Address CHET A THARPE SR [REDACTED]
		Box 8. Claim Number (Use this number if you need to contact SSA.) [REDACTED]

DO NOT RETURN THIS FORM TO SSA OR IRS