

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/23/2025

General Information

Name: Mrs Judith Schaefer

PID 224370

AGENCY INFORMATION

Organization	Suborganization	Title
Desoto County	Elected Constitutional Officer	County Commissioner District 3
Heartland Library Cooperative	Governing Board	

Net Worth

My Net Worth as of December 31, 2024 was \$ 420,113.00.

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 \$ 25,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Main home	\$ 26,779.00
secondary home	\$ 162,274.00
Cash	\$ 4,729.00
household items	\$ 25,000.00
shop inventory	\$ 50,000.00
insurance policies	\$ 41,250.00
retirement accounts	\$ 273,355.00
Social security	\$ 24,320.00
Business	\$ 4,867.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

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

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

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

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

PRIMARY SOURCES OF INCOME:

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

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

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

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

N/A

Training

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

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

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.

Judith Schaefer

Digitally signed: 06/23/2025

Filed with COE: 06/23/2025

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	Last name	Your social security number
JUDITH	SCHAEFER	
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

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

3029 SW HARVEY AVE

Apt. no.

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

State

ZIP code

ARCADIA

FL

34266-0000

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

Income

1a Total amount from Form(s) W-2, box 1 (see instructions) **1a** 26,884

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

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

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

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

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

g Wages from Form 8919, line 6 **1g**

h Other earned income (see instructions) **1h**

i Nontaxable combat pay election (see instructions) **1i**

z Add lines 1a through 1h **1z** 26,884

2a Tax-exempt interest **2a**

3a Qualified dividends **3a** 22

4a IRA distributions **4a**

5a Pensions and annuities **5a**

6a Social security benefits **6a** 24,320

b Taxable interest **2b**

b Ordinary dividends **3b** 22

b Taxable amount **4b** 3,234

b Taxable amount **5b** 12,638

b Taxable amount **6b** 20,672

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

Name(s)

SSN

JUDITH SCHAEFER

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a ☐ Cost	b ☐ Lower of cost or market	c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	☐ Yes ☐ No		
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year)	01-01-2024						
44	Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:							
a	Business	2,762	b	Commuting (see instructions)	1,640	c	Other	3,660
45	Was your vehicle available for personal use during off-duty hours?	☒ Yes ☐ No						
46	Do you (or your spouse) have another vehicle available for personal use?	☒ Yes ☐ No						
47a	Do you have evidence to support your deduction?	☒ Yes ☐ No						
b	If "Yes," is the evidence written?	☒ Yes ☐ No						

Part V Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30.

PEST CONTROL	567		
48	Total other expenses. Enter here and on line 27a	48	567

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
ATHENE ANNUITY AND LIFE COMPANY
P O BOX 1555
DES MOINES, IA 50306-1555
877-566-8598

1 Gross distribution **\$3,234.04**
 2a Taxable amount **\$3,234.04**
 2b Taxable amount not determined ☒

OMB No. 1545-0118

2024

Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

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.

16 State distribution

19 Local distribution

PAYER'S TIN
42-0175020

RECIPIENT'S TIN

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
JUDITH SCHAEFER
3029 SW HARVEY AVENUE
ARCADIA, FL 34266

3 Capital gain (included in box 2a)

5 Employee contributions/Designated Roth contributions or insurance premiums

7 Distribution code(s) **7** IRA / SEP / SIMPLE ☒

9a Your percentage of total distribution %

14 State tax withheld

17 Local tax withheld

4 Federal income tax withheld

\$323.40

6 Net unrealized appreciation in employer's securities

8 Other

%

8b Total employee contributions

15 State/Payer's state no.

FL/42-0175020

18 Name of locality

10 Amount allocable to IRR within 5 years

11 1st year of design. Roth contrib.

12 FATCA filing requirement ☐

13 Date of payment

Account number (see instructions)

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury

☐ CORRECTED (if checked)

OMB No. 1545-0119

Pensions, Annuities,
Retirement or
Profit-Sharing Plans,
IRAs, Insurance
Contracts, etc.

2024

Form 1099-R

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.

PAYER

FLORIDA RETIREMENT SYSTEM
DIVISION OF RETIREMENT
PO BOX 9000
TALLAHASSEE FL 32315-9000

844-377-1888

PAYER'S TIN

59-1354377

RECIPIENT'S TIN

RECIPIENT

JUDITH A SCHAEFER
3029 SW HARVEY ST
ARCADIA FL 34266-8600

1 Gross distribution

\$ 2,104.20

2a Taxable amount

\$ 2,104.20

2b Taxable amount
not determined ☐

Total
distribution ☐

3 Capital gain (included in
box 2a)

\$

4 Federal income tax
withheld

\$ 0.00

5 Employee contributions/
Designated Roth
contributions or
insurance premiums

\$ 0.00

6 Net unrealized
appreciation in
employer's securities

\$

7 Distribution
code(s)

4

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

☐

14 State tax withheld

\$

15 State/Payer's state no.

16 State distribution

\$

Account number (see instructions)

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 SC REGION PO BOX 182797 COLUMBUS, OH 43218-2797 877-677-3678			1 Gross distribution \$4,135.32		OMB No. 1545-0119 2024 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax return, when required.	
			2a Taxable amount \$4,135.32				
PAYER'S TIN 73-0948330			2b Taxable amount not determined ☐		Total distribution ☐		
			3 Capital gain (included in box 2a)		4 Federal income tax withheld \$414.00		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code JUDITH ANN SCHAEFER 3029 SW HARVEY AVE ARCADIA, FL 34266-8600			5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		
			7 Distribution code(s) 7	IRA/SEP/ SIMPLE ☐	8 Other		
			9a Your percentage of total distribution		9b Total employee contributions		
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld	15 State/Payer's state no. FL/		16 State distribution \$4,135.32
Account number (see instructions)		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

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **09**

Name of proprietor

JUDITH SCHAEFER

Social security number (SSN)

B Enter code from instructions

A Principal business or profession, including product or service (see instructions)

BEAUTY SHOPS

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

BEFORE AND AFTER SALON

E Business address (including suite or room no.) **3029 SW HARVEY AVE**

City, town or post office, state, and ZIP code **ARCADIA, FL 34266-0000**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____

G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2024, check here ☐ Yes ☒ No

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☒ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	25,520
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	25,520
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	25,520
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	7,750
7 Gross income. Add lines 5 and 6	7	33,270

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	359	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	1,851	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	13,450
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	3,726
15 Insurance (other than health)	15	505	23 Taxes and licenses	23	650
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	505	25 Utilities	25	6,790
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	567
			b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27b **28** **28,403**

29 Tentative profit or (loss). Subtract line 28 from line 7 **29** **4,867**

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.

Simplified method filers only: Enter the total square footage of (a) your home:

and (b) the part of your home used for business: _____

Use the Simplified

Method Worksheet in the instructions to figure the amount to enter on line 30

31 Net profit or (loss). Subtract line 30 from line 29.

• If a profit, enter on both **Schedule 1 (Form 1040)**, line 3, and on **Schedule SE**, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041**, line 3.

• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040)**, line 3, and on **Schedule SE**, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041**, line 3.

• If you checked 32b, you must attach **Form 6198**. Your loss may be limited.

32a ☐ All investment is at risk.

32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2024

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	0																		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	0																		
Direct deposit? See Instructions.	b	Routing number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			c	Type: ☐ Checking ☐ Savings
	d	Account number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
	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	620																		
	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) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
	Your signature 	Date 04-10-2025	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
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.) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
Joint return? See instructions. Keep a copy for your records.	Phone no.	Email address								

Paid Preparer Use Only	Preparer's signature Bette Gill	Date 06-23-2025	PTIN P00117239	Check if: ☒ Self-employed
	Preparer's name Bette Gill	Phone no. 863-993-9007		
	Firm's name Peace River Tax Services	Firm's EIN 65-1042696		
	Firm's address 619 E Magnolia St Arcadia, FL 34266			

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

Form 1040-SR (2024)

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	4,867
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8: This is your total income	9	68,317
10	Adjustments to income from Schedule 1, line 26	10	344
11	Subtract line 10 from line 9. This is your adjusted gross income	11	67,973
12	Standard deduction or itemized deductions (from Schedule A)	12	18,584
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	502
14	Add lines 12 and 13	14	19,086
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	48,887

Tax and Credits

16	Tax (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐	16	5,806
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	5,806
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	0
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	5,806
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	687
24	Add lines 22 and 23. This is your total tax	24	6,493

Payments

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	2,274
b	Form(s) 1099	25b	3,599
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	5,873
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	0
33	Add lines 25d, 26, and 32. These are your total payments	33	5,873

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

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT**2024**• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name JUDITH A SCHAEFER		Box 2. Beneficiary's Social Security Number [REDACTED]	
Box 3. Benefits Paid in 2024 \$24,320.40	Box 4. Benefits Repaid to SSA in 2024 NONE	Box 5. Net Benefits for 2024 (Box 3 minus Box 4) \$24,320.40	
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4	
Paid by check or Direct deposit \$20,001.60		NONE	
Medicare Part B premiums deducted from your benefits \$2,096.40			
Voluntary Federal Income Tax Withheld \$2,222.40			
Total Additions \$24,320.40			
Benefits for 2024 \$24,320.40			
		Box 6. Voluntary Federal Income Tax Withheld \$2,222.40	
		Box 7. Address JUDITH A SCHAEFER 3029 SW HARVEY AVENUE ARCADIA FL 34266-8600	
		Box 8. Claim Number (Use this number if you need to contact SSA.) [REDACTED]	

a Employee's social security number 		Safe, accurate, FAST! Use Visit the IRS website at www.irs.gov/efile OMB No. 1545-0008			
b Employer identification number (EIN) 59-6000579		1 Wages, tips, other compensation 26884.27	2 Federal income tax withheld 2274.05		
c Employer's name, address, and ZIP code COUNTY OF DESOTO BOCC 201 E OAK ST SUITE 205 ARCADIA FL 34266		3 Social security wages 41884.19	4 Social security tax withheld 2596.74		
		5 Medicare wages and tips 41884.19	6 Medicare tax withheld 607.20		
		7 Social security tips 	8 Allocated tips 		
d Control number 0719		9 	10 Dependent care benefits 		
e Employee's name, address, and ZIP code JUDITH A SCHAEFER 3029 SW HARVEY AVENUE ARCADIA, FL 34266		Suff.			
		11 Nonqualified plans 		12a See instructions for box 12 G 14999.92	
		13 Statutory employee Retirement plan Third-party sick pay ☐ ☒ ☐		12b 	
		14 Other 		12c 12d 	
15 State Employer's state ID number 	16 State wages, tips, etc. 	17 State income tax 	18 Local wages, tips, etc. 	19 Local income tax 	20 Locality name

Form **W-2 Wage and Tax Statement**
Copy B—To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.

2024

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 SC REGION PO BOX 182797 COLUMBUS, OH 43218-2797 877-677-3678			OMB No. 1545-0119 2024 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.				
PAYER'S TIN 73-0848330			1 Gross distribution \$6,399.37 2a Taxable amount \$6,399.37		Copy 2 File this copy with your state, city, or local income tax return, when required.				
RECIPIENT'S TIN 			2b Taxable amount not determined ☐ Total distribution ☐						
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code JUDITH ANN SCHAEFER 3029 SW HARVEY AVE ARCADIA, FL 34266-8600			3 Capital gain (included in box 2a) 					4 Federal income tax withheld \$640.00	
			5 Employee contributions/ Designated Roth contributions or insurance premiums 					6 Net unrealized appreciation in employer's securities 	
7 Distribution code(s) 7			IRA/SEP/ SIMPLE ☐		8 Other 				
			9a Your percentage of total distribution 		9b Total employee contributions 				
10 Amount allocable to IRR within 5 years 			11 1st year of desig. Roth contrib. 		12 FATCA filing requirement ☐				
13 Date of payment 			14 State tax withheld 		15 State/Payer's state no. FL/				
Account number (see instructions) 			17 Local tax withheld 		18 Name of locality 				
					16 State distribution \$6,399.37				
					19 Local distribution 				

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury—Internal Revenue Service