

General Information

Name: Hon Branden Michael Henderson

PID 317035

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (13Th)	Elected Constitutional Officer	County Judge

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Judge	13th Judicial Circuit, County Judge, Hillsborough County	13th Judicial Circuit, County Judge, Hillsborough County

Net WorthMy Net Worth as of March 2, 2025 was \$ 560,031.00.

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/23/2025

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 \$ 62,500.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Current residence	\$ 633,000.00
Bank Account - Truist Checking Account	\$ 6,258.51
Shares - First American Financial Corp stock	\$ 1,485.24
Shares - Tempus AI stock	\$ 2,134.84
Shares - Palantir stock	\$ 5,095.20
Shares - Costco stock	\$ 11,534.71
Shares - Apple stock	\$ 28,295.28
Shares - Vanguard Total Stock Market Index Admiral stock	\$ 34,525.88
Shares - Vanguard Growth Index Admiral stock	\$ 102,651.52
Shares- Fimm Govt Inst stock	\$ 1,298.12
Shares - Fid Inel Pr Bd Idx stock	\$ 1,360.10
Shares - Pru Core PL BD CL 6 stock	\$ 1,975.34
Shares - BLKRR ADV GLOBAL K stock	\$ 3,768.25
Shares - SP EXT MKT IDX CL D	\$ 5,845.54
Shares - SP GLB EXUS IDX CL D	\$ 8,896.41
Shares - SP 500 INDEX PL CL D	\$ 54,073.02
Cryptocurrency - Chainlink	\$ 4,061.93
Cryptocurrency - Bitcoin	\$ 1,611.61
See Attached	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
PHH Mortgage	2000 Midlantic Drive Suite 410-A, Mount Laurel, NJ 08054	\$ 96,452.46
Home Equity Line	Truist Loan Services, 214 N Tyron St, Suite 3, Charlotte, NC 28202	\$ 45,920.58
MOHELA	633 Spirit Drive, Chesterfield, MO 63005-1243	\$ 204,886.20

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.

Branden Michael Henderson

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

Your first name and middle initial **Branden M** Last name **Henderson** See separate instructions. Your social security number [REDACTED]

If joint return, spouse's first name and middle initial **Rita R** Last name **Henderson** Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign

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

Foreign country name Foreign province/state/county Foreign postal code ☐ You ☐ Spouse

Filing Status ☐ Single ☐ Head of household (HOH) ☒ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS) ☐ 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):
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Child tax credit ☐ Credit for other dependents ☒
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Child tax credit ☒ Credit for other dependents ☐
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Child tax credit ☒ Credit for other dependents ☐
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Child tax credit ☐ Credit for other dependents ☐

☒ See Dependents Stat.

Income

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	107,788.
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	107,788.

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

2a	Tax-exempt interest	2a		b	Taxable interest	2b	91.
3a	Qualified dividends	3a	289.	b	Ordinary dividends	3b	479.
4a	IRA distributions	4a		b	Taxable amount	4b	
5a	Pensions and annuities	5a		b	Taxable amount	5b	
6a	Social security benefits	6a		b	Taxable amount	6b	

Standard Deduction for—

- Single or Married filing separately: \$14,600
- Married filing jointly or Qualifying surviving spouse: \$29,200
- Head of household: \$21,900
- If you checked any box under Standard Deduction, see instructions.

7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	1,590.
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	109,948.
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	109,948.
12	Standard deduction or itemized deductions (from Schedule A)	12	29,200.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	29,200.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	80,748.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	9,181.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	9,181.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	9,181.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	9,181.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	0.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	1,401.
	b	Form(s) 1099	25b	* *
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	1,401.
	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC) No	27	
	28	Additional child tax credit from Schedule 8812	28	7,319.
	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	7,319.
	33	Add lines 25d, 26, and 32. These are your total payments	33	8,720.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	8,720.
	35a	Amount of line 34 you want refunded to you . If Form 8878 is attached, check here ☐	35a	8,720.
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)

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	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.)
	Phone no. [REDACTED]	Email address		

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

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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.

OMB No. 1545-0074

2024

Attachment
Sequence No. **12**

Name(s) shown on return

Branden M & Rita R Henderson

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	36,825.	35,738.	454.	1,541.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	6,749.	6,769.	0.	-20.
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 1,521.

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	304.	235.	0.	69.
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
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 69.

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 • 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 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 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. 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.	16 18 19 21	1,590. ()
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Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury
Internal Revenue ServiceFile with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.
Go to www.irs.gov/Form8949 for instructions and the latest information.**2024**Attachment
Sequence No. **12A**

Name(s) shown on return

Branden M & Rita R Henderson

Social security number or taxpayer identification number

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

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.	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	
	ON SEMICONDUCTOR CORP COM USD0.0 50	09/15/23	01/16/24	3,649.	4,470.	W	375.	-446.
	ON SEMICONDUCTOR CORP COM USD0.0 5	10/03/23	01/16/24	365.	446.			-81.
	ON SEMICONDUCTOR CORP COM USD0.0 5	10/13/23	01/16/24	365.	446.			-81.
	ON SEMICONDUCTOR CORP COM USD0.0 5	10/13/23	01/16/24	365.	446.			-81.
	ON SEMICONDUCTOR CORP COM USD0.0 10	10/19/23	01/16/24	729.	866.			-137.
	ON SEMICONDUCTOR CORP COM USD0.0 20	09/29/23	03/01/24	1,588.	2,005.			-417.
	MARA HOLDINGS, INC. COMMON STOCK 20	02/27/24	03/04/24	497.	637.	W	70.	-70.
	MARA HOLDINGS, INC. COMMON STOCK 10	02/27/24	03/11/24	208.	318.			-110.
	MARA HOLDINGS, INC. COMMON STOCK 10	02/27/24	03/11/24	208.	332.			-124.
	DRAFTKINGS INC NEW COM CL A 100	02/14/24	04/01/24	4,444.	4,397.			47.
	DRAFTKINGS INC NEW COM CL A 20	02/20/24	04/01/24	889.	833.			56.
	DRAFTKINGS INC NEW COM CL A 10	03/01/24	04/01/24	444.	434.			10.
	DRAFTKINGS INC NEW COM CL A 20	03/04/24	04/01/24	889.	898.	W	9.	0.
	DRAFTKINGS INC NEW COM CL A 10	03/05/24	04/01/24	444.	426.			18.
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).			15,084.	16,954.		454.	-1,416.

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. **BAA**

REV 12/26/25 1040703.00

Form **8949** (2024)

Form **8949****Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue ServiceFile with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.
Go to www.irs.gov/Form8949 for instructions and the latest information.**2024**Attachment
Sequence No. **12A**

Name(s) shown on return

Branden M & Rita R Henderson

Taxpayer identification number

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

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.	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	
	DRAFTKINGS INC NEW COM CL A 10	03/07/24	04/18/24	416.	473.			-57.
	DRAFTKINGS INC NEW COM CL A 10	03/14/24	04/18/24	416.	455.			-39.
	MARATHON OIL CORP COM *EXCHANGED 10	04/02/24	07/02/24	288.	286.			2.
	MARATHON OIL CORP COM *EXCHANGED 10	04/03/24	07/02/24	288.	290.			-2.
	MARATHON OIL CORP COM *EXCHANGED 10	04/03/24	07/02/24	288.	292.			-4.
	MARATHON OIL CORP COM *EXCHANGED 10	04/04/24	07/02/24	288.	296.			-8.
	URANIUM ENERGY CORP COM ISIN #US 300	11/06/24	11/12/24	2,190.	2,261.			-71.
	URANIUM ENERGY CORP COM ISIN #US 100	11/07/24	11/12/24	730.	775.			-45.
	URANIUM ENERGY CORP COM ISIN #US 100	11/08/24	11/12/24	730.	805.			-75.
	URANIUM ENERGY CORP COM ISIN #US 100	11/11/24	11/12/24	730.	747.			-17.
	NVIDIA CORPORATION COM 20	12/18/23	12/17/24	2,587.	1,005.			1,582.
	NVIDIA CORPORATION COM 10	02/14/24	12/17/24	1,293.	728.			565.
	NVIDIA CORPORATION COM 10	02/14/24	12/17/24	1,285.	728.			557.
	NVIDIA CORPORATION COM 10	06/10/24	12/17/24	1,285.	1,224.			61.
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).			12,814.	10,365.			2,449.

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. **BAA**

REV 02/26/25 inst. 03.dg.13

Form **8949** (2024)

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

Social security number or taxpayer identification number

Branden M & Rita R Henderson

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

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

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FIRST AMERICAN FINANCIAL CORP 4.0372	12/30/22	11/06/24	248.	192.	B	0.	56.
	FIRST AMERICAN FINANCIAL CORP 0.908	12/30/22	11/06/24	56.	43.	B	0.	13.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)			304.	235.		0.	69.

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

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

**Credits for Qualifying Children
and Other Dependents**

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. **47**

Name(s) shown on return

Branden M & Rita R Henderson

Your social security number

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	109,948.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	109,948.
4	Number of qualifying children under age 17 with the required social security number	4	8
5	Multiply line 4 by \$2,000	5	16,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	1
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	500.
8	Add lines 5 and 7	8	16,500.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000	9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Is the amount on line 8 more than the amount on line 11? ☐ No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. ☒ Yes. Subtract line 11 from line 8. Enter the result.	12	16,500.
13	Enter the amount from Credit Limit Worksheet A	13	9,181.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.	14	9,181.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27.				
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27.			16a	7,319.
b	Number of qualifying children under age 17 with the required social security number: <u>8</u> x \$1,700.				
	Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27.			16b	13,600.
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.				
17	Enter the smaller of line 16a or line 16b.			17	7,319.
18a	Earned income (see instructions).	18a	107,788.		
b	Nontaxable combat pay (see instructions).	18b			
19	Is the amount on line 18a more than \$2,500?				
	☐ No. Leave line 19 blank and enter -0- on line 20.				
	☒ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result.	19	105,288.		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result.			20	15,793.
	Next, on line 16b, is the amount \$5,100 or more?				
	☐ No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.				
	☒ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.				

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.	21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13.	22		
23	Add lines 21 and 22.	23		
24	1040 and			
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.			
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	24		
25	Subtract line 24 from line 23. If zero or less, enter -0-.	25		
26	Enter the larger of line 20 or line 25.	26		
	Next, enter the smaller of line 17 or line 26 on line 27.			

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28.	27	7,319.
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Copy B—To Be Filed With Employee's FEDERAL Tax Return.			OMB No. 1545-0008
a Employee's soc. sec. no. [REDACTED]	1 Wages, tips, other comp. 103499.87	2 Federal income tax withheld 1400.64	
b Employer ID number (EIN) 95-2566122	3 Social security wages 101896.10	4 Social security tax withheld 6317.56	
	5 Medicare wages and tips 101896.10	6 Medicare tax withheld 1477.49	
c Employer's name, address, and ZIP code First American Title Insurance Co 1 First American Way Santa Ana, CA 92707			
d Control number			
e Employee's name, address, and ZIP code Branden Henderson [REDACTED]			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 60.00	
13 Statutory employee	14 Other ESSE 1603.77	12b Code AA 10278.05	
Retirement plan X		12c Code DD 13565.90	
Third-party sick pay		12d Code	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2024
This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008
a Employee's soc. sec. no. [REDACTED]	1 Wages, tips, other comp. 103499.87	2 Federal income tax withheld 1400.64	
b Employer ID number (EIN) 95-2566122	3 Social security wages 101896.10	4 Social security tax withheld 6317.56	
	5 Medicare wages and tips 101896.10	6 Medicare tax withheld 1477.49	
c Employer's name, address, and ZIP code First American Title Insurance Co 1 First American Way Santa Ana, CA 92707			
d Control number			
e Employee's name, address, and ZIP code Branden Henderson [REDACTED]			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code C 60.00	
13 Statutory employee	14 Other ESSE 1603.77	12b Code AA 10278.05	
Retirement plan X		12c Code DD 13565.90	
Third-party sick pay		12d Code	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

2024

Dept. of the Treasury - IRS

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)			OMB No. 1545-0008
a Employee's soc. sec. no. [REDACTED]	1 Wages, tips, other comp. 103499.87	2 Federal income tax withheld 1400.64	
b Employer ID number (EIN) 95-2566122	3 Social security wages 101896.10	4 Social security tax withheld 6317.56	
	5 Medicare wages and tips 101896.10	6 Medicare tax withheld 1477.49	
c Employer's name, address, and ZIP code First American Title Insurance Co 1 First American Way Santa Ana, CA 92707			
d Control number			
e Employee's name, address, and ZIP code Branden Henderson [REDACTED]			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 60.00	
13 Statutory employee	14 Other ESSE 1603.77	12b Code AA 10278.05	
Retirement plan X		12c Code DD 13565.90	
Third-party sick pay		12d Code	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2024
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Dept. of the Treasury - IRS

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008
a Employee's soc. sec. no. [REDACTED]	1 Wages, tips, other comp. 103499.87	2 Federal income tax withheld 1400.64	
b Employer ID number (EIN) 95-2566122	3 Social security wages 101896.10	4 Social security tax withheld 6317.56	
	5 Medicare wages and tips 101896.10	6 Medicare tax withheld 1477.49	
c Employer's name, address, and ZIP code First American Title Insurance Co 1 First American Way Santa Ana, CA 92707			
d Control number			
e Employee's name, address, and ZIP code Branden Henderson [REDACTED]			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code C 60.00	
13 Statutory employee	14 Other ESSE 1603.77	12b Code AA 10278.05	
Retirement plan X		12c Code DD 13565.90	
Third-party sick pay		12d Code	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

2024

Dept. of the Treasury - IRS