

## 2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/26/2025

### General Information

Name: Hon Angela Jane Cowden

**CONFIDENTIAL**

**PID 28971**

### AGENCY INFORMATION

| Organization            | Suborganization                | Title         |
|-------------------------|--------------------------------|---------------|
| Judicial Circuit (10Th) | Elected Constitutional Officer | Circuit Judge |

### Net Worth

My Net Worth as of December 31, 2024 was \$ 314,622.37.

**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 \$ 194,247.00.

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

| Description of Asset               | Value of Asset |
|------------------------------------|----------------|
| Homestead residence                | \$ 375,000.00  |
| Series EE Bond                     | \$ 1,001.00    |
| TruStage Whole Life Insurance      | \$ 10,000.00   |
| MidFlorida Credit Union accounts   | \$ 16,789.49   |
| Timeshare Points 300 at \$165 each | \$ 49,500.00   |
| Edward Jones IRA account           | \$ 46,317.28   |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor          | Address of Creditor              | Amount of Liability |
|---------------------------|----------------------------------|---------------------|
| Chase Visa                | PO Box 15123 Wilmington DE 19850 | \$ 58,427.04        |
| MidFlorida Credit Union   | PO Box 8008 Lakeland FL 33802    | \$ 284,319.35       |
| Chase Auto Loan           | PO Box 15123 Wilmington DE 19850 | \$ 1,599.73         |
| USBank RV loan            | PO Box 790179 St. Louis MO 63179 | \$ 32,788.32        |
| USBank zero interest loan | PO Box 790179 St. Louis MO 63179 | \$ 1,096.96         |

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.

***Angela Jane Cowden***

Digitally signed: 06/26/2025

Filed with COE: 06/26/2025

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

ANGELA J

Last name

COWDEN

Your social security number

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.

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.

☐ You☐ Spouse

Foreign country name

Foreign province/state/county

Foreign postal code

## Filing Status

☒ Single☐ Head of household (HOH)

Check only one box.

☐ Married filing jointly (even if only one had income)☐ Married filing separately (MFS)☐ 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 blindSpouse: ☐ Was born before January 2, 1960☐ Is blind

## Dependents

(see instructions):

If more than four dependents, see instructions and check here ☐

| (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 |
|----------------|-----------|----------------------------|-------------------------|--------------------------------------------------------|--------------------------|-----------------------------|
|                |           |                            |                         |                                                        | <input type="checkbox"/> | <input type="checkbox"/>    |
|                |           |                            |                         |                                                        | <input type="checkbox"/> | <input type="checkbox"/>    |
|                |           |                            |                         |                                                        | <input type="checkbox"/> | <input type="checkbox"/>    |
|                |           |                            |                         |                                                        | <input type="checkbox"/> | <input type="checkbox"/>    |

## Income

|    |                                                                         |    |         |
|----|-------------------------------------------------------------------------|----|---------|
| 1a | Total amount from Form(s) W-2, box 1 (see instructions)                 | 1a | 187,610 |
| 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 | 0       |
| f  | Employer-provided adoption benefits from Form 8839, line 29             | 1f | 0       |
| g  | Wages from Form 8919, line 6                                            | 1g | 0       |
| h  | Other earned income (see instructions)                                  | 1h |         |
| i  | Nontaxable combat pay election (see instructions)                       | 1i |         |
| z  | Add lines 1a through 1h                                                 | 1z | 187,610 |

Attach Sch. B if required.

|    |                                                                                               |    |                          |    |                    |    |         |
|----|-----------------------------------------------------------------------------------------------|----|--------------------------|----|--------------------|----|---------|
| 2a | Tax-exempt interest                                                                           | 2a |                          | b  | Taxable interest   | 2b |         |
| 3a | Qualified dividends                                                                           | 3a |                          | b  | Ordinary dividends | 3b |         |
| 4a | IRA distributions                                                                             | 4a | 0                        | b  | Taxable amount     | 4b |         |
| 5a | Pensions and annuities                                                                        | 5a |                          | b  | Taxable amount     | 5b |         |
| 6a | Social security benefits                                                                      | 6a |                          | b  | Taxable amount     | 6b |         |
| c  | If you elect to use the lump-sum election method, check here (see instructions)               |    | <input type="checkbox"/> |    |                    |    |         |
| 7  | Capital gain or (loss). Attach Schedule D if required. If not required, check here            |    | <input type="checkbox"/> | 7  |                    |    |         |
| 8  | Additional income from Schedule 1, line 10                                                    |    |                          | 8  |                    |    | 0       |
| 9  | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                  |    |                          | 9  |                    |    | 187,610 |
| 10 | Adjustments to income from Schedule 1, line 26                                                |    |                          | 10 |                    |    | 0       |
| 11 | Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                       |    |                          | 11 |                    |    | 187,610 |
| 12 | <b>Standard deduction or itemized deductions</b> (from Schedule A)                            |    |                          | 12 |                    |    | 14,600  |
| 13 | Qualified business income deduction from Form 8995 or Form 8995-A                             |    |                          | 13 |                    |    | 0       |
| 14 | Add lines 12 and 13                                                                           |    |                          | 14 |                    |    | 14,600  |
| 15 | Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> |    |                          | 15 |                    |    | 173,010 |

## 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.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2024)

|                        |                                                              |                                                                                                                                                            |           |        |
|------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>Tax and Credits</b> | <b>16</b>                                                    | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 34,565 |
|                        | <b>17</b>                                                    | Amount from Schedule 2, line 3 . . . . .                                                                                                                   | <b>17</b> | 0      |
|                        | <b>18</b>                                                    | Add lines 16 and 17 . . . . .                                                                                                                              | <b>18</b> | 34,565 |
|                        | <b>19</b>                                                    | Child tax credit or credit for other dependents from Schedule 8812 . . . . .                                                                               | <b>19</b> |        |
|                        | <b>20</b>                                                    | Amount from Schedule 3, line 8 . . . . .                                                                                                                   | <b>20</b> | 0      |
|                        | <b>21</b>                                                    | Add lines 19 and 20 . . . . .                                                                                                                              | <b>21</b> | 0      |
|                        | <b>22</b>                                                    | Subtract line 21 from line 18. If zero or less, enter -0- . . . . .                                                                                        | <b>22</b> | 34,565 |
|                        | <b>23</b>                                                    | Other taxes, including self-employment tax, from Schedule 2, line 21 . . . . .                                                                             | <b>23</b> | 0      |
| <b>24</b>              | Add lines 22 and 23. This is your <b>total tax</b> . . . . . | <b>24</b>                                                                                                                                                  | 34,565    |        |

|                 |                                                                           |                                                                                                           |            |        |
|-----------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------|--------|
| <b>Payments</b> | <b>25</b>                                                                 | Federal income tax withheld from:                                                                         |            |        |
|                 | <b>a</b>                                                                  | Form(s) W-2 . . . . .                                                                                     | <b>25a</b> | 34,565 |
|                 | <b>b</b>                                                                  | Form(s) 1099 . . . . .                                                                                    | <b>25b</b> |        |
|                 | <b>c</b>                                                                  | Other forms (see instructions) . . . . .                                                                  | <b>25c</b> |        |
|                 | <b>d</b>                                                                  | Add lines 25a through 25c . . . . .                                                                       | <b>25d</b> | 34,565 |
|                 | <b>26</b>                                                                 | 2024 estimated tax payments and amount applied from 2023 return . . . . .                                 | <b>26</b>  |        |
|                 | <b>27</b>                                                                 | Earned income credit (EIC) . . . . .                                                                      | <b>27</b>  |        |
|                 | <b>28</b>                                                                 | Additional child tax credit from Schedule 8812 . . . . .                                                  | <b>28</b>  |        |
|                 | <b>29</b>                                                                 | American opportunity credit from Form 8863, line 8 . . . . .                                              | <b>29</b>  | 0      |
|                 | <b>30</b>                                                                 | Reserved for future use . . . . .                                                                         | <b>30</b>  |        |
|                 | <b>31</b>                                                                 | Amount from Schedule 3, line 15 . . . . .                                                                 | <b>31</b>  | 0      |
|                 | <b>32</b>                                                                 | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> . . . . . | <b>32</b>  | 0      |
| <b>33</b>       | Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . . | <b>33</b>                                                                                                 | 34,565     |        |

|               |            |                                                                                                                             |            |                                                                          |
|---------------|------------|-----------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------|
| <b>Refund</b> | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .            | <b>34</b>  | 0                                                                        |
|               | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> . . . . . | <b>35a</b> | 0                                                                        |
|               | <b>b</b>   | Routing number _____                                                                                                        | <b>c</b>   | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
|               | <b>d</b>   | Account number _____                                                                                                        |            |                                                                          |
|               | <b>36</b>  | Amount of line 34 you want <b>applied to your 2025 estimated tax</b> . . . . .                                              | <b>36</b>  | 0                                                                        |

|                       |           |                                                                                                                                                                                                     |           |   |
|-----------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions . . . . . | <b>37</b> | 0 |
|                       | <b>38</b> | Estimated tax penalty (see instructions) . . . . .                                                                                                                                                  | <b>38</b> | 0 |

|                             |                                                                                                                                                                                                         |                 |                                            |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------|
| <b>Third Party Designee</b> | Do you want to allow another person to discuss this return with the IRS? See instructions . . . . . <input type="checkbox"/> <b>Yes</b> . Complete below. <input checked="" type="checkbox"/> <b>No</b> |                 |                                            |
|                             | Designee's name _____                                                                                                                                                                                   | Phone no. _____ | Personal identification number (PIN) _____ |
|                             |                                                                                                                                                                                                         |                 |                                            |

|                  |                                                                                                                                                                                                                                                                                                                    |                     |                           |                                                                                         |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------|-----------------------------------------------------------------------------------------|
| <b>Sign Here</b> | 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, <b>both</b> must sign. _____                                                                                                                                                                                                                                                | Date _____          | Spouse's occupation _____ | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____ |
|                  | Phone no. _____                                                                                                                                                                                                                                                                                                    | Email address _____ |                           |                                                                                         |

|                               |                       |                            |            |            |                                                     |
|-------------------------------|-----------------------|----------------------------|------------|------------|-----------------------------------------------------|
| <b>Paid Preparer Use Only</b> | Preparer's name _____ | Preparer's signature _____ | Date _____ | PTIN _____ | Check if:<br><input type="checkbox"/> Self-employed |
|                               | Firm's name _____     |                            |            |            | Phone no. _____                                     |
|                               | Firm's address _____  |                            |            |            | Firm's EIN _____                                    |

## Nondeductible IRAs

Attach to 2024 Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8606](https://www.irs.gov/Form8606) for instructions and the latest information.

Name. If married, file a separate form for each spouse required to file 2024 Form 8606. See instructions.

Your social security number

ANGELA J COWDEN

Fill in Your Address  
Only if You Are  
Filing This Form by  
Itself and Not With  
Your Tax Return

Home address (number and street, or P.O. box if mail is not delivered to your home)

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).

Foreign country name

Foreign province/state/county

Foreign postal code

**Part I** Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, Traditional SEP, and Traditional SIMPLE IRAs

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2024.
- You took distributions from a traditional, traditional SEP, or traditional SIMPLE IRA in 2024 **and** you made nondeductible contributions to a traditional IRA in 2024 or an earlier year. For this purpose, "distributions" **does not** include rollovers (but does include certain 2024 retirement plan distribution repayments treated as rollovers (see instructions)). Also, it **does not** include qualified charitable distributions, one-time distributions to fund an HSA, conversions, recharacterizations, or returns of certain contributions.
- You converted part, but not all, of your traditional, traditional SEP, and traditional SIMPLE IRAs to Roth, Roth SEP, or Roth SIMPLE IRAs in 2024 **and** you made nondeductible contributions to a traditional IRA in 2024 or an earlier year.

|                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|
| 1                                                                                                                                                                                                                                                                                                                                                                   | Enter your nondeductible contributions to traditional IRAs for 2024, including those made for 2024 from January 1, 2025, through April 15, 2025. See instructions . . . . .                                                                                                                                                                                                                                                                                                                                                       | 1   |           |
| 2                                                                                                                                                                                                                                                                                                                                                                   | Enter your total basis in traditional IRAs. See instructions . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2   | 46,317    |
| 3                                                                                                                                                                                                                                                                                                                                                                   | Add lines 1 and 2 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3   | 46,317    |
| <div>In 2024, did you take a distribution from traditional, traditional SEP, or traditional SIMPLE IRAs, or make a Roth, Roth SEP, or Roth SIMPLE IRA conversion?</div> <div><input type="checkbox"/> <b>No</b> — Enter the amount from line 3 on line 14. Do not complete the rest of Part I.</div> <div><input type="checkbox"/> <b>Yes</b> — Go to line 4.</div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |           |
| 4                                                                                                                                                                                                                                                                                                                                                                   | Enter those contributions included on line 1 that were made from January 1, 2025, through April 15, 2025                                                                                                                                                                                                                                                                                                                                                                                                                          | 4   |           |
| 5                                                                                                                                                                                                                                                                                                                                                                   | Subtract line 4 from line 3 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5   | 46,317    |
| 6                                                                                                                                                                                                                                                                                                                                                                   | Enter the value of <b>all</b> your traditional, traditional SEP, and traditional SIMPLE IRAs as of December 31, 2024, plus any outstanding rollovers. Subtract certain 2024 retirement plan distribution repayments treated as rollovers, if any (see instructions) . . . . .                                                                                                                                                                                                                                                     | 6   |           |
| 7                                                                                                                                                                                                                                                                                                                                                                   | Enter your distributions from traditional, traditional SEP, and traditional SIMPLE IRAs in 2024. <b>Do not</b> include rollovers (but do include certain 2024 retirement plan distribution repayments treated as rollovers (see instructions)). Also, <b>do not</b> include qualified charitable distributions; a one-time distribution to fund an HSA; conversions to a Roth, Roth SEP, or Roth SIMPLE IRA; certain returned contributions; or recharacterizations of traditional IRA contributions (see instructions) . . . . . | 7   |           |
| 8                                                                                                                                                                                                                                                                                                                                                                   | Enter the net amount you converted from traditional, traditional SEP, and traditional SIMPLE IRAs to Roth, Roth SEP, or Roth SIMPLE IRAs in 2024. Also, enter this amount on line 16 . . . . .                                                                                                                                                                                                                                                                                                                                    | 8   |           |
| 9                                                                                                                                                                                                                                                                                                                                                                   | Add lines 6, 7, and 8 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 9   | 0         |
| 10                                                                                                                                                                                                                                                                                                                                                                  | Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000" . . . . .                                                                                                                                                                                                                                                                                                                                                                                      | 10  | × 0.00000 |
| 11                                                                                                                                                                                                                                                                                                                                                                  | Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth, Roth SEP, or Roth SIMPLE IRAs. Also, enter this amount on line 17. . . . .                                                                                                                                                                                                                                                                                                                                                        | 11  | 0         |
| 12                                                                                                                                                                                                                                                                                                                                                                  | Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth, Roth SEP, or Roth SIMPLE IRA . . . . .                                                                                                                                                                                                                                                                                                                                                                       | 12  | 0         |
| 13                                                                                                                                                                                                                                                                                                                                                                  | Add lines 11 and 12. This is the nontaxable portion of all your distributions . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                           | 13  | 0         |
| 14                                                                                                                                                                                                                                                                                                                                                                  | Subtract line 13 from line 3. This is <b>your total basis in traditional IRAs for 2024 and earlier years</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                            | 14  | 46,317    |
| 15a                                                                                                                                                                                                                                                                                                                                                                 | Subtract line 12 from line 7 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 15a | 0         |
| b                                                                                                                                                                                                                                                                                                                                                                   | Enter the amount on line 15a attributable to qualified disaster distributions, if any, from 2024 Form(s) 8915-F (see instructions). Also, enter this amount on 2024 Form(s) 8915-F, line 18, as applicable (see instructions) . . . . .                                                                                                                                                                                                                                                                                           | 15b |           |
| c                                                                                                                                                                                                                                                                                                                                                                   | <b>Taxable amount.</b> Subtract line 15b from line 15a. Reduce that amount by certain 2024 retirement plan distribution repayments (other than those reported on Form 8915-F) that are treated as rollovers (see instructions). If more than zero, also include this amount on 2024 Form 1040, 1040-SR, or 1040-NR, line 4b<br><b>Note:</b> You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59½ at the time of the distribution. See instructions.                                    | 15c | 0         |

**Part II 2024 Conversions From Traditional, Traditional SEP, or Traditional SIMPLE IRAs to Roth, Roth SEP, or Roth SIMPLE IRAs**

Complete this part if you converted part or all of your traditional, traditional SEP, and traditional SIMPLE IRAs to a Roth, Roth SEP, or Roth SIMPLE IRA in 2024.

|           |                                                                                                                                                                                                                              |           |   |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>16</b> | If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, traditional SEP, and traditional SIMPLE IRAs to Roth, Roth SEP, or Roth SIMPLE IRAs in 2024 . . . . . | <b>16</b> |   |
| <b>17</b> | If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see instructions) . . . . .                                                                                    | <b>17</b> |   |
| <b>18</b> | <b>Taxable amount.</b> Subtract line 17 from line 16. If more than zero, also include this amount on 2024 Form 1040, 1040-SR, or 1040-NR, line 4b . . . . .                                                                  | <b>18</b> | 0 |

**Part III Distributions From Roth, Roth SEP, or Roth SIMPLE IRAs**

Complete this part only if you took a distribution from a Roth, Roth SEP, or Roth SIMPLE IRA in 2024. For this purpose, a distribution **does not** include a rollover (but does include certain 2024 retirement plan distribution repayments treated as rollovers (see instructions)). Also, it **does not** include a qualified charitable distribution, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions).

|            |                                                                                                                                                                                                                                                                                                                                       |            |   |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>19</b>  | Enter your total nonqualified distributions from Roth, Roth SEP, and Roth SIMPLE IRAs in 2024, including any qualified first-time homebuyer distributions, and any 2024 retirement plan distributions whose repayments are treated as rollovers (see instructions) . . . . .                                                          | <b>19</b>  |   |
| <b>20</b>  | Qualified first-time homebuyer expenses (see instructions). <b>Do not</b> enter more than \$10,000 reduced by the total of all your prior qualified first-time homebuyer distributions . . . . .                                                                                                                                      | <b>20</b>  |   |
| <b>21</b>  | Subtract line 20 from line 19. If zero or less, enter -0- . . . . .                                                                                                                                                                                                                                                                   | <b>21</b>  | 0 |
| <b>22</b>  | Enter your basis in Roth, Roth SEP, and Roth SIMPLE IRA contributions (see instructions). If line 21 is zero, <b>stop here</b> . . . . .                                                                                                                                                                                              | <b>22</b>  |   |
| <b>23</b>  | Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see instructions) . . . . .                                                                                                                                                           | <b>23</b>  | 0 |
| <b>24</b>  | Enter your basis in conversions from traditional, traditional SEP, and traditional SIMPLE IRAs and rollovers from qualified retirement plans to a Roth, Roth SEP, or Roth SIMPLE IRA. See instructions . . . . .                                                                                                                      | <b>24</b>  |   |
| <b>25a</b> | Subtract line 24 from line 23. If zero or less, enter -0- and skip lines 25b and 25c . . . . .                                                                                                                                                                                                                                        | <b>25a</b> | 0 |
| <b>b</b>   | Enter the amount on line 25a attributable to qualified disaster distributions, if any, from 2024 Form(s) 8915-F (see instructions). Also, enter this amount on 2024 Form(s) 8915-F, line 19, as applicable (see instructions) . . . . .                                                                                               | <b>25b</b> |   |
| <b>c</b>   | <b>Taxable amount.</b> Subtract line 25b from line 25a. Reduce that amount by certain 2024 retirement plan distribution repayments (other than those reported on Form 8915-F) that are treated as rollovers (see instructions). If more than zero, also include this amount on 2024 Form 1040, 1040-SR, or 1040-NR, line 4b . . . . . | <b>25c</b> | 0 |

**Sign Here Only  
if You Are Filing  
This Form by Itself  
and Not With Your  
Tax Return**

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Paid  
Preparer  
Use Only**

|                            |                      |      |                                                      |
|----------------------------|----------------------|------|------------------------------------------------------|
| Your signature             |                      | Date |                                                      |
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed PTIN |
| Firm's name                | Firm's EIN           |      |                                                      |
| Firm's address             | Phone no.            |      |                                                      |

|                                                                                                                                                                       |  |                                                                                                                                                  |  |                                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|--|
| a Employee's social security number<br>[REDACTED]                                                                                                                     |  | Payroll organization code<br>22-20-10-00-110                                                                                                     |  | Intradepartment number<br>0000000000           |  |
| b Employer identification number (EIN)<br>59-6001874                                                                                                                  |  | 1 Wages, tips, other compensation<br>187,609.56                                                                                                  |  | 2 Federal income tax withheld<br>34,564.80     |  |
| c Employer's name, address, and ZIP code<br><br>State of Florida<br>Jimmy Patronis, Chief Financial Officer<br>200 E Gaines Street<br>Tallahassee, Florida 32399-0356 |  | 3 Social security wages<br>168,600.00                                                                                                            |  | 4 Social security tax withheld<br>10,453.20    |  |
|                                                                                                                                                                       |  | 5 Medicare wages and tips<br>193,430.52                                                                                                          |  | 6 Medicare tax withheld<br>2,804.74            |  |
|                                                                                                                                                                       |  | 7 Social security tips                                                                                                                           |  | 10 Dependent care benefits                     |  |
| d Control number<br>015723 01/07                                                                                                                                      |  | 11 Nonqualified plans                                                                                                                            |  | 12a See instructions for box 12<br>DD 9,842.88 |  |
| e Employee's first name, mi, and last name<br><br>ANGELA J COWDEN<br>[REDACTED]                                                                                       |  | 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> |  | 12b                                            |  |
|                                                                                                                                                                       |  | 14 Other<br>125 600.00                                                                                                                           |  | 12c                                            |  |
|                                                                                                                                                                       |  |                                                                                                                                                  |  | 12d                                            |  |
|                                                                                                                                                                       |  |                                                                                                                                                  |  | 12e                                            |  |
| f Employee's address and ZIP 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**

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

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