

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/29/2025

General Information

Name: Hon Aaron Joseph Peacock

CONFIDENTIAL

PID 211824

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (18Th)	Elected Constitutional Officer	County Judge

Net Worth

My Net Worth as of June 29, 2025 was \$ 847,150.00.

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 80,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Marital Home	\$ 687,370.00
Davis New York Venture Fund Class A	\$ 43,000.00
Dodge & Cox Income Fund - Class I	\$ 4,800.00
Fidelity Clue Chip Growth K6 Fund	\$ 2,106.00
Fidelity Contrafund K6	\$ 2,913.00
Fixed Assets	\$ 2,567.00
JP Morgan Mid Cap Value fund - Class R6	\$ 1,124.00
New World Fund (SM) Class R6	\$ 2,011.00
T Rowe Price Equity Income Trust B	\$ 4,090.00
T Rowe Price Dividend Growth Fund - Class I	\$ 2,214.00
T Rowe Price Overseas Stock Fund - I class	\$ 3,153.00
T Rowe Price Spectrum Income Fund - I class	\$ 1,111.00
T Rowe Price US mid cap Growth Equity trust D	\$ 1,169.00
Vanguard Real Estate Index Fund - Institutional Shares	\$ 1,091.00
Vanguard Total International Stock Index Fund - Institutional Shares	\$ 4,776.00
Vanguard(R) Institutional Index Fund - Institutional Plus Shares	\$ 3,534.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Space Coast Credit Union	8025 North Wickham Road Melbourne FL 32940	\$ 45,482.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

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

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

PRIMARY SOURCES OF INCOME:

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

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

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

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

N/A

Training

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

Signature of Reporting Official or Candidate

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

Aaron Joseph Peacock

Digitally signed: 06/29/2025

Filed with COE: 06/29/2025

Form 1040

Department of the Treasury-Internal Revenue Service

U.S. Individual Income Tax Return 2024

OMB No. 1545-0074

Use Only-Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2024, or other tax year beginning 2024, ending

See separate instructions.

Your first name and middle initial

Aaron J

Last name

Peacock

Your social security number

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

Last name

Peacock

Spouse's social security number

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

Apt. no.

Presidential Election Campaign

If you have a foreign address, also complete spaces below.

State

ZIP code

Foreign country name

Foreign province/state/county

Foreign postal 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.

Filing Status

☐ Single☐ Head of household (HOH)☐ You ☐ Spouse

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 if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
		Peacock		Son	☐	☒
					☐	☐
					☐	☐
					☐	☐

Income

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

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

Attach Sch. B if required.

Standard Deduction for-

- Single or Married filing separately, \$14,800
- Married filing jointly or Qualifying surviving spouse, \$29,200
- Head of household, \$21,900
- If you checked any box under Standard Deduction, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	222,380
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	222,380
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	5,022
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	
b	Taxable interest	2b	20
b	Ordinary dividends	3b	7,283
b	Taxable amount	4b	
b	Taxable amount	5b	
b	Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions)		
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	22,320
8	Additional income from Schedule 1, line 10	8	6,673
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	258,676
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	258,676
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	1,877
14	Add lines 12 and 13	14	31,077
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	227,599

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

EEA

Form 1040 (2024)

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	38,343
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	38,343
	19	Child tax credit or credit for other dependents from Schedule 8812	19	500
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	500
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	37,843
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	330
	24	Add lines 22 and 23. This is your total tax	24	38,173

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	34,192
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	34,192
	26	2024 estimated tax payments and amount applied from 2023 return	26	2,500
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	0
	33	Add lines 25d, 26, and 32. These are your total payments	33	36,692

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

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	0
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	0
Direct deposit? See instructions.	b	Routing number	c Type: ☐ Checking ☐ Savings	
	d	Account number		
	36	Amount of line 34 you want applied to your 2025 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	1,482
	38	Estimated tax penalty (see instructions)	38	1

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 Debra Knox	Phone no. 561-685-5420	Personal identification number (PIN) [REDACTED]

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instructions. Keep a copy for your records.	Your signature [REDACTED]	Date 04-04-2025	Your occupation Judge	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [REDACTED]
	Spouse's signature. If a joint return, both must sign. [REDACTED]	Date 04-04-2025	Spouse's occupation [REDACTED]	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) [REDACTED]
	Phone no. [REDACTED]	Email address [REDACTED]		

Paid Preparer Use Only	Preparer's signature Debra Knox	Date 04-07-2025	PTIN P00645655	Check if: ☐ Self-employed
	Preparer's name Debra L Knox	Phone no. 561-685-5420		
	Firm's name Debra L Knox			
	Firm's address 4237 Onega Circle			
	West Palm Beach, FL 33409	Firm's EIN [REDACTED]		

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2024)

EEA

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. **01**

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

Aaron J & [REDACTED] Peacock

Your social security number

[REDACTED]

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	6,673
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	6,673

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

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Schedule 1 (Form 1040) 2024

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8i from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount:	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10.		26	0

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. **02**

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

Aaron J [REDACTED] Peacock

Your social security number

Part I **Tax**

1 Additions to tax:

- a** Excess advance premium tax credit repayment. Attach Form 8962
- b** Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)
- c** Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)
- d** Recapture of net EPE from Form 4255, line 2a, column (i)
- e** Excessive payments (EP) from Form 4255. Check applicable box and enter amount.
(i) ☐ Line 1a, column (n) (ii) ☐ Line 1c, column (n)
(iii) ☐ Line 1d, column (n) (iv) ☐ Line 2a, column (n)
- f** 20% EP from Form 4255. Check applicable box and enter amount. See instructions.
(i) ☐ Line 1a, column (o) (ii) ☐ Line 1c, column (o)
(iii) ☐ Line 1d, column (o) (iv) ☐ Line 2a, column (o)
- y** Other additions to tax (see instructions):

1a

1b

1c

1d

1e

1f

1y

z Add lines 1a through 1y

1z

2 Alternative minimum tax. Attach Form 6251

2

3 Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17

3

0

Part II **Other Taxes**

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

5

6

4

7

8

9

10

11

12

330

13

14

15

16

(continued on page 2)

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

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Schedule 2 (Form 1040) 2024

Part II Other Taxes (continued)**17** Other additional taxes:**a** Recapture of other credits. List type, form number, and amount:

17a

b Recapture of federal mortgage subsidy, if you sold your home see instructions

17b

c Additional tax on HSA distributions. Attach Form 8889

17c

d Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889

17d

e Additional tax on Archer MSA distributions. Attach Form 8853

17e

f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853

17f

g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property

17g

h Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A

17h

i Compensation you received from a nonqualified deferred compensation plan described in section 457A

17i

j Section 72(m)(5) excess benefits tax

17j

k Golden parachute payments

17k

l Tax on accumulation distribution of trusts

17l

m Excise tax on insider stock compensation from an expatriated corporation

17m

n Look-back interest under section 167(g) or 460(b) from Form 8897 or 8866

17n

o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR

17o

p Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund

17p

q Any interest from Form 8621, line 24

17q

z Any other taxes. List type and amount:

17z

18 Total additional taxes. Add lines 17a through 17z

18

19 Recapture of net EPE from Form 4255, line 1d, column (I)

19

20 Section 965 net tax liability installment from Form 965-A

20

21 Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes**. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b

21

330

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **08**

Aaron J [REDACTED] Peacock

Your social security number [REDACTED]

Part I

Interest

(See instructions
and the
Instructions for
Form 1040,
line 2b.)

Note: If you
received a
Form 1099-INT,
Form 1099-OID,
or substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the total interest
shown on that
form.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

Charles Schwab [REDACTED]

INTEREST SUBTOTAL

20

- 2 Add the amounts on line 1
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.
Attach Form 8815
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b . . .

1

2

3

4

Amount

7

13

20

20

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

Part II

**Ordinary
Dividends**

(See instructions
and the
Instructions for
Form 1040,
line 3b.)

Note: If you
received a
Form 1099-DIV
or substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the ordinary
dividends shown
on that form.

5 List name of payer:

Charles Schwab [REDACTED]

DIVIDEND SUBTOTAL

7,283

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

5

6

7,283

7,283

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

Part III

**Foreign
Accounts
and Trusts**

Caution: If
required, failure to
file FinCEN Form
114 may result in
substantial
penalties.
Additionally, you
may be required
to file Form 8938,
Statement of
Specified Foreign
Financial Assets.
See instructions.

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

- 7a At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) are located:
- 8 During 2024, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes	No
	X
	X

SCHEDULE D
(Form 1040)**Capital Gains and Losses**

OMB No. 1545-0074

2024Attachment
Sequence No. **12**Department of the Treasury
Internal Revenue ServiceAttach 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.

Name(s) shown on return

Your social security number

Aaron J. Peacock

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	35,593	32,987		2,606
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 (1,545)
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 page 2				7 1,061

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	22,564	1,330		21,234
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part 1, 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				13 180
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 (155)
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on page 2				15 21,259

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

Schedule D (Form 1040) 2024

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	22,320
• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17 Are lines 15 and 16 both gains? ☒ Yes. Go to line 18. ☐ No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☒ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers.	21	()
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.		

Sales and Other Dispositions of Capital Assets
File 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.

Name(s) shown on return

Aaron J & [REDACTED] Peacock

Social security number or taxpayer identification number

[REDACTED]

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	
	Charles Schwab [REDACTED]	VARIOUS	12-31-2024	35,593	32,987			2,606
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)			35,593	32,987			2,606

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.

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

Aaron J [REDACTED] **Peacock**

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	
	Charles Schwab [REDACTED]	VARIOUS	12-31-2024	22,564	1,330			21,234
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)				22,564	1,330			21,234

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.

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

Aaron J [REDACTED] Peacock

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	[REDACTED]	P	☐	[REDACTED]	☐	☐
B	[REDACTED]	S	☐	[REDACTED]	☐	☐
C			☐		☐	☐
D			☐		☐	☐

Passive Income and Loss**Nonpassive Income and Loss**

	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A		6,673			
B	0				
C					
D					
29a Totals		6,673			
b Totals	0				
30 Add columns (h) and (k) of line 29a				30	6,673
31 Add columns (g), (i), and (j) of line 29b				31	()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31				32	6,673

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss**Nonpassive Income and Loss**

	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				
35 Add columns (d) and (f) of line 34a			35	
36 Add columns (c) and (e) of line 34b			36	()
37 Total estate and trust income or (loss). Combine lines 35 and 36			37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	6,673
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Foreign Tax Credit
(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.
Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

2024

Attachment
Sequence No. **19**

Name Aaron J [REDACTED] Peacock Identifying number as shown on page 1 of your tax return [REDACTED]

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Section 951A category income c ☒ Passive category income e ☐ Section 901(j) income g ☐ Lump-sum distributions
b ☐ Foreign branch category income d ☐ General category income f ☐ Certain income re-sourced by treaty

h Resident of (name of country) United States

Note: If you paid taxes to only one foreign country or U.S. territory, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. territory, use a separate column and line for each country or territory.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

i Enter the name of the foreign country or U.S. territory	Foreign Country or U.S. Territory			Total (Add cols. A, B, and C.)
	A	B	C	
Various				
1a Gross income from sources within country shown above and of the type checked above (see instructions): <u>Dividends</u>				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions ☐				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	29,200			
b Other deductions (attach statement)				
c Add lines 3a and 3b	29,200			
d Gross foreign source income (see instructions)				
e Gross income from all sources (see instructions)	260,376			
f Divide line 3d by line 3e (see instructions)				
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) ☐ Paid (k) ☐ Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:				Taxes withheld at source on:				
		(l) Dividends or interest	(m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	(t) Other foreign taxes paid or accrued
A										
B										
C										
8 Add lines A through C, column (u). Enter the total here and on line 9, page 2										8

For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2024)

FOR ALT MIN TAX PURPOSES ONLY Foreign Tax Credit

Form **1116**
Department of the Treasury
Internal Revenue Service

AMT

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.
Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

2024

Attachment
Sequence No. **19**

Name **Aaron J [REDACTED] Peacock** Identifying number as shown on page 1 of your tax return **[REDACTED]**

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- ☐ Section 951A category income ☒ Passive category income ☐ Section 901(j) income ☐ Lump-sum distributions
☐ Foreign branch category income ☐ General category income ☐ Certain income re-sourced by treaty

h Resident of (name of country) **United States**

Note: If you paid taxes to only one foreign country or U.S. territory, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. territory, use a separate column and line for each country or territory.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

i Enter the name of the foreign country or U.S. territory	Foreign Country or U.S. Territory			Total (Add cols. A, B, and C.)
	A	B	C	
Various				
1a Gross income from sources within country shown above and of the type checked above (see instructions): Dividends				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions ☐				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)				
b Other deductions (attach statement)				
c Add lines 3a and 3b				
d Gross foreign source income (see instructions)				
e Gross income from all sources (see instructions)				
f Divide line 3d by line 3e (see instructions)				
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) ☐ Paid (k) ☐ Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:				Taxes withheld at source on:				
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	(t) Other foreign taxes paid or accrued
A										
B										
C										
8	Add lines A through C, column (u). Enter the total here and on line 9, page 2									

For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2024)

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

Aaron J & [REDACTED] Peacock

Your social security number

[REDACTED]

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	258,676
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	258,676
4	Number of qualifying children under age 17 with the required social security number	4	
5	Multiply line 4 by \$2,000	5	0
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	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	
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	500
13	Enter the amount from Credit Limit Worksheet A	13	38,343
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	500

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

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.

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

Schedule 8812 (Form 1040) 2024

EEA

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	0
b	Number of qualifying children under age 17 with the required social security number: _____ 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	
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	
18a	Earned income (see instructions)	18a		
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		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result 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.	20		

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 Next, enter the smaller of line 17 or line 26 on line 27.	26	

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	0
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Form **8995****Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2024Department of the Treasury
Internal Revenue ServiceAttach to your tax return.
Go to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

Aaron J [REDACTED] Peacock

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$191,950 (\$383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	[REDACTED]	[REDACTED]	6,673
ii	[REDACTED]	[REDACTED]	1,647
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)		2 8,320
3	Qualified business net (loss) carryforward from the prior year		3 ()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-		4 8,320
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 1,664
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)		6 1,065
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year		7 ()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-		8 1,065
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9 213
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 1,877
11	Taxable income before qualified business income deduction (see instructions)		11 229,476
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)		12 26,281
13	Subtract line 12 from line 11. If zero or less, enter -0-		13 203,195
14	Income limitation. Multiply line 13 by 20% (0.20)		14 40,639
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15 1,877
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0)

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

Form **8995** (2024)

EEA

Amount from Form 1040, line 11..... 258,676
 Amount from Form 1040, line 12..... 29,200

Line 11 above is the difference between these amounts..... 229,476

Form **8867**

(Rev. November 2024)

Department of the Treasury
Internal Revenue Service**Paid Preparer's Due Diligence Checklist**

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status
To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

2024Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

Aaron J **Peacock**

Preparer's name

Debra Knox

Taxpayer identification number

Preparer tax identification number

P00645655**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).

☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?

Yes	No	N/A
☒	☐	☐

2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . .

☒	☐	☐
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3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.

- Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.
- Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)

☒	☐	☐
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4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)

☐	☒	☐
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a Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . .

☐	☐	☐
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b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)

☐	☐	☐
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5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)

☒	☐	☐
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List those documents provided by the taxpayer, if any, that you relied on:

6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?

☒	☐	☐
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7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)

☒	☐	☐
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a Did you complete the required recertification Form 8862?

☐	☐	☒
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8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?

☐	☐	☐
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For Paperwork Reduction Act Notice, see separate instructions.
EEA

Form **8867** (Rev. 11-2024)

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.) | ☐ | ☐ | |
| b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? | ☐ | ☐ | |
| c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? | ☐ | ☐ | ☐ |

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

- | | Yes | No | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| 10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? | ☒ | ☐ | |
| 11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? | ☒ | ☐ | ☐ |
| 12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? | ☒ | ☐ | ☐ |

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

- | | Yes | No |
|---|--------------------------|--------------------------|
| 13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? | ☐ | ☐ |

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

- | | Yes | No |
|---|--------------------------|--------------------------|
| 14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? | ☐ | ☐ |

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; and
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? | ☒ | ☐ |

**Net Investment Income Tax-
Individuals, Estates, and Trusts**

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2024Attachment
Sequence No. 72

Name(s) shown on your tax return

Your social security number or EIN

Aaron J & [REDACTED] Peacock

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	20
2	Ordinary dividends (see instructions)		2	7,283
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	6,673	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c	Combine lines 4a and 4b		4c	6,673
5a	Net gain or loss from disposition of property (see instructions)	5a	22,320	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	22,320
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	36,296

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b		
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c		9d	0
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	0

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-		12	36,296
13	Modified adjusted gross income (see instructions)	13	258,676	
14	Threshold based on filing status (see instructions)	14	250,000	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	8,676	
16	Enter the smaller of line 12 or line 15		16	8,676
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	330
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	

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

Form **8960** (2024)

S Corporation Shareholder Stock and Debt Basis Limitations

OMB No. 1545-2302

Attachment
Sequence No. **203**

Attach to your tax return.
Go to www.irs.gov/Form7203 for instructions and the latest information.

Name of shareholder

Identifying number

Peacock

A Name of S corporation

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:

(1) ☐ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gift (5) ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year	1	0
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	
5	Stock basis before distributions. Add lines 1, 2, and 4	5	
6	Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 9949 and Schedule D. See instructions.	6	
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	0
8a	Nondeductible expenses	8a	
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	0
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	0

Part II Shareholder Debt Basis

Section A—Amount of Debt (If more than three debts, see instructions.)

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	☐ Formal note ☐ Open account	☐ Formal note ☐ Open account	☐ Formal note ☐ Open account	
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Combine lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)				
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18				

For Paperwork Reduction Act Notice, see separate instructions.

Form **7203** (12-2022)

Part II Shareholder Debt Basis (continued)**Section B - Adjustments to Debt Basis**

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year				
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Add lines 21, 22, and 23				
25 Divide line 24 by line 18				
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C - Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 Reportable gain. Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss		8,821			8,821
36 Net rental real estate loss	1,647	22,567			24,214
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions	17	183			200
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	1,664	31,571			33,235

Computation of Regular Tax

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

Aaron J [REDACTED] Peacock

Statement for line 16 of Form 1040

Tax Rate Schedule for Married Filing Joint Filing Status

If taxable income is				of the	
over	but not	pay	plus	% on	amount
	over			excess	over
0	23,200	0.00		10%	0
23,200	94,300	2,320.00		12%	23,200
94,300	201,050	10,852.00		22%	94,300
201,050	383,900	34,337.00		24%	201,050
383,900	487,450	78,221.00		32%	383,900
487,450	731,200	111,357.00		35%	487,450
731,200		196,669.50		37%	731,200

$$\$34,337.00 + ((\$227,599.00 - \$201,050.00) \times 24.0\%) = \$40,709$$

Tax from Tax Rate Schedule \$ 40,709

Tax from Qualified Dividends/Capital Gain Worksheet \$ 38,343

\$ 38,343 Tax computed using the most advantageous method allowed

Qualified Dividends and Capital Gain Tax Worksheet - Line 16 (Form 1040)

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Aaron J [REDACTED] Peacock

Tax ID Number

Before you begin:

- See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

1. Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	227,599
2. Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	5,022
3. Are you filing Schedule D?		
☒ Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-	3.	21,259
☐ No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4. Add lines 2 and 3	4.	26,281
5. Subtract line 4 from line 1. If zero or less, enter -0-	5.	201,318
6. Enter: \$47,025 if single or married filing separately, \$94,050 if married filing jointly or qualifying surviving spouse, \$63,000 if head of household.	6.	94,050
7. Enter the smaller of line 1 or line 6	7.	94,050
8. Enter the smaller of line 5 or line 7	8.	94,050
9. Subtract line 8 from line 7. This amount is taxed at 0%	9.	
10. Enter the smaller of line 1 or line 4	10.	26,281
11. Enter the amount from line 9	11.	
12. Subtract line 11 from line 10	12.	26,281
13. Enter: \$518,900 if single, \$291,850 if married filing separately, \$583,750 if married filing jointly or qualifying surviving spouse, \$551,350 if head of household.	13.	583,750
14. Enter the smaller of line 1 or line 13	14.	227,599
15. Add lines 5 and 9	15.	201,318
16. Subtract line 15 from line 14. If zero or less, enter -0-	16.	26,281
17. Enter the smaller of line 12 or line 16	17.	26,281
18. Multiply line 17 by 15% (0.15)	18.	3,942
19. Add lines 9 and 17	19.	26,281
20. Subtract line 19 from line 10	20.	
21. Multiply line 20 by 20% (0.20)	21.	
22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet	22.	34,401
23. Add lines 18, 21, and 22	23.	38,343
24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24.	40,709
25. Tax on all taxable income. Enter the smaller of line 23 or 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25.	38,343

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

TAX RETURN COMPARISON
2022 / 2023 / 2024

2024

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

Identifying number

Aaron J [REDACTED] Peacock

	2022	2023	2024	Difference 2023-2024
Filing Status	Married Joint	Married Joint	Married Joint	
Number of Dependents	1	1	1	
Income				
Wages, salaries, tips, etc.	194,579	211,380	222,380	11,000
Taxable interest and dividends	5,832	7,251	7,303	52
Taxable state and local refunds	70			
Alimony				
Business income (loss)				
Gains (losses)	25,445	(3,000)	22,320	25,320
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss)	(7,484)	7,984	6,673	(1,311)
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income	218,442	223,615	258,676	35,061
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction				
Other adjustments				
Total Adjusted Gross Income	218,442	223,615	258,676	35,061
Deductions				
Medical deductions				
State and local taxes		2,016		(2,016)
Interest		1,994		(1,994)
Contributions		3,045		(3,045)
Other deductions				
Total itemized deductions		7,055		(7,055)
Standard deduction	25,900	27,700	29,200	1,500
Total deductions claimed	25,900	27,700	29,200	1,500
Qualified Business Income Deduction		762	1,877	1,115
Tax and Credits				
Taxable Income	192,542	195,153	227,599	32,446
Tax	32,181	33,145	38,343	5,198
Credits	2,000	2,000	500	(1,500)
Self-employment tax				
Other taxes			330	330
Total Tax	30,181	31,145	38,173	7,028
Payments				
Withholdings	29,997	32,940	34,192	1,252
Estimated tax payments			2,500	2,500
Earned income credit				
Other payments and credits				
Estimated tax penalty			1	1
Overpayment		1,795		(1,795)
Overpayment applied				
Refund		1,795		(1,795)
Balance Due	184		1,482	1,482
Marginal tax rate	24.00	24.00	24.00	
Effective tax rate	16.71	16.98	16.85	(0.13)

CTNOTES**Notes about the return****2024**

PAGE 1

Name(s) as shown on return

Aaron J & [REDACTED] Peacock

SSN/EFIN

- 018 By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Connecticut Department of Revenue, as applicable by law.
- 022 Failure to file or failure to pay the proper amount of tax when due will result in penalty and interest charges. It is to your advantage to file when your return is due whether or not you are able to make full payment.
- 024 The Connecticut Department of Revenue Services (DRS) is committed to protecting taxpayer identity information and guarding against the misappropriation of funds. DRS continues to increase its anti-fraud efforts in coordination with the IRS, other state tax agencies, and tax preparers. As part of these anti-fraud efforts, DRS would like each taxpayer (primary and secondary), to enter in their Driver's license or State-issued ID information.
- 026 Taxpayers can check on the status of their Income Tax refund using DRS' myconneCT portal by visiting <https://drs.ct.gov/eservices> and selecting the Where's my Refund? option in the Individuals panel. Taxpayers must provide their SSN, Tax Year, and the exact amount of the refund requested.

Form CT-1040NR/PY - 2024

Connecticut Nonresident and Part-Year
Resident Income Tax Return (Rev. 12/24)

Other taxable year, beginning:

and ending:

N S Y FJ

N MFS

N HOH, N QSS

AARON

J PEACOCK
PEACOCK

N Dec. N P
N Dec. Y N

N CT-8379 NCT-2210 CT-19IT

N CT-1040 CRC N Federal Form 1310

1. Federal adjusted gross income (from federal Form 1040, Line 11, or federal Form 1040-SR, Line 11)	1.	258676
2. Additions to federal adjusted gross income (from Schedule 1, Line 40)	2.	0
3. Add Line 1 and Line 2	3.	258676
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 52)	4.	0
5. Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5.	258676
6. Income from Connecticut sources (from Schedule CT-SI, Line 30)	6.	6686
7. Greater of Line 5 or Line 6. If less than zero, "0" is entered on Line 12.	7.	258676
8. Income tax	8.	13771
9. Line 6 divided by Line 5. If Line 6 is equal to or greater than Line 5, 1.0000 is entered.	9.	0.0258
10. Line 9 multiplied by Line 8	10.	355
11. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 61)	11.	0
12. Line 11 subtracted from Line 10. If Line 11 is greater than Line 10, "0" is entered.	12.	355
13. Connecticut alternative minimum tax (from Form CT-6251)	13.	0
14. Add Line 12 and Line 13.	14.	355
15. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 10)	15.	0
16. Connecticut income tax: Line 15 subtracted from Line 14. If less than zero, "0" is entered.	16.	355
17. Individual use tax (from Schedule 3, Line 62) If no tax is due, "0" is entered.	17.	0
18. Total tax: Add Line 16 and Line 17.	18.	355

Clip check here. Do not use staples.
Do not send Forms W-2 or 1099, or Schedules CT K-1.

19. Amount from Line 18

19. • 355

Forms W-2, W-2G, 1099, and Schedule CT K-1 Information

	Col. A - Employer's Federal ID #	Col. B - CT Wages, Tips, etc.	Sch. CT K-1	Col. C - CT Income Tax Withheld
20a.	•	6686	• X	412
20b.	•	0	•	0
20c.	•	0	•	0
20d.	•	0	•	0
20e.	•	0	•	0
20f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3)				0
20. Total Connecticut income tax withheld: Amounts in Column C.				412
21. All 2024 estimated tax payments and any overpayments applied from a prior year				0
22. Payments made with Form CT-1040 EXT				0
22a. Claim of right credit (from Form CT-1040 CRC, Line 6)				0
22b. Pass-through entity tax credit (from Schedule CT-PE, Line 1). Schedule must be attached.				0
22c. Historic Home Rehabilitation Credit				0
23. Total payments and refundable credits: Add Lines 20, 21, 22, 22a, 22b, and 22c.				412
24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23.				57
25. Amount of Line 24 you want applied to your 2025 estimated tax			25.	0
26. Amount of Line 24 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4)			26.	0
26a. Total contributions of refund to designated charities (from Schedule 4, Line 63)			26a.	0
27. Refund: Lines 25, 26, and 26a subtracted from Line 24.			27.	57
If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.				
27a. Acct. type	Ck.	Sv.	27b. Rout. #	27c. Acct. #
27d. Refund going to a bank account outside the U.S.				N
28. Tax due: If Line 19 is more than Line 23, Line 23 subtracted from Line 19.				0
29. If late: Penalty entered. Line 28 multiplied by 10% (.10).				0
30. If late: Interest entered.				0
Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01).				0
31. Interest on underpayment of estimated tax (from Form CT-2210.)				0
32. Total amount due: Add Lines 28 through 31.			32.	0 .00

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

• Your signature	• Date	• Home/cell telephone number
• Spouse's signature (if joint return)	• Date	• Daytime telephone number
• Paid preparer's signature	• Date	• Telephone number
• Paid preparer's name	• Date	• Paid Preparer's PTIN
DEBRA KNOX	04-07-2025	561-685-5420
Firm's name, address and ZIP code		FEIN
4237 ONEGA CIRCLE WEST PA		Self-employed

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name: DEBRA KNOX Telephone number: 561-685-5420 Identification number (PIN):

Schedule 1 - Modifications to Federal Adjusted Gross Income

33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	35.	0
36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	36.	0
37. Loss on sale of Connecticut state and local government bonds	37.	0
38. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year.	38.	0
38a. 80% of Section 179 federal deduction.	38a.	0
39. Other-specify •	39.	0
40. Total additions: Add Lines 33 through 39.	40.	0
41. Interest on U.S. government obligations	41.	0
42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	42.	0
43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	43.	0
44. Refunds of state and local income taxes	44.	0
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	45.	0
46. Military retirement pay	46.	0
47. 50% of income received from Connecticut Teachers' Retirement System	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions made in 2024 or an excess carried forward from a prior year	50.	0
50a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years.	50a.	0
50b. Pension or annuity income	50b.	0
50c. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that are not claimed for federal income tax purposes	50c.	0
50d. Achieving Better Life Experience (ABLE)	50d.	0
51. Other-specify •	51.	0
52. Total subtractions: Add Lines 41 through 51.	52.	0

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

53. Connecticut AGI during residency portion of taxable year	53.	0
	Col. A	Col. B
54. Qualifying jurisdiction's name and two-letter code	54. •	•
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)	55.	0
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	0.0000
57. Apportioned income tax	57.	0
58. Line 56 multiplied by Line 57	58.	0
59. Allowable income tax paid to a qualifying jurisdiction	59.	0
60. Lesser of Line 58 or Line 59	60.	0
61. Total credit: Add Line 60, all columns.	61.	0

Schedule 3 - Individual Use Tax

62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	62a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	62b.	0
62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	62c.	0
62d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	62d.	0
62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d.	62.	0

Schedule 4 - Contributions to Designated Charities

63a. AR	63a.	0
63b. OT	63b.	0
63c. ES/W	63c.	0
63d. BCR	63d.	0
63e. SNS	63e.	0
63f. MR	63f.	0
63g. CBS	63g.	0
63h. MHCIA	63h.	0
63. Total Contributions: Add Lines 63a through 63h.	63.	0

Form CT-1040NR/PY Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

1. **Document Identification Numbers** - Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See *Document Identification Number (DIN)*, Page 4, and *Quick Reference (QR) Codes*, on Page 5.)
2. **Social Security Number** - The Social Security Number must appear at the top of Form CT-1040NR/PY, Pages 2, 3, and 4; Schedule CT-CHET; Supplemental Schedule CT-1040WH; Schedule CT-IT Credit, Pages 1 and 2; Schedule CT-PE; and Form CT-6251, Pages 1 and 2.
3. In addition, the following **Checklist for filing your Connecticut Income Tax Return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

Checklist for filing your Connecticut Income Tax Return:

1. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
4. **Do not attach or send copies of forms W-2 or 1099.**
5. Verify that the address lines on the return are correct and proper abbreviations are used.
6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 20a through 20e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return.
9. Send **all** completed pages of CT-1040NR/PY, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed Schedule CT-CHET, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2024 Form CT-1040NRPY" on your check.
12. To mail your return, use the following addresses:
For all tax returns with payment:
Department of Revenue Services
PO Box 2977
Hartford CT 06104-2977
For refunds and tax returns without payment:
Department of Revenue Services
PO Box 2976
Hartford CT 06104-2976
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, **do not** make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040NR/PY.

Do not send this sheet with your return.

Form CT-1040 TCS 2024 Tax Calculation Schedule

Name(s)

Aaron J [REDACTED] Peacock

Social Security No.

[REDACTED]

Tax Calculation Schedule

Complete Lines 2, 4, 5, 6, and 8, using Tables A through E.

1. Enter Connecticut adjusted gross income (AGI) from Form CT-1040, Line 5, or Form CT-1040NR/PY, Line 7. Form CT-1040NR/PY filers must enter income from Connecticut sources if it exceeds Connecticut AGI.	1.	258,676	00
2. Enter the exemption amount from Table A, Personal Exemptions. If zero, enter "0."	2.	0	00
3. Connecticut Taxable Income: Subtract Line 2 from Line 1. If less than zero, enter "0."	3.	258,676	00
4. Enter amount from Table B, Initial Tax Calculation.	4.	13,021	00
5. Enter amount from Table C, 2% Tax Rate Phase-Out Add-Back. If zero, enter "0."	5.	500	00
6. Enter amount from Table D, Tax Recapture. If zero, enter "0."	6.	250	00
7. Add Lines 4, 5, and 6.	7.	13,771	00
8. Enter the decimal amount from Table E, Personal Tax Credits. If zero, enter "0."	8.	0.00	
9. Multiply the amount on Line 7 by the decimal amount on Line 8.	9.	0	00
10. Connecticut Income Tax: Subtract Line 9 from Line 7. Enter here and on Form CT-1040, Line 6, or Form CT-1040NR/PY, Line 8.	10.	13,771	00

1095-C

Form 1095-C
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

☐ VOID
☐ CORRECTED

OMB No. 1545-2251

2024

Part I Employee

Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name)
AARON J PEACOCK

2 Social security number (SSN)
[REDACTED]

7 Name of employer
FLORIDA STATE COURTS

8 Employer identification number (EIN)
35-2419664

3 Street address (including apartment no.)
[REDACTED]

9 Street address (including room or suite no.)
500 S. DUVAL ST.

10 Contact telephone number
850-487-0778

4 City or town
[REDACTED]

6 Country and ZIP or foreign postal code
FL [REDACTED]

11 City or town
[REDACTED]

12 State or province
[REDACTED]

13 Country and ZIP or foreign postal code
US 32399

Part II Employee Offer of Coverage

Employee's Age on January 1

Plan Start Month (enter 2-digit number): 01

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)													
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
17 ZIP Code													

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

Cat. No. 60705M

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☒

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage												
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
18	J PEADOCK			☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19	PEADOCK			☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20	K Peacock			☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
29				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
30				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

OMB No. 1545-0008		Organization Code: 22251805110		03/03/2025																							
a Employer's name, address, and ZIP code State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		c Tax year/Form corrected 2024 /W2		d Employee's correct SSN [REDACTED]																							
		e Corrected SSN and/or name (Check this box and/or g if incorrect on form previously filed.) ☐																									
		Complete boxes f and/or g only if incorrect on form previously filed. ▶																									
		f Employee's previously reported SSN																									
b Employer's Federal EIN 59-6001874		g Employee's previously reported name																									
Note: Only money fields presented are being corrected.		h Employee's first name, initial, and last name AARON J PEACOCK [REDACTED]																									
		i Employee's address and ZIP code																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Previously reported</th> <th style="width:50%;">Correct information</th> </tr> </thead> <tbody> <tr> <td>1 Wages, tips, other compensation 175,728.92</td> <td>1 Wages, tips, other compensation 174,985.44</td> </tr> <tr> <td>3 Social security wages</td> <td>3 Social security wages</td> </tr> <tr> <td>5 Medicare wages and tips</td> <td>5 Medicare wages and tips</td> </tr> <tr> <td>13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐</td> <td>13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐</td> </tr> </tbody> </table>		Previously reported	Correct information	1 Wages, tips, other compensation 175,728.92	1 Wages, tips, other compensation 174,985.44	3 Social security wages	3 Social security wages	5 Medicare wages and tips	5 Medicare wages and tips	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Previously reported</th> <th style="width:50%;">Correct information</th> </tr> </thead> <tbody> <tr> <td>2 Federal income tax withheld</td> <td>2 Federal income tax withheld</td> </tr> <tr> <td>4 Social security tax withheld</td> <td>4 Social security tax withheld</td> </tr> <tr> <td>6 Medicare tax withheld</td> <td>6 Medicare tax withheld</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		Previously reported	Correct information	2 Federal income tax withheld	2 Federal income tax withheld	4 Social security tax withheld	4 Social security tax withheld	6 Medicare tax withheld	6 Medicare tax withheld						
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Form W-2c (Rev. 08-2023)

Corrected Wage and Tax Statement

Copy B - To Be Filed With Employee's FEDERAL Tax Return
Department of the Treasury
Internal Revenue Service

OMB No. 1545-0008		Organization Code: 22251805110		03/03/2025																							
a Employer's name, address, and ZIP code State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		c Tax year/Form corrected 2024 /W2		d Employee's correct SSN [REDACTED]																							
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Form W-2c (Rev. 08-2023)

Corrected Wage and Tax Statement

Copy C - For EMPLOYEE'S RECORDS
Department of the Treasury
Internal Revenue Service

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

2024

For calendar year 2024, or tax year

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

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

See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

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

E-FILE

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

Part II Information About the Partner

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

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

PEACOCK

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

TIN _____ Name _____

I1 What type of entity is this partner? **INDIVIDUAL**I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	0.8599400 %	0.8599400 %
Loss	0.8599400 %	0.8599400 %
Capital	0.8599400 %	0.8599400 %

Check if decrease is due to:

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

K1 Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$ 9,694.	\$ 9,401.
Qualified nonrecourse financing	\$ 425,412.	\$ 417,155.
Recourse	\$ 0.	\$ 0.

K2 Check this box if item K-1 includes liability amounts from lower-tier partnerships ☐K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions ☐

Partner's Capital Account Analysis

Beginning capital account	\$ -244,368.
Capital contributed during the year	\$
Current year net income (loss)	\$ 6,677.
Other increase (decrease) (attach explanation)	\$
Withdrawals and distributions	\$ (2,580.)
Ending capital account	\$ -240,271.

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

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

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

Beginning	\$
Ending	\$

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

1 Ordinary business income (loss)	0.	14 Self-employment earnings (loss)	A	0.
2 Net rental real estate income (loss)	6,673.	15 Credits		
3 Other net rental income (loss)				
4a Guaranteed payments for services		16 Schedule K-3 is attached if checked		☒
4b Guaranteed payments for capital		17 Alternative min tax (AMT) items		
4c Total guaranteed payments				
5 Interest income	13.	18 Tax-exempt income and nondeductible expenses		
6a Ordinary dividends		C*		9.
6b Qualified dividends				
6c Dividend equivalents		19 Distributions	A	2,580.
7 Royalties		20 Other information	A	13.
8 Net short-term capital gain (loss)		N *		21,184.
9a Net long-term capital gain (loss)		Z *		STMT
9b Collectibles (28%) gain (loss)		AG *		58,050.
9c Unrecaptured section 1250 gain				
10 Net section 1231 gain (loss)				
11 Other income (loss)				
12 Section 179 deduction		21 Foreign taxes paid or accrued		
13 Other deductions				
22 ☐ More than one activity for at-risk purposes*				
23 ☐ More than one activity for passive activity purposes*				

*See attached statement for additional information.

For IRS Use Only

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	NONDEDUCTIBLE PORTION	9.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		9.

SCHEDULE K-1 BUSINESS INTEREST EXPENSE, BOX 20, CODE N

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
BUSINESS INTEREST EXPENSE - (INCLUDED IN RENTAL REAL ESTATE INCOME (LOSS))	SEE PARTNERS INSTRUCTIONS	21,184.
TOTAL TO SCHEDULE K-1, BOX 20, CODE N		21,184.

SCHEDULE K-1 SECTION 199A INFORMATION, BOX 20, CODE Z

DESCRIPTION	AMOUNT
RENT - GFC, LLC COMML PROP EIN #06-1620618	
RENTAL INCOME (LOSS)	-940.
UNADJUSTED BASIS OF ASSETS	13,086.
RENT - GFC FAWCETT, LLC EIN# 20-0120306	
RENTAL INCOME (LOSS)	9,959.
UNADJUSTED BASIS OF ASSETS	184,501.
RENT - HB NITKIN REAL ESTATE FUND II, LLC	
RENTAL INCOME (LOSS)	-2,346.

SCHEDULE K-1

SECTION 199A ADDITIONAL INFORMATION

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODE Z. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 GROSS RECEIPTS FOR SECTION 448(C), BOX 20, CODE AG

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
GROSS RECEIPTS - CURRENT YEAR	SEE IRS SCH. K-1 INSTRUCTIONS	58,050.
TOTAL TO SCHEDULE K-1, LINE 20 AG		58,050.

SCHEDULE K-1 CURRENT YEAR NET INCOME (LOSS) AND OTHER INCREASES(DECREASES)

DESCRIPTION	AMOUNT	TOTALS
RENTAL REAL ESTATE INCOME (LOSS)	6,673.	
INTEREST INCOME	13.	
SCHEDULE K-1 INCOME SUBTOTAL		6,686.
NONDEDUCTIBLE EXPENSES	-9.	
SCHEDULE K-1 DEDUCTIONS SUBTOTAL		-9.
NET INCOME (LOSS) PER SCHEDULE K-1		6,677.

SCHEDULE K-1

FOOTNOTES

THIS PASS THROUGH ENTITY IS A REAL ESTATE TRADE OR BUSINESS THAT HAS ELECTED TO BE TREATED AS AN ELECTING REAL PROPERTY TRADE OR BUSINESS UNDER SECTION 163(J)(7)(B).

THE FOLLOWING INFORMATION REPRESENTS THE COMPANY'S AMOUNT OF GROSS RECEIPTS FOR THE PAST THREE YEARS, WHICH MAY BE REQUIRED FOR THE COMPUTATION OF YOUR OWN SECTION 163(J) LIMITATION:

ANNUAL GROSS RECEIPTS FOR 2021:	6,599,866.
ANNUAL GROSS RECEIPTS FOR 2022:	6,322,835.
ANNUAL GROSS RECEIPTS FOR 2023:	6,617,860.

PLEASE CONSULT YOUR TAX ADVISOR FOR THE APPLICATION OF SECTION 163(J) TO YOU.

Schedule K-3
(Form 1065)

Department of the Treasury
Internal Revenue Service

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

☐ Final K-3 ☐ Amended K-3

OMB No. 1545-0123

2024

For calendar year 2024, or tax year beginning _____, ending _____
See separate instructions.

Information About the Partnership

A Partnership's employer identification number (EIN)

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

Information About the Partner

C Partner's social security number (SSN) or taxpayer identification number (TIN)
(Do not use TIN of a disregarded entity. See instructions.)

D Name, address, city, state, and ZIP code for partner entered in C. See instr.

PEACOCK

E Check to indicate the parts of Schedule K-3 that apply.

- 1 Does Part I apply? If "Yes," complete and attach Part I
- 2 Does Part II apply? If "Yes," complete and attach Part II
- 3 Does Part III apply? If "Yes," complete and attach Part III
- 4 Does Part IV apply? If "Yes," complete and attach Part IV
- 5 Does Part V apply? If "Yes," complete and attach Part V
- 6 Does Part VI apply? If "Yes," complete and attach Part VI
- 7 Does Part VII apply? If "Yes," complete and attach Part VII
- 8 Does Part VIII apply? If "Yes," complete and attach Part VIII
- 9 Does Part IX apply? If "Yes," complete and attach Part IX
- 10 Does Part X apply? If "Yes," complete and attach Part X
- 11 Does Part XI apply? If "Yes," complete and attach Part XI
- 12 Does Part XII apply? If "Yes," complete and attach Part XII
- 13 Does Part XIII apply? If "Yes," complete and attach Part XIII

	Yes	No
1		X
2	X	
3	X	
4		X
5		X
6		X
7		X
8		X
9		X
10		X
11		X
12		X
13		X

For IRS Use Only

For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

www.irs.gov/Form1065

Schedule K-3 (Form 1065) 2024

Name of partnership

EIN

Name of partner

SSN or TIN

Part I Partner's Share of Partnership's Other Current Year International Information

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Check boxes for additional specified attachments. See instructions.

- ☐ 1. Gain on personal property sale
☐ 2. Foreign oil and gas taxes
☐ 3. Splitter arrangements
☐ 4. Foreign tax translation
☐ 5. High-taxed income
☐ 6. Section 267A disallowed deduction
☐ 7. Reserved for future use
☐ 8. Form 5471 information
☐ 9. Other forms
☐ 10. Partner loan transactions
☐ 11. Dual consolidated loss
☐ 12. Form 3896 information
☐ 13. Other international items (attach description and statement)

Part II Foreign Tax Credit Limitation
Section 1 - Gross Income

Description	(a) U.S. source	Foreign Source				(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other category code		
1 Sales							
A							
B							
C							
2 Gross income from performance of services							
A							
B							
C							
3 Gross rental real estate income							
A US 58,037.		0.	0.	0.	0.	0.	58,037.
B							
C							
4 Other gross rental income							
A							
B							
C							
5 Guaranteed payments							
6 Interest income							
A US 13.		0.	0.	0.	0.	0.	13.
B							
C							
7 Ordinary dividends (exclude amount on line 8)							
A							
B							
C							

Part II Foreign Tax Credit Limitation (continued)
Section 1 - Gross Income (continued)

Name of partner

PEACOCK

SSN or TIN

Description	(a) U.S. source	Foreign Source				(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other category code		
8 Qualified dividends							
A							
B							
C							
9 Reserved for future use							
10 Royalties and license fees							
A							
B							
C							
11 Net short-term capital gain							
A							
B							
C							
12 Net long-term capital gain							
A							
B							
C							
13 Collectibles (28%) gain							
A							
B							
C							
14 Unrecaptured section 1250 gain							
A							
B							
C							
15 Net section 1231 gain							
A							
B							
C							

Name of partnership

Name of partner

PEACOCK

SSN or TIN

Part II Foreign Tax Credit Limitation
Section 1 - Gross Income (continued)

Description	(a) U.S. source	Foreign Source				(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other category code		
16 Section 986(c) gain							
17 Section 987 gain							
18 Section 988 gain							
19 Reserved for future use							
A							
B							
C							
20 Other income (see instructions)							
A							
B							
C							
21 Reserved for future use							
A							
B							
C							
22 Reserved for future use							
A							
B							
C							
23 Reserved for future use							
A							
B							
C							
24 Total gross income (combine lines 1 through 23)	58,050.						
A US	58,050.	0.	0.	0.	0.	0.	58,050.
B							
C							

Name of partner:

Name of partner:

PEACOCK

Part II Foreign Tax Credit Limitation (continued)
Section 2 - Deductions

Description	(a) U.S. source	Foreign Source					(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other category code			
25 Expenses allocable to sales income								
26 Expenses allocable to gross income from performance of services								
27 Net short-term capital loss								
28 Net long-term capital loss								
29 Collectibles loss								
30 Net section 1231 loss								
31 Other losses								
32 Research & experimental (R&E) expenses								
A SIC code:								
B SIC code:								
C SIC code:								
33 Allocable rental expenses - depreciation, depletion, and amortization	8,124.							8,124.
34 Allocable rental expenses - other than depreciation, depletion, and amortization	43,241.							43,241.
35 Allocable royalty and licensing expenses - depreciation, depletion, and amortization								
36 Allocable royalty and licensing expenses - other than depreciation, depletion, and amortization								
37 Depreciation not included on line 33 or line 35								
38 Charitable contributions								
39 Interest expense specifically allocable under Regulations section 1.861-10(e)								
40 Other interest expense specifically allocable under Regulations section 1.861-10(f)								
41 Other interest expense - business								
42 Other interest expense - investment								
43 Other interest expense - passive activity								
44 Section 50(c)(2) expenditures, excluding R&E expenses on line 32								
45 Foreign taxes not creditable but deductible								

Name of partnership

Name of partner

PEACOCK

SSN or TIN

Part II Foreign Tax Credit Limitation (continued)**Section 2 - Deductions** (continued)

Description	(a) U.S. source	Foreign Source					(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code _____)			
46 Section 986(c) loss								
47 Section 987 loss								
48 Section 988 loss								
49 Other allocable deductions (see instructions)								
50 Other apportioned share of deductions (see instructions)								
51 Reserved for future use								
52 Reserved for future use								
53 Reserved for future use								
54 Total deductions (combine lines 25 through 53)		51,365.						51,365.
55 Net income (loss) (subtract line 54 from line 24)		6,685.						6,685.

Part III Other Information for Preparation of Form 1116 or 1118**Section 1 - R&E Expenses Apportionment Factors**

Description	(a) U.S. source	Foreign Source					(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code _____)			
1 Gross receipts by SIC code								
A SIC code:								
B SIC code:								
C SIC code:								
D SIC code:								
E SIC code:								
F SIC code:								
2 Exclusive apportionment with respect to total R&E expenses entered on Part II, line 32.								
A R&E expenses with respect to activity performed in the United States								
(i) SIC code:							2A(i)	
(ii) SIC code:							2A(ii)	
(iii) SIC code:							2A(iii)	
B R&E expenses with respect to activity performed outside the United States								
(i) SIC code:							2B(i)	
(ii) SIC code:							2B(ii)	
(iii) SIC code:							2B(iii)	

Part III Other Information for Preparation of Form 1116 or 1118 (continued)

Section 2 - Interest Expense Apportionment Factors
ASSETS TAX BOOK VALUE AMOUNTS
Foreign Source
(f) Sourced by partner
(g) Total
(h) Total
(i) Total
(j) Total
(k) Total
(l) Total
(m) Total
(n) Total
(o) Total
(p) Total
(q) Total
(r) Total
(s) Total
(t) Total
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(jx) Total
(jy) Total
(jz) Total
(ka) Total
(kb) Total
(kc) Total
(kd) Total
(ke)

Name of partnership

E

Name of partner

PEACOCK

SSN or TIN

Part III Other Information for Preparation of Form 1116 or 1118 (continued)
Section 4 - Foreign Taxes

Description	(a) Type of tax	(b) Section 951A category income		(c) Foreign branch category income		
		U.S.	Foreign	U.S.	Foreign	Partner
1 Direct (section 901 or 903) foreign taxes: ☐ Paid ☐ Accrued						
A						
B						
C						
D						
E						
F						
2 Reduction of taxes (total)						
A Taxes on foreign mineral income						
B Reserved for future use						
C International boycott provisions						
D Failure-to-file penalties						
E Taxes with respect to splitter arrangements						
F Taxes on foreign corporate distributions						
G Other						
3 Foreign tax redeterminations						
A						
Related tax year						
Date tax paid						
Contested tax						
B						
Related tax year						
Date tax paid						
Contested tax						
C						
Related tax year						
Date tax paid						
Contested tax						
4 Reserved for future use						
5 Reserved for future use						
6 Reserved for future use						

Name of partnership

EIN

Name of partner

PEACOCK

SSN or TIN

Part III Other Information for Preparation of Form 1116 or 1118 (continued)
Section 4 - Foreign Taxes (continued)

	(d) Passive category income			(e) General category income			(f) Other ¹ (category code _____)	(g) Total
	U.S.	Foreign	Partner	U.S.	Foreign	Partner		
1								
A								
B								
C								
D								
E								
F								
2								
A								
B								
C								
D								
E								
F								
G								
3								
A								
B								
C								
4								
5								
6								

Section 5 - Other Tax Information

Description	(a) U.S. source	Foreign Source					(g) Sourced by partner	(h) Total
		(b) Section 951A category income	(c) Foreign branch category income	(d) Passive category income	(e) General category income	(f) Other ¹ (category code _____) (country code _____)		
1 Section 743(b) positive income adjustment								
2 Section 743(b) negative income adjustment								
3 Reserved for future use								
4 Reserved for future use								

2-11-24

Schedule of Activities

Name:

For:

PEACOCK

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	3				4	
	1				4	
	4				4	
						Activity - 3 Activity - 1 Activity - 4
Ordinary business income (loss)						
Net rental real estate income (loss)						-940. 9,959. -2,346.
Other net rental income (loss)						
Interest income						13.
Dividends - Ordinary dividends						
- Qualified dividends						
- Dividend equivalents (1065 only)						
Royalties						
Net short-term capital gain (loss)						
Net long-term capital gain (loss)						
- Collectibles (28%) gain (loss)						
- Unrecaptured Section 1250 gain						
Net section 1231 gain (loss)						
Other portfolio income						
Section 1256 contracts and straddles						
Other income						
Section 179 deduction						
Charitable contributions						
Portfolio deductions						
Investment interest expense						
Section 59(e)(2) expenditures						
Excess business interest expense						
Other deductions						
Net earnings from self-employment						
Gross farming or fishing income						
Gross nonfarm income						
LIH credit - Section 42(j)(5) partnerships						
- Other						
Qualified rehabilitation expenditures related to rental real estate						
Other rental credits						
Credits related to other rental activities						
Recapture of LIH credit - Section 42(j)(5) partnerships						
- Other						
Other credits						
Post-1986 depreciation adjustment						
Adjusted gain or loss						
Portion of adjusted gain/loss allocable to short-term gain/loss						
Portion of adjusted gain/loss allocable to long-term gain/loss						
Portion of adjusted gain/loss allocable to section 1231 gain/loss						
Depletion (other than oil and gas)						
Oil, gas and geothermal properties - gross income						
Oil, gas and geothermal properties - deductions						
Other AMT items						
Investment income						13.
Investment expenses						
Section 199A - W-2 wages						
- Unadjusted basis of assets						13,086. 184,501.
- REIT dividends						
- Cooperative qualified business income						
- Cooperative W-2 wages						

Department of Revenue Services
State of Connecticut
(Rev. 12/24)

Schedule CT K-1
Member's Share of Certain Connecticut Items

Complete in blue or black ink only.

For calendar year 2024 or other taxable year beginning 2024, and ending

Pass-through entity (PE) information			Member information		
Federal Employer ID Number (FEIN)	CT Tax Registration Number	Member's Social Security Number (SSN) or FEIN	☒ SSN ☐ FEIN		
Name	1182591-000	Name	PEACOCK		
Number and street address	PO Box	Number and street address	PO Box		
City or town	State	City or town	State	ZIP code	
			FL		
Check the box if this is an amended or a final Schedule CT K-1.			Type of member (check one):		
☐ Amended Schedule CT K-1 ☐ Final Schedule CT K-1			☐ RI ☐ RE ☐ RT ☐ PE ☒ NI ☐ NE ☐ NT ☐ CM		

Part 1 - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part 5

Additions Enter all amounts as positive numbers.

1. Interest on state and local obligations other than Connecticut	1.	00
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2.	00
3. Certain deductions relating to income exempt from Connecticut income tax	3.	00
4. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year	4.	00
5. 80% of Section 179 federal deduction	5.	00
6. Other - specify	6.	00

Subtractions Enter all amounts as positive numbers.

7. Interest on U.S. government obligations	7.	00
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	8.	00
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	9.	00
10. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years	10.	00
11. 25% of Section 179 federal deduction added back in preceding four years	11.	00
12. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that are not claimed for federal income tax purposes	12.	00
13. Other - specify	13.	00

Part 2 - Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or 1120S

Column A Column B
From Federal Schedule K-1 From Form CT-1065/CT-1120SI, Part 6

1. Ordinary business income (loss)	1.	00		00
2. Net rental real estate income (loss)	2.	6,673	2.	6,673
3. Other net rental income (loss)	3.	00	3.	00
4. Guaranteed payments	4.	00	4.	00
5. Interest income	5.	13	5.	13
6a. Ordinary dividends	6a.	00	6a.	00
7. Royalties	7.	00	7.	00
8. Net short-term capital gain (loss)	8.	00	8.	00
9a. Net long-term capital gain (loss)	9a.	00	9a.	00
10. Net section 1231 gain (loss)	10.	00	10.	00
11. Other income (loss): Attach statement	11.	00	11.	00
12. Section 179 deduction	12.	00	12.	00
13. Other deductions: Attach statement	13.	00	13.	00

Part 3 - Connecticut Income Tax Information

1. Member's Connecticut tax liability as reported for the member less PE tax credit (Form CT-1065/CT-1120SI, Part 1, <i>Schedule B</i> , Column F less amount on Column G)	1.	55	00
---	----	----	----

Part 4 - Connecticut PE Tax Credit Information

1. Member's Connecticut PE Tax Credit as reported by the PE for the NI, NT, NE, and PE members on Form (Form CT-1065/CT-1120SI, Part 1, <i>Schedule B</i> , Column G and RI, RT, RE members on Part 8, Column D)	1.	412	00
---	----	-----	----

Individuals, trusts, and estates: Report this amount on **Schedule CT-PE, Pass-Through Entity Tax Credit**.

Parent PE members: Report this amount on Form CT-1065/CT-1120SI, Part 1, *Schedule B*, Column D.

Part 5 - Connecticut Income Tax Credit Summary

	Column A Tax Credit Limitation	Column B 2024 credit amount earned (from Form CT-1065/CT-1120SI, Part 7)	Column C Credit allowed on behalf of member on composite return
1. Income tax liability: Member's amount from Form CT-1065/CT-1120SI, Part 1, <i>Schedule B</i> , Column D	1. 467 00	0 00	0 00
2. Youth Development Organization Contribution Tax Credit	2.	00	0 00
3. ABLE Account Tax Credit	3.	00	0 00
4. Angel Investor Tax Credit	4.	00	0 00
5. Accredited Theater Production Tax Credit	5.	00	0 00
6. Total Credits: Add Lines 2 through 5	6.	00	0 00

The amount entered in Column C may not exceed the amount of the credit available.

If claiming multiple credits, you may choose the order in which you apply the credits, but the total of all credits applied cannot exceed the amount on Column A, Line 1.

Individuals, trusts, and estates: Report these amounts on **Schedule CT-IT Credit, Income Tax Credit Summary**.

Schedule NJK-1
(Form NJ-1065)

State of New Jersey
Partner's Share of Income

2024

For Calendar Year 2024, or Fiscal Year Beginning _____, 2024 and ending _____

Part I General Information

Partner's SS # or Federal EIN (Do not use EIN of a disregarded entity. See instr.)	Partnership's Federal EIN
Partner's Name	Partnership's Name
PEACOCK	
Street Address	Partnership's Street Address
City State ZIP Code	City State ZIP Code
What type of entity is partner? (see instructions)	Enter partner's percentage of:
Date partner's interest in partnership began: 05/30/2001	(i) Before Decrease or Termination (ii) End of Year
☐ Final N.J.K-1 ☐ Hedge Fund	Profit Sharing 0.8599400 % 0.8599400 %
☐ Amended N.J.K-1 ☐ Member of Composite Return	Loss Sharing 0.8599400 % 0.8599400 %
☐ If the partner is a disregarded entity, check the box and enter the partner's:	Capital Ownership 0.8599400 % 0.8599400 %
Federal EIN	Name

Part II Income Information

Income Classification	A. Total Distribution	NJ-1040 Filers Enter Amounts on Line Shown Below	B. New Jersey Source Amounts	NJ-1040NR Filers
1. Partnership Income (Loss)	6,677.			
2. Net Guaranteed Payments				
3. Partner's 401(k) Contribution				
4. Distributive Share of Partnership Income (loss) (Line 1 plus line 2 minus line 3)	6,677.	Line 21		Line 23
5. Pension		Line 20a		
6. Net Gain (Loss) From Disposition of Assets as a Result of a Complete Liquidation		Line 19		Line 19

Part III Partner's Information

1. Nonresident Partner's Share of NJ Tax	1.	Line 10b, Page 1, CBT-100 Line 8b, Page 1, CBT-100S Line 10, Page 1, CBT-100U Schedule T, NJ-CBT-1065 Line 52, NJ-1040NR Line 23, NJ-1080C Line 35a, NJ-1041
2. Partner's HEZ Deduction	2.	
3. Partner's Sheltered Workshop Tax Credit	3.	
4. Share of Pass-Through Business Alternative Income Tax	4.	

Part IV Supplemental Information (Attach Schedule)

This Form May be Reproduced



Department of Taxation and Finance
New York Partner's Schedule K-1
Tax Law - Article 22 (Personal Income Tax)

488851 11-05-24

IT-204-IP

For calendar year 2024 or tax year beginning [] and ending []

☐ Final K-1 21

☐ Amended K-1

Partners: Before completing your income tax return, see Form IT-204-IP-I, Partner's Instructions for Form IT-204-IP (available at www.tax.ny.gov).

Partnership's information (see instructions)

Partnership's name (as shown on Form IT-204) [REDACTED] Partnership's EIN [REDACTED]

A Mark an X in the box if either applies to your entity ☐ Publicly traded partnership ☐ Portfolio investment partnership

B Tax shelter registration number, if any [] B []

C Business allocation percentage [] C [] %

Partner's information (see instructions)

Partner's name [REDACTED] PEACOCK Partner's identifying number [REDACTED]

Partner's address [REDACTED]
City [REDACTED] State FL ZIP code [REDACTED]

D The partner is a (mark an X in the appropriate box) ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

E What is the tax filing status of the partner? (Mark an X in the appropriate box, if known.) ☒ Individual ☐ Estate/trust ☐ Partnership

F If the partner is a disregarded entity or grantor trust, enter the tax ID of the entity or individual reporting the income, if known [] F []

G Did the partner sell its entire interest during the tax year? G Yes ☐ No ☒

H Partner's share of profit, loss, and capital
1) Profit H1 Beginning 0.8599% Ending 0.8599%
2) Loss H2 Beginning 0.8599% Ending 0.8599%
3) Capital H3 Beginning 0.8599% Ending 0.8599%

I Partner's share of liabilities at the end of the year
1) Nonrecourse I1 9401
2) Qualified nonrecourse financing I2 417155
3) Recourse I3

J Partner's capital account analysis
1) Beginning capital account J1 -244368
2) Capital contributed during the year - cash J2
3) Capital contributed during the year - property J3
4) Current year increase (decrease) J4 6677
5) Withdrawals and distributions - cash J5 2580
6) Withdrawals and distributions - property J6
7) Ending capital account J7 -240271

8) Method of accounting (mark an X in the appropriate box)
☒ Tax basis ☐ GAAP ☐ Book ☐ Other (submit explanation)

K Resident status (mark an X in all boxes that apply; see instructions)
☐ NYS full-year resident ☐ Yonkers full-year resident ☐ NYC full-year resident
☐ NYS part-year resident ☐ Yonkers part-year resident ☐ NYC part-year resident
☒ NYS nonresident ☐ Yonkers nonresident

L If the partner was included in a group return, enter the special NYS identification number, if known [] L []

NO HANDWRITTEN ENTRIES ON THIS FORM

M Was Form IT-2658-E filed with the partnership?

M Yes ☐ No ☒

N NYS estimated tax paid on behalf of partner (from Form IT-2658-NYS)

1) First installment

2) Second installment

3) Third installment

4) Fourth installment

Total NYS estimated tax paid on behalf of partner (add lines N1 through N4)

Date

Amount

N1

N2

N3

N4

N

O Estimated MCTMT paid on behalf of partner (from Form IT-2658-MTA)

1) First installment

2) Second installment

3) Third installment

4) Fourth installment

Total estimated MCTMT paid on behalf of partner (add lines O1 through O4)

Date

Amount

O1

O2

O3

O4

O

P Did the partnership elect to pay the pass-through entity tax (PTET) for the current tax year?

P Yes ☐ No ☒

If Yes, what residency status was assigned to this partner for purposes of calculating the pass-through entity taxable income (PTE taxable income)? (Mark an X in the appropriate box; see instructions)

Resident ☐Nonresident ☐

Partner's share of income, deductions, etc.

A - Partner's distributive share items		B - Federal K-1 amount	C - New York State amount
1 Ordinary business income (loss)	1		1
2 Net rental real estate income (loss)	2	6673	2
3 Other net rental income (loss)	3		3
4 Guaranteed payments	4		4
5 Interest income	5	13	5
6 Ordinary dividends	6		6
7 Royalties	7		7
8 Net short-term capital gain (loss)	8		8
9 Net long-term capital gain (loss)	9		9
10 Net section 1231 gain (loss)	10		10
11 Other income (loss) Identify:	11		11
12 Section 179 deduction	12		12
13 Other deductions Identify:	13		13
14 This line intentionally left blank	14		14
15 Net earnings (loss) from self-employment	15		15
16 Tax-exempt income and nondeductible expenses	16	9	16
17 Distributions - cash and marketable securities	17	2580	17
18 Distributions - other property	18		18
19 Other items not included above that are required to be reported separately to partners Identify: SEE STATEMENT	19	283507	19

NO HANDWRITTEN ENTRIES ON THIS FORM

Partner's share of New York modifications (see instructions)**20 New York State additions**

	Number	A - Total amount	B - New York State allocated amount
20a	EA- 201	425	
20b	EA-		
20c	EA-		
20d	EA-		
20e	EA-		
20f	EA-		

21 Total addition modifications (total of column A, lines 20a through 20f) 21 425

22 New York State subtractions

	Number	A - Total amount	B - New York State allocated amount
22a	ES-		
22b	ES-		
22c	ES-		
22d	ES-		
22e	ES-		
22f	ES-		

23 Total subtraction modifications (total of column A, lines 22a through 22f) 23

24 Additions to itemized deductions

	Letter	Amount
24a		
24b		
24c		
24d		
24e		
24f		

25 Total additions to itemized deductions (add lines 24a through 24f) 25

26 Subtractions from itemized deductions

	Letter	Amount
26a		
26b		
26c		
26d		
26e		
26f		

27 Total subtractions from itemized deductions (add lines 26a through 26f) 27

28 This line intentionally left blank 28

NO HANDWRITTEN ENTRIES ON THIS FORM

Partner's other information

29a	Partner's share of New York source gross income	29a	
29b	MCTD Zone 1 allocation percentage (see instructions)	29b	%
29c	MCTD Zone 2 allocation percentage (see instructions)	29c	%
29d	Partner's share of receipts from the sale of goods by manufacturing	29d	
29e	Partner's share of New York adjusted basis of qualified manufacturing property	29e	

Partner's credit information**Part 1 - Flow-through credit bases and information**

Brownfield redevelopment tax credit (Form IT-611, IT-611.1, or IT-611.2)

	A - Form IT-611	B - Form IT-611.1	C - Form IT-611.2
30	Site preparation credit component	30	
31	Tangible property credit component	31	
32	On-site groundwater remediation credit component	32	
33	This line intentionally left blank	33	
34	This line intentionally left blank	34	
35	This line intentionally left blank	35	

QEZE tax reduction credit (Form IT-604)

36	QEZE employment increase factor	36	
37	QEZE zone allocation factor	37	
38	QEZE benefit period factor	38	

Excelsior jobs program tax credit (Form IT-607)

39	Excelsior jobs tax credit component	39	
40	Excelsior investment tax credit component	40	
41	Excelsior research and development tax credit component	41	
42	Excelsior real property tax credit component	42	
42a	Excelsior child care services tax credit component	42a	

Farmers' school tax credit (Form IT-217)

43	Acres of qualified agricultural property	43	
44	Acres of qualified conservation property	44	
45	Eligible school district property taxes paid	45	
46	Acres of qualified agricultural property converted to nonqualified use	46	

Other flow-through credit bases and information

Credit bases

Code	Amount	Code	Amount
47a		47d	
47b		47e	
47c		47f	

Credit information

Code	Information	Code	Information
47g		47j	
47h		47k	
47i		47l	

NO HANDWRITTEN ENTRIES ON THIS FORM

Partner's credit information (continued)**Part 2 - Flow-through credits, addbacks, and recaptures**

- 48 Long-term care insurance credit (Form IT-249)
- 49 Investment credit (including employment incentive credit and historic barn rehabilitation credit; Form IT-212)
- 50 Research and development - investment credit (Form IT-212)
- 50a Investment credit using eligible farmer's rate (Form IT-212)
- 51 Other flow-through credits

48	
49	
50	
50a	

	Code	Amount
51a		
51b		
51c		
51d		

	Code	Amount
51e		
51f		
51g		
51h		

52 Addbacks of credits and recaptures

	Code	Amount
52a		
52b		
52c		

	Code	Amount
52d		
52e		
52f		

Part 3 - START-UP NY tax elimination credit information (Form IT-638)

- 53 START-UP NY business certificate number (Form DTF-74)
- 54 Year of START-UP NY business tax benefit period
- 55 START-UP NY area allocation factor

53	
54	
55	

NO HANDWRITTEN ENTRIES ON THIS FORM

OTHER ITEMS REQUIRED TO BE REPORTED SEPARATELY

DESCRIPTION	AMOUNT FROM FEDERAL SCHEDULE K-1	NEW YORK STATE AMOUNT
INVESTMENT INCOME	13.	0.
BUSINESS INTEREST EXPENSE	21,184.	0.
GROSS RECEIPTS FOR SECTION 448(C)	58,050.	0.
SECTION 199A UNADJUSTED BASIS OF ASSETS	197,587.	0.
SECTION 199A RENTAL INCOME/LOSS	6,673.	0.
TOTAL TO FORM IT-204-IP, PAGE 2, LINE 19	283,507.	0.

Schedule K-1
(Form 1120-S)

 Department of the Treasury
 Internal Revenue Service

2024
☐ Final K-1

☐ Amended K-1

OMB No. 1545-0123

 For calendar year 2024, or tax
 year beginning _____
 ending _____

**Shareholder's Share of Income, Deductions,
 Credits, etc.** See separate instructions.

Part I Information About the Corporation
A Corporation's employer identification number

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

C IRS Center where corporation filed return

E-FILE
D Corporation's total number of shares

Beginning of tax year _____ 1,134.00

End of tax year _____ 1,134.00

Part II Information About the Shareholder
F Shareholder's identifying number

F1 Shareholder's name, address, city, state, and ZIP code

C/O JONATHAN NELSON
F2 If the shareholder is a disregarded entity, a trust, an estate, or a nominee or
 similar person, enter the individual or entity responsible for reporting:

TIN _____ Name _____

F3 What type of entity is this shareholder? INDIVIDUAL
G Current year allocation percentage _____ .176367%

H Shareholder's number of shares

Beginning of tax year _____ 2.00

End of tax year _____ 2.00

I Loans from shareholder

Beginning of tax year \$ _____

End of tax year \$ _____

For IRS Use Only

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

1	Ordinary business income (loss)	13	Credits
2	Net rental real estate inc (loss) -1,647.		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked ☒ X
6	Royalties	15	Alternative min tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured sec 1250 gain		
9	Net section 1231 gain (loss)	16 C*	Items affecting shareholder basis 3.
10	Other income (loss)		
		17 V	Other information * STMT
11	Section 179 deduction	AC	* STMT
12	Other deductions		
A	17.		
18	☐ More than one activity for at-risk purposes*		
19	☐ More than one activity for passive activity purposes*		
*See attached statement for additional information.			

SCHEDULE K-1

FOOTNOTES

THIS PASS THROUGH ENTITY IS A REAL ESTATE TRADE OR BUSINESS THAT HAS ELECTED TO BE TREATED AS AN ELECTING REAL PROPERTY TRADE OR BUSINESS UNDER SECTION 163(J)(7)(B).

THE FOLLOWING INFORMATION REPRESENTS THE COMPANY'S AMOUNT OF GROSS RECEIPTS FOR THE PAST THREE YEARS, WHICH MAY BE REQUIRED FOR THE COMPUTATION OF YOUR OWN SECTION 163(J) LIMITATION:

ANNUAL GROSS RECEIPTS FOR 2021:	4,846,961.
ANNUAL GROSS RECEIPTS FOR 2022:	2,861,467.
ANNUAL GROSS RECEIPTS FOR 2023:	2,641,114.

PLEASE CONSULT YOUR TAX ADVISOR FOR THE APPLICATION OF SECTION 163(J) TO YOU.

SCHEDULE K-1

NONDEDUCTIBLE EXPENSES, BOX 16, CODE C

DESCRIPTION	AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
EXCLUDED MEALS EXPENSES		3. SEE SHAREHOLDERS INSTRUCTIONS
TOTAL		3.

SCHEDULE K-1

SECTION 199A ADDITIONAL INFORMATION

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 17, UNDER CODE V. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1

SECTION 199A ITEMS, BOX 17
CODE V

DESCRIPTION	AMOUNT
RENT - FRONT STREET	
RENTAL INCOME(LOSS)	-551.
UNADJUSTED BASIS	32,435.
RENT - FSD UNIVERSITY, LLC	
RENTAL INCOME(LOSS)	-106.
UNADJUSTED BASIS	355.
RENT - FSD ARCH STREET	
RENTAL INCOME(LOSS)	-990.
UNADJUSTED BASIS	27,589.

SCHEDULE K-1 GROSS RECEIPTS FOR SECTION 448(C), BOX 17, CODE AC

DESCRIPTION	AMOUNT
GROSS RECEIPTS - CURRENT YEAR	4,592.

Schedule K-3
(Form 1120-S)

Department of the Treasury
Internal Revenue Service

Shareholder's Share of Income, Deductions,
Credits, etc.-International

☐ Final K-3

☐ Amended K-3

OMB No. 1545-0123

2024

For calendar year 2024, or tax year beginning _____, ending _____

See separate instructions.

Information About the Corporation

A Corporation's employer identification number (EIN)

Information About the Shareholder

C Shareholder's identifying number

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

D Shareholder's name, address, city, state, and ZIP code

PEACOCK

C/O

FL

E Check to indicate the parts of Schedule K-3 that apply.

- 1 Does Part I apply? If "Yes," complete and attach Part I
- 2 Does Part II apply? If "Yes," complete and attach Part II
- 3 Does Part III apply? If "Yes," complete and attach Part III
- 4 Does Part IV apply? If "Yes," complete and attach Part IV
- 5 Does Part V apply? If "Yes," complete and attach Part V
- 6 Does Part VI apply? If "Yes," complete and attach Part VI
- 7 Does Part VII apply? If "Yes," complete and attach Part VII

	Yes	No
1		X
2	X	
3	X	
4		X
5		X
6		X
7		X

For IFS Use Only

Part I Shareholder's Share of Corporation's Other Current Year International Information

Shareholder's name

PEACOCK C/O

Shareholder's identification number

Check box(es) for additional specified attachments. See instructions.

- ☐ 1. Gain on personal property sale
☐ 2. Foreign oil and gas taxes
☐ 3. Splitter arrangements
☐ 4. Foreign tax translation
☐ 5. High-taxed income
☐ 6. Section 267A disallowed deduction
☐ 7. Form 8858 information
☐ 8. Form 5471 information
☐ 9. Other forms
☐ 10. Shareholder loan transactions
☐ 11. Entity treatment for certain S corporations
☐ 12. Form 9865 information
☐ 13. Other international items (attach description and statement)

Part II Foreign Tax Credit Limitation
Section 1 - Gross Income

Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other category code		
1 Sales							
A							
B							
C							
2 Gross income from performance of services							
A							
B							
C							
3 Gross rental real estate income							
A US	4,594.	0.	0.	0.	0.	0.	4,594.
B							
C							
4 Other gross rental income							
A							
B							
C							
5 Reserved for future use							
6 Interest income							
A							
B							
C							
7 Ordinary dividends (exclude amount on line 8)							
A							
B							
C							

Corporation's name

Shareholder's name

Part II Foreign Tax Credit Limitation (continued)**Section 1 - Gross Income** (continued)

Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)		
8 Qualified dividends							
A							
B							
C							
9 Reserved for future use							
10 Royalties and license fees							
A							
B							
C							
11 Net short-term capital gain							
A							
B							
C							
12 Net long-term capital gain							
A							
B							
C							
13 Collectibles (28%) gain							
A							
B							
C							
14 Unrecaptured section 1250 gain							
A							
B							
C							
15 Net section 1231 gain							
A							
B							
C							

Corporation's name

C

Shareholder's name

C/O

Shareholder's identification number

Part II Foreign Tax Credit Limitation (continued)**Section 1 - Gross Income (continued)**

Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other category code		
16 Section 986(c) gain							
17 Section 987 gain							
18 Section 988 gain							
19 Section 951(a) inclusions							
A							
B							
C							
20 Other income							
A							
B							
C							
21 Section 951A(a) inclusions							
22 Reserved for future use							
A							
B							
C							
23 Reserved for future use							
A							
B							
C							
24 Total gross income (combine lines 1 through 23)	4,594.						4,594.
A US	4,594.	0.	0.	0.	0.	0.	4,594.
B							
C							

Corporation's name

Shareholder's name

PEACOCK C/O

Shareholder's identifying number

Part II Foreign Tax Credit Limitation (continued)
Section 2 - Deductions

Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other category code		
25 Expenses allocable to sales income							
26 Expenses allocable to gross income from performance of services							
27 Net short-term capital loss							
28 Net long-term capital loss							
29 Collectibles loss							
30 Net section 1231 loss							
31 Other losses							
32 Research & experimental (R&E) expenses							
A SIC code:							
B SIC code:							
C SIC code:							
33 Allocable rental expenses - depreciation, depletion, and amortization	1,771.						1,771.
34 Allocable rental expenses - other than depreciation, depletion, and amortization	4,470.						4,470.
35 Allocable royalty and licensing expenses - depreciation, depletion, and amortization							
36 Allocable royalty and licensing expenses - other than depreciation, depletion, and amortization							
37 Depreciation not included on line 33 or line 35							
38 Charitable contributions	17.						17.
39 Interest expense specifically allocable under Regulations section 1.861-10(e)							
40 Other interest expense specifically allocable under Regulations section 1.861-10T							
41 Other interest expense - business							
42 Other interest expense - investment							
43 Other interest expense - passive activity							
44 Section 59(e)(2) expenditures, excluding R&E expenses on line 32							
45 Foreign taxes not creditable but deductible							

Corporation's name

EIN

Shareholder's name

PEACOCK C/O

Shareholder's identification number

Section 2 - Deductions (continued)

Description	(a) U.S. source	Foreign Source					(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)			
46 Section 986(c) loss								
47 Section 987 loss								
48 Section 988 loss								
49 Other allocable deductions								
50 Other apportioned share of deductions								
51 Reserved for future use								
52 Reserved for future use								
53 Reserved for future use								
54 Total deductions (combine lines 25 through 53)		6,258.						6,258.
55 Net income (loss) (subtract line 54 from line 24)		-1,664.						-1,664.

Part III Other Information for Preparation of Form 1116**Section 1 - R&E Expenses Apportionment Factors**

Description	(a) U.S. source	Foreign Source					(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)			
1 Gross receipts by SIC code								
A SIC code:								
B SIC code:								
C SIC code:								
D SIC code:								
E SIC code:								
F SIC code:								
2 Exclusive apportionment with respect to total R&E expenses entered on Part II, line 32.								
A R&E expense with respect to activity performed in the United States								
(i) SIC code:							2A(i)	
(ii) SIC code:							2A(ii)	
(iii) SIC code:							2A(iii)	
B R&E expense with respect to activity performed outside the United States								
(i) SIC code:							2B(i)	
(ii) SIC code:							2B(ii)	
(iii) SIC code:							2B(iii)	

Corporation's name

EIN

Shareholder's name

PEACOCK C/O

Shareholder's identifying number

Part III Other Information for Preparation of Form 1116 (continued)

Section 2 - Interest Expense Apportionment Factors

Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other category code (country code)		
1 Total average value of assets	40,759.						40,759.
2 Reserved for future use							
3 Assets attracting directly allocable interest expense under Regulations section 1.861-10(e)							
4 Other assets attracting directly allocable interest expense under Regulations section 1.861-10T							
5 Assets excluded from apportionment formula							
6a Total assets used for apportionment (subtract the sum of lines 3, 4, and 5 from the sum of lines 1 and 2)	40,759.						40,759.
b Assets attracting business interest expense							
c Assets attracting investment interest expense							
d Assets attracting passive activity interest expense							
7 Basis in stock of 100%-owned noncontrolled foreign corporations (see attachment)							
8 Basis in stock of CFCs (see attachment)							

Schedule of Activities

For calendar year 2024, or tax year beginning

2024, and ending

Name: PEACOCK C/O

For:

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code	Description	Activity - 1	Activity - 3	Activity - 5
	1				4	FRONT STREET			
	3				4	FSD UNIVERSITY, LLC			
	5				2	FSD ARCH STREET			
Ordinary business income (loss)									
Net rental real estate income (loss)							-551.	-106.	-990.
Other net rental income (loss)									
Interest income									
Dividends - Ordinary dividends									
- Qualified dividends									
- Dividend equivalents (1065 only)									
Royalties									
Net short-term capital gain (loss)									
Net long-term capital gain (loss)									
- Collectibles (28%) gain (loss)									
- Unrecaptured Section 1250 gain									
Net section 1231 gain (loss)									
Other portfolio income									
Section 1256 contracts and straddles									
Other income									
Section 179 deduction									
Charitable contributions									
Portfolio deductions									
Investment interest expense									
Section 59(e)(2) expenditures									
Excess business interest expense									
Other deductions									
Net earnings from self-employment									
Gross farming or fishing income									
Gross nonfarm income									
LIH credit - Section 42(j)(5) partnerships									
- Other									
Qualified rehabilitation expenditures related to rental real estate									
Other rental credits									
Credits related to other rental activities									
Recapture of LIH credit - Section 42(j)(5) partnerships									
- Other									
Other credits									
Post-1986 depreciation adjustment									
Adjusted gain or loss									
Portion of adjusted gain/loss allocable to short-term gain/loss									
Portion of adjusted gain/loss allocable to long-term gain/loss									
Portion of adjusted gain/loss allocable to section 1231 gain/loss									
Depletion (other than oil and gas)									
Oil, gas and geothermal properties - gross income									
Oil, gas and geothermal properties - deductions									
Other AMI items									
Investment income									
Investment expenses									
Section 199A - W-2 wages									
- Unadjusted basis of assets							32,435.	355.	27,589.
- REIT dividends									
- Cooperative qualified business income									
- Cooperative W-2 wages									

04-01-24

1 - Single Family Residence 2 - Multi-Family Residence 3 - Vacation or Short-Term Rental 4 - Commercial 5 - Land 6 - Royalties 7 - Self-Rental 8 - Other

Form **7203**(Rev. December 2022)
Department of the Treasury
Internal Revenue Service**S Corporation Shareholder Stock and
Debt Basis Limitations**

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

Attachment
Sequence No. **203**

Name of shareholder

C/O

Identifying number

A Name of S corporation

B Employer identification number

C Stock block (see instructions).

D Check applicable box(es) to indicate how stock was acquired:

(1) ☒ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gift (5) ☐ Other:E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐**Part I Shareholder Stock Basis**

1	Stock basis at the beginning of the corporation's tax year	1	
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	
5	Stock basis before distributions. Add lines 1, 2, and 4	5	
6	Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	0.
8a	Nondeductible expenses	8a	
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	0.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	0.

Part II Shareholder Debt Basis**Section A - Amount of Debt** (If more than three debts, see instructions.)

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	☐ Formal note ☐ Open account	☐ Formal note ☐ Open account	☐ Formal note ☐ Open account	
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Add lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)	()	()	()	()
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18				

Part II Shareholder Debt Basis (continued)**Section B - Adjustments to Debt Basis**

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year				
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Add lines 21, 22, and 23				
25 Divide line 24 by line 18				
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-				0.

Section C - Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 Reportable gain. Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss					
36 Net rental real estate loss	1,647.	7,873.			9,520.
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions	17.	62.			79.
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	1,664.	7,935.			9,599.

Form **7203** (12-2022)

Department of Revenue Services
State of Connecticut
(Rev. 12/24)

Schedule CT K-1

Member's Share of Certain Connecticut Items

Complete in blue or black ink only.

For calendar year 2024 or other taxable year beginning 2024, and ending

Pass-through entity (PE) information			Member information		
Federal Employer ID Number (FEIN)	CT Tax Registration Number		Member's Social Security Number (SSN) or FEIN	☒ SSN	☐ FEIN
Name	Name		PEACOCK		
Number and street address	PO Box		C/O JONATHAN NELSON		
City or town	State	ZIP code	City or town	State	ZIP code
				FL	
Check the box if this is an amended or a final Schedule CT K-1.			Type of member (check one):		
☐ Amended Schedule CT K-1	☐ Final Schedule CT K-1		☐ RI	☐ RE	☐ RT
			☒ NI	☐ NE	☐ NT
					☐ PE
					☐ CM

Part 1 - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part 5

Additions Enter all amounts as positive numbers.

1. Interest on state and local obligations other than Connecticut	1.	00
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2.	00
3. Certain deductions relating to income exempt from Connecticut income tax	3.	00
4. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year	4.	00
5. 80% of Section 179 federal deduction	5.	00
6. Other - specify	6.	00

Subtractions Enter all amounts as positive numbers.

7. Interest on U.S. government obligations	7.	00
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	8.	00
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	9.	00
10. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years	10.	00
11. 25% of Section 179 federal deduction added back in preceding four years	11.	00
12. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that are not claimed for federal income tax purposes	12.	00
13. Other - specify	13.	00

Part 2 - Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or 1120S

Column A
From Federal Schedule K-1

Column B
From Form CT-1065/CT-1120SI, Part 6

1. Ordinary business income (loss)	1.	00	00
2. Net rental real estate income (loss)	2.	-1,647	00
3. Other net rental income (loss)	3.	00	00
4. Guaranteed payments	4.	00	00
5. Interest income	5.	00	00
6a. Ordinary dividends	6a.	00	00
7. Royalties	7.	00	00
8. Net short-term capital gain (loss)	8.	00	00
9a. Net long-term capital gain (loss)	9a.	00	00
10. Net section 1231 gain (loss)	10.	00	00
11. Other income (loss): Attach statement	11.	00	00
12. Section 179 deduction	12.	00	00
13. Other deductions: Attach statement	13.	17	00

01-06-25

Schedule CT K-1 (Rev. 12/24)

1019

1
2024.

Part 3 - Connecticut Income Tax Information

1. Member's Connecticut tax liability as reported for the member less PE tax credit (Form CT-1065/CT-1120SI, Part 1, Schedule B, Column F less amount on Column G)	1.	00
---	----	----

Part 4 - Connecticut PE Tax Credit Information

1. Member's Connecticut PE Tax Credit as reported by the PE for the NI, NT, NE, and PE members on Form (Form CT-1065/CT-1120SI, Part 1, Schedule B, Column G and RI, RT, RE members on Part 8, Column D)	1.	00
---	----	----

Individuals, trusts, and estates: Report this amount on **Schedule CT-PE, Pass-Through Entity Tax Credit**.

Parent PE members: Report this amount on Form CT-1065/CT-1120SI, Part 1, Schedule D, Column D.

Part 5 - Connecticut Income Tax Credit Summary

	Column A Tax Credit Limitation	Column B 2024 credit amount earned (from Form CT-1065/CT-1120SI, Part 7)	Column C Credit allowed on behalf of member on composite return
1. Income tax liability: Member's amount from Form CT-1065/CT-1120SI, Part 1, Schedule B, Column D	1. 00	00	00
2. Youth Development Organization Contribution Tax Credit	2.	00	00
3. ABLE Account Tax Credit	3.	00	00
4. Angel Investor Tax Credit	4.	00	00
5. Accredited Theater Production Tax Credit	5.	00	00
6. Total Credits: Add Lines 2 through 5	6.	00	00

The amount entered in Column C may not exceed the amount of the credit available.

If claiming multiple credits, you may choose the order in which you apply the credits, but the total of all credits applied cannot exceed the amount on Column A, Line 1.

Individuals, trusts, and estates: Report these amounts on **Schedule CT-IT Credit, Income Tax Credit Summary**.

2024 Nonresident Schedule

of Shareholder/Partner/Beneficiary Pass Through Income, Loss and Credits

PEACOCK

Final N

(Individual=I, S Corp=S, C Corp=C, Estate=E, Trust=T,
Partnership=P, LLC=L, Exempt=X, Disregard Entity=D)

Owner Type I

If Owner is D Fill in FEIN

Shareholder's Stock Ownership % 00017

Partner's % of:
Profit sharing % 00000

Loss sharing % 00000

Capital
Ownership % 00000Fiscal Year N
52/53 Week N
Short Year N

(Estate=E, Trust=T, Partnership=P, S Corp=S, LLC=L)

General Partner or
LLC Member-Manager NLimited Partner or
Other LLC Member NIncluded on
PA-40 NRC Return N

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.

SECTION II

- 1 PA-Taxable Business Income (Loss) from Operations
- 2 Net Gain (Loss) from the Sale, Exchange or Disposition of Property
- 3 Net Income (Loss) from Rents, Royalties, Patents and Copyrights
- 4 Income of/from Estates or Trusts
- 5 Gambling and Lottery Winnings (Loss)

1	0
2	0
3	0
4	0
5	0

SECTION III

- 6 PA Nonresident Tax Withheld
- 7 Total Other Credits. Submit statement.
- 8 Distributions of Cash, Marketable Securities, and Property - not including guaranteed payments
- 9 Guaranteed Payments for Capital or Other Services
- 10 All Other Guaranteed Payments for Services Rendered (PA-Appportioned Amount Only)
- 11 Guaranteed Payments to the Retired Partner

6	0
7	0
8	0
9	0
10	0
11	0

SECTION IV

- 12 Distributions from PA Accumulated Adjustments Account Liquidating N
- 13 Distributions of Cash, Marketable Securities, and Property
- 14 Nontaxable income (loss) or nondeductible expenses required to calculate owner's economic investment. Submit statement.

12	0
13	0
14	0

Note: Lines 15 through 18 are for information purposes only.

- 15 Owner's Share of IRC Section 179 (SUPPLEMENTAL INFORMATION ONLY)
- 16 Owner's Share of Straight-Line Depreciation
- 17 Partner's Share of Nonrecourse Liabilities at year-end
- 18 Partner's Share of Recourse Liabilities at year-end

15	0
16	0
17	0
18	0



Department of the Treasury
Internal Revenue Service
Submission Processing
Kansas City, MO 64999-0017

IRS Notice CP01A

AARON PEACOCK

January 6, 2025

We assigned you an Identity Protection Personal Identification Number (IP PIN)

Your assigned IP PIN is: [REDACTED]

What you need to do immediately

You'll need this number to prepare your 2024 federal tax return so keep it in a safe place. If you don't use your IP PIN, we could reject your tax return or delay processing. Use this IP PIN when filing any current or prior year Forms 1040 during the calendar year beginning in January.

Enter the number in the correct place when filing your federal tax return:

- If filing electronically, your tax software or return preparer will tell you when and where to enter it.
- If filing a paper return, enter your IP PIN in the box marked "Identity Protection PIN" on the signature line.

About your IP PIN

It is a 6-digit number assigned to eligible taxpayers to help prevent the misuse of their Social Security number on fraudulent federal income tax returns.

The IRS will send you a new IP PIN each year.

Keep your IP PIN private and don't give it to anyone other than a tax professional filing your tax return.

Even if you don't have to file a tax return, your account is still protected from fraudulent filing.

To find more information

Visit [IRS.gov/CP01a](https://www.irs.gov/CP01a) for more information about this notice and other ways to protect yourself from identity theft.

If you misplace your IP PIN, visit [IRS.gov/retrieveipin](https://www.irs.gov/retrieveipin).

You can call us at 800-908-4490 (Monday-Friday, 7:00 a.m. – 7:00 p.m. local time; Alaska and Hawaii follow Pacific time) to have your IP PIN reissued or for other assistance specific to identity theft.

Visit [IRS.gov/ipinFAQs](https://www.irs.gov/ipinFAQs) for answers to Frequently Asked Questions.

For tax forms and publications, visit [IRS.gov/forms](https://www.irs.gov/forms) or call 800-TAX-FORM (800-829-3676).

The IRS doesn't initiate contact with taxpayers by email, text messages, or social media channels to request personal or financial information. This includes requests for PIN numbers, passwords, or similar access information for credit cards, banks, or other financial accounts.

a Employee's social security number [REDACTED]		Payroll organization code 22-25-18-05-110		Intradepartment number 0000000000	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 175,728.92		2 Federal income tax withheld 31,530.21	
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 168,600.00		4 Social security tax withheld 10,453.20	
		5 Medicare wages and tips 182,830.50		6 Medicare tax withheld 2,651.04	
		7 Social security tips		10 Dependent care benefits	
		11 Nonqualified plans		12a See instructions for box 12 G 2,400.00	
d Control number 018348 01/07		13 Statutory employee ☐		12b DD 11,078.04	
e Employee's first name, mi, and last name AARON J PEACOCK [REDACTED]		Retirement plan ☒		12c	
		Third-party sick pay ☐		12d	
		14 Other 125 680.00		12e	
f Employee's address and ZIP code		15 State wages, tips, etc.		17 State income tax	
15 State Employee's state ID number		16 State wages, tips, etc.		18 Local wages, tips, etc.	
		17 State income tax		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. 1545-0046
Department of the Treasury - Internal Revenue Service

a Employee's social security number [REDACTED]		Payroll organization code 22-25-18-05-110		Intradepartment number 0000000000	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 175,728.92		2 Federal income tax withheld 31,530.21	
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 168,600.00		4 Social security tax withheld 10,453.20	
		5 Medicare wages and tips 182,830.50		6 Medicare tax withheld 2,651.04	
		7 Social security tips		10 Dependent care benefits	
		11 Nonqualified plans		12a See instructions for box 12 G 2,400.00	
d Control number 018348 01/07		13 Statutory employee ☐		12b DD 11,078.04	
e Employee's first name, mi, and last name AARON J PEACOCK [REDACTED]		Retirement plan ☒		12c	
		Third-party sick pay ☐		12d	
		14 Other 125 680.00		12e	
f Employee's address and ZIP code		15 State wages, tips, etc.		17 State income tax	
15 State Employee's state ID number		16 State wages, tips, etc.		18 Local wages, tips, etc.	
		17 State income tax		19 Local income tax	
				20 Locality name	

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

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

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

a Employer's social security number [REDACTED]		Payroll organization code 21-50-18-00-000		Intradepartment number 0000006532	
b Employer identification number (EIN) [REDACTED]		1 Wages, tips, other compensation 46,650.89		2 Federal income tax withheld 2,662.11	
c Employer's name, address, and ZIP code [REDACTED]		3 Social security wages 52,224.44		4 Social security tax withheld 3,237.92	
		5 Medicare wages and tips 52,224.44		6 Medicare tax withheld 757.25	
		7 Social security tips		10 Dependent care benefits	
d Control number [REDACTED]		11 Nonqualified plans		12a See instructions for box 12 G 3,900.00	
e Employee's first name, mi, and last name [REDACTED] PEACOCK [REDACTED]		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐		12b DD 11,078.04	
		14 Other 125 3,560.16		12c	
				12d	
f Employee's address and ZIP code				12e	
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**

OMB No. 1545-0048

Department of the Treasury - Internal Revenue Service

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

a Employer's social security number [REDACTED]		Payroll organization code 21-50-18-00-000		Intradepartment number 0000006532	
b Employer identification number (EIN) [REDACTED]		1 Wages, tips, other compensation 46,650.89		2 Federal income tax withheld 2,662.11	
c Employer's name, address, and ZIP code [REDACTED]		3 Social security wages 52,224.44		4 Social security tax withheld 3,237.92	
		5 Medicare wages and tips 52,224.44		6 Medicare tax withheld 757.25	
		7 Social security tips		10 Dependent care benefits	
d Control number [REDACTED]		11 Nonqualified plans		12a See instructions for box 12 G 3,900.00	
e Employee's first name, mi, and last name [REDACTED] PEACOCK [REDACTED]		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐		12b DD 11,078.04	
		14 Other 125 3,560.16		12c	
				12d	
f Employee's address and ZIP code				12e	
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**

OMB No. 1545-0048

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA42TW Rev. 05/31/2024

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

TRUIST BANK TAX
PO BOX 819
WILSON, NC 27894-0819

Payer Code: DPOP

If you have questions contact:
Information Line
Phone: 800-394-1470

MEREDITH PEACOCK

Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the instructions for Form 1099-INT. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(h)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer must generally report either (1) a net amount of interest that reflects the effect of the amount of interest paid to you by the amount of premium amortization allocable to the payments, or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payments. If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099-INT to satisfy its chapter 4 account reporting requirement. You may also have a filing requirement. See the instructions for Form 1099-INT.

Account number. May show an account or other unique number the payer assigned to distinguish your account. Payer's Routing Transit Number (RTN). A payer may include the RTN to identify the bank or financial institution where your account is held.

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during the calendar year on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 1092. See the instructions above for a taxable covered security acquired at a premium.

Box 2. Shows interest or principal (or both) because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9, include this amount on your income tax return as is, or, if applicable, as a deduction.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. This amount is included in box 1. Note: This amount is not deductible.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040 or 1040-SR. See your tax return instructions.

Box 7. Shows the country or U.S. territory to which the foreign tax was paid.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. See how to report this amount in the instructions for Form 1040. This amount may be subject to backup withholding. See Box 4 above. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for Form 1099-INT. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 10. For a taxable or tax-exempt covered security, if you made an election under section 1278(a) to include market discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.6045-1(h)(5), show the market discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-INT. For a taxable or tax-exempt covered security acquired on or after January 1, 2015, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.6045-1(h)(5) that you did not want to make a constant yield election for market discount under section 1278(b). Report the accrued market discount on your income tax return as directed in the instructions for Form 1040. Market discount on a tax-exempt security is includable in taxable income as interest income.

Box 11. For a taxable covered security (other than a U.S. Treasury obligation), show the amount of premium amortization allocable to the interest payments, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(h)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Schedule B (Form 1040) to determine the net amount of interest includable in income on Form 1040 or 1040-SR with respect to the security. If an amount is not reported in this box for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest. If the amount in box 11 is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(d)(4).

Box 12. For a U.S. Treasury obligation that is a covered security, show the amount of premium amortization allocable to the interest payments, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(h)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Schedule B (Form 1040) to determine the net amount of interest includable in income on Form 1040 or 1040-SR with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 3. If the amount in box 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(d)(4).

Box 13. For a tax-exempt covered security, show the amount of premium amortization allocable to the interest payments. If an amount is reported in this box, see Pub. 550 to determine the net amount of tax-exempt interest reportable on the payer has reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount in box 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(d)(4).

Box 14. Shows CUSIP number(s) for tax-exempt bonds on which tax-exempt interest was paid, or tax-exempt bonds on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bonds.

Boxes 15-17. Show tax withheld reporting boxes. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096, list yourself as the "filer." A return is not required to file a nominee return to show amounts owned by the other spouse.

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		CORRECTED (if checked)		OMB No. 1545-0112		2024		Form 1099-INT		Interest Income	
TRUIST BANK TAX PO BOX 819 WILSON, NC 27894-0819		Payer's RTN (optional)		1 Interest income		\$ 649.91		2 Early withdrawal penalty		\$	
PAYER'S TIN		RECIPIENT'S TIN		3 Interest on U.S. Savings Bonds and Treasury obligations		\$		4 Federal income tax withheld		\$	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code		PEACOCK		5 Investment expenses		\$		6 Foreign tax paid		\$	
				7 Foreign country or U.S. possession		\$		8 Tax-exempt interest		\$	
				9 Specified private activity bond interest		\$		10 Market discount		\$	
				11 Bond premium		\$		12 Bond premium on Treasury obligations		\$	
				13 Bond premium on tax-exempt bond		\$		14 Tax-exempt and tax credit bond CUSIP no.		15 State 16 State identification no. 17 State tax withheld	
Account number (see instructions)				FATCA filing requirement		☐		FL		Not Applicable	
Tracking #:											

Form 1099-INT (Rev. 1-2024) (keep for your records) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service

Form 1095-C

Employer-Provided Health Insurance Offer and Coverage

Department of the Treasury
Internal Revenue Service

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

OMB No. 1545-2251

2024

Part I Employee

1 Name of employee (first name, middle initial, last name)

PEACOCK

2 Social security number (SSN)

7 Name of employer

8 Employer identification number (EIN)

3 Street address (including apartment no.)

9 Street address (including room or suite no.)

10 Contact telephone number

4 City or town

5 State or province

6 Country and ZIP or foreign postal code

12 State or province

13 Country and ZIP or foreign postal code

Part II Employee Offer of Coverage

Employee's Age on January 1

Plan Start Month (enter 2-digit number): 01

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$ 15.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2G												
17 ZIP Code													

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

Cat. No. 60705M

Form 1095-C (2024)

Part III

Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☐

(a) Name of covered individual(s) First name, middle int. al., last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
29			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
30			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Department of
**MANAGEMENT
SERVICES**

Retirement



Division of Retirement
P.O. Box 9000
Tallahassee, FL 32315-9000

Ron DeSantis, Governor
Pedro Allende, Secretary

OFFICE OF STATE COURTS
500 S DUVAL ST
TALLAHASSEE FL 32399

Invoice Number	
Invoice Date	8/12/2024
Section	CONTRIBUTIONS
Contact Number	Local: (850) 907-6500 Toll-Free: 1-844-377-1888

Invoice Description	Amount Due
Variance Invoice	384.92
Attention: To ensure accurate processing of your account, indicate invoice number with your payment.	

PLEASE MAKE CHECKS PAYABLE TO THE FLORIDA RETIREMENT SYSTEM AND MAIL TO :

Regular Mail
Division of Retirement
PO Box 9000
Tallahassee, FL 32315-9000

Overnight Delivery
Division of Retirement
3189 South Blair Stone Road
Tallahassee, FL 32301-6812

A DELINQUENT FEE OF 1% PER MONTH WILL BE ASSESSED ON AMOUNTS NOT PAID WITHIN 30 DAYS FROM THE DATE OF THE INVOICE.

Invoice num: [REDACTED] Invoice Date: 8/12/2024 Invoice Type: VAR Invoice Amt: 384.92

Agency: 2200 OFFICE OF STATE COURTS County:

Report Type: FRS

SSN/Name	Check Date	Report Date	Plan Rep/Req	Salary	ER Rep/Req/Adj	EE Rep/Req/Adj	ER Delinq Fee	EE Delinq Fee
[REDACTED]	11/2023	04/2024	HC	803.76	0.00	0.00		
PEACOCK, AARON J			HC		360.81	24.11	0	0
					360.81	24.11		
Total Adjustment Amounts for SSN:					360.81	24.11	0	0
Total Adjustment Amounts for Invoice:					360.81	24.11	0	0

AARON PEACOCK
PEACOCK
[REDACTED]

DATE 09/26/24

PAY TO THE ORDER OF State of Florida \$ 24.11

Twenty Four + $\frac{11}{100}$ DOLLARS

SUNTRUST FSUCard [REDACTED]

MEMO Invoice 323657 [Signature]

[REDACTED]

2024 Charitable Giving Statement for Aaron J. Peacock, Esq.
Peacock

This statement serves as your official acknowledgement and receipt for charitable gifts made to the FSU Alumni Association*, FSU Foundation, FSU Real Estate Foundation and The Ringling from January 1, 2024 to December 31, 2024, and is sufficient for tax reporting purposes.

2024 Total Giving: \$50.00

Breakdown by Designation:

Designation	Organization	Campaign / College	Total Amount Per Designation
F03304 - College of Law General Development Fund	Foundation	Law	\$50.00

Thank you for helping to advance the mission of Florida State University through your personal investment. If you have questions about your charitable giving summary, please contact the donor relations department at donorrelations@foundation.fsu.edu or (850) 644-1485.

In-kind donations are not reflected in this summary. Please contact us to obtain a copy of your in-kind receipt.

The Florida State University Foundation is a nonprofit 501(c)(3) organization. No goods or services were provided in exchange for this contribution. Your gift is tax deductible to the extent allowed by the law.

* For tax deductions related to your FSU Alumni Association membership(s), please consult with your financial advisor.

** The payroll deduction total, if shown, is a subset of your overall total.



SAINT JOHN THE EVANGELIST CATHOLIC COMMUNITY

A Roman Catholic Church of the Diocese of Orlando
staffed by the Congregation of Holy Cross

January 17, 2025

Mr. & Mrs. Aaron Peacock

Dear Mr. & Mrs. Peacock,

A very warm greeting to you from St. John the Evangelist Catholic Church!

I am so grateful to you for faithfully continuing your financial support for our parish. Without your support, we would not be able to sustain our ministries. There are many ways in which your generous support makes a difference.

Because of you, we are able to continue to livestream our 11:00 a.m. Mass on Sunday and other Holy Days so that our homebound members can still stay in touch with our parish family. Because of you, we can maintain an exceptional level of support to those in need, providing aid in this past year (2024) to over 46 Brevard County families in the form of emergency assistance to cover utility bills and rent or mortgage payments. We also are able to continue our outreach support of 15 non-government organizations (NGOs) in Brevard County that serve the poor and the homeless, including The Children's Hunger Project and St. Stephen's Way, among many others.

In addition, we are able to maintain a pleasing, well-kept appearance in the Grotto and on our campus grounds and provide floral and other decorations suitable to each season, especially in the Grotto.

Because of you, our calendar is busy and continues to get busier. Our liturgies are full; our faith formation classes are full, and our social gatherings continue to draw more and more participants. You are a part of the parish's collective strength that draws us forward into our Jubilee Year, which we begin to celebrate later this year on September 8, 2025 until September 8, 2026.

Our records show that you contributed the following amounts in 2024:

	<u>Amount Paid</u>
Weekly Offertory Fund:	\$1,200.00
Total amount paid:	\$1,200.00
Total tax deductible amount:	\$1,200.00

On behalf of St. John The Evangelist Catholic Church, I wish to thank you most sincerely. What a privilege it is for me to serve a community that is so wonderfully blessed with people like you. You remain, as always, in my mind and heart, and most especially in my prayers.

In the Peace of Christ,

A. John Britto

Rev. John Britto Antony, C.S.C., Pastor

***No goods or services were exchanged, in full or partial consideration, for these contributions. Please examine your statement carefully. If it does not agree with your records, please contact the Parish Office.

May 17, 2024

Mr. Aaron Peacock


Our 3rd Annual Homes of Hope Breakfast was a great success and we wish to thank you for your sponsorship and/or donation to Saint Stephen's Way fundraising event, Credit card payment in the amount of \$103.00 on April 18, 2024. Your generosity is appreciated as it will assist us in providing affordable housing to homeless families with children in Brevard County Florida.

Saint Stephen's Way is a 501(c)(3) nonprofit organization, EIN #45-5390085. Your contribution is tax deductible to the extent allowed by law. No goods or services were provided in exchange for your generous financial donation. Please save this letter for income tax purposes.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 800-435-7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. LICENSE #CH54478

Gratefully yours,



Ed Struttman
President

SAINT STEPHEN'S WAY, INC.

2310 Lipscomb Street, Melbourne, FL 32901
321 306-8873

CIVILIAN MILITARY COMMUNITY Foundation, Inc.

1643 North Cocoa Blvd., Cocoa, FL 32922 (321) 631-5051 Email: DonBeck321@aol.com

Board of Trustees

Chairman

William Taylor
President & CEO,
Community Bank of
the South

President

David Spain
President, Comfort Inn
& Suite Resort, Cocoa
Beach

Treasurer

Steve Houser
President, DSHS
Financial Services

Secretary

Cindy Dropeski
Intercoastal Insurance

Trustee

Jerry Allender
Owner, Allender and
Allender, Attorneys

Trustee/Golf Chair

Jeanna Merrifield
Owner
Wild Ocean Market

Administrator

Don Beck
Civilian Military
Council Administrator

The Civilian Military
Community Foundation
Inc. is a 501(c)3 non-
profit corporation.

December 12, 2024

Judge Aaron Peacock


Dear Judge Peacock,

On behalf of the CivMil Foundation board of trustees and the Civilian Military Community Relations Council's board of directors, thank you for being a \$250.00 Bronze Sponsor of the 29th Fred Gay CivMil Golf Classic fund raiser.

Your contribution to the CivMil Community Foundation enables the Foundation to support the military family in a variety of ways. Also the Foundation presents from fifteen to twenty-two \$1,000 scholarships annually.

Your support, along with our other sponsors, enables CivMil to lead by example in support of our military and in underwriting certain Brevard County civilian projects deserving of a helping hand.

Sincerely,



Jeanna Merrifield
Chair, 29th Annual
Fred Gay CivMil Golf Classic - 2024

The Civilian Military Community Foundation Inc. is a 501(c)3 non-profit corporation. Golfers participating in the tournament receive a value of approximately \$98 per player. **Federal ID 59-3583384**

Federal ID 59-3583384 FLORIDA REGISTRATION #: CH34777. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER AFFAIRS BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

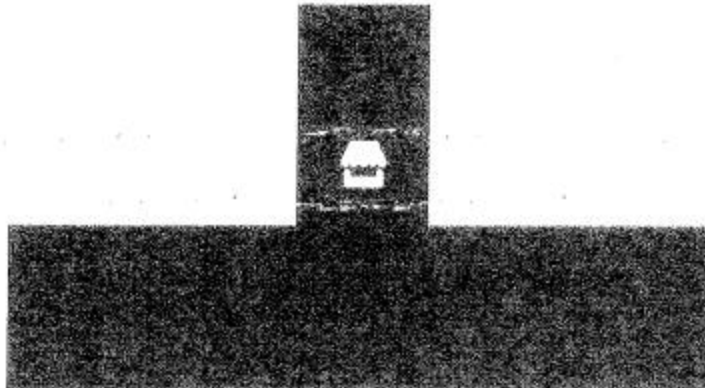
Aaron Peacock

From: Aaron Peacock [REDACTED]
Sent: Tuesday, March 4, 2025 5:57 PM
To: Aaron Peacock
Subject: Fwd: Receipt from John Barry Assembly 160

WARNING: This email came from OUTSIDE the 18th Judicial Circuit. Do NOT click any links unless you know they are safe. Use your Phish Alert Report button if unsure.

----- Forwarded message -----

From: John Barry Assembly 160 <messenger@messaging.squareup.com>
Date: Mon, Sep 16, 2024, 9:46 PM
Subject: Receipt from John Barry Assembly 160
To: [REDACTED]



John Barry Assembly 160



Let John Barry Assembly 160 know
how your experience was

\$50.00

Rockledge Knights [REDACTED] \$50.00

Total **\$50.00**

John Barry Assembly, 160
(321) 213-7835

Visa [REDACTED] (Keyed)

Sep 16
2024
at 9:39
PM
#1k3i
Auth
code:
026193

Run your own business?

Start using Square and process \$1,000 in
sales for free.

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[Manage preferences](#)

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© 2024 Square Privacy Policy
1955 Broadway, Suite 600
Oakland, CA 94612

Aaron Peacock

From: Aaron Peacock <[REDACTED]>
Sent: Tuesday, March 4, 2025 5:57 PM
To: Aaron Peacock
Subject: Fwd: Thank you for your donation to Maddie's Leukemia Fight: Help Support Her Family

WARNING: This email came from OUTSIDE the 18th Judicial Circuit. Do NOT click any links unless you know they are safe. Use your Phish Alert Report button if unsure.

----- Forwarded message -----

From: GoFundMe <support@gofundme.com>
Date: Mon, Sep 16, 2024, 8:38 PM
Subject: Thank you for your donation to Maddie's Leukemia Fight: Help Support Her Family
To: [REDACTED]



Thank you for your \$50.00 donation to Maddie's Leukemia Fight: Help Support Her Family

Here is your donation receipt:

Donor name:
Aaron Peacock
Donation date:
September 16, 2024
Donation to:
Maddie's Leukemia Fight: Help Support Her Family
Donation will be received by:
Jennifer Torpy
Donation amount:
\$50.00
Tip to:
GoFundMe
Tip amount:
\$5.00
Total amount:
\$55.00

Your donation will appear on your statement as GoFundMe* Maddies Leu

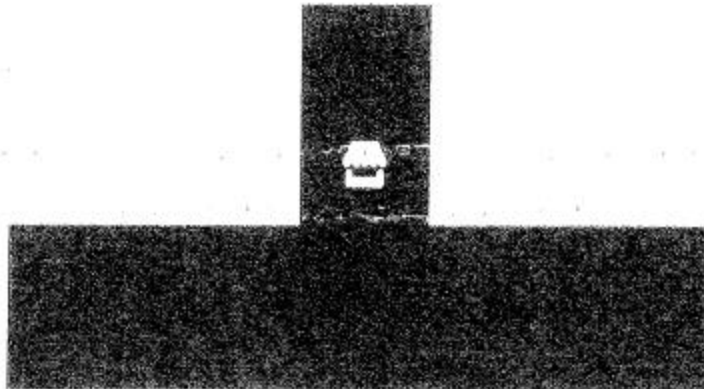
Aaron Peacock

From: Aaron Peacock [REDACTED]
Sent: Tuesday, March 4, 2025 5:56 PM
To: Aaron Peacock
Subject: Fwd: Receipt from VFW 10148 Post

WARNING: This email came from OUTSIDE the 18th Judicial Circuit. Do NOT click any links unless you know they are safe. Use your Phish Alert Report button if unsure.

----- Forwarded message -----

From: VFW 10148 Post <messenger@messaging.squareup.com>
Date: Sun, Aug 18, 2024, 10:59 AM
Subject: Receipt from VFW 10148 Post
To: [REDACTED]



VFW 10148 Post



Let VFW 10148 Post know how your
experience was

\$375.00

Foursome for 3rd Annual Preamble Scramble\$375.00
at CBCC on Dec 7, 2024

I am the Secretary of Space Coast Honor
Flight | Golfers Names: Aaron Peacock
(others to be determined at a later date)

Total

\$375.00



Map error: g.co/staticmaperror

Map data ©2025

VFW 10148 Post
150 Minutemen Cswy
Cocoa Beach, FL 32931
(321) 613-3271

Visa [REDACTED] (Keyed)

Aug 18

2024

at

10:53

AM

#71bE

Auth

code:

[REDACTED]

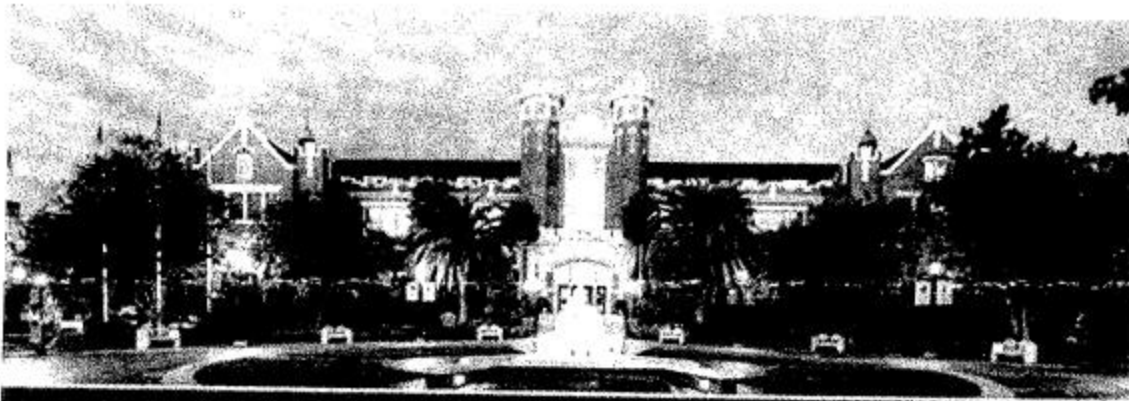
Run your own business?

Start using Square and process \$1,000 in
sales for free.

[Get Started with Square](#)



Receipt Settings



FLORIDA STATE UNIVERSITY FOUNDATION

Dear The Honorable Aaron Peacock,

On behalf of Florida State University, thank you for your recent gift of \$50.00.

This is your official gift receipt and should be retained for any available income tax deduction.

We are dedicated to excellence in teaching, research, creative endeavors and service. We are proud to be nationally recognized as a premier institution of higher learning, leading in student retention and graduation rates. We couldn't have done it without you. Your generosity helps us expand our community to include talented, diverse students and distinguished faculty, as well as perform cutting-edge research. As we continue to achieve and build on this success, we appreciate your support in lifting Florida State University to greater heights.

Thank you for your generous donation, and Go Noles!

Best regards,

Marla Vickers
Vice President for University Advancement and
President, FSU Foundation

P.S. Double or triple the impact! See if your company will match your gift.

Tax-related information is available anytime through oneFSU, our secure online community. To access your information or become a member, please visit <http://one.fsu.edu>.

If you have questions about your gift, please contact (850) 644-1485 or email donorrelations@foundation.fsu.edu.

Please print this email for your records, as it is your official gift receipt and should be retained as an important document necessary for any available federal income tax deduction. The Florida State University Foundation is a non-profit, 501(c)(3) organization. Your contribution may be tax deductible to the extent allowed by law. No goods or services were provided in exchange for this contribution.

Billing Information:

Name: The Honorable Aaron Peacock
Street Address: [REDACTED]
City: [REDACTED]
State/Province/Region: Florida
Zip Code/Postal Code: [REDACTED]
Country: United States
Phone: [REDACTED]
Email: [REDACTED]

Gift Information:

Gift Designation(s):	Amount	Designation
	\$50.00	College of Law General Development Fund ([REDACTED])
Total Amount:	\$50.00	
Gift Date:	2/9/2024	



The FSU Foundation is a 501(c)(3) charitable organization and gifts made to it are tax deductible to the extent allowed by law.
[Privacy Policy](#) | [EU Privacy Policy](#) | [oneFSU](#) | [State Non-profit Disclosures](#)

FLORIDA STATE UNIVERSITY FOUNDATION
325 W College Avenue, Tallahassee, FL 32301-1403
Phone: (850) 644-6000 • Fax: (850) 644-6211

Aaron Peacock

From: Aaron Peacock [REDACTED]
Sent: Tuesday, March 4, 2025 5:56 PM
To: Aaron Peacock
Subject: Fwd: Receipt for your donation to Harmony Farms, Inc.

WARNING: This email came from OUTSIDE the 18th Judicial Circuit. Do NOT click any links unless you know they are safe. Use your Phish Alert Report button if unsure.

----- Forwarded message -----

From: service@paypal.com <service@paypal.com>
Date: Sun, Jan 28, 2024, 7:58 PM
Subject: Receipt for your donation to Harmony Farms, Inc.
To: Aaron Peacock [REDACTED]

Hello, Aaron Peacock



You donated \$153.55 USD to Harmony Farms, Inc.

Thank you for using PayPal

Donation Details

Date

January 28, 2024

Transaction ID

Purpose

Donation to
Harmony Farms, Inc.

Donation from
[REDACTED]

Donation amount
\$153.55 USD

Total amount of this transaction **\$153.55 USD**

Funding Sources Used (Total)

VISA [REDACTED] **\$153.55 USD**

The transaction will appear on your credit card statement as PAYPAL *HARMONYFARM.

Please note it may take a little while for this donation to appear in the Activity section of your account.

This is a record of your generosity, but it's not an official tax donation receipt.



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Please don't reply to this email. To get in touch with us, click [Help & Contact](#).

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Aaron Peacock

From: Aaron Peacock [REDACTED]
Sent: Tuesday, March 4, 2025 5:55 PM
To: Aaron Peacock
Subject: Fwd: Your Schoolfundr receipt [# [REDACTED]]

WARNING: This email came from OUTSIDE the 18th Judicial Circuit. Do NOT click any links unless you know they are safe. Use your Phish Alert Report button if unsure.

----- Forwarded message -----

From: Schoolfundr <receipts@[REDACTED].org>
Date: Sun, Jan 14, 2024, 6:51 PM
Subject: Your Schoolfundr receipt [# [REDACTED]]
To: [REDACTED]



Receipt from Schoolfundr

Receipt [REDACTED]

AMOUNT PAID

\$57.00

DATE PAID

Jan 14, 2024, 6:50:27 PM

PAYMENT METHOD

VISA [REDACTED]

SUMMARY

Payment to Schoolfundr

\$57.00

Amount charged

\$57.00



Industries of Central Florida, Inc. goodwill

DONATION RECEIPT

Donor: <u>Pearce</u>	Date: <u>06-27-24</u>
Street Address: [REDACTED]	
City: [REDACTED]	Zip: [REDACTED] Phone: [REDACTED]
Email Address: [REDACTED]	
DESCRIPTION OF ITEMS DONATED:	
Women's dresses x 4	
Women's shirts x 7	
Women's dress shirts x 8	
\$100	
Attendant Signature: <u>T.C.</u>	Location: <u>Viera</u>

THANK YOU FOR YOUR DONATION!

Goodwill Industries of Central Florida is a 501(c)3 non-profit corporation. Your contribution provides training and employment services for people in Central Florida.

No goods or services were provided in exchange for this donation.

(407) 857-0659 | Fed ID #59-0908166
7531 S. Orange Blossom Trail Orlando, FL 32809

Revised 10-23



Industries of Central Florida, Inc. goodwill

DONATION RECEIPT

Donor: <u>Pearce</u>	Date: <u>6/8/24</u>
Street Address: [REDACTED]	
City: [REDACTED]	Zip: [REDACTED] Phone: [REDACTED]
Email Address: [REDACTED]	
DESCRIPTION OF ITEMS DONATED:	
Boys dress pants x 4	
Boys dress shirts x 7	
Boys golf shirts x 5	
Boys golf shirts x 5	
\$100	
Attendant Signature: <u>[Signature]</u>	Location: <u>Viera</u>

THANK YOU FOR YOUR DONATION!

Goodwill Industries of Central Florida is a 501(c)3 non-profit corporation. Your contribution provides training and employment services for people in Central Florida.

No goods or services were provided in exchange for this donation.

(407) 857-0659 | Fed ID #59-0908166
7531 S. Orange Blossom Trail Orlando, FL 32809

Revised 10-23

☐ CORRECTION

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

SPACE COAST CREDIT UNION
8045 N. WICKHAM ROAD
MELBOURNE FL 32940
321-752-2222

*Caution: The amount not be fully deductible. Limits based on the 10 and the cost and value secured property may you may only deduct it extent it was incurred actually paid by you, a reimbursed by another

PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

[REDACTED]

AARON J PEACOCK
[REDACTED] PEACOCK
[REDACTED]
[REDACTED]

1 Mortgage interest received

\$ 1,695.29

2 Outstanding mortgage

\$ 61,202.77

4 Refund of overpaid interest

\$ 0.00

6 Points paid on purchase of principal residence

\$ 0.00

8 Address or description of

9 Number of properties secured

11 Mortgage acquisition cost

RECIPIENT'S/LENDER'S



Schwab One® Account of
[REDACTED] PEACOCK

Account Number
[REDACTED]

**TAX YEAR 2024
FORM 1099 COMPOSITE
& YEAR-END SUMMARY**

Date Prepared: March 7, 2025

Recipient's Name and Address

03AD7 67566 YEA11505 *
[REDACTED] PEACOCK
[REDACTED]
[REDACTED]

Your Consultant

Hannah Young
Financial Consultant
1 800-513-4275
hannah.young@schwab.com

Items for Attention

This is a **CORRECTED** Form(s) 1099. One or more of the issuers of the securities in your account reallocated certain income (e.g., dividends, capital gains) after we mailed your original Form(s) 1099. If we receive updated information after we've mailed your Form 1099, we're required by the IRS to send a corrected form with the revisions clearly highlighted.

All corrections to your original Form 1099 will be marked with the word "**CORRECTED**"; corrections that are new for this document will be additionally notated with an "N" at the end of the row corrected. Data that was corrected in a previous version will not have an "N". Data that has not changed since the original 1099 will not have any correction or "N" indicated.

If you've already filed your tax return, you may want to consider filing an amended return based on the changes in your taxable income as reported on your corrected Form 1099. We suggest that you consult with a tax advisor, or an independent investment advisor, before you proceed.

You can also log into schwab.com/reports to view your documents securely online and visit schwab.com/gopaperless to manage your delivery preferences.

Important Official IRS Form(s) 1099 Enclosed

The report in this package contains your income tax return documents and year-end summary. Please retain this package for tax preparation purposes.

For tax advice, please consult with a qualified tax advisor, CPA, or financial planner.

To contact Schwab:

If you have any questions or need additional information about your Form(s) 1099 or your year-end summary, please call 1-800-435-4000, 24 hours a day, 7 days a week. We're always here for you.

To contact the IRS:

Tax questions for individuals: 1-800-829-1040
Tax questions for businesses: 1-800-829-4933
To order tax forms or publications: 1-800-829-3676
To pay taxes by credit card: 1-888-272-9829
For additional information and to print forms and publications, visit www.irs.gov.



Schwab One® Account of
PEACOCK

Account Number

TAX YEAR 2024
FORM 1099 COMPOSITE
& YEAR-END SUMMARY

Date Prepared: March 7, 2025

Your Form 1099 Composite may include the following Internal Revenue Service (IRS) forms: 1099-DIV, 1099-INT, 1099-MISC, 1099-B and 1099-CID. You'll only receive the form(s) that apply to your particular financial situation and please keep for your records. Please note that information in the Year-End Summary is not provided to the IRS. It is provided to you as additional tax reporting information you may need to complete your tax return.

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Schwab One® Account of
PEACOCK

TAX YEAR 2024
FORM 1099 COMPOSITE

Recipient's Name and Address

PEACOCK

Taxpayer ID Number

Account Number

Payer's Name and Address

CHARLES SCHWAB & CO., INC.
3000 SCHWAB WAY
WESTLAKE, TX 76262

Telephone Number: (800) 435-4000
Federal ID Number: 94-1737782

Date Prepared: March 7, 2025

Dividends and Distributions — 2024

CORRECTED

Form 1099-DIV

Department of the Treasury-Internal Revenue Service

Copy B for Recipient (OMB No. 1545-0110)

Box	Description	Amount	Total
1a	Total Ordinary Dividends (Includes amounts shown in boxes 1b, 2e, and 5)	CORRECTED	\$ 7,282.61 N
1b	Qualified Dividends	CORRECTED	\$ 5,021.92 N
2a	Total Capital Gain Distributions (Includes amounts shown in boxes 2b, 2c, 2d, and 2f)	CORRECTED	\$ 179.53 N
2b	Unrecap. Sec. 1250 Gain		\$ 29.62
2c	Section 1202 Gain		\$ 0.00
2d	Collectibles (28%) Gain		\$ 0.00
2e	Section 897 Ordinary Dividends		\$ 0.00
2f	Section 897 Capital Gains		\$ 0.00
3	Nondividend Distributions		\$ 56.38
4	Federal Income Tax Withheld		\$ 1,882.56
5	Section 199A Dividends		\$ 0.00 N
6	Investment Expenses	CORRECTED	\$ 1,065.19
7	Foreign Tax Paid		\$ 0.00
8	Foreign Country or U.S. Possession		\$ 0.00
9	Cash Liquidation Distributions		\$ 0.00
10	Noncash Liquidation Distributions		\$ 0.00
12	Exempt-Interest Dividends (Includes amount shown in box 13)		\$ 0.00
13	Specified Private Activity Bond Interest Dividends		\$ 0.00
14	State		\$ 0.00
15	State Identification No.		
16	State Tax Withheld		\$ 0.00
11	FATCA Filing Requirement		\$ 0.00

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.



Schwab One® Account of
PEACOCK

TAX YEAR 2024
FORM 1099 COMPOSITE

INSTRUCTIONS FOR RECIPIENTS OF FORM 1099 1099-DIV: Dividends and Distributions

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1a. Shows total ordinary dividends that are taxable. Include this amount on the "Ordinary dividends" line of Form 1040 or 1040-SR. Also report it on Schedule B (Form 1040), if required.

Box 1b. Shows the portion of the amount in box 1a that may be eligible for reduced capital gains rates. See the instructions for Form 1040 for how to determine this amount and where to report.

The amount shown may be dividends a corporation paid directly to you as a participant (or beneficiary of a participant) in an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040 or 1040-SR but treat it as a plan distribution, not as investment income, for any other purpose.

Box 2a. Shows total capital gain distributions from a regulated investment company (RIC) or real estate investment trust (REIT). See How To Report in the instructions for Schedule D (Form 1040). But, if no amount is shown in boxes 2b, 2c, 2d, and 2f and your only capital gains and losses are capital gain distributions, you may be able to report the amounts shown in box 2a on your Form 1040 or 1040-SR rather than Schedule D. See the instructions for Form 1040.

Box 2b. Shows the portion of the amount in box 2a that is unrecovered section 1250 gain from certain depreciable real property. See the Unrecaptured Section 1250 Gain Worksheet in the instructions for Schedule D (Form 1040).

Box 2c. Shows the portion of the amount in box 2a that is section 1202 gain from certain small business stock that may be subject to an exclusion. See the Schedule D (Form 1040) instructions.

Box 2d. Shows the portion of the amount in box 2a that is 28% rate gain from sales or exchanges of collectibles. If required, use this amount when completing the 28% Rate Gain Worksheet in the instructions for Schedule D (Form 1040).

Box 2e. Shows the portion of the amount in box 1a that is section 897 gain attributable to disposition of U.S. real property interests (USRPI).

Box 2f. Shows the portion of the amount in box 2a that is section 897 gain attributable to disposition of USRPI.

Note: Boxes 2e and 2f apply only to foreign persons and entities whose income maintains its character when passed through or distributed to its direct or indirect foreign owners or beneficiaries. It is generally treated as effectively connected to a trade or business within the United States. See the instructions for your tax return.

Box 3. Shows a return of capital. To the extent of your cost (or other basis) in the stock, the distribution reduces your basis and is not taxable. Any amount received in excess of your basis is taxable to you as capital gain. See Pub. 550.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9 for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5. Shows the portion of the amount in box 1a that may be eligible for the 20% qualified business income deduction under section 199A. See the instructions for Form 8995 and Form 8995-A.

Box 6. Shows your share of expenses of a nonpublicly offered RIC, generally a nonpublicly offered mutual fund. This amount is included in box 1a.

Box 7. Shows the foreign tax that you may be able to claim as a deduction or a credit on Form 1040 or 1040-SR. See the instructions for Form 1040.

Box 8. This box should be left blank if a RIC reported the foreign tax shown in box 7.

Boxes 9 and 10. Show cash and noncash liquidation distributions.

Box 11. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its account reporting requirement under chapter 4 of the Internal Revenue Code. You may also have a filing requirement. See the instructions for Form 8938.

Box 12. Shows exempt-interest dividends from a mutual fund or other RIC paid to you during the calendar year. See the instructions for Form 1040 for where to report. This amount may be subject to backup withholding. See Box 4 above.

Box 13. Shows exempt-interest dividends subject to the alternative minimum tax. This amount is included in box 12. See the instructions for Form 6251.

Boxes 14-16. State income tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-DIV (with a Form 1096) with the IRS for each of the other owners to show their share of the income, and you must furnish a Form 1099-DIV to each. A spouse is not required to file a nominee return to show amounts owned by the other spouse. See the current General Instructions for Certain Information Returns.



Schwab One® Account of
MEREDITH K PEACOCK

Account Number
[REDACTED]

TAX YEAR 2024
FORM 1099 COMPOSITE

Recipient's Name and Address

PEACOCK

Taxpayer ID Number: [REDACTED]

Account Number: [REDACTED]

Payer's Name and Address

CHARLES SCHWAB & CO., INC.
3000 SCHWAB WAY
WESTLAKE, TX 76262

Telephone Number: (800) 435-4000
Federal ID Number: 94-1737782

Date Prepared: March 7, 2025

Interest Income — 2024

Department of the Treasury-Internal Revenue Service

Form 1099-INT

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

Box	Description	Total
1	Interest Income	
3	Interest on U.S. Savings Bonds and Treasury Obligations	\$ 6.57
4	Federal Income Tax Withheld	\$ 0.00
5	Investment Expenses	\$ 0.00
6	Foreign Tax Paid	\$ 0.00
7	Foreign Country or U.S. Territory	\$ 0.00
8	Tax-Exempt Interest	\$ 0.00
9	Specified Private Activity Bond Interest	\$ 0.00
10	Market Discount	\$ 0.00
11	Bond Premium	\$ 0.00
12	Bond Premium on Treasury Obligations	\$ 0.00
13	Bond Premium on Tax-Exempt Bond	\$ 0.00
14	Tax-Exempt and Tax Credit Bond CUSIP No.	\$ 0.00
15	State	
16	State Identification No.	
17	State Tax Withheld	\$ 0.00
FATCA Filing Requirement ☐		

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

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.



Schwab One® Account of
PEACOCK

Account Number

TAX YEAR 2024
FORM 1099 COMPOSITE

INSTRUCTIONS FOR RECIPIENTS OF FORM 1099 1099-INT: Interest Income

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the instructions for Form 9849. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(h)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer generally must report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the instructions for Form 9838.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during the calendar year on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912. See the instructions above for a taxable covered security acquired at a premium.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury notes, and Treasury notes. This may or may not all be taxable. See Pub. 550. T is interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. This amount is included in box 1. Note: This amount is not deductible.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040 or 1040-SR. See your tax return instructions.

Box 7. Shows the country or U.S. territory to which the foreign tax was paid.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. See how to report this amount in the instructions for Form 1040. This amount may be subject to backup withholding. See Box 4 above. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 10. For a taxable or tax-exempt covered security, if you made an election under section 1278(b) to include market discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.6045-1(h)(5), shows the market discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-CID. For a taxable or tax-exempt covered security acquired on or after January 1, 2015, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.6045-1(h)(5) that you did not want to make a constant yield election for market discount under section 1278(b). Report the accrued market discount on your income tax return as directed in the instructions for Form 1040. Market discount on a tax-exempt security is includible in taxable income as interest income.

Box 11. For a taxable covered security (other than a U.S. Treasury obligation), shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(h)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Schedule B (Form 1040) to determine the net amount of interest includible in income on Form 1040 or 1040-SR with respect to the security. If an amount is not reported in this box for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in box 11 is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4).

Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(h)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Schedule B (Form 1040) to determine the net amount of interest includible in income on Form 1040 or 1040-SR with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 3. If the amount in box 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4).

Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to determine the net amount of tax-exempt interest reportable on Form 1040 or 1040-SR. If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount in box 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(ii).

Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s).

Boxes 15-17. State tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096, list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099INT.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.



Schwab One® Account of
PEACOCK

Account Number
[REDACTED]

TAX YEAR 2024
FORM 1099 COMPOSITE

Recipient's Name and Address

K PEACOCK

Taxpayer ID Number: [REDACTED]

Account Number: [REDACTED]

Payer's Name and Address

CHARLES SCHWAB & CO., INC.
3000 SCHWAB WAY
WESTLAKE, TX 76262

Telephone Number: (800) 435-4000
Federal ID Number: 94-1737782

Date Prepared: March 7, 2025

Proceeds from Broker Transactions — 2024

Department of the Treasury-Internal Revenue Service

Copy B for Recipient (OMB No. 1545-0715)

SHORT-TERM TRANSACTIONS FOR WHICH BASIS IS REPORTED TO THE IRS - Report on Form 8949, Part I, with Box A checked.

1a-Description of property (Example: 100 sh. XYZ Co.) CUSIP Number / Symbol	1b-Date acquired 1c-Date sold or disposed	1d-Proceeds 6-Reported to IRS: Gross Proceeds (except where indicated)	1e-Cost or other basis	1f-Accrued Market Discount 1g-Wash Sale Loss Disallowed	Realized Gain or (Loss)	4-Federal income tax withheld
325 BLUE OWL CAP CORP 69121K104 / OBDC	VARIOUS 01/03/24	\$ 4,762.07	\$ 4,103.47	--	\$ 658.60	\$ 0.00
Security Subtotal		\$ 4,762.07	\$ 4,103.47	--	\$ 658.60	\$ 0.00
70 BROADCOM INC 11135F101 / AVGO	VARIOUS 09/06/24	\$ 9,743.75	\$ 7,157.15	--	\$ 2,586.60	\$ 0.00
Security Subtotal		\$ 9,743.75	\$ 7,157.15	--	\$ 2,586.60	\$ 0.00
7 CROWDSTRIKE HLDGS INC CLASS 22788C105 / CRWD	VARIOUS 03/01/24	\$ 2,200.91	\$ 2,106.18	--	\$ 94.73	\$ 0.00
Security Subtotal		\$ 2,200.91	\$ 2,106.18	--	\$ 94.73	\$ 0.00

FATCA Filing Requirement ☐
Please see the "Notes for Your Form 1099-B" section for additional explanation of this Form 1099-B report.

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.



Schwab One® Account of
PEACOCK

Account Number
[REDACTED]

TAX YEAR 2024
FORM 1099 COMPOSITE

INSTRUCTIONS FOR RECIPIENTS OF FORM 1099 1099-B: Proceeds from Broker Transactions

Brokers and barter exchanges must report proceeds from (and in some cases, basis for) transactions to you and the IRS on Form 1099-B. Reporting is also required when your broker knows or has reason to know that a corporation in which you own stock has had a reportable change in control or capital structure. You may be required to recognize gain from the receipt of cash, stock, or other property that was exchanged for the corporation's stock. If your broker reported this type of transaction to you, the corporation is identified in box 1a.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

CUSIP number. Shows the CUSIP (Committee on Uniform Security Identification Procedures) number or other applicable identifying number.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its account reporting requirement under chapter 4 of the Internal Revenue code. You may also have a filing requirement. See the instructions for Form 9838.

Applicable checkbox on Form 8949. Indicates where to report this transaction on Form 8949 and Schedule D (Form 1040), and which checkbox is applicable. See the instructions for your Schedule D (Form 1040) and/or Form 8949.

Box 1a. Shows a brief description of the item or service for which amounts are being reported. For a corporation that had a reportable change in control or capital structure, this box may show the class of stock as C (common), P (preferred), or O (other).

Box 1b. This box may be blank if box 5a is checked or if the securities sold were acquired on a variety of dates. For short sales, the date shown is the date you acquired the security delivered to close the short sale.

Box 1c. Shows the trade date of the sale or exchange. For short sales, the date shown is the date the security was delivered to close the short sale. For aggregate reporting in boxes 8 through 11, no entry will be present.

Box 1d. Shows the cash proceeds, reduced by any commissions or transfer taxes related to the sale, for transactions involving stocks, debt, commodities, forward contracts, non-Section 1256 option contracts, or securities futures contracts. May show the proceeds from the disposition of your interest(s) in a widely held fixed investment trust. May also show the aggregate amount of cash and the fair market value of any stock or other property received in a reportable change in control or capital structure arising from the corporate transfer of property to a foreign corporation. Losses on forward contracts or non-Section 1256 option contracts are shown in parentheses. This box does not include proceeds from regulated futures contracts or Section 1256 option contracts. Report this amount on Form 8949 or on Schedule D (Form 1040) (whichever is applicable) as explained in the instructions for Schedule D (Form 1040).

Box 1e. Shows the cost or other basis of securities sold. If the securities were acquired through the exercise of a noncompensatory option granted or acquired on or after January 1, 2014, the basis has been adjusted to reflect your option premium. If the securities were acquired through the exercise of a noncompensatory option granted or acquired before January 1, 2014, your broker is permitted, but not required, to adjust the basis to

reflect your option premium. If the securities were acquired through the exercise of a compensatory option, the basis has not been adjusted to include any amount related to the option that was reported to you on a Form W-2. If box 5 is checked, box 1e may be blank. See the instructions for Form 8949, Instructions for Schedule D (Form 1040), or Pub. 550 for details.

Box 1f. Shows the amount of accrued market discount. For details on market discount, see the Schedule D (Form 1040) instructions, the instructions for Form 8949, and Pub. 550. If box 5 is checked, box 1f may be blank.

Box 1g. Shows the amount of nondeductible loss in a wash sale transaction. For details on wash sales, see the Schedule D (Form 1040) instructions, the instructions for Form 8949, and Pub. 550. If box 5 is checked, box 1g may be blank.

Box 2. The short-term and long-term boxes pertain to short-term gain or loss and long-term gain or loss. If the "Ordinary" box is checked, your security may be subject to special rules. For example, gain on a contingent payment debt instrument subject to the noncontingent bond method is generally treated as ordinary interest income rather than as capital gain. See the instructions for Form 8949, Pub. 550, or Pub. 1212 for more details on whether there are any special rules or adjustments that might apply to your security. If box 5 is checked, box 2 may be blank.

Box 3. If checked, proceeds are from a transaction involving collectibles or from a Qualified Opportunity Fund(QOF).

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN to the payer. See Form W-9 for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5. If checked, the securities sold were noncovered securities and boxes 1b, 1c, 1g, and 2 may be blank. Generally, a noncovered security means (a) stock purchased before 2011, (b) stock in most mutual funds purchased before 2012, (c) stock purchased in or transferred to a dividend reinvestment plan before 2012, (d) debt acquired before 2014, (e) options granted or acquired before 2014, and (f) securities futures contracts executed before 2014.

Box 6. If the exercise of a noncompensatory option resulted in a sale of a security, a checked "net proceeds" box indicates whether the amount in box 1d was adjusted for option premium.

Box 7. If checked, you cannot take a loss on your tax return based on gross proceeds from a reportable change in control or capital structure reported in box 1d. See the Form 8949 and Schedule D (Form 1040) instructions. The broker should advise you of any losses on a separate statement.

Box 12. If checked, the basis in box 1e has been reported to the IRS and either the short-term or the long-term gain or loss box in box 2 will be checked. If box 12 is checked on Form(s) 1099-B and NO adjustment is required, see the instructions for your Schedule D (Form 1040) as you may be able to report your transaction directly on Schedule D (Form 1040). If the "Ordinary" box in box 2 is checked, an adjustment may be required.

Boxes 14-16. Show state(s)/local income tax information.

Future developments. For the latest information about any developments related to Form 1099-B and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099B.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.



Schwab One® Account of
PEACOCK

Account Number

TAX YEAR 2024
FORM 1099 COMPOSITE

Taxpayer ID Number

Proceeds from Broker Transactions — 2024 (continued)

Department of the Treasury-Internal Revenue Service

Date Prepared: March 7, 2025
Form 1099-B
Copy B for Recipient (OMB No. 1545-0715)

SHORT-TERM TRANSACTIONS FOR WHICH BASIS IS REPORTED TO THE IRS - Report on Form 8949, Part I, with Box A checked.

1a-Description of property (Example 100 sh XYZ Co.) CUSIP Number / Symbol	1b-Date acquired	1c-Date sold or disposed	1d-Proceeds 6-Reported to IRS: Gross Proceeds (except where indicated)	1e-Cost or other basis	1f-Accrued Market Discount 1g-Wash Sale Loss Disallowed	Realized Gain or (Loss)	4-Federal income tax withheld
1029 FS CREDIT OPPORTUNITIES 30290Y101 / FSCO	\$	11/10/23 \$	6,506.94 \$	5,937.33	--	569.61 \$	0.00
452 FS CREDIT OPPORTUNITIES 30290Y101 / FSCO	\$	06/06/24	2,940.10 \$	3,001.23	--	(61.13) \$	0.00
Security Subtotal	\$	11/21/24	9,447.04 \$	8,938.56	--	508.48 \$	0.00
100 INVSC BULTSH 2025 HG YLDCRP BND 46138J817 / BSJP	\$	07/13/23 \$	2,282.31 \$	2,272.50	--	9.81 \$	0.00
Security Subtotal	\$	01/11/24	2,282.31 \$	2,272.50	--	9.81 \$	0.00
50 NVIDIA CORP 67066G104 / NVDA	\$	06/06/24 \$	5,130.85 \$	6,079.16	--	(948.31) \$	0.00
Security Subtotal	\$	09/06/24	5,130.85 \$	6,079.16	--	(948.31) \$	0.00
Total Short-Term (Cost basis is reported to the IRS)	\$		33,566.93 \$	30,657.02	--	2,909.91 \$	0.00

FATCA Filing Requirement
Please see the "Notes for Your Form 1099-B" section for additional explanation of this Form 1099-B report.

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.



Schwab One® Account of
PEACOCK

Account Number

TAX YEAR 2024
FORM 1099-COMPOSITE

Taxpayer ID Number:

Date Prepared: March 7, 2025

Proceeds from Broker Transactions — 2024 (continued)

Form 1099-B

Department of the Treasury-Internal Revenue Service

Copy B for Recipient (OMB No. 1545-0715)

SHORT-TERM TRANSACTIONS FOR WHICH BASIS IS AVAILABLE BUT NOT REPORTED TO THE IRS - Report on Form 8949, Part I, with Box B checked.

1a-Description of property (Example: 100 sh. XYZ Co.) CUSIP Number / Symbol	1b-Date acquired 1c-Date sold or disposed	1d-Proceeds 6-Reported to IRS: Gross Proceeds (except where indicated)	1e-Cost or other basis	1f-Accrued Market Discount 1g-Wash Sale Loss Disallowed	Realized Gain or (Loss)	4-Federal Income tax withheld
57 GRAYSCALE BITCOIN TRUST ETF 389637109 / GBTC	S 01/11/24 \$ 01/24/24	2,026.42 \$	2,330.05 \$	- \$	(303.63) \$	0.00
Security Subtotal		2,026.42 \$	2,330.05 \$	- \$	(303.63) \$	0.00
Total Short-Term (Cost basis is available but not reported to the IRS)		2,026.42 \$	2,330.05 \$	- \$	(303.63) \$	0.00
Total Short-Term Sales Price of Stocks, Bonds, etc.		35,593.35 \$	32,987.07 \$	- \$	2,606.28 \$	0.00

FATCA Filing Requirement ☐

Please see the "Notes for Your Form 1099-B" section for additional explanation of this Form 1099-B report.

This is important tax information, and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.



Schwab One® Account of
PEACOCK

Account Number

TAX YEAR 2024
FORM 1099-COMPOSITE

Proceeds from Broker Transactions — 2024 (continued)

Department of the Treasury-Internal Revenue Service

Taxpayer ID Number

Date Prepared: March 7, 2025

Form 1099-B

Copy B for Recipient (CMB No. 1545-0715)

LONG-TERM TRANSACTIONS FOR WHICH BASIS IS REPORTED TO THE IRS - Report on Form 8949, Part II, with Box D checked.

1a-Description of property (Example 100 sh. XYZ Co.) CUSIP Number / Symbol	1b-Date acquired 1c-Date sold or disposed	1d-Proceeds 6-Reported to IRS: Gross Proceeds (except where indicated)	1e-Cost or other basis	1f-Acquired Market Discount 1g-Wash Sale Loss Disallowed	Realized Gain or (Loss)	4-Federal income tax withheld
5,000 CRESCO LABS INC F 22587M106 / CRLBF	12/06/24	5,359.57	13,203.71		(7,844.14)	0.00
Security Subtotal		5,359.57	13,203.71		(7,844.14)	0.00
100 INVSC BULLISH 2025 HG YLDCRP BND 46138J817 / BSJP	07/13/23 11/21/24	2,307.04	2,272.50		34.54	0.00
Security Subtotal		2,307.04	2,272.50		34.54	0.00
27 META PLATFORMS INC CLASS 30303M102 / META	09/06/24	13,496.11	8,389.65		5,106.46	0.00
Security Subtotal		13,496.11	8,389.65		5,106.46	0.00
500 NEW MTN FIN CORP 647551100 / NMFC	01/29/16 01/03/24	6,416.52	5,499.19		917.33	0.00
Security Subtotal		6,416.52	5,499.19		917.33	0.00
Total Long-Term (Cost basis is reported to the IRS)		27,579.24	29,365.05		(1,785.81)	0.00

FATCA Filing Requirement ☐
Please see the "Notes for Your Form 1099-B" section for additional explanation of this Form 1099-B report.

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Schwab One® Account of
PEACOCK

Account Number
[REDACTED]

TAX YEAR 2024
FORM 1099 COMPOSITE

Taxpayer ID Number: [REDACTED]

Date Prepared: March 7, 2025

Proceeds from Broker Transactions — 2024 (continued)

Form 1099-B

Department of the Treasury-Internal Revenue Service

Copy B for Recipient (OMB No. 1545-0715)

LONG-TERM TRANSACTIONS FOR WHICH BASIS IS AVAILABLE BUT NOT REPORTED TO THE IRS - Report on Form 8949, Part II, with Box E checked.

1a-Description of property (Example 100 sh. XYZ Co.) CUSIP Number / Symbol	1b-Date acquired 1c-Date sold or disposed	1d-Proceeds Reported to IRS: Gross Proceeds (except where indicated)	1e-Cost or other basis	1f-Accrued Market Discount 1g-Wash Sale Loss Disallowed	Realized Gain or (Loss)	4-Federal Income Tax withheld
25 INVESCO QQQ TRUST 46090E103 / QQQ	S 03/17/03 \$ 09/06/24	11,232.69 \$	664.75	-- \$	10,567.94 \$	0.00
25 INVESCO QQQ TRUST 46090E103 / QQQ	S 03/17/03 \$ 09/09/24	11,330.81 \$	664.75	-- \$	10,666.06 \$	0.00
Security Subtotal		22,563.50 \$	1,329.50	-- \$	21,234.00 \$	0.00
Total Long-Term (Cost basis is available but not reported to the IRS)		22,563.50 \$	1,329.50	-- \$	21,234.00 \$	0.00
Total Long-Term Sales Price of Stocks, Bonds, etc.		50,142.74 \$	30,694.55	-- \$	19,448.19 \$	0.00
Total Sales Price of Stocks, Bonds, etc.		85,736.09 \$				
Total Federal Income Tax Withheld		0.00 \$				

FATCA Filing Requirement ☐

Please see the "Notes for Your Form 1099-B" section for additional explanation of this Form 1099-B report.

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable, and the IRS determines that it has not been reported.



Schwab One® Account of
PEACOCK

Account Number
[REDACTED]

TAX YEAR 2024
FORM 1099 COMPOSITE

Notes for Your Form 1099-B

Date Prepared: March 7, 2025

Box 1b-Date acquired: If there is more than one lot in a sell transaction, the acquisition date for the individual lot in the transaction can be found in the Realized Gain or (Loss) section of the Year-End Summary.

- (1) If **Box 1b-Date acquired** displays as VARIOUS, your sell transaction included multiple tax lots purchased on different acquisition dates within the same holding period and covered/non-covered status. The lots in the transaction are rolled up into a single sell transaction.
(2) If the cost basis is missing or not provided, a short-term holding period may have been applied for a position that may have been held long term.

Box 1d-Proceeds/Box 6-Reported to IRS: Gross proceeds (except where indicated):

- (1) Gross proceeds from each of your security transactions are reported individually to the IRS.
(2) Gross proceeds in aggregate are not reported to the IRS and should not be reported on your tax return.
(3) Net proceeds will only be displayed if the proceeds on a trade have been adjusted for an option premium.

Box 1e-Cost or other basis: Schwab has provided cost basis information whenever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. When value for the report is unavailable, it is noted as follows:

Not Provided Schwab is not providing Cost Basis on this security type.

- Missing**
- (1) Cost Basis data may not be available for a number of reasons (for example, the security was purchased outside of Schwab and we did not receive cost basis from the transferring firm).
(2) The security was purchased more than 10 years ago.

Realized Gain or (Loss): Realized Gain or (Loss) is not reported to the IRS.

Box 2-Short-term gain or loss, Long-term gain or loss, or Ordinary: Only if you have both long-term and short-term transactions will you receive both long-term and short-term sections of the 1099-B.

Long-term gain or loss has a holding period greater than one year.
Short-term gain or loss has a holding period of one year or less.

Other Cost Basis Notes:

- (1) The cost basis and basis adjustments for covered securities are reported to the IRS.
(2) If "BASIS IS REPORTED TO THE IRS" appears in the section heading, this indicates **Box 12-If checked, basis reported to IRS** is checked. If "BASIS IS AVAILABLE BUT NOT REPORTED" or "BASIS IS MISSING AND NOT REPORTED" appears, this indicates **Box 5-If checked, noncovered security** is checked. These boxes are not displayed on the 1099-B but the boxes are reported to the IRS and included in the download for TurboTax and H&R Block.
(3) For non-covered securities appearing in sections of the 1099-B which include the headings "BASIS IS AVAILABLE BUT NOT REPORTED TO THE IRS" or "BASIS IS MISSING AND NOT REPORTED TO THE IRS", **Box 1b-Date acquired**, **1e-Cost** or other basis, **1f-Accrued Market Discount** and **1g-Wash Sale Loss** Disallowed are not reported to the IRS.

****Activity Codes (Not reported to the IRS)**

C	=	Cash in Lieu	E	=	Exchange	P	=	Principal	S	=	Sale	T	=	Tender	BC	=	Buy to Close	X	=	Expiration
CV	=	Conversion	M	=	Cash Merger	MT	=	Maturity	R	=	Redemption	SS	=	Short Sale	SC	=	Sell to Close			

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Schwab One® Account of
PEACOCK

Account Number
[REDACTED]

TAX YEAR 2024
YEAR-END SUMMARY

Date Prepared: March 7, 2025

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

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INTEREST & DIVIDENDS

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

Detail Information of Dividends and Distributions

Description	Symbol	CUSIP Number	Paid in 2024	Paid/Adjusted in 2025 for 2024	Amount
Ordinary Dividends					
Non-Qualified Dividends					
ARBOR RLTY TR INC	ABR	038823108	\$ 321.64	\$ 0.00	\$ 321.64
FS CREDIT OPPORTUNIT	FSCO	30280Y101	\$ 329.64	\$ (40.85)	\$ 288.79
HOYA CAPITAL HGH DVD YLD	RIET	26922B840	\$ 76.95	\$ (27.27)	\$ 49.68
INVESCO BUL 2028 HG YLD	BSJS	46138J452	\$ 51.95	\$ 0.00	\$ 51.95
INVSC BUL TSH 2025 HG YLD	BSJP	46138J817	\$ 205.59	\$ 0.00	\$ 205.59
INVSC OQQ TRUST SRS 1	OQQ	46090E103	\$ 1,347.67	\$ (1,347.67)	\$ 0.00
ISHARES CORE S&P 500	IVV	464287200	\$ 458.72	\$ (407.57)	\$ 51.15
MAIN STR CAP CORP	MAIN	56035L104	\$ 902.60	\$ (310.49)	\$ 592.11
RITTM CAPITAL CORP	RITM	64828T201	\$ 215.25	\$ 206.09	\$ 421.34
STARWOOD PPTY TR INC	STWD	85571B105	\$ 242.40	\$ (41.09)	\$ 201.31
VANGUARD MEGA CAP ETF	MGC	921910873	\$ 1,038.23	\$ (1,038.23)	\$ 0.00
VIRTUS INFRCP US PRERD	PFFA	26923G822	\$ 302.16	\$ (225.03)	\$ 77.13
Total Non-Qualified Dividends (Included in Box 1a)			\$ 5,492.80	\$ (3,232.11)	\$ 2,260.69
Qualified Dividends					
APPLE INC	AAPL	037833100	\$ 311.73	\$ 0.00	\$ 311.73
BLUE OWL CAP CORP	OBDC	69121K104	\$ 0.00	\$ 0.00	\$ 0.00
BROADCOM INC	AVGO	11135F101	\$ 68.25	\$ 0.00	\$ 68.25
FS CREDIT OPPORTUNITIES	FSCO	30290Y101	\$ 0.00	\$ 40.85	\$ 40.85
HOYA CAPITAL HGH DVD YLD	RIET	26922B840	\$ 0.00	\$ 3.21	\$ 3.21
INFRACAP MLP ETF	AMZA	26922G772	\$ 1,300.00	\$ 0.00	\$ 1,300.00
INVSC OQQ TRUST SRS 1	OQQ	46090E103	\$ 0.00	\$ 1,347.67	\$ 1,347.67



Schwab One® Account of
[REDACTED] EACOCK

Account Number
[REDACTED]

TAX YEAR 2024
YEAR-END SUMMARY

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

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Date Prepared: March 7, 2025

Detail Information of Dividends and Distributions (continued)

Description	Symbol	CUSIP Number	Paid In 2024	Paid/Adjusted in 2025 for 2024	Amount
Qualified Dividends (continued)					
ISHARES CORE S&P 500	IVV	464287200	\$ 0.00	\$ 407.57	\$ 407.57
MAIN STREET CAPITAL	MAIN	56035L104	\$ 0.00	\$ 310.49	\$ 310.49
META PLATFORMS INC	META	30303M102	\$ 27.00	\$ 0.00	\$ 27.00
NVIDIA CORP	NVDA	67066G104	\$ 0.91	\$ 0.00	\$ 0.91
RITHM CAPITAL CORP	RITHM	64828T201	\$ 0.00	\$ 9.16	\$ 9.16
STARWOOD PTY TR INC	STWD	855718105	\$ 0.00	\$ 46.70	\$ 46.70
VANGUARD MEGA CAP ETF	MGC	921910873	\$ 0.00	\$ 1,038.23	\$ 1,038.23
VIRTUS INFRCP US PRERD	PFFA	26923G822	\$ 0.00	\$ 110.15 CORRECTED	\$ 110.15
Total Qualified Dividends (Box 1b and included in Box 1a)			\$ 1,707.89	\$ 3,314.03	\$ 5,021.92

Total Ordinary Dividends (Box 1a) \$ 7,200.69 \$ 81.92 \$ 7,282.61
(Total Non-Qualified Dividends, Short-Term Capital Gains and Qualified Dividends)

Capital Gain Distributions

Long-Term Gain					
VIRTUS INFRCP US PRERD	PFFA	26923G822	\$ 0.00	\$ 114.88 CORRECTED	\$ 114.88
Total Long-Term Gain (Included in Box 2a)			\$ 0.00	\$ 114.88	\$ 114.88

Unrecap. Sec. 1250 Gain

STARWOOD PTY TR INC	STWD	855718105	\$ 0.00	\$ 29.62	\$ 29.62
Total Unrecap. Sec. 1250 Gain (Box 2b and included in Box 2a)			\$ 0.00	\$ 29.62	\$ 29.62



Schwab One® Account of
PEACOCK

Account Number

TAX YEAR 2024
YEAR-END SUMMARY

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Date Prepared: March 7, 2025

Detail Information of Dividends and Distributions (continued)

Description	Symbol	CUSIP Number	Paid in 2024	Paid/Adjusted in 2025 for 2024	Amount
Section 897 Capital Gains					
STARWOOD PPTY TR INC	STWD	85571B105	\$ 0.00	\$ 56.38	\$ 56.38
Total Section 897 Capital Gains (Box 2f and included in Box 2a)			\$ 0.00	\$ 56.38	\$ 56.38
Total Capital Gain Distributions (Box 2a)					
			\$ 0.00	\$ 179.53	\$ 179.53
Nondividend Distributions (Return of Capital)					
ENLINK MIDSTREAM LLC	ENLC	29336T100	\$ 1,113.00	\$ 0.00	\$ 1,113.00
HOYA CAPITAL HGH DVD YLD	RIET	26922B840	\$ 0.00	\$ 24.06	\$ 24.06
PLAINS GP HLDGS L P	PAGP	72651A207	\$ 745.50	\$ 0.00	\$ 745.50
Total Nondividend Distributions (Box 3)			\$ 1,858.50	\$ 24.06	\$ 1,882.56
Section 199A Dividends					
Dollar amounts already included in total for Box 1a.					
ARBOR RLTY TR INC	ABR	038923108	\$ 0.00	\$ 321.64	\$ 321.64
HOYA CAPITAL HGH DVD YLD	RIET	26922B840	\$ 0.00	\$ 49.68	\$ 49.68
ISHARES CORE S&P 500	IIV	464287200	\$ 0.00	\$ 18.41	\$ 18.41
RITM CAPITAL CORP	RITM	64828T201	\$ 0.00	\$ 421.34	\$ 421.34
STARWOOD PPTY TR INC	STWD	85571B105	\$ 0.00	\$ 201.31	\$ 201.31
VIRTUS INFRCP US PRERD	PFFA	26923G822	\$ 0.00	\$ 52.81	\$ 52.81
Total Section 199A Dividends (Box 5 and included in Box 1a)			\$ 0.00	\$ 1,065.19	\$ 1,065.19



Schwab One® Account of
PEACOCK

Account Number

TAX YEAR 2024
YEAR-END SUMMARY

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Date Prepared: March 7, 2025

Detail Information of Interest Income

Description	CUSIP Number	Paid in 2024	Paid/Adjusted in 2025 for 2024	Amount
Interest Income				
DEPOSIT INTEREST				
Total Interest Income (Included in Box 1)		\$ 6.57	\$ 0.00	\$ 6.57
Total Interest Income (Box 1)		\$ 6.57	\$ 0.00	\$ 6.57

REALIZED GAIN OR (LOSS)

The information in the following sections include all your realized gain or (loss) transactions during the tax year. They may be helpful for, but not limited to, Schedule D. Please consult with your tax advisor or financial advisor regarding specific questions.

Short-Term Realized Gain or (Loss)

This section is for covered securities and corresponds to transactions reported on your 1099-B as "cost basis is reported to the IRS." Report on Form 8949, Part I, with Box A checked.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Acquired Date	Sold Date	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
BLUE OWL CAP CORP	69121K104	300.00	06/05/23	01/03/24	\$ 4,395.76	\$ 3,752.07	--	\$ 643.69
BLUE OWL CAP CORP	69121K104	25.00	09/01/23	01/03/24	\$ 366.31	\$ 351.40	--	\$ 14.91
Security Subtotal					\$ 4,762.07	\$ 4,103.47	--	\$ 658.60
BROADCOM INC	11135F101	40.00	11/16/23	09/06/24	\$ 5,567.86	\$ 3,834.55	--	\$ 1,733.31
BROADCOM INC	11135F101	10.00	12/01/23	09/06/24	\$ 1,391.96	\$ 928.00	--	\$ 463.96
BROADCOM INC	11135F101	10.00	01/03/24	09/06/24	\$ 1,391.96	\$ 1,061.10	--	\$ 330.86

Please see the "Endnotes for Your Realized Gain or (Loss)" for an explanation of the codes and symbols in this Realized Gain or (Loss) section.



Schwab One® Account of
EACOCK

Account Number

TAX YEAR 2024
YEAR-END SUMMARY

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

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Date Prepared: March 7, 2025

Short-Term Realized Gain or (Loss) (continued)

This section is for covered securities and corresponds to transactions reported on your 1099-B as "cost basis is reported to the IRS." Report on Form 8949, Part I, with Box A checked.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Acquired	Sold	Date	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
BROADCOM INC	11135F101	10.00	05/08/24	09/06/24		1,391.97 \$	1,333.50		58.47
Security Subtotal						9,743.75 \$	7,157.15		2,586.60
CROWDSTRIKE HLDGS INC CLASS A	22788C105	1.00	01/22/24	03/01/24		314.42 \$	298.55		15.87
CROWDSTRIKE HLDGS INC CLASS A	22788C105	6.00	01/24/24	03/01/24		1,886.49 \$	1,807.63		78.86
Security Subtotal						2,200.91 \$	2,106.18		94.73
FS CREDIT OPPORTUNITIES	30290Y101	29.00	11/10/23	06/06/24		183.38 \$	167.33		16.05
FS CREDIT OPPORTUNITIES	30290Y101	1,000.00	11/10/23	06/06/24		6,323.56 \$	5,770.00		553.56
FS CREDIT OPPORTUNITIES	30290Y101	452.00	11/01/24	11/21/24		2,940.10 \$	3,001.23		(61.13)
Security Subtotal						9,447.04 \$	8,938.56		508.48
INVSC BULTSH 2025 HG YLDGRP BND46138J817 ETF		100.00	07/13/23	01/11/24		2,282.31 \$	2,272.50		9.81
Security Subtotal						2,282.31 \$	2,272.50		9.81
NVIDIA CORP	67066G104	10.00	06/06/24	09/06/24		1,026.17 \$	1,213.42		(187.25)
NVIDIA CORP	67066G104	20.00	06/06/24	09/06/24		2,052.34 \$	2,424.24		(371.90)
NVIDIA CORP	67066G104	20.00	06/06/24	09/06/24		2,052.34 \$	2,441.50		(389.16)
Security Subtotal						5,130.85 \$	6,079.16		(948.31)
Total Short-Term (Cost basis is reported to the IRS)						33,566.93 \$	30,657.02		2,909.91

Please see the "Endnotes for Your Realized Gain or (Loss)" for an explanation of the codes and symbols in this Realized Gain or (Loss) section.



Schwab Direct Account of
PEACOCK

Account Number

TAX YEAR 2024
YEAR-END SUMMARY

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

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Date Prepared: March 7, 2025

Short-Term Realized Gain or (Loss)

This section is for noncovered securities and corresponds to transactions reported on your 1099-B as "cost basis is available but not reported to the IRS." Report on Form 8949, Part I, with Box B checked.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Acquired	Sold	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(-)Realized Gain or (Loss)
GRAYSCALE BITCOIN TRUST ETF	389637109	57.00	01/11/24	01/24/24	\$ 2,026.42	\$ 2,330.05	--	(303.63)
Security Subtotal					\$ 2,026.42	\$ 2,330.05	--	(303.63)
Total Short-Term (Cost basis is available but not reported to the IRS)					\$ 2,026.42	\$ 2,330.05	--	(303.63)
Total Short-Term					\$ 35,593.35	\$ 32,987.07	--	\$ 2,606.28

Long-Term Realized Gain or (Loss)

This section is for covered securities and corresponds to transactions reported on your 1099-B as "cost basis is reported to the IRS." Report on Form 8949, Part II, with Box D checked.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Acquired	Sold	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(-)Realized Gain or (Loss)
CRESCO LABS INC	22587M106	1,000.00	12/03/18	12/06/24	\$ 1,071.91	\$ 5,216.95	--	(4,145.04)
CRESCO LABS INC	22587M106	100.00	12/03/19	12/06/24	\$ 107.19	\$ 504.00	--	(396.81)
CRESCO LABS INC	22587M106	300.00	03/10/20	12/06/24	\$ 321.57	\$ 993.00	--	(671.43)
CRESCO LABS INC	22587M106	100.00	10/19/22	12/06/24	\$ 107.19	\$ 342.95	--	(235.76)
CRESCO LABS INC	22587M106	500.00	02/06/23	12/06/24	\$ 535.96	\$ 961.95	--	(425.99)
CRESCO LABS INC	22587M106	1,000.00	02/07/23	12/06/24	\$ 1,071.91	\$ 1,900.95	--	(829.04)
CRESCO LABS INC	22587M106	100.00	02/13/23	12/06/24	\$ 107.19	\$ 177.66	--	(70.47)
CRESCO LABS INC	22587M106	100.00	02/13/23	12/06/24	\$ 107.19	\$ 177.70	--	(70.51)
CRESCO LABS INC	22587M106	100.00	02/13/23	12/06/24	\$ 107.19	\$ 177.70	--	(70.51)

Please see the "Endnotes for Your Realized Gain or (Loss)" for an explanation of the codes and symbols in this Realized Gain or (Loss) section.



Schwab One® Account of
PEACOCK

Account Number

TAX YEAR 2024
YEAR-END SUMMARY

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

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Date Prepared: March 7, 2025

Long-Term Realized Gain or (Loss) (continued)

This section is for covered securities and corresponds to transactions reported on your 1099-B as "cost basis is reported to the IRS." Report on Form 8949, Part II, with Box D checked.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Acquired Date	Sold Date	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
CRESO LABS INC	F 22587M106	100.00	02/13/23	12/06/24	107.19 \$	177.70	-- \$	(70.51)
CRESO LABS INC	F 22587M106	100.00	02/13/23	12/06/24	107.19 \$	177.70	-- \$	(70.51)
CRESO LABS INC	F 22587M106	100.00	02/13/23	12/06/24	107.19 \$	177.70	-- \$	(70.51)
CRESO LABS INC	F 22587M106	100.00	02/13/23	12/06/24	107.19 \$	177.70	-- \$	(70.51)
CRESO LABS INC	F 22587M106	100.00	02/13/23	12/06/24	107.19 \$	177.70	-- \$	(70.51)
CRESO LABS INC	F 22587M106	200.00	02/13/23	12/06/24	214.38 \$	355.39	-- \$	(141.01)
CRESO LABS INC	F 22587M106	1,000.00	05/11/23	12/06/24	1,071.94 \$	1,506.96	-- \$	(435.02)
Security Subtotal					5,359.57 \$	13,203.71	-- \$	(7,844.14)
INVSC BUL TSH 2025 HG YLDCRP BND46138J817 ETF		100.00	07/13/23	11/21/24	2,307.04 \$	2,272.50	-- \$	34.54
Security Subtotal					2,307.04 \$	2,272.50	-- \$	34.54
META PLATFORMS INC	CLASS 30303M102	23.00	07/13/23	09/06/24	11,496.69 \$	7,229.13	-- \$	4,267.56
META PLATFORMS INC	CLASS 30303M102	4.00	08/24/23	09/06/24	1,999.42 \$	1,160.52	-- \$	838.90
Security Subtotal					13,496.11 \$	8,389.65	-- \$	5,106.46
NEW MTN FIN CORP	647561100	500.00	01/29/16	01/03/24	6,416.52 \$	5,499.19	-- \$	917.33
Security Subtotal					6,416.52 \$	5,499.19	-- \$	917.33
Total Long-Term (Cost basis is reported to the IRS)					27,579.24 \$	29,365.05	-- \$	(1,785.81)

Please see the "Endnotes for Your Realized Gain or (Loss)" for an explanation of the codes and symbols in this Realized Gain or (Loss) section.



Schwab One® Account of
PEACOCK

Account Number

**TAX YEAR 2024
YEAR-END SUMMARY**

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

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Date Prepared: March 7, 2025

Long-Term Realized Gain or (Loss)

This section is for noncovered securities and corresponds to transactions reported on your 1099-B as "cost basis is available but not reported to the IRS." Report on Form 8949, Part II, with Box E checked.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Acquired Date	Sold Date	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
INVESTCO QQQ TRUST	46090E103	25.00	03/17/03	09/06/24	\$ 11,232.69	\$ 664.75 ¹	-- \$	10,567.94
INVESTCO QQQ TRUST	46090E103	25.00	03/17/03	09/09/24	\$ 11,330.81	\$ 664.75 ¹	-- \$	10,666.06
Security Subtotal					\$ 22,563.50	\$ 1,329.50	-- \$	21,234.00
Total Long-Term (Cost basis is available but not reported to the IRS)					\$ 22,563.50	\$ 1,329.50	-- \$	21,234.00
Total Long-Term					\$ 50,142.74	\$ 30,694.55	-- \$	19,448.19



Schwab One® Account of
PEACOCK

TAX YEAR 2024
YEAR-END SUMMARY

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Date Prepared: March 7, 2025

Realized Gain or (Loss) Summary

Total Realized Gain or (Loss)

Description	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
Total Short-Term Realized Gain or (Loss) (Cost basis is reported to the IRS. Report on Form 8949, Part I, with Box A checked.)	\$ 33,566.93	\$ 30,657.02	\$ -	\$ 2,909.91
Total Short-Term Realized Gain or (Loss) (Cost basis is available but not reported to the IRS. Report on Form 8949, Part I, with Box B checked.)	\$ 2,026.42	\$ 2,330.05	\$ -	\$ (303.63)
Total Short-Term Realized Gain or (Loss)	\$ 35,593.35	\$ 32,987.07	\$ -	\$ 2,606.28
Total Long-Term Realized Gain or (Loss) (Cost basis is reported to the IRS. Report on Form 8949, Part II, with Box D checked.)	\$ 27,579.24	\$ 29,365.05	\$ -	\$ (1,785.81)
Total Long-Term Realized Gain or (Loss) (Cost basis is available but not reported to the IRS. Report on Form 8949, Part II, with Box E checked.)	\$ 22,563.50	\$ 1,329.50	\$ -	\$ 21,234.00
Total Long-Term Realized Gain or (Loss)	\$ 50,142.74	\$ 30,694.55	\$ -	\$ 19,448.19
TOTAL REALIZED GAIN OR (LOSS)	\$ 85,736.09	\$ 63,681.62	\$ -	\$ 22,054.47



Schwab One® Account of
[REDACTED] PEACOCK

Account Number
[REDACTED]

TAX YEAR 2024 YEAR-END SUMMARY

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

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Date Prepared: March 7, 2025

Notes for Your Realized Gain or (Loss)

Schwab has provided realized gain and loss information whenever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. See Terms and Conditions.

When value for the report is unavailable, it is noted as follows: "Missing" or "Not Provided"

Not Provided

Schwab is not providing Cost Basis on this security type.

Missing

Cost Basis may be missing due to one of the following reasons:

- Cost basis data may not be available for a number of reasons (for example, the security was purchased outside of Schwab and we did not receive cost basis from the transferring firm).
- The security was purchased more than 10 years ago.

Date Acquired

If the cost basis is missing or not provided, a short-term holding period may have been applied for a position that may have been held long term.

Total Proceeds

The amount displayed in this column has been adjusted for option premiums, if applicable.

Cost Basis

The amount displayed in this column may differ from your original cost basis as adjustments may have been made to reflect applicable option premiums, corporate actions and/or wash sales.

Wash Sale Loss Disallowed

The disallowed amount displayed in this column has been added to the cost basis of other share lots with the same CUSIP owned in the same account at the time the loss was disallowed.

Realized Gain or (Loss)

The calculation for gain or (loss) displayed in this column is Total Proceeds - Cost Basis + Wash Sale Loss Disallowed - Market Discount = Realized Gain or (Loss)

For sales of short-term debt issued after January 1, 2014, talk to your tax advisor as to how to report the income.

Endnotes for Your Realized Gain or (Loss)

Symbol

t

Endnote Legend

Data for this holding has been edited or provided by a third party.



Schwab One® Account of
[REDACTED] SEACOCK

Account Number
[REDACTED]

**TAX YEAR 2024
FORM 1099 COMPOSITE
& YEAR-END SUMMARY**

Date Prepared: March 7, 2025

TERMS AND CONDITIONS

GENERAL INFORMATION

Form 1099-Composite

For U.S. taxpayers, the information reported to you on Form 1099 is given to the Internal Revenue Service (IRS). Form 1099-Composite is comprised of the following substitute forms: 1099-DIV, 1099-INT, 1099-MISC, 1099-OID, and 1099-B. The form(s) you receive in Form 1099 Composite depends on the income reportable to the IRS.

Year-End Summary

The information in the Year-End Summary is provided to you as a courtesy, should you need additional information when completing your tax return. When relevant, IRS box numbers are referenced to indicate individual items that make up the totals appearing on your Form(s) 1099. With the exception of the totals reported in the IRS box numbers referenced, Charles Schwab does not provide the details of the Year-End Summary to the IRS.

We recommend that all customers consult their investment and tax advisors prior to using this information.

Corrected Form 1099 and Year-End Summary

We are required to send you a corrected form with the revisions clearly marked when we receive updates or revisions to information contained in the form. This generally occurs if one or more of the issuers of the securities in your account reallocated certain income distribution (e.g., dividends or capital gains) after we mailed your original Form 1099. As a result, the supplemental information in Year-End Summary may be updated.

Upon receiving a corrected form, you may want to consider filing an amended return based on the changes in your taxable income as reported on your corrected Form 1099. We suggest that you consult with a qualified tax advisor, CPA, financial planner, or investment manager before you proceed.

Duplicate Form 1099 and Year-End Summary

If you request a duplicate Form 1099, please be aware that Schwab uses the most up-to-date information available at the time of the production. Thus, your duplicate Form 1099 and Year-End Summary may have more up-to-date information than the original Form 1099.

Realized Gain or (Loss) in Year-End Summary

The Realized Gain or (Loss) section provides information for all your realized gain or (loss) transactions during the tax year. It contains all transactions included in the Form 1099-B as well as transactions that are not reported on Form 1099-B (for example, sales and expirations of noncovered option activities, cash in lieu under \$20, bankruptcy, and worthless securities). This supplemental information is believed to be accurate as of the date the data was compiled but they may not be updated for any corrections after the data was initially compiled.

IN CASE OF QUESTIONS: If you have questions about this report or about specific Schwab

accounts or Schwab One transactions (other than wire transfers or check transactions), contact Schwab at 1-800-435-4000. If you have a complaint regarding your Schwab statement or our products and services, please write to the Client Advocacy Team at Charles Schwab & Co., Inc., Attention: Client Advocacy Team, 211 Main St., San Francisco, CA 94105. Outside of the U.S., call +1-415-667-5009.