

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 08/13/2025

General Information

Name: Ms Mary Lou Lou Cuellar-Stilo Esq

PID 311836

AGENCY INFORMATION

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

Net Worth

My Net Worth as of December 31, 2024 was \$ 580,068.15.

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 08/13/2025

Assets

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

The aggregate value of my household goods and personal effect is \$ 50,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Real property	\$ 475,000.00
Investment Products	\$ 332,623.70
Tampa Bay Federal Credit Union	\$ 91,357.86
Capital Preservation Bank Deposit	\$ 34,273.11
Chase Bank	\$ 28,400.71

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Lakeview	P.O. Box 10081, Duluth, GA 30096-9377	\$ 403,186.52

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.

Mary Lou Cuellar-Stilo Esq

Digitally signed: 08/13/2025

Filed with COE: 08/13/2025

For the year Jan. 1-Dec. 31, 2024, or other tax year beginning 2024, ending 2024, ending 20 See separate instructions.

Your first name and middle initial MARY LOU Last name CUELLAR STILO Your social security number [REDACTED] If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 11606 HIDDEN HOLLOW CIR Apt. no. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. [] You [] Spouse City, town, or post office. If you have a foreign address, also complete spaces below. State FL ZIP code 33635 Foreign country name Foreign province/state/county Foreign postal code

Filing Status [X] Single [] Married filing separately (MFS) [] Head of household (HOH) [] Married filing jointly (even if only one had income) [] Qualifying surviving spouse (QSS) Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent. [] If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] 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: [X] Were born before January 2, 1960 [] Are blind Spouse: [] Was born before January 2, 1960 [] Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if you qualify for the credit for other dependents
(1) First name	Last name			

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

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	2a Tax-exempt interest 2a	b Taxable interest 2b 5,124
	3a Qualified dividends 3a	b Ordinary dividends 3b
	4a IRA distributions 4a	b Taxable amount 4b
	5a Pensions and annuities 5a 381,287	b Taxable amount ROLLOVER 5b 48,664
	6a Social security benefits 6a	b Taxable amount 6b
Attach Sch. B if required.	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here []	7
Standard Deduction for- Single or Married filing separately, \$14,600	8 Additional income from Schedule 1, line 10	8 12,187
• Married filing jointly or Qualifying surviving spouse, \$29,700	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9 65,975
• Head of household, \$21,900	10 Adjustments to income from Schedule 1, line 26	10 861
• If you checked any box under Standard Ded., see instructions.	11 Subtract line 10 from line 9. This is your adjusted gross income	11 65,114
	12 Standard deduction or itemized deductions (from Schedule A)	12 30,118
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13 2,265
	14 Add lines 12 and 13	14 32,383
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15 32,731

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2024)

Tax and Credits	16 Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	3,695
	17 Amount from Schedule 2, line 3	17	
	18 Add lines 16 and 17	18	3,695
	19 Child tax credit or credit for other dependents from Schedule 8812	19	
	20 Amount from Schedule 3, line 8	20	
	21 Add lines 19 and 20	21	
	22 Subtract line 21 from line 18. If zero or less, enter -0-	22	3,695
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,722
	24 Add lines 22 and 23. This is your total tax	24	5,417
Payments	25 Federal income tax withheld from: a Form(s) W-2 25a b Form(s) 1099 25b 1,946 c Other forms (see instructions) 25c d Add lines 25a through 25c 25d 1,946	25d	1,946
	26 2024 estimated tax payments and amount applied from 2023 return	26	
	27 Earned income credit (EIC)	27	
	28 Additional child tax credit from Schedule 8812	28	
	29 American opportunity credit from Form 8863, line 8	29	
	30 Reserved for future use	30	
	31 Amount from Schedule 3, line 15	31	
	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33 Add lines 25d, 26, and 32. These are your total payments	33	1,946
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b Routing number XXXXXXXXXXXXXXXXXXXX c Type: ☐ Checking ☐ Savings d Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	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	3,619
	38 Estimated tax penalty (see instructions)	38	148
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 HRB TAX GROUP INC	Phone no. 813-973-1234	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 [REDACTED]	Your occupation ATTORNEY
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
	Phone no. 8138927109	Email address MLCUELLARSTILO@AOL.COM	
Paid Preparer Use Only	Preparer's name ELIZABETH PETERSE	Preparer's signature [REDACTED]	Date 07/05/2025
	Firm's name HRB TAX GROUP INC	PTIN P00149294	Check if: ☐ Self-employed
	Firm's address 5446 BRUCE B DOWNS BLVD WESLEY CHAPEL FL 33544	Phone no. 813-973-1234	Firm's EIN [REDACTED]

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

Form 1040 (2024)

SCHEDULE 1

(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

24Attachment
Sequence No. **01**Department of the Treasury
Internal Revenue ServiceAttach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

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

MARY LOU CUELLAR STILO

Your social security number

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	12,187
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
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	0
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	12,187

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

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	861
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 8l 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	861

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

MARY LOU CUELLAR STILO

Your social security number

Part I Tax

1	Additions to tax:			
a	Excess advance premium tax credit repayment. Attach Form 8962	1a		
b	Repayment of new clean vehicle credits(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b		
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c		
d	Recapture of net EPE from Form 4255, line 2a, column (i)	1d		
e	Excessive payments (EP) from Form 4255. Check applicable box and enter amount. (i) ☐ Line 1a, column (n) (ii) ☐ Line 1c, column (n) (iii) ☐ Line 1d, column (n) (iv) ☐ Line 2a, column (n)	1e		
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a, column (o) (ii) ☐ Line 1c, column (o) (iii) ☐ Line 1d, column (o) (iv) ☐ Line 2a, column (o)	1f		
y	Other additions to tax (see instructions):	1y		
z	Add lines 1a through 1y		1z	
2	Alternative minimum tax. Attach Form 6251		2	
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17		3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	1,722
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

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 8697 or 8866.	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR.	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund.	17p	
q	Any interest from Form 8621, line 24.	17q	
z	Any other taxes. List type and amount:	17z	
18	Total additional taxes. Add lines 17a through 17z.		18
19	Recapture of net EPE from Form 4255, line 1d, column (I).		19
20	Section 965 net tax liability installment from Form 965-A.	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21

1,722

Schedule 2 (Form 1040) 2024

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

24

Attachment
Sequence No. 07

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

MARY LOU CUELLAR STILO

Your social security no.

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

- | | | | |
|---|---|---|--------|
| 1 | Medical and dental expenses (see instructions) | 1 | |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 | 2 | 65,114 |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | 4,884 |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 0 |

Taxes You Paid

- | | | | |
|---|---|----|-------|
| 5 | State and local taxes. | | |
| a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☒ | 5a | 805 |
| b | State and local real estate taxes (see instructions) | 5b | 6,031 |
| c | State and local personal property taxes | 5c | |
| d | Add lines 5a through 5c | 5d | 6,836 |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 6,836 |
| 6 | Other taxes. List type and amount: | 6 | |
| 7 | Add lines 5e and 6 | 7 | 6,836 |

Interest You Paid

Caution:
Your mortgage interest deduction may be limited. See instructions.

- | | | | |
|----|---|----|--------|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐ | | |
| a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | 23,282 |
| b | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address | 8b | 0 |
| c | Points not reported to you on Form 1098. See instructions for special rules | 8c | |
| d | Reserved for future use | 8d | |
| e | Add lines 8a through 8c | 8e | 23,282 |
| 9 | Investment interest. Attach Form 4952 if required. See instructions | 9 | |
| 10 | Add lines 8e and 9 | 10 | 23,282 |

Gifts to Charity

Caution:
If you made a gift and got a benefit for it, see instructions.

- | | | | |
|----|---|----|--|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 12 | |
| 13 | Carryover from prior year | 13 | |
| 14 | Add lines 11 through 13 | 14 | |

Casualty and Theft Losses

- | | | | |
|----|--|----|---|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 15 | 0 |
|----|--|----|---|

Other Itemized Deductions

- | | | | |
|----|---|----|--|
| 16 | Other--from list in instructions. List type and amount: | 16 | |
|----|---|----|--|

Total Itemized Deductions

- | | | | |
|----|--|----|--------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 | 17 | 30,118 |
|----|--|----|--------|

- 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2024

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service

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

24
Attachment
Sequence No. 08

Name(s) shown on return

MARY LOU CUELLAR STILO

Your social security no.

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:

RAYMOND JAMES BANK
INTEREST SUBTOTAL

Amount

5,124
5,124

1

- 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.

2

5,124

3

4

5,124

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:

5

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

6

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.

Yes No

- 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 X

- b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (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 X

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

Schedule B (Form 1040) 2024

1
SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

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

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

OMB No. 1545-0074

24

Attachment
Sequence No. 09

Name of proprietor

MARY LOU CUELLAR STILO

Social security number (SSN)

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

LEGAL SERVICES

B Enter code from instructions

541100

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

D Employer ID no. (EIN) (see instr.)

E Business address (including suite or room no.)

11606 HIDDEN HOLLOW CIR

City, town or post office, state, and ZIP code

TAMPA, FL 33635

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

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

☒ Yes ☐ No

H If you started or acquired this business during 2024, check here

☒ Yes ☐ No

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions

☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 1099?

☐ Yes ☒ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐

1 18,265

2 Returns and allowances

2

3 Subtract line 2 from line 1

3 18,265

4 Cost of goods sold (from line 42)

4

5 Gross profit. Subtract line 4 from line 3

5 18,265

6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

6

7 Gross income. Add lines 5 and 6

7 18,265

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

8 Advertising

8

18 Office expense (see instructions)

18

9 Car and truck expenses (see instructions)

9

19 Pension & profit-sharing plans

19

10 Commissions and fees

10

20 Rent or lease (see instructions):

20

11 Contract labor (see instructions)

11

a Vehicles, machinery, and equipment

20a

12 Depletion

12

b Other business property

20b

13 Depreciation and section 179 expense deduction (not included in Part III) (see instr.)

13

21 Repairs and maintenance

21

14 Employee benefit programs (other than on line 19)

14

22 Supplies (not included in Part III)

22

15 Insurance (other than health)

15

23 Taxes and licenses

23

16 Interest (see instructions):

16

24 Travel and meals:

24

a Mortgage (paid to banks, etc.)

16a

a Travel

24a

b Other

16b

b Deductible meals (see instr.)

24b

17 Legal and professional services

17

25 Utilities

25

26 Wages (less employment credits)

26

27a Other expenses (from line 48)

27a

b Energy efficient commercial bldgs deduction (attach Form 7205)

27b

18 Total expenses before expenses for business use of home. Add lines 8 through 27b

18

18 6,078

29 Tentative profit or (loss). Subtract line 28 from line 7

29

29 12,187

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

30

Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.

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

31

31 12,187

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

32

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

32a

32b If a loss, you must go to line 32.

32b

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

32a

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

32b

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2024

Part III	Cost of Goods Sold (see instructions)
-----------------	--

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

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

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

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

VEHICLE	1,294
48 Total other expenses. Enter here and on line 27a	48 1,294

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

24

Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

MARY LOU CUELLAR STILO

Social security number of person
with self-employment income

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is church employee income, see instructions for how to report your income and the definition of church employee income.

- A** If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

- 1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A

1a

- b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ

1b

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

- 2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order

2

12,187

- 3** Combine lines 1a, 1b, and 2

3

12,187

- 4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3

4a

11,255

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

- b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here

4b

- c** Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. **Exception:** If less than \$400 and you had church employee income, enter -0- and continue

4c

11,255

- 5a** Enter your church employee income from Form W-2. See instructions for definition of church employee income

5a

- b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-

5b

0

- 6** Add lines 4c and 5b

6

11,255

- 7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2024

7

168,600

- 8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$168,600 or more, skip lines 8b through 10, and go to line 11

8a

- b** Unreported tips subject to social security tax from Form 4137, line 10

8b

- c** Wages subject to social security tax from Form 8919, line 10

8c

- d** Add lines 8a, 8b, and 8c

8d

- 9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11

9

168,600

- 10** Multiply the smaller of line 8 or line 9 by 12.4% (0.124)

10

1,396

- 11** Multiply line 6 by 2.9% (0.029)

11

326

- 12** Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3

12

1,722

- 13** Deduction for one-half of self-employment tax.

Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15

13

861

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

Schedule SE (Form 1040) 2024

Qualified Business Income Deduction Simplified Computation

OMB No. 1545-2294

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.
24
Attachment
Sequence No. 55

Name(s) shown on return

Your taxpayer identification number

MARY LOU CUELLAR STILO

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	LEGAL SERVICES		11,326
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c) . . .	2	11,326	5	2,265
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	11,326		
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5			
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		9	
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	0		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		10	2,265
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10			
11	Taxable income before qualified business income deduction (see instructions)	11	34,996		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12		14	6,999
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	34,996		
14	Income limitation. Multiply line 13 by 20% (0.20)	14			
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		16	2,265
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	()		
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()		

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

Form 8995 (2024)

CLIENT COPY

OMB No. 1545-0074

► ERO must obtain and retain completed Form 8879.
► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name

MARY LOU CUELLAR STILO

Social security number

Spouse's name

Spouse's social security number

Part I Tax Return Information -- Tax Year Ending December 31, 2024 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	65,114
2	Total tax	2	5,417
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	1,946
4	Amount you want refunded to you	4	
5	Amount you owe	5	3,619

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize HRB TAX GROUP INC to enter or generate my PIN as my
ERO firm name
signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► SIGNATURE AND DATE ON FILE

Date ▶ 07-05-2025

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN _____ as my
ERO firm name
signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but
don't enter all zeros

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

Date ▶

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►

Date ▶ 07-05-2025

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

Form 8879 (Rev. 01-2025)

MARY LOU CUELLAR STILO

Client Sources of Income Verification

To ensure your return is prepared accurately, review the entries below and confirm they represent all your sources of income, regardless of taxability.

Sources of Income – Total \$ 404,676.00

NOTE: The amount shown may not match your total Adjusted Gross Income as there may be sources of income present on your return that are not independently reported to the IRS.

<u>Document</u>	<u>Issued by</u>	<u>Amount</u>
Form1099NEC	Taxpayer	COLE SCOTT KISSANE P 18,265.00
Form1099INT	Taxpayer	RAYMOND JAMES BANK 5,124.00
Form1099R	Taxpayer	FLORIDA RETIREMENT S 48,664.00
Form1099R	Taxpayer	NATIONWIDE RETIREMEN 237,223.00
Form1099R	Taxpayer	VOYA RETIREMENT 95,400.00

My/our signature(s) below confirms that I/we verify that I/we have no additional sources of income for the 2024 tax year in the categories listed above.

Name

Signature

Date

Client MARY LOU CUELLAR STILO

Mary Lou Cuellar Stilo

07/05/2025

Spouse _____

(If married and Spouse is present, Spouse must also sign.)

Tax Professional: Elizabeth Petersen

Date: 07/05/2025

INCOMEVER1
11/14/2024

CLIENT COPY

H&R Block ADVANTAGE®

MARY LOU CUFFLAR, CPA

YOUR TAX PROFESSIONAL TODAY:

Elizabeth Petersen
813-973-1234
5446 BRUCE B DOWNS BLVD
WESLEY CHAPEL FL 33544

WE'RE OPEN YEAR-ROUND:

Call 813-973-1234
Visit hrblock.com/myblock.
Download the MyBlock App.

TAX PREP AND RELATED FEES:

Tax Preparation: \$535.00
Total: \$535.00

WHAT YOU CAN EXPECT:

Federal Balance Due: (\$3,619.00)
Total Fees : (\$535.00)

* Please note this amount may come in multiple deposits depending on when the taxing authorities issues your refunds. This is not proof of payment of your fees. Your fees will be paid from your refund account pursuant to the terms of the RT Application and Agreement. Please note if you choose a State RT and your state refund arrives before your federal refund, your fees will be paid from your Refund Account at that time. If applicable your total will be reduced by any other payments you authorize from your refund, such as repayment for Refund Advance or if you owe certain debt.

WHAT YOU NEED TO KNOW:

To check the status of your return, visit hrblock.com/myreturnstatus or call 866-761-1040. You'll need your Social Security number and date of birth.

Refund: Federal and State refund timing varies. Delivery of your Federal refund may be delayed if the IRS selects your return for further review. The Department of Treasury Offset Program may offset your tax refund to pay delinquent federal student loans, child support or other debt. Call the Treasury Offset Program Call Center at 800-304-3107 if you have questions.

Balance Due: If you have a Federal balance due and did not make arrangements today to pay the full amount, go to [DirectPay at IRS.gov](http://DirectPay.irs.gov) or mail in a check to pay the remaining balance by April 15. If you pay by credit/debit card, payment processor will assess a convenience fee. No part of this service fee goes to H&R Block. If you selected an installment plan, visit IRS.gov to apply for an online payment agreement. If you have a State balance due and did not make arrangements today to pay the full amount, you can pay the remaining balance by credit/debit card or check. Follow state instructions to avoid additional penalties/fees.

Extension: If you filed an extension, the original return must be filed by October 15. Any balance due must be paid by April 15 to avoid penalties/interest.

Single	Tax Bracket
\$0 - \$11,600	10%
\$11,601 - \$47,150	12%
\$47,151 - \$100,525	22%
\$100,526 - \$191,950	24%
\$191,951 - \$243,725	32%
\$243,726 - \$609,350	35%
\$609,351 or greater	37%

--\$11,600 of your income was taxed at 10%

--\$21,131 of your income was taxed at 12%

Your effective tax rate is 11%
You paid \$5,417 in federal income taxes



Your Personalized Tax Tips

Optimize your withholdings to meet your financial needs

Filling out a new W-4 with your employer will help you make sure you don't pay money back later.

- **Why should I do this?** If you're not happy with your balance due, adjusting your withholding on your W-4 can help change the outcome for next year.
- **How Can I do this?** Talk with your tax pro about how much you should withhold.

MyBlock App

The best way to safely store your most important info

- **Why should I do this?** Block can help you keep your tax documents stored safely, follow the status your return, and chat with your Tax Pro securely. Best of all, it's 100% free.
- **How Can I do this?** You can start downloading the app by visiting the Apple App Store or Google Play and searching, "MyBlock."

BUSINESS STRUCTURE ANALYSIS

MARY LOU CUELLAR STILO

Keep for your records

Schedule C Business Name:

- | | |
|--|------------------|
| 1. Net profit or (loss) from Schedule C Line 31 | 1. <u>12,187</u> |
| If Line 1 is less than 0, stop, there is no savings from this Schedule C business activity and forming an S Corporation will not save any self-employment taxes. There may still be other reasons to consider a change in business organization. | |
| 2. Total self-employment tax from Schedule SE line 12 | 2. <u>1,722</u> |
| 3. Reasonable salary as discussed with the taxpayer (IRS guidance is between 40% and 60% of net profits, but facts and circumstances determine what is actually a reasonable salary) | 3. <u>7,312</u> |
| 4. Employment taxes on reasonable salary | 4. <u>1,119</u> |
| 5. Estimated savings in employment/self-employment taxes | 5. <u>603</u> |

This is an estimate based on your current year taxes. Overall tax results may vary based on additional factors such as changes in your tax situation or the payment of state taxes. You can schedule an appointment with your tax pro for additional information or a more in-depth analysis.

Here are some additional points to consider when evaluating a change from a Schedule C to an S Corporation:

- | | |
|--|---|
| _____ A properly filed S Corporation election is required before tax savings are available. Existing calendar year entities should elect by March 15 of the current year to see any benefits on next year's taxes. New entities should make the election within 2 months and 15 days of the start of their tax year. | _____ Taxes for your S Corporation may differ to Schedule C filers based on federal and state tax laws. |
| _____ Providing yourself a reasonable salary can change your Qualified Business Income Deduction. | _____ The S Corporation will need to file a Form 1120S before 3/15 (9/15 if extended) along with their 1040 return (4/15 or 10/15 if extended). |
| _____ Deductibility of your home office for business use can change when forming an S Corporation. | _____ Payroll taxes will be required for you and any other employees. |
| _____ There could be impacts for the Net Investment Income Tax (Form 8960) and/or the Additional Tax on Medicare (Form 8959). | _____ You'll have state-specific requirements for your entity such as filing annual reports or having a registered agent. |

Tax savings and the additional points above are only some of many considerations. You may want to consult with an attorney to evaluate all relevant considerations. Our services and advice are not a substitute for an attorney and should not be construed as legal advice or legal services.

Still have questions?

Make an appointment
with your tax pro

Ready to get started?

Go to [**blockadvisors.com/**](https://blockadvisors.com/)
incorporate

WELCOME TO H&R BLOCK®

Thank you for choosing H&R BLOCK®. If you are having your taxes prepared, and you are at an office operated by HRB Tax Group, Inc. ("HRB"), your tax return will be prepared by HRB. If you are at a franchised H&R BLOCK® office, your return will be prepared by an independently owned and operated franchisee ("Franchisee"). In either case, this Client Service Agreement ("CSA") explains what to expect from your tax preparer and from other companies that may provide you products and services, and what is needed from you so they can provide great service. This CSA contains an Arbitration Agreement, the terms of which are set forth below, including procedures for resolving arbitrations of similar claims asserted by claimants with the same or coordinated counsel.

If you are having your taxes prepared, your tax preparer will (1) interview you to learn details that affect your taxes, and (2) ask you for documents to help accurately record your income, credits or deductions. You agree to provide information related to all products and services you receive, including your W-2(s) and other information that affects your tax situation, and to verify the accuracy of this information (including any W-2 you download for pick-up in the tax office). If you discover that you did not provide complete and accurate information, you agree to file an amended return. Your tax preparer can prepare any amendment for you, but there may be an additional charge. The use and disclosure of information you provide to H&R BLOCK® is governed by the Privacy Notice provided to you. You may request a copy of our most recent Privacy Notice from any office. If you obtain a Refund Transfer, your fees are not due until all services are complete, which is typically when your refund is received and your authorized payments are disbursed, but in any event no more than 30 days after your tax return is e-filed.

ARBITRATION IF A DISPUTE ARISES ("ARBITRATION AGREEMENT")

1. Scope of Arbitration Agreement. You and the H&R Block Parties agree that all disputes and claims between you and the H&R Block Parties shall be resolved through binding individual arbitration unless you opt out of this Arbitration Agreement using the process explained below. However, to the fullest extent permitted by applicable law, either you or the H&R Block Parties may elect that an individual claim be decided in small claims court, as long as it is brought and maintained as an individualized claim and is not removed or appealed to a court of general jurisdiction. All issues are for the arbitrator to decide, except that issues relating to the arbitrability of disputes and the validity, enforceability, and scope of this Arbitration Agreement, including the interpretation of and compliance with sections 2, 4, and 6 below, shall be decided by a court and not an arbitrator. If you are preparing or filing a joint tax return, the term "you" in this Arbitration Agreement refers to both taxpayers. The term "you" in this Arbitration Agreement also refers to any dependents you claim on your tax return. The terms "H&R Block Parties" or "we" or "us" in this Arbitration Agreement include HRB, Emerald Financial Services, LLC, and Franchisee, along with their predecessors, successors, and assigns, and each of the past, present, and future direct or indirect parents, subsidiaries, affiliates, officers, directors, agents, employees, and franchisees of any of them.

Arbitration Agreement Opt Out: You may opt out of this Arbitration Agreement within 30 days after you sign this CSA by filling out the form at www.hrblock.com/goto/optout, or by sending a signed letter to Arbitration Agreement Opt Out, P.O. Box 32818, Kansas City, MO 64171. The letter should include your printed name, address, the last four digits of your Social Security number, and the words "Arbitration Agreement Opt Out." If you opt out of this Arbitration Agreement, any prior arbitration agreement shall remain in force and effect.

2. Commencing Arbitration. You or we may commence an arbitration proceeding only if you and we do not reach an agreement to resolve the dispute or claim during the Informal Resolution Period (defined below).

a. Pre-Arbitration Notice of Dispute. A party who intends to seek arbitration must first mail a written Notice of Dispute ("Notice") to the other party. The Notice to the H&R Block Parties should be addressed to: H&R Block-Legal Department, Attention: Notice of Dispute, One H&R Block Way, Kansas City, MO 64105. The Notice to you will be sent to the last known address on file with the H&R Block Parties. The Notice must be on an individual basis and include all of the following: (1) the claimant's name, address, telephone number, e-mail address, and last four digits of Social Security Number; (2) the nature or basis of the dispute or claim; (3) the specific relief sought; and (4) the claimant's signature.

b. Informal Settlement Conference. After the Notice containing all of the information required above is received, within 60 days either party may request an individualized discussion (by telephone or videoconference) regarding informal resolution of the dispute ("Informal Settlement Conference"). If timely requested, the parties will work together in good faith to select a mutually agreeable time for the Informal Settlement Conference. You and our business representative must both personally participate in a good-faith effort to settle the dispute without the need to proceed with arbitration. The requirement of personal participation in an Informal Settlement Conference may be waived only if both you and we agree in writing. Any counsel representing you or us may also participate; however, if you have retained counsel, a signed statement is required by law to authorize the H&R Block Parties to disclose your confidential tax and account records to your counsel. Any applicable statute of limitations will be tolled for the claims and relief set forth in the Notice during the period between the date that either you or we send the other a fully complete Notice, until the later of (1) 60 days after receipt of the Notice; or (2) if a Settlement Conference is timely requested, 30 days after completion of the Settlement Conference (the "Informal Resolution Period"). The parties agree that the existence or substance of any settlement discussions are confidential and shall not be disclosed, except as provided by applicable law.

c. Enforcement of Pre-Arbitration Requirements. The Notice and Informal Settlement Conference requirements are essential so that you and we have a meaningful chance to resolve disputes informally before proceeding to arbitration. A court will have authority to enforce this section 2, including the power to enjoin the filing or prosecution of an arbitration or the assessment of or demand for payment of fees in connection with an arbitration, if the party who intends to seek arbitration does not first provide a fully complete Notice and participate in a timely requested Informal Settlement Conference. In addition, unless prohibited by applicable law, the

arbitration administrator shall not accept, assess or demand fees for, or administer an arbitration commenced during the Informal Resolution Period.

3. How Arbitration Works. Arbitration shall be conducted by the American Arbitration Association ("AAA") pursuant to its Consumer Arbitration Rules and, if applicable, the AAA Mass Arbitration Supplementary Rules (collectively, the "AAA Rules"), as modified by this Arbitration Agreement. The AAA Rules are available on AAA's website www.adr.org. If AAA is unavailable or unwilling to administer the arbitration consistent with this Arbitration Agreement, the parties shall agree to, or the court shall select, another arbitration provider. Unless the parties agree otherwise, any arbitration hearing shall take place in the county of your residence. The arbitrator will be either a retired judge or an attorney specifically licensed to practice law in the state of your residence and selected by the parties from the arbitration provider's national roster of arbitrators. The arbitrator will be selected using the following procedure: (1) the arbitration provider will send the parties a list of five candidates meeting this criteria; (2) if the parties cannot agree on an arbitrator from the list, each party shall return its list to the arbitration provider within 10 days, striking up to two candidates, and ranking the remaining candidates in order of preference; (3) the arbitration provider shall appoint as arbitrator the candidate with the highest aggregate ranking; and (4) if for any reason the appointment cannot be made according to this procedure, the arbitration provider will provide the parties a new list of five candidates meeting the above criteria until an appointment can be made.

4. Waiver of Right to Bring Class Action and Representative Claims. All arbitrations shall proceed on an individual basis. The arbitrator is empowered to resolve the dispute with the same remedies available in court, including compensatory, statutory, and punitive damages; attorneys' fees; and declaratory, injunctive, and equitable relief. However, the arbitrator's rulings or any relief granted must be individualized to you and shall not apply to or affect any other client. The arbitrator is also empowered to resolve the dispute with the same defenses available in court, including but not limited to statutes of limitation. **You and the H&R Block Parties also agree that each may bring claims against the other in arbitration only in your or their respective individual capacities and in so doing you and the H&R Block Parties hereby waive the right to a trial by jury, to assert or participate in a class action lawsuit or class action arbitration, to assert or participate in a private attorney general lawsuit or private attorney general arbitration, and to assert or participate in any joint or consolidated lawsuit or joint or consolidated arbitration of any kind.** If, after exhaustion of all appeals, a court decides that applicable law precludes enforcement of any of this section's limitations as to a particular claim or any particular request for a remedy for a claim (such as a request for public injunctive relief), then the parties agree that the particular claim or the particular request for a remedy (and only that particular claim or particular request for a remedy) must remain in court and be severed from any arbitration. No arbitration shall proceed in any manner as a class action arbitration, private attorney general arbitration, or arbitration involving joint or consolidated claims, unless all parties consent in writing.

5. Arbitration Costs. Payment of all filing, administrative, case-management, arbitrator, and hearing fees will be governed by AAA Rules, but if you inform us that you cannot afford to pay your share of the fees, we will consider advancing those fees to the AAA on your behalf and will do so if required by applicable law. In addition, we will reimburse you for your share of the fees at the conclusion of the arbitration (regardless of who wins) so long as (i) you complied with the requirements in sections 2 and 4 above and section 6 below, and (ii) neither the substance of your claim nor the relief you sought was determined to be frivolous or brought for an improper purpose as measured by the standards set forth in Federal Rule of Civil Procedure 11(b); otherwise, the payment of fees will be governed by AAA Rules and you agree to reimburse the H&R Block Parties for all fees advanced on your behalf.

6. Arbitration of Similar Claims. If 25 or more claimants submit Notices or seek to file arbitrations raising similar claims and are represented by the same or coordinated counsel (regardless of whether the cases are submitted simultaneously), the AAA's Mass Arbitration Supplementary Rules, as modified by this Arbitration Agreement, shall apply, and all of the cases must be resolved in arbitration in stages using staged bellwether proceedings if they are not resolved during the Informal Resolution Period. You agree to this process even though it may delay the arbitration of your claim. You and the H&R Block Parties each agree to notify the AAA if the conditions for applying the provisions in this section 6 have been satisfied. In the first stage, each side shall select 15 cases (30 cases total) to be filed in arbitration and resolved individually by different arbitrators, with each case assigned to an arbitrator from the claimant's home state. In the meantime, no other cases may be filed in arbitration, and the AAA shall not accept, assess or demand fees for, or administer arbitrations that are commenced in violation of this section. The arbitrators are encouraged to resolve the cases within 120 days of appointment or as swiftly as possible, consistent with principles of fundamental fairness. If the remaining cases are unable to be resolved after the conclusion of the first stage bellwether proceeding, the process will be repeated until all claims are resolved through settlement or arbitration, with two alterations. First, each side shall select up to another 50 cases (100 cases total). Second, arbitrators who were previously assigned cases may be appointed to new cases to the extent required if the AAA does not have a sufficient number of arbitrators available. If any claims remain after the second stage, the second stage process will be repeated until all claims are resolved through settlement or arbitration, except that a total of 200 cases may be filed each round (unless a higher number of cases is mutually agreed upon in writing) and the appointment of the arbitrators shall be governed by the AAA rules rather than section 3 above.



If this section 6 applies to a Notice, the statute of limitations applicable to the claims and relief set forth in that Notice shall be tolled from the beginning date of the Informal Resolution Period until that Notice is selected for a bellwether proceeding, withdrawn, or otherwise resolved. A court will have authority to enforce this section 6, including to enjoin the filing, assessing or demanding fees for, administration of, or prosecution of arbitrations. To the fullest extent permitted by applicable law, if this section 6 applies to a Notice, you and the H&R Block Parties consent to the exclusive jurisdiction and venue of the courts in Kansas City, Missouri, to enforce the requirements of this Arbitration Agreement, including the interpretation of and compliance with sections 2 and 6. Further, to the fullest extent permitted by applicable law, if this section 6 applies to a Notice, you and the H&R Block Parties agree that any of the claimants or the H&R Block Parties may bring a single court proceeding to enforce the requirements of this Arbitration Agreement as to all of the cases that qualify as similar claims under this section 6.

7. Other Terms. This Arbitration Agreement shall be governed by, and interpreted, construed, and enforced in accordance with, the Federal Arbitration Act and other applicable federal law. Except as set forth above in section 4, if any portion of this Arbitration Agreement is deemed invalid or unenforceable, it will not invalidate the remaining portions of the Arbitration Agreement. No arbitration award or decision will have any preclusive effect as to any issues or claims in any dispute, arbitration, or court proceeding where any party was not a named party in the arbitration, unless and except as required by applicable law.

THIS AGREEMENT CONTAINS A BINDING MUTUAL ARBITRATION AGREEMENT

I represent that I have the authority to enter into this Agreement. I acknowledge the Privacy Notice was provided to me prior to service, and I understand and voluntarily agree to the terms of the Arbitration Agreement described above, as well as all other terms, conditions and disclosures presented in this CSA.

Client's Signature

07/05/2025

Date

Spouse's Signature (Required only if MFJ and Spouse is Present)

Date