

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 08/22/2025

General Information

Name: Sheriff Rosanna Cordero-Stutz

CONFIDENTIAL

PID 317716

AGENCY INFORMATION

Organization	Suborganization	Title
Miami-Dade County	Elected Constitutional Officer	Sheriff

Net Worth

My Net Worth as of December 31, 2024 was \$ 1,323,889.13.

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 \$ 215,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
{REDACTED}	\$ 986,493.00
Van Buren County Tn,{REDACTED} land	\$ 6,300.00
208 Stephen Dr, LLC	\$ 190,805.00
Florida Prepaid 4 Yr Univ Plan	\$ 7,343.91
Florida Prepaid TDF Univ	\$ 4,387.03
Florida Prepaid Fee Plan	\$ 4,262.51
Florida Prepaid Univ Dorm Plan	\$ 10,468.36
529 Savings Plan	\$ 8,640.00
Mission Square Deferred Retirement Account	\$ 533,940.42
Dade County Federal Credit Union	\$ 4,527.30
Vehicle 2021 Ford Bronco	\$ 51,281.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Penny Mac	P.O.Box 950002, FT. Worth, TX 76155-9802	\$ 462,632.02
Ford Credit	P.O.Box 35910 Cleveland, OH 44135-0910	\$ 21,927.38

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

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

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

PRIMARY SOURCES OF INCOME:

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

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

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

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

N/A

Training

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

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

Signature of Reporting Official or Candidate

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

Rosanna Cordero-Stutz

Digitally signed: 08/22/2025

Filed with COE: 08/22/2025

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

Your first name and middle initial

Last name

STUTZ

Your social security number

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

Last name

CORDERO-STUTZ

Spouse's social security number

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

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.

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

State

ZIP code

Foreign country name

Foreign province/state/county

Foreign postal code

☒ You ☐ Spouse

Filing Status

☐ Single☐ Head of household (HOH)Check only
one box.☒ Married filing jointly (even if only one had income)☐ Married filing separately (MFS)☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):Digital
AssetsAt 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 ☒ NoStandard
DeductionSomeone can claim: ☐ You as a dependent ☐ Your spouse as a dependent☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You: ☐ Were born before January 2, 1960 ☐ Are blind Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions):

If more than four dependents, see instr. and check here ☐	(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
	STUTZ			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,
\$14,600
- Married filing
jointly or
Qualifying
surviving spouse,
\$29,200
- Head of
household,
\$21,900
- If you checked
any box under
Standard
Deduction,
see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	203,290
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	203,290
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	316,762
6a	Soc. sec. ben.	6a	
b	Taxable interest	2b	2
b	Ordinary dividends	3b	
b	Taxable amount	4b	
b	Taxable amount	5b	313,762
b	Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions)	7	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
8	Additional income from Schedule 1, line 10	8	0
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	517,054
10	Adjustments to income from Schedule 1, line 26	10	0
11	Subtract line 10 from line 9. This is your adjusted gross income	11	517,054
12	Standard deduction or itemized deductions (from Schedule A)	12	31,150
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	31,150
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	485,904

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		16 110,862	
3 ☐				17	
17 Amount from Schedule 2, line 3				17 110,862	
18 Add lines 16 and 17				18	
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-				22 110,862	
23 Other taxes, including self-employment tax, from Schedule 2, line 21				23	
24 Add lines 22 and 23. This is your total tax				24 110,862	
Payments		25 Federal income tax withheld from:		25d 90,384	
a Form(s) W-2		25a	36,535		
b Form(s) 1099		25b	53,685		
c Other forms (see instructions)		25c	164		
d Add lines 25a through 25c				25d	
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 90,384	
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	
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.		37 20,478	
For details on how to pay, go to www.irs.gov/Payments or see instructions					
38 Estimated tax penalty (see instructions)		38			
Third Party Designee		Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes. Complete below. ☐ No			
Designee's name		Phone no.		Personal identification number (PIN)	
Sign Here		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature		Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)	
Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)	
SHERIFF					
Phone no.		Email address			
Preparer's name		Preparer's signature		Date	PTIN
STUART H. GLAUSER					***** ☐ Self-employed
Firm's name		GREENWALD AND GLAUSER CPA'S		Phone no. 305-931-1265	
Firm's address		1769-71 NE 162 ST			
NORTH MIAMI BEACH		FL 33162		Firm's EIN ** - *** 6622	
Go to www.irs.gov/Form1040 for instructions and the latest information.				Form 1040 (2024)	
5/15 INT 118		FTP 102		TOT 20,698	

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

2024

Attachment
Sequence No. **07**

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

STUTZ & ROSANNA CORDERO-STUTZ

Your social security number

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 3 Multiply line 2 by 7.5% (0.075) 3 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- 4		
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 1,931 b State and local real estate taxes (see instructions) 5b 10,891 c State and local personal property taxes 5c d Add lines 5a through 5c 5d 12,822 e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) 5e 10,000 6 Other taxes. List type and amount: 6 7 Add lines 5e and 6 7 10,000		
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 15,324 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 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 15,324 9 Investment interest. Attach Form 4952 if required. See instructions 9 10 Add lines 8e and 9 10 15,324		
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 5,351 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 12 475 13 Carryover from prior year 13 14 Add lines 11 through 13 14 5,826		
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		
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 31,150 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐		

Additional Medicare Tax

OMB No. 1545-0074

2024

Attachment
Sequence No. 71Department of the Treasury
Internal Revenue Service

If any line does not apply to you, leave it blank. See separate instructions.

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

Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

STUTZ & ROSANNA CORDERO-STUTZ

Your social security number

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	220,050	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	220,050	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		0
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8		
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	9	250,000	
10	Enter the amount from line 4	10	220,050	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	29,950	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		0
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	15	250,000	
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		0
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18		
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	3,355	
20	Enter the amount from line 1	20	220,050	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,191	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		164
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24		164

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

Form 8959 (2024)

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.

2024

Attachment
Sequence No. 72Department of the Treasury
Internal Revenue Service

Name(s) shown on your tax return

Your social security number or EIN

STUTZ & ROSANNA CORDERO-STUTZ

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	2
2	Ordinary dividends (see instructions)	2	
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	
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	
5a	Net gain or loss from disposition of property (see instructions)	5a	
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	
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	2

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	
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	

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	2
13	Modified adjusted gross income (see instructions)	13	517,054
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	267,054
16	Enter the smaller of line 12 or line 15	16	2
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	
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.

Filing Status: ☐ 1 Single ☒ 2 Married filing jointly ☐ 3 Married filing separately ☐ 4 Head of household* ☐ 5 Qualifying widow(er)*

MFS spouse name:

*Qualifying person that is a child but not a dependent:

Taxpayer first name and initial

Last name

Taxpayer social security number

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

Last name

Spouse's social security number

ROSANNA

CORDERO-STUTZ

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

Apt. no.

Presidential Election Campaign

☒ Taxpayer☐ Spouse

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

Foreign country name

Foreign province/state/county

Foreign postal code

At anytime during 2024, did you receive, sell, send, exchange, or otherwise acquire financial interest in any digital assets?

Yes ☒ No6a ☒ Taxpayer. If someone can claim you as a dependent, do not check box 6ab ☒ Spouse

Boxes checked on 6a and 6b

Children on 6c who lived with you

Children on 6c who did not live with you

Dependents on 6c not entered above

Total. Add lines above

6c Dependents:

(1) First name

Last name

(2) Social security number

(3) Relationship to you

(4) ☒ if qualifies for

Child tax credit

Other dependents

If more than four dependents, ☒ hereIncome
(Schedule 1)

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	203,290
8a	Taxable interest. Attach Schedule B if required	8a	2
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
16a	Pensions and annuities	16a	316,762
b	Taxable amount	15b	
b	Taxable amount	16b	313,762
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	517,054

Adjusted
Gross
Income
(Schedule 1)

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	
b	Recipient's SSN		
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Reserved for future use	34	
35	Reserved for future use	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	517,054

Name	STUTZ & ROSANNA CORDERO-STUTZ	Tp TIN	
	38	Amount from line 37 (adjusted gross income)	38 517,054
Tax and Credits (Schedules 2, 3)	39a	Check ☐ You were born before January 2, 1960, ☐ Blind. ☐ Spouse was born before January 2, 1960, ☐ Blind. Total boxes checked ▶	39a
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶	39b
Standard Deduction for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40 31,150
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41	Subtract line 40 and 40b from line 38	41 485,904
• All others:	42	Qualified business income deduction (see instructions)	42
Single or Married filing separately, \$14,600	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43 485,904
Married filing jointly or Qualifying widow(er), \$29,200	44	Tax (see instr.). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44 110,862
Head of household, \$21,900	45	Alternative minimum tax (see instructions). Attach Form 6251	45
	46	Additions to tax (Excess advance premium tax credit repayment and clean vehicle repayment)	46
	47	Add lines 44, 45, and 46 ▶	47 110,862
	48	Foreign tax credit. Attach Form 1116 if required	48
	49	Credit for child and dependent care expenses. Attach Form 2441	49
	50	Education credits from Form 8863, line 19	50
	51	Retirement savings contributions credit. Attach Form 8880	51
	52	Child tax credit/credit for other dependents	52
	53	Residential energy credits. Attach Form 5695	53
	54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54
	55	Add lines 48 through 54. These are your total credits	55
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶	56 110,862
Other Taxes (Schedule 2)	57	Self-employment tax. Attach Schedule SE	57
	58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59
	60a	Household employment taxes from Schedule H	60a
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b
	61	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	61
	62	Section 965 net tax liability installment from Form 965-A	62
	63	Add lines 56 through 61. This is your total tax ▶	63 110,862
Payments (Schedule 3)	64	Federal income tax withheld from:	
	a	Form(s) W-2	64a 36,535
	b	Form(s) 1099	64b 53,685
	c	Other forms	64c 164
	65	2024 estimated tax payments and amount applied from 2023 return	65
	66	Earned income credit (EIC)	66
	67	Additional child tax credit. Attach Schedule 8812	67
	68	American opportunity credit from Form 8863, line 8	68
	69	Recovery rebate credit	69
	70	Net premium tax credit. Attach Form 8962	70
	71	Amount paid with request for extension to file	71
	72	Excess social security and tier 1 RRTA tax withheld	72
	73	Credit for federal tax on fuels. Attach Form 4136	73
	74	Other payments and refundable credits	74
	75	Total pymts. Add lines 64 - 74.	75 90,384
Refund	76	If line 75 is more than line 63, subtract line 63 from line 75. This is the amount you overpaid	76
	77a	Amount of line 76 you want refunded to you. If Form 8888 is attached, check here ▶ ☐	77a
	b	Routing number ▶ c Type: ☐ Checking ☐ Savings	
	d	Account number	
	78	Amount of line 76 you want applied to your 2025 estimated tax ▶	78
Amount You Owe	79	Amount you owe. Subtract line 75 from line 63. For details on how to pay, see instructions ... ▶	79 20,478
	80	Estimated tax penalty (see instructions)	80
Int/Pen	Date filed 5/15	Int 118	Fail to file 102 Total 20,698
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☐ No Personal identification no. (PIN) ▶		
	Designee's Name ▶ Phone no. ▶		
Other Info	Taxpayer Daytime phone number Taxpayer: Occupation SHERIFF IRS Identity Protection PIN		
	Spouse: Occupation Spouse Email address IRS Identity Protection PIN		
	☐ Taxpayer ☐ Spouse		

Federal Statements**General Footnote****Description**

THE TAXPAYER IS A RETIRED POLICE OFFICER. AS SUCH, HE IS ENTITLED TO EXCLUDE UP TO \$3,000 PER YEAR FROM HIS PENSION FOR QUALIFIED HEALTH INSURANCE PREMIUMS. HIS HEALTH INSURANCE PREMIUMS FOR 2024 WAS IN EXCESS OF \$3,000. THE TAXABLE INCOME FROM HIS 1099-R (STATE OF FLORIDA) HAS BEEN REDUCED BY THIS AMOUNT.

Federal Statements**Schedule A, Line 5a - State and Local General Sales Taxes**

Description	Amount
GENERAL SALES TAX	\$ 1,931
TOTAL	\$ 1,931

Schedule A, Line 5b - Real Estate Taxes

Description	Amount
RESIDENCE	\$ 9,541
LAKE PLACID	1,350
TOTAL	\$ 10,891

Schedule A, Line 8a - Home Mortgage Interest & Points From Form 1098

Description	Amount
PENNYMAC	\$ 15,324
PENNYMAC LOAN SVC LLC	
THE HUNTINGTON NAT\	
MIAMI DADE COUNTY	
TOTAL	\$ 15,324

Schedule A, Line 11 - Charitable Contributions by Cash or Check

Description	Amount
CASH CONTRIBUTIONS	\$ 5,351
TOTAL	\$ 5,351

Installment Agreement Request

- Go to www.irs.gov/Form9465 for instructions and the latest information.
► If you are filing this form with your tax return, attach it to the front of the return.
► See separate instructions.

OMB No. 1545-0074

Tip: If you owe \$50,000 or less, you may be able to avoid filing Form 9465 and establish an installment agreement online, even if you haven't yet received a tax bill. Go to www.irs.gov/OPA to apply for an Online Payment Agreement. If you establish your installment agreement using the Online Payment application, the user fee that you pay will be lower than it would be with Form 9465.

Part I Installment Agreement RequestThis request is for Form(s) (for example, Form 1040 or Form 941) ► FORM 1040Enter tax year(s) or period(s) involved (for example, 2018 and 2019, or January 1, 2019, to June 30, 2019) ► 2024

1a Your first name and initial [REDACTED]	Last name <u>STUTZ</u>	Your social security number [REDACTED]
If a joint return, spouse's first name and initial <u>ROSANNA</u>	Last name <u>CORDERO-STUTZ</u>	Spouse's social security number [REDACTED]
Current address (number and street). If you have a P.O. box and no home delivery, enter your box number. [REDACTED]		Apt. number [REDACTED]
City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions). [REDACTED]		
Foreign country name [REDACTED]		Foreign postal code [REDACTED]

1b If this address is new since you filed your last tax return, check here ☐**2** Name of your business (must no longer be operating) _____ Employer identification number (EIN) _____

3 Your home phone number _____	Best time for us to call _____	4 Your work phone number _____	Ext. _____	Best time for us to call _____
---------------------------------------	--------------------------------	---------------------------------------	------------	--------------------------------

5 Enter the total amount you owe as shown on your tax return(s) (or notice(s)) **5** 20,698**6** If you have any additional balances due that aren't reported on line 5, enter the amount here (even if the amounts are included in an existing installment agreement) **6** _____**7** Add lines 5 and 6 and enter the result **7** 20,698**8** Enter the amount of any payment you're making with this request. See instructions **8** 1,000**9** Amount owed. Subtract line 8 from line 7 and enter the result **9** 19,698**10** Divide the amount on line 9 by 72.0 and enter the result **10** 274**11a** Enter the amount you can pay each month. Make your payment as large as possible to limit interest and penalty charges, as these charges will continue to accrue until you pay in full. If you have an existing installment agreement, this amount should represent your total proposed monthly payment amount for all your liabilities. If no payment amount is listed on line 11a, a payment will be determined for you by dividing the balance due on line 9 by 72 months **11a** \$ 1,000**b** If the amount on line 11a is less than the amount on line 10 and you're able to increase your payment to an amount that is equal to or greater than the amount on line 10, enter your revised monthly payment **11b** \$ _____

- If you can't increase your payment on line 11b to more than or equal to the amount shown on line 10, check the box. Also, complete and attach Form 433-F, Collection Information Statement ☐

- If the amount on line 11a (or 11b, if applicable) is more than or equal to the amount on line 10 and the amount you owe is over \$25,000 but not more than \$50,000, then you don't have to complete Form 433-F. However, if you don't complete Form 433-F, then you must complete either line 13 or 14.

- If the amount on line 9 is greater than \$50,000, complete and attach Form 433-F.

12 Enter the date you want to make your payment each month. Don't enter a date later than the 28th **12** 15**13** If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on time.► **a** Routing number ► **b** Account number

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my federal taxes owed, 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 payment, I must contact the U.S. Treasury Financial Agent at 1-800-829-1040 no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

c Low-income taxpayers only. If you're unable to make electronic payments through a debit instrument by providing your banking information on lines 13a and 13b, check this box and your user fee will be reimbursed upon completion of your installment agreement. See instructions ☐

14 If you want to make payments by payroll deduction, check this box and attach a completed Form 2159 ☐

Your signature _____	Date _____	Spouse's signature. If a joint return, both must sign. _____	Date _____
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Name **STUTZ & ROSANNA CORDERO-STUTZ**

Taxpayer Identification Number

		2023	2024	Differences
		MFJ	MFJ	
Filing Status		1	1	
Dependents		1	1	
1. Salaries and wages	1.	195,186	203,290	8,104
2. Interest income	2.	12	2	-10
3. Tax exempt interest income	3.			
4. Dividend income	4.			
5. Qualified dividend income	5.			
6. Taxable state/local refunds	6.			
7. Alimony received	7.			
8. Business income/loss	8.			
9. Capital gain/loss	9.			
10. Other gains/losses	10.			
11. Taxable IRA distributions	11.			
12. Taxable pensions	12.	89,085	313,762	224,677
13. Rent and royalty income including farm rental	13.			
14. Partnership/S corp income	14.			
15. Estate or trust income	15.			
16. Farm income/loss	16.			
17. Unemployment compensation	17.			
18. Taxable social security	18.			
19. Other income	19.	1,339		-1,339
20. Total income	20.	285,622	517,054	231,432
21. Moving expenses	21.			
22. Deductible part of self-employment tax	22.	95		-95
23. SEP/SIMPLE/Qualified plans deductions	23.			
24. SE health insurance	24.			
25. Penalty on early withdrawal of savings	25.			
26. Alimony paid	26.			
27. IRA deductions	27.			
28. Student loan interest	28.			
29. Other adjustments	29.			
30. Adjusted gross income	30.	285,527	517,054	231,527
31. Medical	31.			
32. Taxes	32.	10,000	10,000	
33. Interest	33.	18,559	15,324	-3,235
34. Contributions	34.	5,175	5,826	651
35. Casualty losses	35.			
36. Miscellaneous expenses	36.			
37. Allowable itemized deductions	37.	33,734	31,150	-2,584
38. Standard deduction	38.	27,700	29,200	1,500
		ITEMIZED	ITEMIZED	
39. Deduction taken	39.	33,734	31,150	-2,584
40. Taxable income before Qual Bus Inc Ded (QBID)	40.	251,793	485,904	234,111
41. QBID	41.	0	0	
42. Taxable income	42.	251,793	485,904	234,111

Name **STUTZ & ROSANNA CORDERO-STUTZ**

Taxpayer Identification Number

	2023	2024	Differences
43. Taxable income from 2YR page 1, line 42	43. 251,793	485,904	234,111
44. Tax on taxable income	44. 47,230	110,862	63,632
45. Alternative minimum tax	45.		
46. Excess advance premium tax credit & other advanced repayments	46.		
47. Child care credit	47.		
48. Education credits	48.		
49. Retirement savings credit	49.		
50. Child & other dependent tax credit	50. 2,000		-2,000
51. General business credit	51.		
52. Other credits	52.		
53. Total credits	53. 2,000		-2,000
54. Net tax liability	54. 45,230	110,862	65,632
55. Self-employment taxes	55. 189		-189
56. Other taxes	56.		
57. Total tax	57. 45,419	110,862	65,443
58. Income tax withheld	58. 39,320	90,384	51,064
59. Estimated tax payments	59.		
60. Earned income credit	60.		
61. Additional Child tax credit	61.		
62. Other refundable tax credits	62.		
63. Other payments	63.		
64. Total payments	64. 39,320	90,384	51,064
65. Tax due/-refund	65. 6,099	20,478	14,379
66. Penalties and interest	66. 81	220	139
67. Net tax due/-refund	67. 6,180	20,698	14,518
68. Refund applied to estimated tax payments	68.		
69. Refund received	69.		
70. Effective tax rate	70. 18.0 %	23.0 %	

Two Year Comparison - Tax Reconciliation Marginal Tax Rates

	2023 Taxable Income	2023 Marginal Tax Rate	2024 Taxable Income	2024 Marginal Tax Rate
Ordinary income	251,793	24.0 %	485,904	32.0 %
Capital income		%		%
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

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

STUTZ

Social security number

Spouse's name

ROSANNA

CORDERO-STUTZ

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	517,054
2	Total tax	110,862
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	90,384
4	Amount you want refunded to you	
5	Amount you owe	20,698

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 GREENWALD AND GLAUSER CPA'S 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.

Your signature ▶ Date ▶ 04/13/25

Spouse's PIN: check one box only

- ☒ I authorize GREENWALD AND GLAUSER CPA'S 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 ▶ 04/13/25

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 ▶ 04/13/25

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. 01-2021)

2024 Form 1040-V

Department of the Treasury Internal Revenue Service

What Is Form 1040-V?

It's a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2024 Form 1040, 1040-SR, or 1040-NR.

Consider Making Your Tax Payment Electronically — It's Easy

You can make electronic payments online, by phone, or from a mobile device. Paying electronically is safe and secure. When you schedule your payment, you will receive immediate confirmation from the IRS. Go to www.irs.gov/Payments to see all your electronic payment options.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN).

If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order. If paying online at www.irs.gov/Payments, don't complete this form.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

- Make your check or money order payable to "United States Treasury." Don't send cash. If you want to pay in cash, in person, see *Pay by cash*, later.
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you have an Individual Taxpayer Identification Number (ITIN), enter it wherever your SSN is requested. If you are filing a joint return, enter the SSN shown first on your return. Also, enter "2024 Form 1040," "2024 Form 1040-SR," or "2024 Form 1040-NR," whichever is appropriate.
- To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Don't use dashes or lines (for example, don't enter "\$ XXX—" or "\$XXX^{xx}/100").

Notice to taxpayers presenting checks. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic funds transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

No checks of \$100 million or more accepted. The IRS can't accept a single check (including a cashier's check) for amounts of \$100,000,000 (\$100 million) or more. If you are sending \$100 million or more by check, you will need to spread the payments over two or more checks, with each check made out for an amount less than \$100 million.

Pay by cash. This is an in-person payment option for individuals provided through retail partners with a maximum of \$1,000 per day per transaction. To make a cash payment, you must first be registered online at www.acipayonline.com, our Official Payment provider. Click on "Federal IRS payments" to make your payment.

How To Send in Your 2024 Tax Return, Payment, and Form 1040-V

- Don't staple or otherwise attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.
- Mail your 2024 tax return, payment, and Form 1040-V to the address shown on the back that applies to you.

How To Pay Electronically Pay Online

Paying online is convenient, secure, and helps make sure we get your payments on time. You can pay using either of the following electronic payment methods. To pay your taxes online or for more information, go to www.irs.gov/Payments.

IRS Direct Pay

Pay your taxes directly from your checking or savings account at no cost to you. You receive instant confirmation that your payment has been made, and you can schedule your payment up to 30 days in advance.

Debit or Credit Card

The IRS doesn't charge a fee for this service; the card processors do. The authorized card processors and their phone numbers are all online at www.irs.gov/Payments.

Mail To: Internal Revenue Service

P.O. BOX 1214
CHARLOTTE, NC 28201-1214

Form **1040-V** (2024)

Separate here and mail with your payment and return.

CUT HERE

Form **1040-V**

Department of the Treasury
Internal Revenue Service

Payment Voucher for Individuals

Do not staple or attach this voucher to your payment or return.

Go to www.irs.gov/Payments for payment options and information.

OMB No. 1545-0074

2024

Print or type	1 Your social security number (SSN) (If a joint return, SSN shown first on your return)	2 If a joint return, SSN shown second on your return	3 Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"	20,698
	4 Your first name and middle initial	Last name		
	ROSANNA	STUTZ		
	If a joint return, spouse's first name and middle initial	Last name		
	CORDERO-STUTZ			
Home address (number and street)	Apt. no.	City, town, or post office. If you have a foreign address,	State	ZIP code
Foreign country name	Foreign province/state/county		Foreign postal code	

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

DAA

Form **W-2 Wage and Tax Statement** **2024**

c Employer's name, address, and ZIP code

MIAMI-DADE COUNTY

111 NW 1ST STREET

SUITE 2620

MIAMI FL 33128-1995

e Employee's name, address, and ZIP code

R CORDERO-STUTZ



OMB No. 1545-0008

7 Social security tips		1 Wages, tips, other compensation 201489.65		2 Federal income tax withheld 36535.29	
8 Allocated tips		3 Social security wages 168600.00		4 Social security tax withheld 10453.20	
9		5 Medicare wages and tips 218250.49		6 Medicare tax withheld 3328.88	
10 Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12 C 902.41	
b Employer identification number (EIN) 59-6000573		14 Other FRS 414 (h) 6360.84		12b G 10400.00	
c Employee's social security number [REDACTED]				12c DD 21312.94	
13 ☐ Exempt employee ☒ Not exempt employee ☐ Sick pay				12d	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

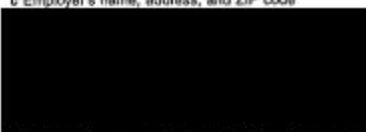
Copy B—To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** **2024**

c Employer's name, address, and ZIP code



e Employee's name, address, and ZIP code

[REDACTED] STUTZ



OMB No. 1545-0008

7 Social security tips		1 Wages, tips, other compensation 1800.00		2 Federal income tax withheld	
8 Allocated tips		3 Social security wages 1800.00		4 Social security tax withheld 111.60	
9		5 Medicare wages and tips 1800.00		6 Medicare tax withheld 26.10	
10 Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12	
b Employer identification number (EIN) 59-6000573		14 Other		12b	
c Employee's social security number [REDACTED]				12c	
13 ☐ Exempt employee ☐ Not exempt employee ☐ Sick pay				12d	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

Copy B—To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NATIONWIDE TRUST COMPANY FSB FBO NRS PLAN PARTICIPANTS PO BOX 182797 COLUMBUS, OH 43218-2797 877-677-3678			1 Gross distribution \$222,000.00 2a Taxable amount \$222,000.00 2b Taxable amount not determined ☐		OMB No. 1545-0119 2024 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS.			
PAYER'S TIN 31-1592130		RECIPIENT'S TIN [REDACTED]		3 Capital gain (included in box 2a)		4 Federal income tax withheld \$45,250.00				
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code [REDACTED] STUTZ			5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities					
			7 Distribution code(s) 2		8 Other					
10 Amount allocable to IRR within 5 years			11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐		9a Your percentage of total distribution		9b Total employee contributions	
14 State tax withheld			15 State/Payer's state no. FL		16 State distribution \$222,000.00		17 Local tax withheld		18 Name of locality	
13 Date of payment			19 Local distribution							
Account number (see instructions) [REDACTED]										
Form 1099-R			www.irs.gov/Form1099R			Department of the Treasury - Internal Revenue Service				

☐ CORRECTED (if checked)

PAYER FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 94,761.78 2a Taxable amount \$ 94,761.78 2b Taxable amount not determined ☐		OMB No. 1545-0119 2024 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS.			
PAYER'S TIN 59-1354377		RECIPIENT'S TIN [REDACTED]		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 8,435.40				
RECIPIENT [REDACTED] STUTZ			5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$					
			7 Distribution code(s) 2		8 Other					
10 Amount allocable to IRR within 5 years \$			11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐		9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00	
14 State tax withheld \$			15 State/Payer's state no.		16 State distribution \$		17 Local tax withheld \$		18 Name of locality	
13 Date of payment			19 Local distribution \$							
Account number (see instructions) XXX-XX [REDACTED]										
Form 1099-R			www.irs.gov/Form1099R			Department of the Treasury - Internal Revenue Service				