

General Information

Name: Hon Branden Michael Henderson

PID 317035

AGENCY INFORMATION

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

CANDIDATE FOR

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

Net WorthMy Net Worth as of December 31, 2025 was \$ 608,345.71.

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.

The aggregate value of my household goods and personal effect is \$ 60,500.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Current residence	\$ 650,000.00
Bank Account - Truist Checking Account	\$ 103,968.06
Cash	\$ 4,790.00
Shares - Tesla Inc Com stock	\$ 4,047.48
Shares - Palantir Technologies Inc CL stock	\$ 7,998.75
Shares - Cummins Inc stock	\$ 11,229.90
Shares - Apple Inc stock	\$ 32,625.45
Shares - Vanguard Total Stock Market Index Admiral stock	\$ 39,987.91
Shares - Vanguard Growth Index Admiral stock	\$ 124,004.14
Shares- Fimm Govt Inst stock	\$ 1,486.76
Shares - Fid Inel Pr Bd Idx stock	\$ 1,393.23
Shares - Pru Core PL BD CL 6 stock	\$ 2,127.68
Shares - BLKRRK ADV GLOBAL K stock	\$ 4,707.39
Shares - SP EXT MKT IDX CL D	\$ 7,191.99
Shares - SP GLB EXUS IDX CL D	\$ 11,519.22
Shares - SP 500 INDEX PL CL D	\$ 64,522.86
Cryptocurrency - Chainlink	\$ 2,880.22
Cryptocurrency - Bitcoin	\$ 1,508.67
Shares - Fidelity 500 Index Fund	\$ 1,012.21
Branden Henderson Campaign	\$ 100,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
MOHELA	633 Spirit Drive, Chesterfield, MO 63005-1243	\$ 204,886.20
Loan Depot	6531 Irvine Center Dr, Suite 100, Irvine, CA 92618	\$ 324,270.01
Branden Henderson Campaign	610 S Boulevard, Tampa FL, 33606	\$ 100,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2025 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 2025 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

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

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

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

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

N/A

Training

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

Signature of Reporting Official or Candidate

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

Branden Michael Henderson

Digitally signed: 04/16/2026

Filed with COE: 04/16/2026

**IRS e-file Signature Authorization for Form 4547,
Trump Account Election(s)**ERO must obtain and retain completed Form 8879-TA.
Go to www.irs.gov/Form8879TA for the latest information.

OMB No. 1545-2336

Submission Identification Number (SID) _____

Parent, guardian, or other authorized individual's name

Branden Michael Henderson

Social security number

[REDACTED]

Part I Form 4547 Information — Transmitted with Tax Return for Tax Year Ending December 31, 2025

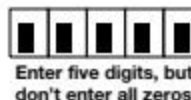
1	First name of Child 1 from Form 4547, line 1(a)(i)	1	[REDACTED]
2	First name of Child 2 from Form 4547, line 1(a)(ii)	2	See Continuation Statement
3	Date of birth of Child 1 from Form 4547, line 3(i)	3	[REDACTED]
4	Date of birth of Child 2 from Form 4547, line 3(ii)	4	
5	Pilot Program Contribution Election for Child 1 from Form 4547, line 7(i)	5	☐
6	Pilot Program Contribution Election for Child 2 from Form 4547, line 7(ii)	6	☐

**Part II Parent, Guardian, or Other Authorized Individual's Declaration and Signature Authorization
(Be sure you get and keep a copy of your Form 4547)**

Under penalties of perjury, I declare that I have examined a copy of the Form 4547 I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information in Part I above is from the Form 4547 with which it is being transmitted to the IRS. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my Form 4547 to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, and (b) the reason for any delay in processing the Form 4547. I further acknowledge that the personal identification number (PIN) below is my signature for the Form 4547.

Parent, Guardian, or Other Authorized Individual's PIN: check one box only

☒ I authorize _____ to enter or generate my PIN _____ as my
ERO firm name
signature on the Form 4547 I am now authorizing.



☐ I will enter my PIN as my signature on the Form 4547 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 _____

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 Form 4547 I am now authorized to file by the individual indicated above. I confirm that I am submitting this Form 4547 in accordance with the requirements of the Practitioner PIN method and, as applicable, Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature _____ Date _____

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

[illegible]

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased ☐ Spouse
☐ Other

Your first name and middle initial
Branden
Last name
Henderson
Your social security number
■■■■■■■■■■

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

Home address (number and street). If you have a P.O. box, see instructions.
■■■■■■■■■■
Apt. no. ■■■■
Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☐

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
■■■■■■■■■■
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

Filing Status ☐ Single ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
Check only one box. ☒ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: _____
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 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Dependents	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name	■■■■■■■■■■	■■■■■■■■■■	■■■■■■■■■■	See Dependents Stmt
(2) Last name	■■■■■■■■■■	■■■■■■■■■■	■■■■■■■■■■	
(3) SSN	■■■■■■■■■■	■■■■■■■■■■	■■■■■■■■■■	
(4) Relationship	Daughter	Son	Daughter	
(5) Check if lived with you more than half of 2025	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☒ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☐ Child tax credit ☒ Credit for other dependents	☐ Child tax credit ☒ Credit for other dependents	☒ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

live in the same household as your spouse at the end of 2023.

Income	1a	Total amount from Form(s) W-2, box 1 (see instructions)		1a	164,651.
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.	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 31		1f	
	g	Wages from Form 8919, line 6		1g	
	h	Other earned income (see instructions). Enter type and amount: _____		1h	0.
	i	Nontaxable combat pay election (see instructions)	1i		
	z	Add lines 1a through 1h		1z	164,651.
	Attach Sch. B if required.	2a	Tax-exempt interest	2a	
3a		Qualified dividends	3a	196.	
c		Check if your child's dividends are included in 1 ☐ Line 3a	2 ☐ Line 3b		
4a		IRA distributions	4a		
c		Check if (see instructions) 1 ☐ Rollover	2 ☐ QCD 3 ☐		
5a		Pensions and annuities	5a		
c		Check if (see instructions) 1 ☐ Rollover	2 ☐ PSO 3 ☐		
6a		Social security benefits	6a		
c		If you elect to use the lump-sum election method, check here (see instructions)	☐		
d		If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here	☐		
7a		Capital gain or (loss). Attach Schedule D if required		7a	1,083.
b		Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)			
8		Additional income from Schedule 1, line 10		8	
9		Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income		9	165,956.
10		Adjustments to income from Schedule 1, line 26		10	
11a	Subtract line 10 from line 9. This is your adjusted gross income		11a	165,956.	

Tax and Credits

11b	Amount from line 11a (adjusted gross income)	11b	165,956.
12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
b	☐ Spouse itemizes on a separate return	c	☐ You were a dual-status alien
d	You: ☐ Were born before January 2, 1961 ☐ Are blind		
	Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
e	Standard deduction or itemized deductions (from Schedule A)	12e	31,500.
13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	
b	Additional deductions from Schedule 1-A, line 38	13b	
14	Add lines 12e, 13a, and 13b	14	31,500.
15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15	134,456.
16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	19,319.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	19,319.
19	Child tax credit or credit for other dependents from Schedule 8812	19	16,400.
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	16,400.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	2,919.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	2,919.

Standard deduction for—

- Single or Married filing separately, \$15,750
- Married filing jointly or Qualifying surviving spouse, \$31,500
- Head of household, \$23,625
- If you checked a box on line 12a, 12b, 12c, or 12d, see inst.

Payments and Refundable Credits

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	3,283.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	3,283.
26	2025 estimated tax payments and amount applied from 2024 return	26	
	If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):		
27a	Earned income credit (EIC)	27a	
b	Clergy filing Schedule SE (see instructions)		☐
c	If you do not want to claim the EIC, check here		☐
28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Refundable adoption credit from Form 8839, line 13	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a, 28, 29, 30, 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	3,283.

Refund

Direct deposit?
See instructions.

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	364.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	364.
b	Routing number	c Type: ☒ Checking ☐ Savings	
d	Account number		
36	Amount of line 34 you want applied to your 2026 estimated tax	36	

Amount You Owe

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

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. ☐ Yes . Complete below. ☒ No		
Designee's name	Phone no.	Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Attorney	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		Homemaker	
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name	Firm's address			Phone no.
Firm's EIN				

Additional Information From Form 1040: Individual Tax Return

Form 1040: Individual Tax Return
Additional Dependents Statement

Continuation Statement

[illegible]

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2025Attachment
Sequence No. **12**

Name(s) shown on return

Branden & Rita R Henderson

Your social security number

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☐ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A or Box G checked	4,575.	4,801.		-226.
2 Totals for all transactions reported on Form(s) 8949 with Box B or Box H checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C or Box I checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -226.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D or Box J checked	8,159.	6,850.		1,309.
9 Totals for all transactions reported on Form(s) 8949 with Box E or Box K checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F or Box L checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 1,309.

Sales and Other Dispositions of Capital AssetsFile with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.
Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return

Branden & Rita R Henderson

Social security number or taxpayer identification number

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

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B and Form(s) 1099-DA showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, C, G, H, or I below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on **Form(s) 1099-B** showing basis **was** reported to the IRS (see **Note** above)
☐ **(B)** Short-term transactions reported on **Form(s) 1099-B** showing basis **was not** reported to the IRS
☐ **(C)** Short-term transactions, other than digital asset transactions, not reported to you on **Form 1099-B** or **Form 1099-DA**
☐ **(G)** Short-term transactions reported on **Form(s) 1099-DA** showing basis **was** reported to the IRS (see **Note** above)
☐ **(H)** Short-term transactions reported on **Form(s) 1099-DA** showing basis **was not** reported to the IRS
☐ **(I)** Short-term digital asset transactions not reported to you on **Form 1099-DA** or **Form 1099-B**

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	COSTCO WHOLESALE CORP COM 2	12/10/24	10/06/25	1,813.	1,988.			-175.
	CATERPILLAR INC COM 5	11/05/25	11/21/25	2,762.	2,813.			-51.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A or Box G above is checked), line 2 (if Box B or Box H above is checked), or line 3 (if Box C or Box I above is checked)				4,575.	4,801.		-226.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side **Social security number or taxpayer identification number**
 Branden & Rita R Henderson [REDACTED]

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

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

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

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

- ☒ **(D)** Long-term transactions reported on **Form(s) 1099-B** showing basis **was** reported to the IRS (see **Note** above)
☐ **(E)** Long-term transactions reported on **Form(s) 1099-B** showing basis **was not** reported to the IRS
☐ **(F)** Long-term transactions, other than digital asset transactions, not reported to you on **Form 1099-B** or **Form 1099-DA**
☐ **(J)** Long-term transactions reported on **Form(s) 1099-DA** showing basis **was** reported to the IRS (see **Note** above)
☐ **(K)** Long-term transactions reported on **Form(s) 1099-DA** showing basis **was not** reported to the IRS
☐ **(L)** Long-term digital asset transactions not reported to you on **Form 1099-DA** or **Form 1099-B**

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	COSTCO WHOLESALE CORP COM 2	12/15/23	10/06/25	1,813.	1,304.			509.
	COSTCO WHOLESALE CORP COM 1	12/18/23	10/06/25	907.	679.			228.
	COSTCO WHOLESALE CORP COM 2	03/26/24	10/06/25	1,813.	1,466.			347.
	COSTCO WHOLESALE CORP COM 4	06/12/24	10/06/25	3,626.	3,401.			225.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D or Box J above is checked), line 9 (if Box E or Box K above is checked), or line 10 (if Box F or Box L above is checked)			8,159.	6,850.			1,309.

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

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

**Credits for Qualifying Children
and Other Dependents**

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **47**

Name(s) shown on return

Branden & Rita R Henderson

Your social security number

[REDACTED]

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR	1	165,956.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	165,956.
4	Number of qualifying children under age 17 with the required social security number	4	7
5	Multiply line 4 by \$2,200	5	15,400.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	2
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	1,000.
8	Add lines 5 and 7	8	16,400.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000	9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Is the amount on line 8 more than the amount on line 11? ☐ No. Stop here. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. ☒ Yes. Subtract line 11 from line 8. Enter the result.	12	16,400.
13	Enter the amount from Credit Limit Worksheet A	13	19,319.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.	14	16,400.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040 or Form 1040-SR through line 27a (or Form 1040-NR through line 26) (also complete Schedule 3 (Form 1040), line 11) before completing Part II-A.

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

15	Reserved for future use	15	
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit	16a	0.
b	Number of qualifying children under age 17 with the required social security number: _____ x \$1,700. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit	16b	
TIP: The number of children you use for this line is the same as the number of children you used for line 4.			
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? ☐ No. Leave line 19 blank and enter -0- on line 20. ☐ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$5,100 or more? ☐ No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. ☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	

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

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

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
-----------	--	-----------	--

Trump Account Election(s)

OMB No. 1545-2336

Go to www.irs.gov/Form4547 for instructions and the latest information.

If you have a child that is eligible for a Trump account, and you want to open a Trump account for that child, complete Form 4547.

- For each child that is eligible and for whom you want to open a Trump account, complete Parts I, II, and IV.
- For each child that is eligible to receive a \$1,000 Pilot Program Contribution, check the box in Part III, line 7, in order to receive the contribution.

Part I Parent/Guardian or Other Authorized Individual Information

Note: The parent/guardian or other authorized individual listed in Part I will be the responsible party for the Trump account.

First name Branden	Middle name Michael	Last name Henderson	Social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]			Apartment number [REDACTED]
City, town, or post office. If you have a foreign address, also complete spaces below. [REDACTED]		County [REDACTED]	State [REDACTED]
Foreign country name [REDACTED]		Foreign province/state/county [REDACTED]	Foreign postal code [REDACTED]
Date of birth [REDACTED]			Phone no. [REDACTED]
Email address [REDACTED]			

Part II Child's Information

If more than two children, see instructions.

	(i) Child 1	(ii) Child 2
1a First name	[REDACTED]	[REDACTED]
b Middle name	[REDACTED]	[REDACTED]
c Last name	[REDACTED]	[REDACTED]
2 Social security number	[REDACTED]	[REDACTED]
3 Date of birth	[REDACTED]	[REDACTED]
4 Relationship	[REDACTED]	[REDACTED]
5 Home Address Check here if address is same as Part I. Otherwise, complete lines 5a through 5f. If you have a foreign address, complete lines 5g, 5h, and 5i.	☒	☒
a Number and street	[REDACTED]	[REDACTED]
b Apartment number	[REDACTED]	[REDACTED]
c City, town, or post office	[REDACTED]	[REDACTED]
d County	[REDACTED]	[REDACTED]
e State	[REDACTED]	[REDACTED]
f ZIP code	[REDACTED]	[REDACTED]
g Foreign country name	[REDACTED]	[REDACTED]
h Foreign province/state/county	[REDACTED]	[REDACTED]
i Foreign postal code	[REDACTED]	[REDACTED]
6 Check box if you are authorized to open the Trump account for the child. See instructions.	☒	☒

Part III Pilot Program Contribution Election

For a child to qualify to receive the \$1,000 Pilot Program Contribution to their Trump account, the child must have been born in 2025–2028, must be a qualifying child of the individual opening the Trump account, must be a U.S. citizen, and must have a valid social security number. See instructions.

	(i) Child 1	(ii) Child 2
7 Check box if child qualifies for, and you want the child to receive, a Pilot Program Contribution	☐	☐

Part IV Consent to Disclose Information

By completing this form, you authorize the IRS, Treasury, and their agent(s) to create and maintain a Trump account with respect to the eligible child(ren) listed on this form. You also authorize the IRS, Treasury, and their agent(s) to disclose the fact that a Trump account has been established for the eligible child(ren) listed above to any parent, guardian, or authorized individual of the eligible child who is permitted to make an election to request creation of the Trump account.

Sign Here	Under penalties of perjury, I declare that I have examined this form, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	[REDACTED] 02/18/2026 Your signature Date		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name Self-Prepared		Check ☐ if self-employed PTIN
	Firm's address		Firm's EIN
			Phone no.

Trump Account Election(s)

OMB No. 1545-2336

Go to www.irs.gov/Form4547 for instructions and the latest information.

If you have a child that is eligible for a Trump account, and you want to open a Trump account for that child, complete Form 4547.

- For each child that is eligible and for whom you want to open a Trump account, complete Parts I, II, and IV.
- For each child that is eligible to receive a \$1,000 Pilot Program Contribution, check the box in Part III, line 7, in order to receive the contribution.

Part I Parent/Guardian or Other Authorized Individual Information

Note: The parent/guardian or other authorized individual listed in Part I will be the responsible party for the Trump account.

First name Branden	Middle name Michael	Last name Henderson	Social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]			Apartment number [REDACTED]
City, town, or post office. If you have a foreign address, also complete spaces below. [REDACTED]		County [REDACTED]	State [REDACTED]
Foreign country name [REDACTED]		Foreign province/state/county [REDACTED]	Foreign postal code [REDACTED]
ZIP code [REDACTED]		Date of birth [REDACTED]	
Phone no. [REDACTED]		Email address [REDACTED]	

Part II Child's Information

If more than two children, see instructions.

	(i) Child 1	(ii) Child 2
1a First name	[REDACTED]	[REDACTED]
b Middle name	[REDACTED]	[REDACTED]
c Last name	[REDACTED]	[REDACTED]
2 Social security number	[REDACTED]	[REDACTED]
3 Date of birth	[REDACTED]	[REDACTED]
4 Relationship	[REDACTED]	[REDACTED]
5 Home Address Check here if address is same as Part I. Otherwise, complete lines 5a through 5f. If you have a foreign address, complete lines 5g, 5h, and 5i.	☒	☒
a Number and street	[REDACTED]	[REDACTED]
b Apartment number	[REDACTED]	[REDACTED]
c City, town, or post office	[REDACTED]	[REDACTED]
d County	[REDACTED]	[REDACTED]
e State	[REDACTED]	[REDACTED]
f ZIP code	[REDACTED]	[REDACTED]
g Foreign country name	[REDACTED]	[REDACTED]
h Foreign province/state/county	[REDACTED]	[REDACTED]
i Foreign postal code	[REDACTED]	[REDACTED]
6 Check box if you are authorized to open the Trump account for the child. See instructions.	☒	☒

Part III Pilot Program Contribution Election

For a child to qualify to receive the \$1,000 Pilot Program Contribution to their Trump account, the child must have been born in 2025–2028, must be a qualifying child of the individual opening the Trump account, must be a U.S. citizen, and must have a valid social security number. See instructions.

	(i) Child 1	(ii) Child 2
7 Check box if child qualifies for, and you want the child to receive, a Pilot Program Contribution	☐	☐

Part IV Consent to Disclose Information

By completing this form, you authorize the IRS, Treasury, and their agent(s) to create and maintain a Trump account with respect to the eligible child(ren) listed on this form. You also authorize the IRS, Treasury, and their agent(s) to disclose the fact that a Trump account has been established for the eligible child(ren) listed above to any parent, guardian, or authorized individual of the eligible child who is permitted to make an election to request creation of the Trump account.

Sign Here	Under penalties of perjury, I declare that I have examined this form, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	[REDACTED] 02/18/2026 Your signature Date		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name Self-Prepared		Check ☐ if self-employed PTIN
	Firm's address		Firm's EIN Phone no.

Trump Account Election(s)

OMB No. 1545-2336

Go to www.irs.gov/Form4547 for instructions and the latest information.

If you have a child that is eligible for a Trump account, and you want to open a Trump account for that child, complete Form 4547.

- For each child that is eligible and for whom you want to open a Trump account, complete Parts I, II, and IV.
- For each child that is eligible to receive a \$1,000 Pilot Program Contribution, check the box in Part III, line 7, in order to receive the contribution.

Part I Parent/Guardian or Other Authorized Individual Information

Note: The parent/guardian or other authorized individual listed in Part I will be the responsible party for the Trump account.

First name Branden	Middle name Michael	Last name Henderson	Social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]			Apartment number [REDACTED]
City, town, or post office. If you have a foreign address, also complete spaces below. [REDACTED]		County [REDACTED]	State FL
Foreign country name [REDACTED]		Foreign province/state/county [REDACTED]	Foreign postal code [REDACTED]
Date of birth [REDACTED]			Phone no. [REDACTED]
Email address branden.henderson@gmail.com			

Part II Child's Information

If more than two children, see instructions.

	(i) Child 1	(ii) Child 2
1a First [REDACTED]	[REDACTED]	[REDACTED]
b Middle name [REDACTED]	[REDACTED]	[REDACTED]
c Last name [REDACTED]	[REDACTED]	[REDACTED]
2 Social security number [REDACTED]	[REDACTED]	[REDACTED]
3 Date of birth [REDACTED]	[REDACTED]	[REDACTED]
4 Relationship [REDACTED]	[REDACTED]	[REDACTED]
5 Home Address Check here if address is same as Part I. Otherwise, complete lines 5a through 5f. If you have a foreign address, complete lines 5g, 5h, and 5i.	☒	☒
a Number and street [REDACTED]	[REDACTED]	[REDACTED]
b Apartment number [REDACTED]	[REDACTED]	[REDACTED]
c City, town, or post office [REDACTED]	[REDACTED]	[REDACTED]
d County [REDACTED]	[REDACTED]	[REDACTED]
e State [REDACTED]	[REDACTED]	[REDACTED]
f ZIP code [REDACTED]	[REDACTED]	[REDACTED]
g Foreign country name [REDACTED]	[REDACTED]	[REDACTED]
h Foreign province/state/county [REDACTED]	[REDACTED]	[REDACTED]
i Foreign postal code [REDACTED]	[REDACTED]	[REDACTED]
6 Check box if you are authorized to open the Trump account for the child. See instructions.	☒	☒

Part III Pilot Program Contribution Election

For a child to qualify to receive the \$1,000 Pilot Program Contribution to their Trump account, the child must have been born in 2025–2028, must be a qualifying child of the individual opening the Trump account, must be a U.S. citizen, and must have a valid social security number. See instructions.

	(i) Child 1	(ii) Child 2
7 Check box if child qualifies for, and you want the child to receive, a Pilot Program Contribution	☐	☐

Part IV Consent to Disclose Information

By completing this form, you authorize the IRS, Treasury, and their agent(s) to create and maintain a Trump account with respect to the eligible child(ren) listed on this form. You also authorize the IRS, Treasury, and their agent(s) to disclose the fact that a Trump account has been established for the eligible child(ren) listed above to any parent, guardian, or authorized individual of the eligible child who is permitted to make an election to request creation of the Trump account.

Sign Here	Under penalties of perjury, I declare that I have examined this form, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	[REDACTED] 02/18/2026 Your signature Date		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name Self-Prepared		Check ☐ if self-employed PTIN
	Firm's address		Firm's EIN
			Phone no.

Trump Account Election(s)

OMB No. 1545-2336

Go to www.irs.gov/Form4547 for instructions and the latest information.

If you have a child that is eligible for a Trump account, and you want to open a Trump account for that child, complete Form 4547.

- For each child that is eligible and for whom you want to open a Trump account, complete Parts I, II, and IV.
- For each child that is eligible to receive a \$1,000 Pilot Program Contribution, check the box in Part III, line 7, in order to receive the contribution.

Part I Parent/Guardian or Other Authorized Individual Information

Note: The parent/guardian or other authorized individual listed in Part I will be the responsible party for the Trump account.

First name Branden	Middle name Michael	Last name Henderson	Social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]			Apartment number [REDACTED]
City, town, or post office. If you have a foreign address, also complete spaces below. [REDACTED]		County [REDACTED]	State [REDACTED]
Foreign country name [REDACTED]		Foreign province/state/county [REDACTED]	Foreign postal code [REDACTED]
Date of birth [REDACTED]			Phone no. [REDACTED]
Email address [REDACTED]			

Part II Child's Information

If more than two children, see instructions.

	(i) Child 1	(ii) Child 2
1a First name	[REDACTED]	
b Middle name	[REDACTED]	
c Last name	[REDACTED]	
2 Social security number	[REDACTED]	
3 Date of birth	[REDACTED]	
4 Relationship	[REDACTED]	
5 Home Address Check here if address is same as Part I. Otherwise, complete lines 5a through 5f. If you have a foreign address, complete lines 5g, 5h, and 5i.	☒	☐
a Number and street	[REDACTED]	
b Apartment number		
c City, town, or post office	[REDACTED]	
d County	[REDACTED]	
e State	[REDACTED]	
f ZIP code	[REDACTED]	
g Foreign country name		
h Foreign province/state/county		
i Foreign postal code		
6 Check box if you are authorized to open the Trump account for the child. See instructions.	☒	☐

Part III Pilot Program Contribution Election

For a child to qualify to receive the \$1,000 Pilot Program Contribution to their Trump account, the child must have been born in 2025–2028, must be a qualifying child of the individual opening the Trump account, must be a U.S. citizen, and must have a valid social security number. See instructions.

	(i) Child 1	(ii) Child 2
7 Check box if child qualifies for, and you want the child to receive, a Pilot Program Contribution	☐	☐

Part IV Consent to Disclose Information

By completing this form, you authorize the IRS, Treasury, and their agent(s) to create and maintain a Trump account with respect to the eligible child(ren) listed on this form. You also authorize the IRS, Treasury, and their agent(s) to disclose the fact that a Trump account has been established for the eligible child(ren) listed above to any parent, guardian, or authorized individual of the eligible child who is permitted to make an election to request creation of the Trump account.

Sign Here	Under penalties of perjury, I declare that I have examined this form, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	[REDACTED] 02/18/2026 Your signature Date		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name Self-Prepared		Check ☐ if self-employed PTIN
	Firm's address		Firm's EIN
			Phone no.