

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/27/2026

General Information

Name: Hon Jason Timothy Brodeur

PID 204888

AGENCY INFORMATION

Organization	Suborganization	Title
Senate	Elected Constitutional Officer	State Senator, District 10

CANDIDATE FOR

Position	Agency Name	Position sought or held
State Senate	Florida Senate	Senate District 10

Net Worth

My Net Worth as of December 31, 2025 was \$ 890,401.33.

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 \$ 101,636.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
USAA Checking and Savings	\$ 65,866.77
Anchor Consulting, LLC	\$ 306,929.99
Brodeur Outdoor Company, LLC	\$ 5,042.53
Traditional Rollover IRA - See attached	\$ 315,347.58
FRS 2040 Retirement Fund - See attached	\$ 73,974.30
Roth IRA - Victory Funds - International Fund	\$ 37,772.88
Florida Deferred Comp Plan - T Rowe Price Retirement 2040 Trust F	\$ 53,183.55
Northwestern Mutual Life surrender value	\$ 16,010.33
See Attached	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
USAA - auto loan	9800 Fredricksburg Rd. San Antonio, TX 78288	\$ 33,020.41
Charles Daly Trust	911 Gardenia Drive Tallahassee, FL 32312	\$ 52,342.19

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

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.

Jason Timothy Brodeur

Digitally signed: 05/27/2026

Filed with COE: 05/27/2026

**Brodeur 2025 Asset Attachment
Traditional Rollover IRA
(Mutual Funds)**

Symbol	Percentage	Amount	As Of
ALSAX	19.7%	\$62,154.66	12/31/25
AMPFEX	21.1%	\$66,647.08	12/31/25
CSRSX	20.5%	\$51,425.00	12/31/25
PRTNX	7.3%	\$23,038.40	12/31/25
IBALX	20.4%	\$64,288.00	12/31/25
CSRSX	17.1%	\$53,998.80	12/31/25
ADFIX	4.2%	\$13,088.92	12/31/25
SBLGX	2.6%	\$8,229.52	12/31/25
SCVEX	2.0%	\$6,431.91	12/31/25
JVLAX	2.7%	\$8,430.79	12/31/25
FOSCX	0.2%	\$769.13	12/31/25
Cash	2.6%	\$1,939.00	12/31/25
	\$315,347.58	100.0%	12/31/25

FRS Retirement

Underlying Fund Holdings

Fund Name	% of Fund	Market Value
FRS U.S. Stock Market Index Fund (120)	43.7%	\$32,326.77
FRS Foreign Stock Index Fund (200)	25.5%	\$18,863.45
Prudential Retirement Real Estate II	9.4%	\$ 6,953.58
FRS U.S. Bond Enhanced Index Fund (80)	3.7%	\$ 2,737.05
Principal Diversified Real Asset Fund	4.7%	\$ 3,476.79
FIAM Intermediate Duration Pool	2.1%	\$ 1,553.46
Allspring Core Bond Fund; Adm	1.5%	\$ 1,109.61
Prudential Core Plus Bond Fund	1.0%	\$ 739.74
Ariel Investments SMID Value	1.5%	\$ 1,109.61
Stephens Mid Cap Growth	1.5%	\$ 1,109.61
T Rpw Price Institutional Small-Cap Stock Fund	0.7%	\$ 517.82
	100%	\$73,974.30

For the year Jan. 1 - Dec. 31, 2025, or other tax year beginning		ending	See separate instructions.																																									
☐ Filed pursuant to section 301.9100-2	☐ Combat zone	☐ Deceased	☐ Spouse																																									
☐ Other																																												
Your first name and middle initial JASON		Last name BRODEUR	Your social security number [REDACTED]																																									
If joint return, spouse's first name and middle initial		Last name	Spouse's social security number [REDACTED]																																									
Home address (number and street). If you have a P.O. box, see instructions. 5644 SIRACUSA LN			Apt. no.																																									
City, town, or post office. If you have a foreign address, also complete spaces below. SANFORD			State ZIP code FL 32771																																									
Foreign country name		Foreign province/state/county	Foreign postal code																																									
☐ You ☐ Spouse																																												
Filing Status																																												
☐ Single ☐ Head of household (HOH)																																												
☐ Married filing jointly (even if only one had income) ☐ Qualifying surviving spouse (QSS)																																												
Check only one box. ☒ Married filing separately (MFS). Enter spouse's SSN above and full name here: CHRISTINA BRODEUR																																												
☐ 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 (see instructions)																																												
<table border="1" style="width:100%"><thead><tr><th></th><th>Dependent 1</th><th>Dependent 2</th><th>Dependent 3</th><th>Dependent 4</th></tr></thead><tbody><tr><td>(1) First name</td><td></td><td></td><td></td><td></td></tr><tr><td>(2) Last name</td><td></td><td></td><td></td><td></td></tr><tr><td>(3) SSN</td><td></td><td></td><td></td><td></td></tr><tr><td>(4) Relationship</td><td></td><td></td><td></td><td></td></tr><tr><td>(5) Check if lived with you more than half of 2025</td><td>(a) ☐ Yes (b) ☐ And in the U.S.</td><td>(a) ☐ Yes (b) ☐ And in the U.S.</td><td>(a) ☐ Yes (b) ☐ And in the U.S.</td><td>(a) ☐ Yes (b) ☐ And in the U.S.</td></tr><tr><td>(6) Check if</td><td>☐ Full-time student ☐ Permanently and totally disabled</td><td>☐ Full-time student ☐ Permanently and totally disabled</td><td>☐ Full-time student ☐ Permanently and totally disabled</td><td>☐ Full-time student ☐ Permanently and totally disabled</td></tr><tr><td>(7) Credits</td><td>☐ Child tax credit ☐ Credit for other dependents</td><td>☐ Child tax credit ☐ Credit for other dependents</td><td>☐ Child tax credit ☐ Credit for other dependents</td><td>☐ Child tax credit ☐ Credit for other dependents</td></tr></tbody></table>						Dependent 1	Dependent 2	Dependent 3	Dependent 4	(1) First name					(2) Last name					(3) SSN					(4) Relationship					(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
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☐ 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.																																												
Income																																												
1a Total amount from Form(s) W-2, box 1 (see instructions) STMT 1 1a 24,190.																																												
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																																												
i Nontaxable combat pay election (see instructions) 1i																																												
z Add lines 1a through 1h 1z 24,190.																																												
2a Tax-exempt interest 2a																																												
3a Qualified dividends 3a																																												
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																																												
b Taxable amount 6b																																												
c If you elect to use the lump-sum election method, check here (see instructions)																																												
d If you are married filing separately & lived apart from your spouse the entire year (see inst.), check here																																												
7a Capital gain or (loss). Attach Schedule D if required 7a -1,500.																																												
b Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)																																												
8 Additional income from Schedule 1, line 10 8 133,038.																																												
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income 9 155,902.																																												
10 Adjustments to income from Schedule 1, line 26 10 38,753.																																												
11a Subtract line 10 from line 9. This is your adjusted gross income 11a 117,149.																																												

Tax and Credits

- 11b Amount from line 11a (adjusted gross income) 11b 117,149.
- 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

Standard deduction for -

- Single or Married filing separately, \$15,750
- Married filing jointly or Qualifying surviving spouse, \$31,500
- Head of household, \$23,825
- If you checked a box on line 12a, 12b, 12c, or 12d, see inst.

- e Standard deduction or itemized deductions (from Schedule A) 12e 1,396.
- 13a Qualified business income deduction from Form 8995 or Form 8995-A 13a 22,464.
- b Additional deductions from Schedule 1-A, line 38 13b
- 14 Add lines 12e, 13a, and 13b 14 23,860.
- 15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income 15 93,289.
- 16 Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ 16 15,435.
- 17 Amount from Schedule 2, line 3 17
- 18 Add lines 16 and 17 18 15,435.
- 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 15,435.
- 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 21,729.
- 24 Add lines 22 and 23. This is your total tax 24 37,164.

Payments and Refundable Credits

- 25 Federal income tax withheld from:
- a Form(s) W-2 SEE STATEMENT 2 25a 3,319.
- b Form(s) 1099 25b
- c Other forms (see instructions) 25c
- d Add lines 25a through 25c 25d 3,319.
- 26 2025 estimated tax payments and amount applied from 2024 return STATEMENT 3 26 36,000.

If you have a qualifying child, you may need to attach Sch. EIC.

- 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 39,319.

Refund

- 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 2,155.
- 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 2026 estimated tax 36 2,155.

Amount You Owe

- 37 Subtract line 33 from line 24. This is the amount you owe. 37
- 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 MICHAEL S. CEROW, CPA Phone no. 321-255-0088 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 CONSULTANT

Spouse's signature. If a joint return, both must sign Date Spouse's occupation

Phone no. 407-963-9576 Email address

Paid Preparer Use Only

Preparer's name MICHAEL S. CEROW, CPA Preparer's signature MICHAEL S. CEROW, CPA Date 03/28/26 PTIN P00059837 Check if: ☐ Self-employed

Firm's name CRI ADVISORS, LLC Phone no. 321-255-0088

7506 LYNX WAY, SUITE 201 Firm's EIN 99-4625061

MELBOURNE, FL 32940

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **01**

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

JASON BRODEUR

Your social security number

For 2025, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	151,072.
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-18,034.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid:	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(f) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1e or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount:		
		8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	133,038.

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

Schedule 1 (Form 1040) 2025 Created 7/25/25

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	10,673.
16	Self-employed SEP, SIMPLE, and qualified plans	16	28,080.
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8i from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	38,753.

Schedule 1 (Form 1040) 2025

SCHEDULE 2

(Form 1040)

 Department of the Treasury
Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2025

 Attachment
Sequence No. 02

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

JASON BRODEUR

Your social security number

Part I Tax

1	Additions to tax:		
a	Excess advance premium tax credit repayment. Attach Form 8962	1a	
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b	
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c	
d	Recapture of net EPE from Form 4255, line 2a, column (f)	1d	
e	Excessive payments (EPs) on gross EPE from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a (ii) ☐ Line 1c (iii) ☐ Line 1d (iv) ☐ Line 2a	1e	
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a (ii) ☐ Line 1c (iii) ☐ Line 1d (iv) ☐ Line 2a	1f	
y	Other additions to tax (see instructions):	1y	
z	Add lines 1a through 1y		1z
2	Alternative minimum tax. Attach Form 6251		2
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17		3 0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions): 1 ☐ 4361 2 ☐ 4029 3 ☐	4	21,346.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9	Household employment taxes. Attach Schedule H	9	
10	Reserved for future use	10	
11	Additional Medicare Tax. Attach Form 8959	11	383.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2025 Created 5/8/25

01-05-26

14

2025.03020 BRODEUR, JASON

**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

2025Attachment
Sequence No. **07**

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

Your social security number

JASON BRODEUR**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 11b

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 (SALT).

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 **SEE STATEMENT 5** ☒

5a

1,071.

b State and local real estate taxes (see instructions)

5b

c State and local personal property taxes

5c

d Add lines 5a through 5c

5d

1,071.

e Enter the smaller of line 5d or \$40,000 (\$20,000 if married filing
separately). If Form 1040 or 1040-SR, line 11b is more than \$500,000
(\$250,000 if married filing separately), or if you completed Form 2555,
Form 4563, or excluded income from Puerto Rico, see instructions

5e

1,071.

6 Other taxes. List type and amount:

6

7 Add lines 5e and 6

7

1,071.

**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

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

9 Investment interest. Attach Form 4952 if required. See instructions

9

10 Add lines 8e and 9

10

**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

325.

12 Other than by cash or check. If you made any gift of \$250 or
more, see instructions. You must attach Form 8283 if over \$500

12

13 Carryover from prior year

13

14 Add lines 11 through 13

14

325.

**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 12e

17

1,396.

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

SCHEDULE B
(Form 1040)

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

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2025
Attachment
Sequence No. 08

JASON BRODEUR

Your social security number

Part I
Interest

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

JPMORGAN CHASE BANK N.A.

Amount

174.

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

1

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

2

174.

3

4

174.

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

Amount

Part II
Ordinary Dividends

- 5 List name of payer:

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

5

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

6

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

Part III
Foreign Accounts and Trusts

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

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

- 7a At any time during 2025, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:
8 During 2025, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes No

X

X

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

JASON BRODEUR

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

CONSULTING

B Enter code from instructions

541600

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

ANCHOR CONSULTING LLC

D Employer ID number (EIN) (see instr.)

27-1380739

E Business address (including suite or room no.) **300 TERRACINA DR**

City, town or post office, state, and ZIP code **SANFORD, FL 32771**

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

G Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2025, check here ☐ Yes ☒ No

I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☒ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked STATEMENT 8	☐	1	186,823.
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	186,823.
4	Cost of goods sold (from line 42)		4	448.
5	Gross profit. Subtract line 4 from line 3		5	186,375.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) SEE STATEMENT 7		6	185.
7	Gross income. Add lines 5 and 6		7	186,560.

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

8	Advertising	8	1,681.	18	Office expense	18	3,485.
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depreciation	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	480.	23	Taxes and licenses	23	963.
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	14,006.
b	Other	16b		b	Deductible meals (see instructions)	24b	1,925.
17	Legal and professional services	17	7,023.	25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27b			26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7			27 a	Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			b	Other expenses (from line 48)	27b	5,925.
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.			28		28	35,488.
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			29		29	151,072.
				30		30	
				31		31	151,072.
				32a	☐ All investment is at risk.	32a	
				32b	☐ Some investment is not at risk.	32b	

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2025 Created 4/3/25

01-06-26

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	<10,795.>
• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 22.		
17 Are lines 15 and 16 both gains? ☐ Yes. Go to line 18. ☐ No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7a, the smaller of: • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	(1,500.)
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. ☒ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Schedule D (Form 1040) 2025

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

Your social security number

JASON BRODEUR

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

Part II Income or Loss From Partnerships and S Corporations

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

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

28	(a) Name	(b) Enter P for partnership, S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	BRODEUR OUTDOOR COMPANY LLC	P		33-4275243		
B						
C						
D						

Passive Income and Loss		Nonpassive Income and Loss	
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4582
A		18,034.	
B			
C			
D			
29a Totals		18,034.	
b Totals			
30 Add columns (h) and (k) of line 29a		30	
31 Add columns (g), (i), and (j) of line 29b		31	(18,034.)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31		32	-18,034.

Part III Income or Loss From Estates and Trusts

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

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

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	-18,034.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **17**

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

JASON BRODEUR

Social security number of person
with self-employment income

[REDACTED]

Part I Self-Employment Tax

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

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

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

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

1a

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

1b

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

SEE STATEMENT 11

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

2

151,072.

3 Combine lines 1a, 1b, and 2

3

151,072.

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

4a

139,515.

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

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

4b

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

4c

139,515.

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

5a

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

5b

6 Add lines 4c and 5b

6

139,515.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2025

7

\$176,100

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$176,100 or more, skip lines 8b through 10, and go to line 11

8a

28,081.

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

8b

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

8c

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

8d

28,081.

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

9

148,019.

10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)

10

17,300.

11 Multiply line 6 by 2.9% (0.029)

11

4,046.

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

12

21,346.

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

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

13

10,673.

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

Schedule SE (Form 1040) 2025 Created 5/7/25

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than \$10,860, or (b) your net farm profits² were less than \$7,840.

14	Maximum income for optional methods	14	\$7,240
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$7,240. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$7,840 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Schedule SE (Form 1040) 2025

**Qualified Business Income Deduction
Simplified Computation**

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.**2025**Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

JASON BRODEUR

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

Use this form if your taxable income, before your qualified business income deduction, is at or below \$197,300 (\$394,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	ANCHOR CONSULTING LLC	27-1380739	112,319.
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)		2 112,319.
3	Qualified business net (loss) carryforward from the prior year		3 ()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-		4 112,319.
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 22,464.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)		6
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year		7 ()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-		8
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 22,464.
11	Taxable income before qualified business income deduction (see instructions)		11 115,753.
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)		12
13	Subtract line 12 from line 11. If zero or less, enter -0-		13 115,753.
14	Income limitation. Multiply line 13 by 20% (0.20)		14 23,151.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15 22,464.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 ()
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 ()

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

Form **8995** (2025) Created 9/12/25