

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/04/2026

General Information

Name: Hon Aaron Joseph Peacock

CONFIDENTIAL

PID 211824

AGENCY INFORMATION

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

Net Worth

My Net Worth as of April 1, 2026 was \$ 874,210.00.

Assets

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

The aggregate value of my household goods and personal effect is \$ 60,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Marital Home	\$ 695,000.00
Davis New York Venture Fund Class A	\$ 53,830.00
Dodge & Cox Income Fund - Class I	\$ 5,873.00
Fidelity Clue Chip Growth K6 Fund	\$ 2,224.00
Fidelity Contrafund K6	\$ 3,024.00
Fixed Assets	\$ 3,235.00
New World Fund (SM) Class R6	\$ 2,118.00
T Rowe Price Equity Income Trust B	\$ 4,837.00
T Rowe Price Dividend Growth Fund - Class I	\$ 3,933.00
T Rowe Price Overseas Stock Fund - I class	\$ 3,404.00
T Rowe Price Spectrum Income Fund - I class	\$ 1,820.00
Vanguard Real Estate Index Fund - Institutional Shares	\$ 1,301.00
Vanguard Total International Stock Index Fund - Institutional Shares	\$ 5,139.00
Vanguard(R) Institutional Index Fund - Institutional Plus Shares	\$ 2,647.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Space Coast Credit Union	8025 North Wickham Road Melbourne FL 32940	\$ 37,030.00

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.

Aaron Joseph Peacock

Digitally signed: 05/04/2026

Filed with COE: 05/04/2026

IRS e-file Signature Authorization

OMB No. 1545-0074

2025

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

Submission Identification Number (SID) ▶

Taxpayer's name

Aaron J Peacock

Spouse's name

Peacock

Social security number

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2025 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	250,900
2	Total tax	2	36,661
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	35,533
4	Amount you want refunded to you	4	
5	Amount you owe	5	1,128

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

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

Taxpayer's PIN: check one box only

☒ I authorize **Debra L Knox** to enter or generate my PIN **[REDACTED]** as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

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

Your signature ▶ **[Signature]**

Date ▶ **04/10/26**

Spouse's PIN: check one box only

☒ I authorize **Debra L Knox** to enter or generate my PIN **[REDACTED]** as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

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

Spouse's signature ▶ **[Signature]**

Date ▶ **04/10/26**

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.

[REDACTED]
Don't enter all zeros

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

ERO's signature ▶ **Debra L Knox**

Date ▶ **04-02-2026**

ERO Must Retain This Form - See Instructions

Don't Submit This Form to the IRS Unless Requested To Do So

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

Form 8879 (Rev. 01-2021)

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

Your first name and middle initial **Aaron J** Last name **Peacock** Your social security number [REDACTED]

If joint return, spouse's first name and middle initial [REDACTED] Last name **Peacock** Spouse's social security number [REDACTED]

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

Filing Status ☐ Single ☒ Married filing jointly (even if only one had income) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box. ☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: ☐ 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	[REDACTED]			
(2) Last name	Peacock			
(3) SSN	[REDACTED]			
(4) Relationship	Son			
(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.

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 230,915
	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 230,915
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	2a Tax-exempt interest	2a
	3a Qualified dividends	3a 7,372
	c Check if your child's dividends are included in 1 ☐ Line 3a 2 ☐ Line 3b	3b 10,373
	4a IRA distributions	4a
	c Check if (see instructions) 1 ☐ Rollover 2 ☐ QCD 3 ☐	4b
	5a Pensions and annuities	5a
	c Check if (see instructions) 1 ☐ Rollover 2 ☐ PSO 3 ☐	5b
	6a Social security benefits	6a
	c If you elect to use the lump-sum election method, check here (see instructions)	6b
	d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here	
Attach Sch. B if required.	7a Capital gain or (loss). Attach Schedule D if required	7a 106
	b Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)	
	8 Additional income from Schedule 1, line 10	8 9,491
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6a, 7a, and 8. This is your total income	9 250,900
	10 Adjustments to income from Schedule 1, line 26	10
	11a Subtract line 10 from line 9. This is your adjusted gross income	11a 250,900

Tax and Credits

- 11b Amount from line 11a (adjusted gross income) 250,900
- 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, \$23,625
- If you checked a box on line 12a, 12b, 12c, or 12d, see inst.

e Standard deduction or itemized deductions (from Schedule A)

13a Qualified business income deduction from Form 8995 or Form 8995-A

b Additional deductions from Schedule 1-A, line 38

14 Add lines 12e, 13a, and 13b

15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income

16 Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐

17 Amount from Schedule 2, line 3

18 Add lines 16 and 17

19 Child tax credit or credit for other dependents from Schedule 8812

20 Amount from Schedule 3, line 8

21 Add lines 19 and 20

22 Subtract line 21 from line 18. If zero or less, enter -0-

23 Other taxes, including self-employment tax, from Schedule 2, line 21

24 Add lines 22 and 23. This is your total tax

Payments and Refundable Credits

25 Federal income tax withheld from:

a Form(s) W-2

25a 35,533

b Form(s) 1099

25b

c Other forms (see instructions)

25c

d Add lines 25a through 25c

25d 35,533

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 0

33 Add lines 25d, 26, and 32. These are your total payments

33 35,533

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid

34 0

35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here

35a

Direct deposit? See instructions.

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 1,128

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

Debra Knox

Phone no.

561-685-5420

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.)

04-02-2026

Judge

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.)

04-02-2026

Social Worker

Phone no.

Email address

Paid Preparer Use Only

Preparer's signature

Date

PTIN

Check if:

04-02-2026

XXXXX5655

☐ Self-employed

Preparer's name

Debra Knox

Phone no.

561-685-5420

Firm's name

Debra L Knox

Firm's address

4237 Onega Circle
West Palm Beach, FL 33409

Firm's EIN

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

Your social security number

Aaron J & [REDACTED] Peacock

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	
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	9,491
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(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	9,491

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
16	Self-employed SEP, SIMPLE, and qualified plans		16
17	Self-employed health insurance deduction		17
18	Penalty on early withdrawal of savings		18
19a	Alimony paid		19a
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction. 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

0

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount:	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount:	17z	
18	Total additional taxes. Add lines 17a through 17z	18	
19	Recapture of net EPE from Form 4255, line 1d, column (I)	19	
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	34

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2025

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service

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.

Name(s) shown on return

Your social security number

Aaron J ██████████ **Peacock**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B 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	5,695	5,859		(164)
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 page 2			7	(164)

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	51			51
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	219
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 page 2			15	270

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

Schedule D (Form 1040) 2025 Created 10/6/25

Part III Summary

16 Combine lines 7 and 15 and enter the result • 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 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 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) } 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.	16 18 19 21 ()	106
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Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return

Aaron J & [REDACTED] Peacock

Social security number or taxpayer identification number

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	
	Charles Schwab 5407	VARIOUS	12-31-2025	5,695	5,859			(164)
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)				5,695	5,859		(164)

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

Aaron J & [REDACTED] Peacock

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 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 Column (e) in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Charles Schwab 5407	VARIOUS	12-31-2025	51				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 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)				51				51

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.

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

Your social security number

Aaron J [REDACTED] Peacock

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

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

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

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

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

	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A		9,491			
B	0				
C					
D					
29a Totals		9,491			
b Totals	0				

30 Add columns (h) and (k) of line 29a	30	9,491
31 Add columns (g), (i), and (j) of line 29b	31	()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31	32	9,491

Part III Income or Loss From Estates and Trusts

	(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

	(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
38					
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	9,491
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Foreign Tax Credit
(Individual, Estate, or Trust)

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

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

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

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

h Resident of (name of country) United States

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

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

		Foreign Country or U.S. Territory			Total (Add cols. A, B, and C.)
		A	B	C	
i	Enter the name of the foreign country or U.S. territory	Various			
1a	Gross income from sources within country shown above and of the type checked above (see instructions): <u>Dividends</u>				1a
b	Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions ☐				
Deductions and losses (Caution: See instructions.):					
2	Expenses definitely related to the income on line 1a (attach statement)				
3	Pro rata share of other deductions not definitely related:				
a	Certain itemized deductions or standard deduction (see instructions)	31,500			
b	Other deductions (attach statement)				
c	Add lines 3a and 3b	31,500			
d	Gross foreign source income (see instructions)				
e	Gross income from all sources (see instructions)	251,064			
f	Divide line 3d by line 3e (see instructions)				
g	Multiply line 3c by line 3f				
4	Pro rata share of interest expense (see instructions):				
a	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b	Other interest expense				
5	Losses from foreign sources				
6	Add lines 2, 3g, 4a, 4b, and 5				6
7	Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) ☐ Paid (k) ☐ Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:				Taxes withheld at source on:				
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	(t) Other foreign taxes paid or accrued
A										
B										
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 **8**

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9		
10	Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions) ☐	10		
	(If your income was section 951A category income (box a above Part I), leave line 10 blank.)			
11	Add lines 9 and 10	11		
12	Reduction in foreign taxes (see instructions)	12	()	
13	Taxes reclassified under high tax kickout (see instructions)	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions	15		
16	Adjustments to line 15 (see instructions)	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, skip line 18 and enter -0- on line 19.)	17		
18	Individuals: Enter the sum of (i) Form 1040, 1040-SR, or 1040-NR, line 11b, minus Form 1040, 1040-SR, or 1040-NR, line 14, and (ii) Schedule 1-A (Form 1040), line 37. Estates and trusts: Enter your taxable income without the deduction for your exemption	18		
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		0
20	Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 12. Estates and trusts: See instructions	20		37,127
	Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.			
21	Multiply line 20 by line 19 (maximum amount of credit)	21		
22	Increase in limitation (section 960(c)) (see instructions)	22		
23	Add lines 21 and 22	23		
24	Enter the smaller of line 14 or line 23. Enter here and on the appropriate line of Part IV. See instructions	24		

Part IV Summary of Separate Credits From Parts III (Enter amounts from Part III, line 24, for each applicable category of income. Don't include taxes paid to sanctioned countries.) See instructions.

25	Credit for taxes on section 951A category income	25	0	
26	Credit for taxes on foreign branch category income	26	0	
27	Credit for taxes on passive category income	27	0	
28	Credit for taxes on general category income	28	0	
29	Credit for taxes on section 901(j) income	29	0	
30	Credit for taxes on certain income re-sourced by treaty	30	0	
31	Credit for taxes on lump-sum distributions	31	0	
32	Add lines 25 through 31	32		0
33	Enter the smaller of line 20 or line 32	33		
34	Reduction of credit for international boycott operations. See instructions for line 12	34		
35	Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a	35		

FOR ALT MIN TAX PURPOSES ONLY

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

AMT

Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0074

2025Attachment
Sequence No. **19**

Name

Aaron J [REDACTED] Peacock

Identifying number as shown on page 1 of your tax return

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

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

h Resident of (name of country) **United States****Note:** If you paid taxes to only one foreign country or U.S. territory, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. territory, use a separate column and line for each country or territory.**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

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

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) ☐ Paid (k) ☐ Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties		(o) Interest	(q) Dividends	(r) Rents and royalties		
A										
B										
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 **8**

For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2025) Created 9/16/25

FOR ALT MIN TAX PURPOSES ONLY

Form 1116 (2025)

Page **2**

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9			
10 Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions) ☐ (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10			
11 Add lines 9 and 10	11			
12 Reduction in foreign taxes (see instructions)	12	(		)
13 Taxes reclassified under high tax kickout (see instructions)	13			
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14	
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions	15			
16 Adjustments to line 15 (see instructions)	16			
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, skip line 18 and enter -0- on line 19.)	17			
18 Individuals: Enter the sum of (i) Form 1040, 1040-SR, or 1040-NR, line 11b, minus Form 1040, 1040-SR, or 1040-NR, line 14, and (ii) Schedule 1-A (Form 1040), line 37. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18			
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	0
20 Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 1z. Estates and trusts: See instructions Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 9978, Partner's Additional Reporting Year Tax, see instructions.			20	28,196
21 Multiply line 20 by line 19 (maximum amount of credit)			21	
22 Increase in limitation (section 960(c)) (see instructions)			22	
23 Add lines 21 and 22			23	
24 Enter the smaller of line 14 or line 23. Enter here and on the appropriate line of Part IV. See instructions			24	

Part IV Summary of Separate Credits From Parts III (Enter amounts from Part III, line 24, for each applicable category of income. Don't include taxes paid to sanctioned countries.) See instructions.

25 Credit for taxes on section 951A category income	25	0		
26 Credit for taxes on foreign branch category income	26	0		
27 Credit for taxes on passive category income	27	0		
28 Credit for taxes on general category income	28	0		
29 Credit for taxes on section 901(j) income	29	0		
30 Credit for taxes on certain income re-sourced by treaty	30	0		
31 Credit for taxes on lump-sum distributions	31	0		
32 Add lines 25 through 31			32	0
33 Enter the smaller of line 20 or line 32			33	
34 Reduction of credit for international boycott operations. See instructions for line 12			34	
35 Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a			35	

EEA

Form 1116 (2025)

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

Your social security number

Aaron J [REDACTED] Peacock

Part I **Credit for Other Dependents**

1	Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR	1	250,900
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	250,900
4	Number of qualifying children under age 17 with the required social security number	4	
5	Multiply line 4 by \$2,200	5	0
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	1
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	500
8	Add lines 5 and 7	8	500
9	Enter the amount shown below for your filing status. • Married filing jointly-\$400,000 • All other filing statuses-\$200,000	9	400,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0
11	Multiply line 10 by 5% (0.05)	11	
12	Is the amount on line 8 more than the amount on line 11? ☐ No. Stop 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	500
13	Enter the amount from Credit Limit Worksheet A	13	37,127
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	500

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

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040 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.

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

Schedule 8812 (Form 1040) 2025 Created 7/30/25

EEA

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

15	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	0
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**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-0074

2025Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

Aaron J & [REDACTED] Peacock

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

Use this form if your taxable income, before your qualified business income deduction, is at or below \$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	K1P: HB Nitkin Real Estate Fund II LL	06-1620619	9,491
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)		2 9,491
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 9,491
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 1,898
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)		6 1,965
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year		7 ()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-		8 1,965
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9 393
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 2,291
11	Taxable income before qualified business income deduction (see instructions)		11 219,400
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)		12 7,478
13	Subtract line 12 from line 11. If zero or less, enter -0-		13 211,922
14	Income limitation. Multiply line 13 by 20% (0.20)		14 42,384
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 2,291
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0)

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

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

EEA

Line 11 Enter your taxable income figured before any QBI deduction, computed as follows:

Form 1040 or 1040-SR, line 11a,	250,900
minus Form 1040 or 1040-SR, Schedule 1-A, Line 38,	0
minus Form 1040 or 1040-SR, line 12e,	31,500
Taxable income figured before any QBI deduction.....	219,400

Form **8867**

(Rev. November 2024)

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

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

OMB No. 1545-0074

2025Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

Aaron J & [REDACTED] Peacock

Preparer's name

Debra Knox

Taxpayer identification number

Preparer tax identification number

XXXXXX5655

Part I Due Diligence Requirements

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

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	☒	☐	☐
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . .	☒	☐	☐
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	☐
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	☐	☒	☐
a Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . .	☐	☐	☐
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	☐
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	☒	☐	☐
List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	☐
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	☒	☐	☐
a Did you complete the required recertification Form 8862?	☐	☐	☒
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☐	☐	☐

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 8867 (Rev. 11-2024)

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

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

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

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

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

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

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

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

Part VI Eligibility Certification

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

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

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

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

Form **8960**Department of the Treasury
Internal Revenue Service**Net Investment Income Tax-
Individuals, Estates, and Trusts**

Attach to your tax return.

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

OMB No. 1545-2227

2025Attachment
Sequence No. **72**

Name(s) shown on your tax return

Your social security number or EIN

Aaron J & [REDACTED] Peacock**Part I Investment Income**

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

1	Taxable interest (see instructions)		1	15
2	Ordinary dividends (see instructions)		2	10,373
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a 9,491		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c	Combine lines 4a and 4b		4c	9,491
5a	Net gain or loss from disposition of property (see instructions)	5a 106		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	106
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	19,985

Part II Investment Expenses Allocable to Investment Income and Modifications

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

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-		12	19,985
Individuals:				
13	Modified adjusted gross income (see instructions)	13 250,900		
14	Threshold based on filing status (see instructions)	14 250,000		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15 900		
16	Enter the smaller of line 12 or line 15		16	900
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	34
Estates and Trusts:				
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	

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

Form 8960 (2025) Created 8/19/25

S Corporation Shareholder Stock and Debt Basis Limitations

OMB No. 1545-2302

Attachment
Sequence No. **203**

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

Name of shareholder

Peacock
Corporation

Identifying number

B Employer identification number

C Stock block (see instructions):

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

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

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

Part I Shareholder Stock Basis

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

Part II Shareholder Debt Basis

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

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

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

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

Section C - Gain on Loan Repayment

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

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss		8,821			8,821
36 Net rental real estate loss	1,116	24,214			25,330
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions	37	200			237
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	1,153	33,235			34,388

Shareholder's Stock and Debt Basis Losses Breakdown

2025

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

Name of Shareholder:	Peacock	
Name of Corporation:		EIN

Allocation percentage line 9

Losses and deductions allowed divided by Total Losses and deductions

Allocation percentage line 7

Losses and deductions allowed divided by Total Losses and deductions

0.333333

	Sch K1 Line:	(A) Beginning of Year Losses and Deductions	(B) Current Year Losses and Deductions	(C) Total Losses and Deductions	(D) Allowed Losses and Deductions in Current Year	(E) Suspended Amounts Carried Forward to Future Years
9a Ordinary Losses	1	8,821		8,821		8,821
b Rental Real Estate Losses	2	24,214	1,116	25,330		25,330
c Other Rental Losses	3					
d Short-term capital losses	7					
d Long-term capital losses	8a					
e Other portfolio losses	10, Code A					
f 1231 losses	9					
g 1256 losses	10, Code C					
g S/T Cap (Not Portfolio)	10, Code HF					
g L/T Cap Total (Not Portfolio)	10, Code HG					
g Other losses	10, Code B, HD, HE					
h CC Cash 60%	12, Code A	200	37	237		237
h CC Cash 30%	12, Code B					
h CC Noncash 50%	12, Code C					
h CC Noncash 30%	12, Code D					
h CC Capital Gain Prop 30%	12, Code E					
h CC Capital Gain Prop 20%	12, Code F					
h CC 100%	12, Code G					
i Section 179	11 Code A					
i Reserved						
j Portfolio 2%						
j Portfolio Other	12, Code L					
k Deductions - royalty income	12, Code I					
k Reforestation expense	12, Code O					
k Film and TV Prod Exp	12, Code SE					
k Interest Exp - Schedule E	12, Code SA					
k CCF Contributions	12, Code SC					
k Interest penalty	12, Code SD					
k Oil and gas depletion						
k Other deductions						
l Interest Exp Investment Sch A	12, Code H & SB					
m Sec. 59(e)(2) Circulation Costs	12, Code JA					
m Sec. 59(e)(2) Research Costs	12, Code JB					
m Sec. 59(e)(2) Mining Costs	12, Code JC					
m Sec. 59(e)(2) Intangible Drilling	12, Code JD					
n Other decreases						
o Loss from 179 asset						
Total deductible losses and deductions		33,235	1,153	34,388		34,388
7 Nondeductible expenses & credit adj	16, Code C		3	3	1	
Totals		33,235	1,156	34,391	1	34,388

Losses and deductions disallowed due to insufficient basis are carried forward and then treated as arising in the year when basis is restored. They do not show on any form or schedule other than the basis worksheet.

WK_ISBAS.LD

IRS e-file Signature Authorization

OMB No. 1545-0074
2025

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

Submission Identification Number (SID) ►

Taxpayer's name

Social security number

Aaron J Peacock

Spouse's name

Peacock

Part I Tax Return Information - Tax Year Ending December 31, 2025 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	250,900
2	Total tax	2	36,661
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	35,533
4	Amount you want refunded to you	4	
5	Amount you owe	5	1,128

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

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

Taxpayer's PIN: check one box only

☒ I authorize **Debra L Knox** to enter or generate my PIN **[REDACTED]** as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, don't enter all zeros

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

Your signature ► Date ►

Spouse's PIN: check one box only

☒ I authorize **Debra L Knox** to enter or generate my PIN **[REDACTED]** as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, don't enter all zeros

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

Spouse's signature ► Date ►

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

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

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

ERO's signature ► Date ► 04-02-2026

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

Computation of Regular Tax

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

2025

Name(s) as shown on return

Tax ID Number

Aaron J & [REDACTED] Peacock

Statement for line 16 of Form 1040

Tax Rate Schedule for Married Filing Joint Filing Status

If taxable income is					
over	but not over	pay	plus	% on excess	of the amount over
0	23,850	0.00		10%	0
23,850	96,950	2,385.00		12%	23,850
96,950	206,700	11,157.00		22%	96,950
206,700	394,600	35,302.00		24%	206,700
394,600	501,050	80,398.00		32%	394,600
501,050	751,600	114,462.00		35%	501,050
751,600		202,154.50		37%	751,600

$$\$35,302.00 + ((\$217,109.00 - \$206,700.00) \times 24.0\%) = \$37,800$$

Tax from Tax Rate Schedule \$ 37,800

Tax from Qualified Dividends/Capital Gain Worksheet \$ 37,127

\$ 37,127 Tax computed using the most advantageous method allowed

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

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

2025

Name(s) as shown on return

Tax ID Number

Aaron J [REDACTED] **Peacock**

Before you begin:

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

1. Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1. <u>217,109</u>
2. Enter the amount from Form 1040 or 1040-SR, line 3a*	2. <u>7,372</u>
3. Are you filing Schedule D? ☒ Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-. ☐ No. Enter the amount from Form 1040 or 1040-SR, line 7a.	3. <u>106</u>
4. Add lines 2 and 3	4. <u>7,478</u>
5. Subtract line 4 from line 1. If zero or less, enter -0-	5. <u>209,631</u>
6. Enter: \$48,350 if single or married filing separately, \$96,700 if married filing jointly or qualifying surviving spouse, \$64,750 if head of household.	6. <u>96,700</u>
7. Enter the smaller of line 1 or line 6	7. <u>96,700</u>
8. Enter the smaller of line 5 or line 7	8. <u>96,700</u>
9. Subtract line 8 from line 7. This amount is taxed at 0%	9. <u> </u>
10. Enter the smaller of line 1 or line 4	10. <u>7,478</u>
11. Enter the amount from line 9	11. <u> </u>
12. Subtract line 11 from line 10	12. <u>7,478</u>
13. Enter: \$533,400 if single, \$300,000 if married filing separately, \$600,050 if married filing jointly or qualifying surviving spouse, \$566,700 if head of household.	13. <u>600,050</u>
14. Enter the smaller of line 1 or line 13	14. <u>217,109</u>
15. Add lines 5 and 9	15. <u>209,631</u>
16. Subtract line 15 from line 14. If zero or less, enter -0-	16. <u>7,478</u>
17. Enter the smaller of line 12 or line 16	17. <u>7,478</u>
18. Multiply line 17 by 15% (0.15)	18. <u>1,122</u>
19. Add lines 9 and 17	19. <u>7,478</u>
20. Subtract line 19 from line 10	20. <u> </u>
21. Multiply line 20 by 20% (0.20)	21. <u> </u>
22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet	22. <u>36,005</u>
23. Add lines 18, 21, and 22	23. <u>37,127</u>
24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24. <u>37,800</u>
25. Tax on all taxable income. Enter the smaller of line 23 or 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25. <u>37,127</u>

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

**Form 1040 or
1040-SR**

**Investment Income for the
Earned Income Credit**

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

2025

Name(s) as shown on return

Tax ID Number

Aaron J [REDACTED] Peacock

Interest and Dividends

1. Enter any amount from Form 1040 or 1040-SR, line 2b **1.** 15
2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b **2.** _____
3. Enter any amount from Form 1040 or 1040-SR, line 3b **3.** 10,373
4. Enter the amount from Schedule 1 (Form 1040), line 8z, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.) **4.** _____

Capital Gain Net Income

5. Enter the amount from Form 1040 or 1040-SR, line 7a. If the amount on that line is a loss, enter -0- **5.** 106
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) **6.** _____
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) **7.** 106

Royalties and Rental Income From Personal Property

8. Enter any royalty income from Schedule E, line 23b, plus any income from the rental of personal property shown on Schedule 1 (Form 1040), line 8l. Subtract any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Schedule 1 (Form 1040), line 24b. (If the result is less than zero, enter -0-) **8.** _____

Passive Activities

9. Enter the total of any net income from passive activities (such as income included on Schedule E, line 26, 29a (col. (h)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, line 26, 29b (col. (g)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-) **9.** 9,491
10. Adjustment from EIC screen **10.** _____
11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. **This is your investment income** **11.** 19,985
12. Is the amount on line 11 more than **\$11,950**?

- ☒ **Yes.** You can't take the credit.
- ☐ **No.** Go to Step 3 of the Form 1040 instructions for line 27 to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to Rule 7, next).

Instructions for line 9. In figuring the amount to enter on line 9, don't take into account any royalty income (or loss) included on line 26 of Schedule E or any amount included in your earned income. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, isn't from a passive activity, enter "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

Unrecaptured Section 1250 Gain Worksheet - Line 19

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

2025

Name(s) as shown on return

Tax ID Number

Aaron J [REDACTED] Peacock

If you aren't reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.

1. If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not on Form 6252), enter the **smaller** of line 22 or line 24 of Form 4797 for that property. If you didn't have any such property, go to line 4. If you had more than one such property, see instructions 1. _____
2. Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1 2. _____
3. Subtract line 2 from line 1 3. _____
4. Enter the total unrecaptured section 1250 gain included on line 26 or line 37 of Form(s) 6252 from installment sales of trade or business property held more than 1 year. See instructions 4. _____
5. Enter the total of any amounts reported to you on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain" 5. _____
6. Add lines 3 through 5 6. _____
7. Enter the **smaller** of line 6 or the gain from Form 4797, line 7 7. _____
8. Enter the amount, if any, from Form 4797, line 8 8. _____
9. Subtract line 8 from line 7. If zero or less, enter -0- 9. _____
10. Enter the amount of any gain from the sale or exchange of an interest in a partnership attributable to unrecaptured section 1250 gain. See instructions 10. _____
11. Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" on a Schedule K-1, Form 1099-DIV, or Form 2439 from an estate, a trust, a real estate investment trust, or a mutual fund (or other regulated investment company) or in connection with a Form 1099-R 11. 19
12. Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you didn't make an entry in Part I of Form 4797 for the year of sale. See instructions 12. _____
13. Add lines 9 through 12 13. 19
14. If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 through 4 of the **28% Rate Gain Worksheet**. Otherwise, enter -0- 14. _____
15. Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0- 15. (164)
16. Enter your long-term capital loss carryovers from Schedule D, line 14; and Schedule K-1 (Form 1041), box 11, code D* 16. (0)
17. Combine lines 14 through 16. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0- 17. 164
18. **Unrecaptured section 1250 gain.** Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19 18. _____

* If you are filing Form 2555 (relating to foreign earned income), see the footnote in the Foreign Earned Income Tax Worksheet in the Instructions for Form 1040 before completing this line.

Federal Supporting Statements

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

2025

PG01

Name(s) as shown on return

Tax ID Number

Aaron J [REDACTED] Peacock

WK_TTLGI

All Source Gross Income

Description

Amount

Wages and tips	230,915
Schedule B interest	15
Schedule B dividends	10,373
Schedule E, line 30 & 35	9,491
Capital gain distributions	219
Form 8949 long term gains	51
Total	<u>251,064</u>

Worksheet for Line 18
(Worldwide Qualified Dividends and Capital Gains)

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

2025

Name(s) as shown on return

Tax ID Number

Aaron J [REDACTED] **Peacock**

Caution: See the instructions for line 18 before starting this worksheet.

1. Individuals: Enter the sum of (i) Form 1040, 1040-SR, or 1040-NR, line 11b, minus Form 1040, 1040-SR, or 1040-NR, line 14; and (ii) Schedule 1-A (Form 1040), line 37.

Estates and trusts: Enter taxable income without the deduction for your exemption **1.** 217,109

2. Enter your worldwide 28% gains. See instructions **2.** _____

3. Multiply line 2 by 0.2432 **3.** _____

4. Enter your worldwide 25% gains. See instructions **4.** _____

5. Multiply line 4 by 0.3243 **5.** _____

6. Enter your worldwide 20% gains and qualified dividends. See instructions **6.** _____

7. Multiply line 6 by 0.4595 **7.** _____

8. Enter your worldwide 15% gains and qualified dividends. See instructions **8.** 7,478

9. Multiply line 8 by 0.5946 **9.** 4,446

10. Enter your worldwide 0% gains and qualified dividends. See instructions **10.** _____

11. Add lines 3, 5, 7, 9, and 10 **11.** 4,446

12. Subtract line 11 from line 1. Enter the result here and on Form 1116, line 18 (if the result is zero or less, enter -0- . . . **12.** 212,663

Modified Adjusted Gross Income (MAGI)
Form 8582, Line 6

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

2025

Name(s) as shown on return

Tax ID Number

Aaron J & [REDACTED] Peacock

Income	Regular tax	Alt Min Tax
Wages	230,915	230,915
Interest income before Series EE bond exclusion	15	15
Dividend income	10,373	10,373
Taxable state and local refunds		
Alimony received		
Nonpassive business income or (loss)		
Schedule D and Form 4797	106	106
Taxable IRA distributions		
Taxable pensions and annuities		
Nonpassive partnership income or (loss) (including overall PTP gains and sold PTP losses)		
Nonpassive S corporation income or (loss)		
Nonpassive estate and trust income or (loss)		
Real Estate Mortgage Investment Conduits (REMICS)		
Royalty Income		
Net rental real estate gains for a real estate professional or non-passive rental		
Overall loss from the entire disposition of a passive activity		
Nonpassive farm income or (loss)		
Unemployment compensation		
Other income		
Total income	241,409	241,409
Adjustments		
Educator expenses		
Certain business expenses of reservists, performing artists, and fee-based government officials		
Health savings account deduction		
Moving expenses		
Self-employed SEP, SIMPLE, and qualified plans		
Self-employed health insurance deduction		
Penalty on early withdrawal of savings		
Alimony paid		
Other adjustments		
Total adjustments	0	0
Subtract total adjustments from total income	241,409	241,409
MAGI adjustment from input screen E2		
Modified adjusted gross income	241,409	241,409

Credit Limit Worksheet A

Schedule 8812

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

2025

Name(s) as shown on return

Tax ID Number

Aaron J [REDACTED] Peacock

Credit Limit Worksheet A

1. Enter the amount from Line 18 of your Form 1040, 1040-SR, or 1040-NR 1. 37,127

2. Add the following amounts (if applicable) from:

Schedule 3, Line 1	+	_____
Schedule 3, Line 2	+	_____
Schedule 3, Line 3	+	_____
Schedule 3, Line 4	+	_____
Schedule 3, line 5b	+	_____
Schedule 3, line 6d	+	_____
Schedule 3, line 6f	+	_____
Schedule 3, line 6i	+	_____
Schedule 3, line 6m	+	_____

Enter the total. 2. _____

3. Subtract line 2 from line 1 3. 37,127

Complete Credit Limit Worksheet B **only** if you meet all of the following.

1. You are claiming one or more of the following credits.

- a. Mortgage interest credit, Form 8396.
- b. Adoption credit, Form 8839.
- c. Residential clean energy credit, Form 5695, Part I.
- d. District of Columbia first-time homebuyer credit, Form 8859.

2. You are not filing Form 2555.

3. Line 4 of Schedule 8812 is more than zero.

4. If you are **not** completing Credit Limit Worksheet B, enter -0-; otherwise, enter the amount from Credit Limit Worksheet B 4. 0

5. Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13 5. 37,127

Partner's Adjusted Basis Worksheet, page 1

2025

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

Name of Partner: _____

Name of Partnership: _____

A. Partner's share of partnership liabilities (Sch K-1, Item K)	A. _____	
B. Partner's share of partnership liabilities from PRIOR year	B. (426,556)	
C. Increases (Decrease) in share of Partnership Liabilities during this tax period	C. (426,556)	
1. Adjusted Basis from preceding year		1. 828,819
2. Capital contributions of property		
a. Gain (if any) recognized this year on contribution of property to partnership	2 a. _____	
b. Cash contributed during the year	b. _____	
c. Adjusted basis of property contributed during the year	c. _____	
d. Partnership interest acquired other than by cash or property	d. _____	
Total additional contributions (Total lines 2a-2d)	2. _____	
3. Items of income or Gain for this period		
a. Ordinary Income (Sch K-1, Line 1)	3 a. _____	
b. Real Estate Rental Income (Sch K-1, Line 2)	b. 9,491	
c. Other Rental Income (Sch K-1, Line 3c)	c. _____	
d. Interest, Dividends & Royalties (Sch K-1, Lines 5, 6a & 7)	d. 13	
e. Capital Gain (Sch K-1, Lines 8 & 9a)	e. _____	
f. Other Portfolio Income (Sch K-1, Line 11a)	f. _____	
g. Section 1231 Gain (Sch K-1, Line 10)	g. _____	
h. Other Income (Sch K-1, Line 11i)	h. _____	
i. Tax Exempt Income (Sch K-1, Lines 18a & b)	i. _____	
j. Excess Depletion Adjustment	j. _____	
k. Increase from Recapture of Business Credits	k. _____	
l. Gain from 179 disposition	l. _____	
(See IRC § 46(a), 50(a), 50(c)(2) & 1371 (d))		
Total items of income or Gains (Total lines 3a-3l)	3. 9,504	
4. Increase in Partnership Share of Partnership Liabilities from line C above	4. _____	
5. Total increases in basis (combine lines 1 through 4)		5. 838,323
6. Cash Distributions to the Partner during the year	6. 4,723	
7. Decrease in Partner's Share of Partnership Liabilities from line C above	7. 426,556	
8. Decrease for Non-Deductible Expenses/Credit Adjustments	8. 8	
9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8)		9. 407,036
10. Items of Losses and Deductions (Allowed for the current year)		
a. Ordinary Loss (Page 2, Col d, Line 10a)	10 a. _____	
b. Real Estate Rental Loss (Page 2, Col d, Line 10b)	b. _____	
c. Other Rental Loss (Page 2, Col d, Line 10c)	c. _____	
d. Capital Loss (Page 2, Col d, Line 10d)	d. _____	
e. Other Portfolio Loss (Page 2, Col d, Line 10e)	e. _____	
f. Section 1231 Loss (Page 2, Col d, Line 10f)	f. _____	
g. Other Loss (Page 2, Col d, Line 10g)	g. _____	
h. Charitable Contributions (Page 2, Col d, Line 10h)	h. _____	
i. Section 179 Expense (Page 2, Col d, Line 10i)	i. _____	
j. Portfolio Income Expenses (Page 2, Col d, Line 10j)	j. _____	
k. Other Deductions (Page 2, Col d, Line 10k)	k. _____	
l. Interest Expense on Investment Debt (Page 2, Col d, Line 10l)	l. _____	
m. Section 59(e) Expenditures (Page 2, Col d, Line 10m)	m. _____	
n. Other decreases (Page 2, Col d, Line 10n)	n. _____	
o. Loss from 179 disposition (Page 2, Col d, Line 10o)	o. _____	
Total items of Losses and Deductions (Total lines 10a-10o)	10. _____	
11. Adjusted Basis of Partnership Interest (Cannot be negative) (Line 9-Line 10)		11. 407,036

QBI Explanation Worksheet

Form 1040

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

2025

Name(s) as shown on return

Tax ID Number

Aaron J & [REDACTED] Peacock

[REDACTED]

Name of business activity

[REDACTED]

	As reported	As allowed on 1040 after limitations
1. Ordinary business income (loss)	0	0
2. Rental income (loss)	(1,116)	
3. Royalty income (loss)		
4. Section 1231 gain (loss)		
5. Other income (loss)		
6. Section 179 deduction		
7. Other deductions		
8. Deduction for half of SE tax		
9. Self-employed health insurance deduction		
10. Self-employed pension deduction		
11. QBI amount carried to Form 8995 / 8995-A		0
12. W-2 wages carried to Form 8995 / 8995-A		
13. UBIA of qualified property carried to Form 8995 / 8995-A		60,379
14. Section 199A REIT dividends		
15. 199(A)(g) deduction		
16. QBI allocable to cooperative payments		
17. W-2 wages allocable to cooperative payments		

The income amount from line 11 will show on one of the following lines, depending on circumstances:

- ☐ Form 8995, line 1
- ☐ Form 8995-A, line 2
- ☐ Form 8995-A, Schedule A, line 2
- ☐ Form 8995-A, Schedule A, line 16
- ☐ Form 8995-A, Schedule B, line 3
- ☐ Form 8995-A, Schedule C, line 1

Note: The Tax Cuts and Jobs Act and the related proposed regulations state that losses or deductions that were disallowed, suspended, limited, or carried over from taxable years ending before January 1, 2018 (including under sections 465, 469, 704(d), and 1366(d)), are not taken into account in a later taxable year for purposes of computing QBI.

Carryover Worksheet
List of items that will carryover to the 2026 tax return

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

2025

Tax ID Number

Name(s) as shown on return

Aaron J & [REDACTED] Peacock

Carryover Amount

Itemized Deductions

Contributions subject to 100% of AGI limitations	_____
Contributions subject to 60% of AGI limitations	_____
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	_____
Contributions subject to 30% of AGI limitations	_____
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	_____
Taxable state and local refunds to Schedule 1 (Form 1040) line 1	_____
State/local taxes paid in 2026 to flow to the Schedule A	_____
State donations and contributions carryover	_____
State overpayment applied to next year	_____

Expenses

Office in home operating expenses	_____
Office in home excess casualty losses and depreciation	_____
Disallowed investment interest expense	AMT _____ Reg. Tax _____
Section 179 expense	_____
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	_____
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	_____

Losses

Short-term capital loss	AMT _____ Reg. Tax _____
Long-term capital loss	AMT _____ Reg. Tax _____
Net operating loss	AMT _____ Reg. Tax _____
Excess business loss from Form 461 (becomes part of NOL next year)	AMT _____ Reg. Tax _____
Qualified REIT and PTP loss carryover	_____
QBI loss carryover	_____
Nonrecaptured net section 1231 losses from WK_1231C	AMT _____ Reg. Tax _____

Credits

Mortgage interest credit	_____
Credit for prior year minimum tax	_____
Foreign Tax credit	AMT _____ Reg. Tax _____
District of Columbia first time home owner's credit	_____
Residential clean energy credit	_____

Other

Preparer Fee	_____
Overpayment applied to next year's estimates	_____
Estimated Tax Payment 1	Estimated Tax Payment 2
Estimated Tax Payment 3	Estimated Tax Payment 4
Federal tax liability for 2210 calculation	_____
State tax liability for state 2210 calculation	_____
IRA basis	Taxpayer _____ Spouse _____
Disaster distributions taxable in 2026	Taxpayer _____ Spouse _____
Disaster distributions taxable in 2027	Taxpayer _____ Spouse _____
Excess repayments from 8915-F	Taxpayer _____ Spouse _____

36,661

Passive Activity

At Risk Limitations

FOR ALT MIN TAX PURPOSES ONLY
Worksheet for AMT Form 1116, line 18
(Worldwide Qualified Dividends and Capital Gains)

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

2025

Tax ID Number

Name(s) as shown on return

Aaron J & [REDACTED] Peacock

Caution: See the instructions for line 18 before starting this worksheet.

Percentages on lines 5, 7, and 9, are found in the instructions for Form 6251.

1. **Individuals:** Enter the amount from Form 6251, line 4.
Estates and trusts: Enter taxable income without the deduction for your exemption 1. 248,609
2. Reserved. 2. _____
3. Reserved. 3. _____
4. Enter the amount from Form 6251, line 36 (25% gains) 4. _____
5. Multiply line 4 by 0.1071 5. _____
6. Enter the amount from Form 6251, line 33 (20% gains and qualified dividends) 6. _____
7. Multiply line 6 by 0.2857 7. _____
8. Enter the amount from Form 6251, line 30 (15% gains and qualified dividends) 8. 7,478
9. Multiply line 8 by 0.4643 9. 3,472
10. Enter the amount from Form 6251, line 23 (0% gains and qualified dividends) 10. _____
11. Add lines 3, 5, 7, 9, and 10 11. 3,472
12. Subtract line 11 from line 1. Enter the result here and on your AMT Form 1116, line 18
(If the result is zero or less, enter -0-) 12. 245,137

TAX RETURN COMPARISON
2023 / 2024 / 2025

2025

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

Name(s) as shown on return

Aaron J [REDACTED] **Peacock**

Identifying number

	2023	2024	2025	Difference 2024-2025
Filing Status	Married Joint	Married Joint	Married Joint	
Number of Dependents	1	1	1	
Income				
Wages, salaries, tips, etc.	211,380	222,380	230,915	8,535
Taxable interest and dividends	7,251	7,303	10,388	3,085
Taxable state and local refunds				
Alimony				
Business income (loss)				
Gains (losses)	(3,000)	22,320	106	(22,214)
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss) . . .	7,984	6,673	9,491	2,818
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income	223,615	258,676	250,900	(7,776)
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction				
Other adjustments				
Total Adjusted Gross Income	223,615	258,676	250,900	(7,776)
Deductions				
Medical deductions				
State and local taxes	2,016			
Interest	1,994			
Contributions	3,045			
Other deductions				
Total itemized deductions	7,055			
Standard deduction	27,700	29,200	31,500	2,300
Total deductions claimed	27,700	29,200	31,500	2,300
Qualified Business Income Deduction .	762	1,877	2,291	414
Other Deductions from Schedule 1A				
Tax and Credits				
Taxable Income	195,153	227,599	217,109	(10,490)
Tax	33,145	38,343	37,127	(1,216)
Credits	2,000	500	500	
Self-employment tax				
Other taxes		330	34	(296)
Total Tax	31,145	38,173	36,661	(1,512)
Payments				
Withholdings	32,940	34,192	35,533	1,341
Estimated tax payments		2,500		(2,500)
Earned income credit				
Other payments and credits				
Estimated tax penalty		1		(1)
Overpayment	1,795			
Overpayment applied				
Refund	1,795			
Balance Due		1,482	1,128	(354)
Marginal tax rate	24.00	24.00	24.00	
Effective tax rate	16.98	16.85	17.10	0.25

Form CT-1040NR/PY - 2025
Connecticut Nonresident and Part-Year
Resident Income Tax Return (Rev. 12/25)

OPY

Page 1 of 4

Other taxable year, beginning:

and ending:

N S Y FJ

N MFS

N HOH N QSS

AARON

PEACOCK

PEACOCK

N Dec. N P

N Dec. Y N

N CT-8379

N CT-2210

CT-19IT

N CT-1040 CRC

N Federal Form 1310

1. Federal adjusted gross income (from federal Form 1040, Line 11a, or federal Form 1040-SR, Line 11a)	1.	250900
2. Additions to federal adjusted gross income (from Schedule 1, Line 40)	2.	0
3. Add Line 1 and Line 2	3.	250900
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 52)	4.	0
5. Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5.	250900
6. Income from Connecticut sources (from Schedule CT-SI, Line 30)	6.	9505
7. Greater of Line 5 or Line 6. If less than zero, "0" is entered on Line 12.	7.	250900
8. Income tax	8.	13304
9. Line 6 divided by Line 5. If Line 6 is equal to or greater than Line 5, 1.0000 is entered.	9.	0.0379
10. Line 9 multiplied by Line 8	10.	504
11. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 61)	11.	0
12. Line 11 subtracted from Line 10. If Line 11 is greater than Line 10, "0" is entered.	12.	504
13. Connecticut alternative minimum tax (from Form CT-6251)	13.	0
14. Add Line 12 and Line 13.	14.	504
15. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 10)	15.	0
16. Connecticut income tax: Line 15 subtracted from Line 14. If less than zero, "0" is entered.	16.	504
17. Individual use tax (from Schedule 3, Line 62) If no tax is due, "0" is entered.	17.	0
18. Total tax: Add Line 16 and Line 17.	18.	504

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

19. Amount from Line 18

19.

504

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

	Col. A - Employer's Federal ID #	Col. B - CT Wages, Tips, etc.	Sch. CT K-1	Col. C - CT Income Tax Withheld
20a.		9504	X	595
20b.	-	0		0
20c.	-	0		0
20d.	-	0		0
20e.	-	0		0

20f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3)

20f.

0

20. **Total Connecticut income tax withheld:** Amounts in Column C.

20.

595

21. All 2025 estimated tax payments and any overpayments applied from a prior year

21.

0

22. Payments made with Form CT-1040 EXT

22.

0

22a. Claim of right credit (from Form CT-1040 CRC, Line 6)

22a.

0

22b. Pass-through entity tax credit (from Schedule CT-PE, Line 1). Schedule must be attached.

22b.

0

22c. Historic Home Rehabilitation Credit

22c.

0

23. **Total payments and refundable credits:** Add Lines 20, 21, 22, 22a, 22b, and 22c.

23.

595

24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23.

24.

91

25. Amount of Line 24 you want applied to your 2026 estimated tax

25.

0

26. Amount of Line 24 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4)

26.

0

26a. Total contributions of refund to designated charities (from Schedule 4, Line 63)

26a.

0

27. **Refund:** Lines 25, 26, and 26a subtracted from Line 24.

27.

91

If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

27a. Acct. type

Ck.

Sv.

27b. Rout. #

27c. Acct. #

27d. Refund going to a bank account outside the U.S. 27d. N

28. **Tax due:** If Line 19 is more than Line 23, Line 23 subtracted from Line 19.

28.

0

29. If late: Penalty entered. Line 28 multiplied by 10% (.10).

29.

0

30. If late: Interest entered.

Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01).

30.

0

31. Interest on underpayment of estimated tax (from Form CT-2210.)

31.

0

32. **Total amount due:** Add Lines 28 through 31.

32.

0 .00

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

Your signature

Date

Home/cell telephone number

Spouse's signature (if joint return)

Date

Daytime telephone number

Paid preparer's signature

Date

Telephone number

Paid Preparer's PTIN

04-02-2026

XXXXX5655

Paid preparer's name

FEIN

DEBRA KNOX

Firm's name, address and ZIP code

DEBRA L KNOX

Self-employed

4237 ONEGA CIRCLE WEST PA

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

Designee's name

Person's identification number (PIN)

DEBRA KNOX

03249

Sign Here

Keep a copy for your records.

Schedule 1 - Modifications to Federal Adjusted Gross Income

33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	35.	0
36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	36.	0
37. Loss on sale of Connecticut state and local government bonds	37.	0
38. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year.	38.	0
38a. 80% of Section 179 federal deduction.	38a.	0
39. Other-specify •	39.	0
40. Total additions: Add Lines 33 through 39.	40.	0
41. Interest on U.S. government obligations	41.	0
42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	42.	0
43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	43.	0
44. Refunds of state and local income taxes	44.	0
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	45.	0
46. Military retirement pay	46.	0
47. 50% of income received from Connecticut Teachers' Retirement System	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions made in 2025 or an excess carried forward from a prior year	50.	0
50a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years.	50a.	0
50b. Pension or annuity income	50b.	0
50c. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that are not claimed for federal income tax purposes	50c.	0
50d. Achieving Better Life Experience (ABLE)	50d.	0
51. Other-specify •	51.	0
52. Total subtractions: Add Lines 41 through 51.	52.	0

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

53. Connecticut AGI during residency portion of taxable year	53.	0
	Col. A	Col. B
54. Qualifying jurisdiction's name and two-letter code	54. •	•
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)	55.	0
56. Line 55 divided by Line 53. May not exceed 1,0000.	56.	0.0000
57. Apportioned income tax	57.	0
58. Line 56 multiplied by Line 57	58.	0
59. Allowable income tax paid to a qualifying jurisdiction	59.	0
60. Lesser of Line 58 or Line 59	60.	0
61. Total credit: Add Line 60, all columns.	61.	0

Schedule 3 - Individual Use Tax

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

Schedule 4 - Contributions to Designated Charities

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

Form CT-1040NR/PY Required Fields

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

Required to be Automatically-Populated Fields

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

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

Do not send this sheet with your return.

Checklist for filing your Connecticut Income Tax Return:

1. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
4. **Do not attach or send copies of forms W-2 or 1099.**
5. Verify that the address lines on the return are correct and proper abbreviations are used.
6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 20a through 20e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return.
9. Send **all** completed pages of CT-1040NR/PY, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed Schedule CT-CHET, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2025 Form CT-1040NRPY" on your check.
12. To mail your return, use the following addresses:

For all tax returns with payment:
Department of Revenue Services
PO Box 2977
Hartford CT 06104-2977

For refunds and tax returns without payment:
Department of Revenue Services
PO Box 2976
Hartford CT 06104-2976
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040NR/PY.

Do not send this sheet with your return.

Schedule CT-SI
Nonresident or Part-Year Resident
Schedule of Income From Connecticut Sources

2025

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form must be submitted to the Department of Revenue Services (DRS).

Your first name and middle initial AARON J PEACOCK	Last name PEACOCK	Your Social Security Number [REDACTED]
If joint return, spouse's first name and middle initial [REDACTED]	Last name PEACOCK	Spouse's Social Security Number [REDACTED]

Visit portal.ct.gov/DRS/Individuals/Individual-Income-Tax before completing this schedule.

Part 1 - Connecticut Income - Part-Year Residents: Complete **Schedule CT-1040AW, Part-Year Resident Income Allocation**. Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.

Nonresidents: Enter the income received from Connecticut sources.

1. Wages, salaries, tips, etc.	1.	
2. Taxable interest	2.	14
3. Ordinary dividends	3.	
4. Alimony received	4.	
5. Business income or (loss)	5.	
6. Capital gain or (loss)	6.	
7. Other gains or (losses)	7.	
8. Taxable amount of IRA distributions	8.	
9. Taxable amounts of pension and annuities	9.	
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	10.	9,491
11. Farm income or (loss)	11.	
12. Unemployment compensation	12.	
13. Taxable amount of social security benefits	13.	
14. Other income: See instructions	14.	
15. Gross income from Connecticut sources: Add Lines 1 through 14	15.	9,505 00

Part 2 - Adjustments to Connecticut Income - Enter adjustments **directly** related to income reported above.

16. Educator expenses	16.	
17. Certain business expenses of reservists, performing artists, and fee-basis government officials	17.	
18. Health savings account deduction	18.	
19. Moving expenses for members of the armed forces	19.	
20. Deductible part of self-employment tax	20.	
21. Self-employed SEP, SIMPLE, and qualified plans	21.	
22. Self-employed health insurance deduction	22.	
23. Penalty on early withdrawal of savings	23.	
24. Alimony paid. Recipient's last name ▶ SSN ▶	24.	
25. IRA deduction	25.	
26. Student loan interest deduction	26.	
27. Archer MSA deduction	27.	
28. Other adjustments	28.	
29. Total adjustments: Add Lines 16 through 28	29.	
30. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT-1040NR/PY , Line 6	30.	9,505 00

Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.**

A. Working days (or other basis) outside Connecticut	A	
B. Working days (or other basis) inside Connecticut	B	
C. Total working days: Add Line A and Line B	C	
D. Nonworking days (Holidays, weekends, etc.)	D	
E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places	E	
F. Total income being apportioned	F	
G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1 Basis, if other than working days:	G	

Form CT-1040 TCS
2025 Tax Calculation Schedule

Name(s)

Aaron J [REDACTED] Peacock

Social Security No.

[REDACTED]

Tax Calculation Schedule

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

1. Enter Connecticut adjusted gross income (AGI) from Form CT-1040 , Line 5, or Form CT-1040NR/PY , Line 7. Form CT-1040NR/PY filers must enter income from Connecticut sources if it exceeds Connecticut AGI.	1.	250,900	00
2. Enter the exemption amount from <i>Table A, Personal Exemptions</i> . If zero, enter "0."	2.	0	00
3. Connecticut Taxable Income: Subtract Line 2 from Line 1. If less than zero, enter "0."	3.	250,900	00
4. Enter amount from <i>Table B, Initial Tax Calculation</i> .	4.	12,554	00
5. Enter amount from <i>Table C, 2% Tax Rate Phase-Out Add-Back</i> . If zero, enter "0."	5.	500	00
6. Enter amount from <i>Table D, Tax Recapture</i> . If zero, enter "0."	6.	250	00
7. Add Lines 4, 5, and 6.	7.	13,304	00
8. Enter the decimal amount from <i>Table E, Personal Tax Credits</i> . If zero, enter "0."	8.	0.00	
9. Multiply the amount on Line 7 by the decimal amount on Line 8.	9.	0	00
10. Connecticut Income Tax: Subtract Line 9 from Line 7. Enter here and on Form CT-1040 , Line 6, or Form CT-1040NR/PY , Line 8.	10.	13,304	00

CT-COMP

Three-year State Tax Return Comparison

2025

Name(s) as shown on return

Taxpayer ID Number

Aaron J & [REDACTED] eacock

[REDACTED]

[State] Income Tax Return

	2023	2024	2025	Difference 2024-2025
Filing Status	J	MFJ	MFJ	
Gross Income	223,615	258,676	250,900	(7,776)
Additions				
Subtractions				
Exemptions				
Standard Deduction				
Itemized Deduction				
Deductions				
Taxable Income	223,615	258,676	250,900	(7,776)
Actual State Income	6,798	6,686	9,505	2,819
State Income Tax	362	355	504	149
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld	478	412	595	183
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund	116	57	91	34
Balance Due				
Marginal tax rate	6.000000	6.000000	6.000000	
Effective tax rate	0.160000	0.140000	0.200000	0.060000

Schedule CT-Dependent 2025

Connecticut Resident Dependent Information
(Rev. 12/25)

1. Did you claim at least one dependent on your 2025 federal Form 1040? ▶ Y
2. Please provide the following information for each dependent that you claimed on the 2025 federal Form 1040 that you filed with the Internal Revenue Service (IRS). If you claimed more than four dependents, include a statement showing the information required in Columns A through D.

A Dependent's Full Name	B Dependent's Date of Birth	C Dependent's Social Security Number	D Relationship of Dependent to You (See below for relationship codes.)
First name ▶ [REDACTED]			
Last name ▶ Peacock	▶ [REDACTED]	▶ [REDACTED]	▶ 1
First name ▶			
Last name ▶	▶	▶	▶
First name ▶			
Last name ▶	▶	▶	▶
First name ▶			
Last name ▶	▶	▶	▶

3. Total number of dependents: ▶ 1

Column D Relationship Code

- 1 = son/daughter/stepchild
- 2 = niece/nephew
- 3 = grandchild
- 4 = foster child
- 5 = other

a Employee's social security number [REDACTED]		Payroll organization code 22-25-18-05-110		Intradepartment number 0000000000	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 180,378.52		2 Federal income tax withheld 32,513.85	
c Employer's name, address, and ZIP code State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 176,100.00		4 Social security tax withheld 10,918.20	
		5 Medicare wages and tips 188,452.54		6 Medicare tax withheld 2,732.56	
		7 Social security tips		10 Dependent care benefits	
d Control number 018539 01/07		11 Nonqualified plans		12a See instructions for box 12 G 2,400.00	
e Employee's first name, mi, and last name AARON J PEACOCK [REDACTED]		13 Statutory employee Retirement plan Third-party sick pay ☐ ☒ ☐		12b DD 12,175.84	
		14 Other 125 680.00		12c	
				12d	
				12e	
f Employee's address and ZIP code		15 State Employer's state ID number		16 State wages, tips, etc.	
		17 State income tax		18 Local wages, tips, etc.	
		19 Local income tax		20 Locality name	

FORM **W-2** **WAGE AND TAX STATEMENT** **2025**

OMB No. 1545-0048

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

Department of the Treasury - Internal Revenue Service

a Employee's social security number [REDACTED]		Payroll organization code 22-25-18-05-110		Intradepartment number 0000000000	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 180,378.52		2 Federal income tax withheld 32,513.85	
c Employer's name, address, and ZIP code State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 176,100.00		4 Social security tax withheld 10,918.20	
		5 Medicare wages and tips 188,452.54		6 Medicare tax withheld 2,732.56	
		7 Social security tips		10 Dependent care benefits	
d Control number 018539 01/07		11 Nonqualified plans		12a See instructions for box 12 G 2,400.00	
e Employee's first name, mi, and last name AARON J PEACOCK [REDACTED]		13 Statutory employee Retirement plan Third-party sick pay ☐ ☒ ☐		12b DD 12,175.84	
		14 Other 125 680.00		12c	
				12d	
				12e	
f Employee's address and ZIP code		15 State Employer's state ID number		16 State wages, tips, etc.	
		17 State income tax		18 Local wages, tips, etc.	
		19 Local income tax		20 Locality name	

FORM **W-2** **WAGE AND TAX STATEMENT** **2025**

OMB No. 1545-0048

Copy C - For EMPLOYEE'S RECORDS
44527W REV. 06/18/2025

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

a Employee's social security number [REDACTED]		Payroll organization code 21-50-18-00-000		Intradepartment number 0000006533	
b Employer identification number (EIN) [REDACTED]		1 Wages, tips, other compensation 50,536.44		2 Federal income tax withheld 3,019.37	
c Employer's name, address, and ZIP code [REDACTED]		3 Social security wages 56,547.40		4 Social security tax withheld 3,505.94	
		5 Medicare wages and tips 56,547.40		6 Medicare tax withheld 819.94	
		7 Social security tips		10 Dependent care benefits	
d Control number 008884 01/07		11 Nonqualified plans		12a See instructions for box 12 G 4,200.00	
e Employee's first name, mi, and last name [REDACTED] PEACOCK		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐		12b DD 12,175.84	
		14 Other 125 3,817.74		12c	
				12d	
				12e	
f Employee's address and ZIP code [REDACTED]					
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

FORM **W-2** **WAGE AND TAX STATEMENT** **2025**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

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

a Employee's social security number [REDACTED]		Payroll organization code 21-50-18-00-000		Intradepartment number 0000006533	
b Employer identification number (EIN) [REDACTED]		1 Wages, tips, other compensation 50,536.44		2 Federal income tax withheld 3,019.37	
c Employer's name, address, and ZIP code [REDACTED]		3 Social security wages 56,547.40		4 Social security tax withheld 3,505.94	
		5 Medicare wages and tips 56,547.40		6 Medicare tax withheld 819.94	
		7 Social security tips		10 Dependent care benefits	
d Control number 008884 01/07		11 Nonqualified plans		12a See instructions for box 12 G 4,200.00	
e Employee's first name, mi, and last name [REDACTED] PEACOCK		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐		12b DD 12,175.84	
		14 Other 125 3,817.74		12c	
				12d	
				12e	
f Employee's address and ZIP code [REDACTED]					
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

FORM **W-2** **WAGE AND TAX STATEMENT** **2025**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA527W REV. 06/18/2025

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

[REDACTED]

[REDACTED] PEACOCK
[REDACTED]

Form **1095-C**Department of the Treasury
Internal Revenue Service**Employer-Provided Health Insurance Offer and Coverage**

Do not attach to your tax return. Keep for your records.

Go to www.irs.gov/Form1095C for instructions and the latest information.☐ VOID☐ CORRECTED

OMB No. 1545-2251

2025**Part I Employee**

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

K PEACOCK

2 Social security number (SSN)

7 Name of employer

9 Street address (including room or suite no.)

227 N. BRONOUGH STREET, SUITE 2100

10 Contact telephone number

850-488-2415

4 City or town

5 State or province

6 Country and ZIP or foreign postal code

11 City or town

12 State or province

13 Country and ZIP or foreign postal code

Part II Employee Offer of Coverage

Employee's Age on January 1

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

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1E													
15 Employee Required Contribution (see instructions)	\$ 15.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2G												
17 ZIP Code													

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

Cat. No. 60705M

Form **1095-C** (2025) Created 5/21/25

Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. If you or your family members are eligible for certain types of minimum essential coverage, you may not be eligible for the premium tax credit. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC).

You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer, it is not required to furnish you a Form 1095-C providing information about the health coverage it offered. In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Part III, provides information about you and your family members who had certain health coverage (referred to as "minimum essential coverage") for some or all months during the year.

If your employer provided you or a family member health coverage through an insured health plan or in another manner, you may receive information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, you may receive information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.

TIP

Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in Part III if they request it for their records.

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), the premium tax credit, and the employer shared responsibility provisions, visit www.irs.gov/aca or call the IRS Healthcare Hotline for ACA questions (800-819-0452).

Part I. Employee

Lines 1–6. Part I, lines 1 through 6, reports information about you, the employee.

Line 2. This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.

Part I. Applicable Large Employer Member (Employer)

Lines 7–13. Part I, lines 7 through 13, reports information about your employer.

Line 10. This line includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

Part II. Employer Offer of Coverage, Lines 14–17

Line 14. The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. (If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

- 1A. Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9.5% (as adjusted) of the 48 contiguous states single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment of the 9.5%, visit irs.gov.
- 1B. Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).
- 1C. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.
- 1D. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).
- 1E. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.
- 1F. Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).
- 1G. You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the All 12 Months box or in the separate monthly boxes for all 12 calendar months on line 14.
- 1H. No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).
- 1I. Reserved for future use.
- 1J. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage NOT offered to your dependent(s).
- 1K. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s).
- 1L. Individual coverage health reimbursement arrangement (HRA) offered to you only with affordability determined by using employee's primary residence ZIP code.
- 1M. Individual coverage HRA offered to you and dependent(s) (not spouse) with affordability determined by using employee's primary residence ZIP code.
- 1N. Individual coverage HRA offered to you, spouse, and dependent(s) with affordability determined by using employee's primary residence ZIP code.
- 1O. Individual coverage HRA offered to you only using the employee's primary employment site ZIP code affordability safe harbor.
- 1P. Individual coverage HRA offered to you and dependent(s) (not spouse) using the employee's primary employment site ZIP code affordability safe harbor.
- 1Q. Individual coverage HRA offered to you, spouse, and dependent(s) using the employee's primary employment site ZIP code affordability safe harbor.
- 1R. Individual coverage HRA that is NOT affordable offered to you; employee and spouse or dependent(s); or employee, spouse, and dependents.
- 1S. Individual coverage HRA offered to an individual who was not a full-time employee.
- 1T. Individual coverage HRA offered to employee and spouse (no dependents) with affordability determined using employee's primary residence ZIP code.
- 1U. Individual coverage HRA offered to employee and spouse (no dependents) using employee's primary employment site ZIP code affordability safe harbor.
- 1V. Reserved for future use.
- 1W. Reserved for future use.
- 1X. Reserved for future use.
- 1Y. Reserved for future use.
- 1Z. Reserved for future use.

(continued on page 4)

Part III Covered IndividualsIf employer-provided, self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☐

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

Instructions for Recipient (continued)

Line 15. This line reports the employee required contribution, which is the monthly cost to you for the lowest cost self-only minimum essential coverage providing minimum value that your employer offered you. For an individual coverage HRA, the employee required contribution is the excess of the monthly premium based on the employee's applicable age for the applicable lowest cost silver plan over the monthly individual coverage HRA amount (generally, the annual individual coverage HRA amount divided by 12). See the Instructions for Forms 1094-C and 1095-C for more details. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in more expensive coverage such as family coverage. Line 15 will show an amount only if code 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q, 1T, or 1U is entered on line 14. If you were offered coverage but there is no cost to you for the coverage, this line will report "0.00" for the amount. For more information, including on how your eligibility for other healthcare arrangements might affect the amount reported on line 15, visit IRS.gov.

Line 16. This code provides the IRS information to administer the employer shared responsibility provisions. Other than a code 2C, which reflects your enrollment in your employer's coverage, none of this information affects your eligibility for the premium tax credit.

Line 17. This line reports the applicable ZIP code your employer used for determining affordability if you were offered an individual coverage HRA. If code 1L, 1M, 1N, or 1T was used on line 14, this will be your primary residence location. If code 1O, 1P, 1Q, or 1U was used on line 14, this will be your primary employment site. For more information about individual coverage HRAs, visit IRS.gov.

Part III. Covered Individuals, Lines 18–30

Part III reports the name, SSN (or TIN for covered individuals other than the employee listed in Part I), and coverage information about each individual (including any full-time employee and non-full-time employee, and any employee's family members) covered under the employer's health plan, if the plan is "self-insured." A date of birth will be entered in column (c) only if an SSN (or TIN for covered individuals other than the employee listed in Part I) is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than 13 covered individuals, additional copies of page 3 may be used.

☐ CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number [REDACTED]		1 Payments received for qualified tuition and related expenses \$ 2704.84 2	OMB No. 1545-1574 2025 Form 1098-T	Copy B For Student This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
FILER'S employer identification no. [REDACTED]	STUDENT'S TIN [REDACTED]	3		
STUDENT'S name [REDACTED] Peacock		4 Adjustments made for a prior year \$	5 Scholarships or grants \$ 2082.08	
Street address (including apt. no.) [REDACTED]		6 Adjustments to scholarships or grants for a prior year \$	7 Checked if the amount in box 1 includes amounts for an academic period beginning January-March 2026 ☐	
City or town, state or province, country, and ZIP or foreign postal code [REDACTED]		8 Checked if at least half-time student ☒	9 Checked if a graduate student ☐	
Service Provider/acct. no. (see instr.) [REDACTED]			10 Ins. contract reimb./refund \$	

Form **1098-T** (keep for your records) www.irs.gov/Form1098T Department of the Treasury - Internal Revenue Service

Instructions for Student

You, or the person who can claim you as a dependent, may be able to claim an education credit on Form 1040 or 1040-SR. This statement has been furnished to you by an eligible educational institution in which you are enrolled, or by an insurer who makes reimbursements or refunds of qualified tuition and related expenses to you. This statement is required to support any claim for an education credit. Retain this statement for your records. To see if you qualify for a credit, and for help in calculating the amount of your credit, see Pub. 970, Form 8863, and the Instructions for Form 1040. Also, for more information, go to www.irs.gov/Credits-Deductions/Individuals/Qualified-Education-Expenses and www.irs.gov/Education.

Your institution must include its name, address, and information contact telephone number on this statement. It may also include contact information for a service provider. Although the filer or the service provider may be able to answer certain questions about the statement, do not contact the filer or the service provider for explanations of the requirements for (and how to figure) any education credit that you may claim.

Student's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete TIN to the IRS. **Caution:** If your TIN is not shown in this box, your school was not able to provide it. Contact your school if you have questions.

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

Box 1. Shows the total payments received by an eligible educational institution in 2025 from any source for qualified tuition and related expenses less any reimbursements or refunds made during 2025 that relate to those payments received during 2025.

Box 2. Reserved for future use.

Box 3. Reserved for future use.

Box 4. Shows any adjustment made by an eligible educational institution for a prior year for qualified tuition and related expenses that were reported on a prior year Form 1098-T. This amount may reduce any allowable education credit that you claimed for

the prior year (may result in an increase in tax liability for the year of the refund). See "recapture" in the index to Pub. 970 to report a reduction in your education credit or tuition and fees deduction.

Box 5. Shows the total of all scholarships or grants administered and processed by the eligible educational institution. The amount of scholarships or grants for the calendar year (including those not reported by the institution) may reduce the amount of the education credit you claim for the year.

TIP: You may be able to increase the combined value of an education credit and certain educational assistance (including Pell Grants) if the student includes some or all of the educational assistance in income in the year it is received. For details, see Pub. 970.

Box 6. Shows adjustments to scholarships or grants for a prior year. This amount may affect the amount of any allowable tuition and fees deduction or education credit that you claimed for the prior year. You may have to file an amended income tax return (Form 1040-X) for the prior year.

Box 7. Shows whether the amount in box 1 includes amounts for an academic period beginning January–March 2026. See Pub. 970 for how to report these amounts.

Box 8. Shows whether you are considered to be carrying at least one-half the normal full-time workload for your course of study at the reporting institution.

Box 9. Shows whether you are considered to be enrolled in a program leading to a graduate degree, graduate-level certificate, or other recognized graduate-level educational credential.

Box 10. Shows the total amount of reimbursements or refunds of qualified tuition and related expenses made by an insurer. The amount of reimbursements or refunds for the calendar year may reduce the amount of any education credit you can claim for the year (may result in an increase in tax liability for the year of the refund).

Future developments. For the latest information about developments related to Form 1098-T and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1098T.

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



Receipt from John Barry Assembly 160 #7pAx

1 message

John Barry Assembly 160 <messenger@messaging.squareup.com> Sun, Sep 21, 2025 at 5:15 PM
Reply-To: John Barry Assembly 160 via Square
<CAESRRlAGtYX29pM3RvdWRJZ2l5ZGV5dGZlaTJkb25id21lM2R2dmpe6ZZxdGFuenRnanNnZ3pic21lM3dnlgkafWFsb2d1ZSlgT2MtLldfdqsMlZ0FmJjS5pddgN0NyPdDrSdCbpVhYOYHE=@reply2.squareup.com>
To: [REDACTED]

John Barry Assembly 160



Let John Barry Assembly 160 know
how your experience was

\$50.00

Rockledge Knights 6125 \$50.00

Total \$50.00

John Barry Assembly 160
(321) 213-7835

Visa 9978 (Keyed) Sep 21 2025 at 5:15 PM

Gmail - Receipt from John Barry Assembly 160 #7pAx

visa

#7pAx

Auth code: 611251

Aaron Peacock



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1955 Broadway, Suite 600
Oakland, CA 94612



Payment confirmation: Invoice #24031-(National Veterans Homeless Support, Inc.)

1 message

QuickBooks Payments <quickbooks@notification.intuit.com>

To

Sun, Aug 31, 2025 at 8:43 AM



Manage payment

 **You paid \$500.00**

to National Veterans Homeless Support, Inc. on 08/31/2025

Payment details

Invoice no.	24031
Invoice amount	\$500.00
Total amount	\$500.00

Status	Paid
Payment method	Personal checking 

Authorization ID

1A6FRKND

Please don't reply to this email, if you need any help regarding this message, please contact the business directly.

Thank you,

National Veterans Homeless Support, Inc.**+13212087562**www.nvhs.org | accounting@nvhs.org

1436 King St, Cocoa, FL, 32922, US

No additional transfer fees or taxes apply.

Intuit Payments Inc (IPI) processes payments as an agent of the business. Payments processed by IPI constitutes payment to the business and satisfies your obligation to pay the business, including in connection with any dispute or case, in law or equity. Money movement services are provided by IPI pursuant to IPI's licenses (NMLS #1098819, <https://www.intuit.com/legal/licenses/payment-licenses>). IPI is located at 2700 Coast Avenue, Mountain View, CA 94043, 1-888-536-4801.

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2800 E. Commerce Center Place, Tucson, AZ 85706

INTUIT     



St. Andre 2025 Golf Tournament Registration Form (Players)

1 message

office@stjohnviera.org <submission@ministryforms.net>

Reply-To: office@stjohnviera.org

To:



Sun, Jul 27, 2025 at 6:57 PM

St John the
Evangelist

THANK YOU!



We received your transaction of \$130.00!

Congratulations! You are now registered for this year's Annual St. Andre Golf Tournament.

Best of Luck! See you on the course!

With Love,

Fr. John

Transaction Details

Fund	Amount
St. Andre 2025 Golf Tournament Registration	\$130.00
Total	\$130.00

My Giving

Print and save for your records >



FW: Receipt for your donation to Brevard County Legal Aid, Inc.

1 message

Aaron Peacock <Aaron.Peacock@flcourts18.org>
To: [REDACTED]

Tue, Apr 22, 2025 at 1:09 PM

Aaron J Peacock

County Court Judge - Division 9

2825 Judge Fran Jamieson Way

Viera, FL 32940

(321) 617-7236

From: service@paypal.com <service@paypal.com>

Sent: Tuesday, April 22, 2025 12:48 PM

To: Aaron Peacock <Aaron.Peacock@flcourts18.org>

Subject: Receipt for your donation to Brevard County Legal Aid, Inc.

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

Hello, Aaron Peacock



**You donated \$60.00 USD to
Brevard County Legal Aid, Inc.**

Donation Details

Date

April 22, 2025

Transaction ID

2312-8471-2745-3275



Purpose

Donation to

Brevard County Legal Aid, Inc.

Donation from

[REDACTED]

Donation Amount

\$60.00 USD

Funding Sources Used (Total)

VISA x- [REDACTED]

\$60.00 USD

[REDACTED]

Amount you paid

\$60.00 USD

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

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



Making donating online easier.

Use PayPal next time. Create an account in seconds.

Sign up for free



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PayPal RT000309:en_US(en-US):1.3.0:f790086c56efb



Aktivite Fundraising ALERT: your contribution to Viera Hawks Baseball

1 message

noreply@aktivitefundraising.com <noreply@aktivitefundraising.com>
To: [REDACTED]

Fri, Mar 28, 2025 at 11:31 AM



Viera Hawks Baseball

We are grateful!

Aaron,

Thanks for your generous contribution of \$50 to Viera Hawks Baseball.

Your contribution will make a big impact and is greatly appreciated by Brody Vogel and everyone on the team!

Your transaction was securely processed by Authorize.net at the direction of Viera Hawks Baseball.

Gmail - Aktivite Fundraising ALERT: your contribution to Viera Hawks Baseball

The charge will appear on your credit or debit card statement as
"Reaching Our Goal".

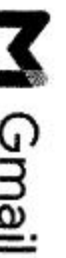
If you have any questions regarding this transaction, please email us
at fundraising@aktivite.com.

Thanks again for your support!

Matt Gifford, Head Coach
Viera Hawks Baseball

Copyright © 2025 Funding for Teams, LLC

fundraising@aktivite.com || [Unsubscribe](#)



Thank you for your donation to FSU College of Law!
1 message

FSU Law <FSULaw@give.gf.blackbaud.com>
To: [REDACTED]

Fri, Feb 14, 2025 at 11:29 AM



Thank You Aaron Peacock for your donation of
\$75.00

Gift Designation(s):

Dean's Discretionary Fund
\$75.00

Date:

02/14/2025

Gift Frequency:

One-Time

Address:

Aaron Peacock
2825 Judge Fran Jamieson Way
Melbourne FL, 32940

If you have any questions please contact us
at alumni@law.fsu.edu or 850-644-7260



Thank you for your generous donation

1 message

Office of Discipleship and Stewardship <OurCatholicAppeal@orlandodiocese.org>
To: Aaron Peacock [REDACTED]

Sun, Feb 23, 2025 at 8:03 AM

Dear Judge Peacock

Grace and Peace of our Lord Jesus Christ be with you! Thank you for your gift of \$100.00 to fund the ministries of the Diocese of Orlando supported by ***Our Catholic Appeal***.

The ministries funded by ***Our Catholic Appeal*** are rich seeds building upon the hope offered through the Lord. These ministries introduce us to God; teach us the beauty of the gift of life; nurture the bonds of God and family; open the heart of God to our brothers and sisters who live in our neighborhood; fill our spirit with joy as we proclaim the Gospel through our word and deed; and enrich our soul with God's Eucharistic feast. The ministries funded by ***Our Catholic Appeal*** are the outreach of hope in the Lord opening our eyes to God's wisdom, for we no longer look at the world with eyes of earthly desires. Rather, we see with the perspective of God.

My hope is burning: I trust in the Lord! Thank you for your generosity! You are the hope of God transcending the earth as we arise and settle His goodness through all our days.

Sincerely yours in Christ,

Most Reverend John Noonan

Bishop of Orlando

Your gift details:

Amount: \$100.00

Payment Method: Visa Credit card ending in [REDACTED]

Date: 2/23/2025

Designation: St. John the Evangelist Catholic Church



Your Schoolfundr receipt [#1407-0885]

1 message

Schoolfundr <receipts@schoolfundr.org>

Reply-To: Schoolfundr <support@schoolfundr.org>

To: [REDACTED]

Sat, Jan 11, 2025 at 1:05 PM



Receipt from Schoolfundr

Receipt #1407-0885

AMOUNT PAID	DATE PAID	PAYMENT METHOD
\$57.00	Jan 11, 2025, 10:03:11 AM	VISA - [REDACTED]

SUMMARY

Hough Mens Golf \$57.00

Amount charged**\$57.00**

If you have any questions, visit our support site at <https://schoolfundr.org>, contact us at support@schoolfundr.org, or call us at **+1 612-208-2188**.

Something wrong with the email? [View it in your browser.](#)

You're receiving this email because you made a purchase at Schoolfundr, which partners with Stripe to provide invoicing and payment processing.

Official Donation Receipt

For Income Tax Purposes

CAMPAIGN CONTACT PHONE: [REDACTED]
CAMPAIGN CONTACT EMAIL: walks@themmr.org

RECEIPT NUMBER (OID): [REDACTED]
ORGANIZATION NAME: Multiple Myeloma Research Foundation
ORGANIZATION ADDRESS: 383 Main Avenue, 7th Floor
Norwalk, CT 06851
FEDERAL TAX ID: 06-1504413

DATE DONATION RECEIVED: May 1, 2025
RECEIPT ISSUE DATE: 05/01/2025
DONOR NAME: Aaron Peacock
BILLING ADDRESS: [REDACTED]

DONATION AMOUNT: \$50.00
FEES COVERED: \$2.49
TOTAL AMOUNT TAX DEDUCTIBLE: \$52.49
DONATION TYPE: One-Time

LOCATION RECEIPT ISSUED: 383 Main Avenue, 7th Floor
Norwalk, CT 06851

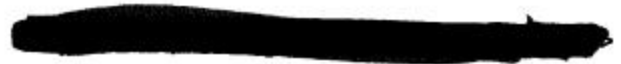
Tax Deductibility

We are a 501(c)(3) tax-exempt organization and your donation is tax-deductible within the guidelines of U.S. law. To claim a donation as a deduction on your U.S. taxes, please keep your donation receipt as your official record.

[Multiple Myeloma Research Foundation Privacy Policy](#)

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You donated to benefit Lung Cancer Research Foundation

1 message

service@paypal.com <service@paypal.com>

Sun, Apr 13, 2025 at 2:21 AM

To: [REDACTED] Peacock [REDACTED]

Hello, Meredith Peacock



Official donation receipt

Thanks for your generous donation to PayPal Giving Fund. You have selected Lung Cancer Research Foundation as your chosen charity. PayPal Giving Fund, a public charity (Federal Tax ID: 45-0931286), in partnership with PayPal, processes your donation so it can be granted to your chosen charity. Track your donation

Your donation summary

Benefiting charity	Lung Cancer Research Foundation
Program	Facebook donations
Transaction ID	8EE40247EV488784V
Date of donation	Apr 12, 2025 23:21:31 PDT
Date of receipt	Apr 12, 2025 23:21:37 PDT
Your contribution	\$61.72 USD
Your Tax deductible contribution	\$61.72 USD (100% of your contribution)

Please save this receipt for tax purposes. We attest that no goods or services were provided to you in exchange for this gift.

Thank you again for your generosity.



Nick Aldridge
CEO
PayPal Giving Fund



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PayPal Giving Fund receives contributions and disburses those contributions to charities in the form of grants to further charitable and educational purposes. We make a single payment to charities each month to keep administrative costs low for the charities.

PayPal Giving Fund will only make a donor-advised grants to organizations that qualify and have been recognized by the IRS as public charities under Sections 509(a)(1) or 509(a)(2) of the Code, or foreign organizations that, in the sole discretion and determination of PayPal Giving Fund, are the equivalent of US public charities or conduct programs that would qualify as charitable and educational under US law. PayPal Giving Fund will not grant funds directly to individuals, supporting organizations, or non-operating private foundations. Grant may not be used to confer a personal or more than incidental benefit on you, any member of your family, or any entity affiliated with or controlled by you. While we make every effort to deliver each donation according to the donor's wishes, we retain exclusive control over all donations and grant funds in accordance with our Donation Delivery Policy. In the rare event that, after reasonable efforts, PayPal Giving Fund cannot deliver donations to the charity you recommend, it will whenever possible seek a new recommendation from you, and if no recommendation is given, will reassign the funds to another charity, which has been vetted by PayPal Giving Fund.

This email receipt confirms you have made the donation as a charitable contribution and that PayPal Giving Fund has provided no goods or services in consideration for your contributions to PayPal Giving Fund. As required by law, in order for your donation to a DAF, such as PayPal Giving Fund, to be considered tax-deductible, it must be a final and irrevocable gift to PayPal Giving Fund. Refunds may only be granted in exceptional circumstances, in accordance with our donation refund policy, and only when the funds have not already been re-granted by PayPal Giving Fund to another charity.

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Goodwill

Industries of Central Florida, Inc. 

DONATION RECEIPT

Donor: [REDACTED]	PEACOCK	Date: 3/21/25
Street Address: [REDACTED]		
City: [REDACTED]	Phone: [REDACTED]	
Email Address: [REDACTED]		
DESCRIPTION OF ITEMS DONATED:		
MEN'S DRESS SHIRTS x 7 MEN'S GOLF SHIRTS x 5 MEN'S LONG SLEEVE SHIRTS x 5 Women's sweaters x 5 \$150		
Signature: 	Location: UGRA, FLORIDA	

THANK YOU FOR YOUR DONATION!

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

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

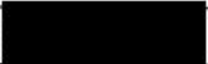
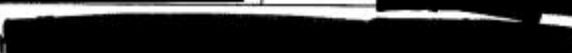
(407) 857-0659 | Fed ID #59-0908166
7531 S. Orange Blossom Trail Orlando, FL 32809

Revised 01-25

Goodwill

Industries of Central Florida, Inc. goodwill

DONATION RECEIPT

Donor:	 <i>Peacock</i>	Date:	<i>3/25/25</i>
Street Address:			
City:		Phone:	
Email Address:			
DESCRIPTION OF ITEMS DONATED:			
<i>HARD COVER BOOKS</i> <i>x 50</i> <i>\$100</i>			
Signature:			Location:
			<i>Viera, FL</i>

THANK YOU FOR YOUR DONATION!

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

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

(407) 857-0659 | Fed ID #59-0908166

7531 S. Orange Blossom Trail Orlando, FL 32809

Revised 01-25



Industries of Central Florida, Inc. goodwill

DONATION RECEIPT

Donor:	Peacock	Date:	9/8/25
Street Address:			
City:		Phone:	
Email Address:			
DESCRIPTION OF ITEMS DONATED:			
YOUNG MENS SHORTS, T-SHIRTS BATHING SUITS, PANTS, DRESS SHIRTS, ATHLETIC WEAR / BASEBALL, Sweatshirts, Long sleeve shirts, dress shoes. \$100			
Signature:		Location:	VIERA, FLORIDA

THANK YOU FOR YOUR DONATION!

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

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

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

Revised 01-25



325 W College Avenue
Tallahassee, FL 32301-1403
P: (850) 644-6000

2025 Charitable Giving Statement for Aaron J. Peacock, Esq.

Peacock

This statement serves as your official acknowledgement and receipt for charitable gifts made to the FSU Alumni Association, FSU Foundation and The Ringling from January 1, 2025 to December 31, 2025, and is sufficient for tax reporting purposes.

2025 Total Giving: \$75.00

Breakdown by Designation:

Designation	Organization	Campaign / College	Total Amount Per Designation
F03304 - College of Law General Development Fund	Foundation	Law	\$75.00

Thank you for your generous support of Florida State University. Your investment helps advance our mission and makes a lasting impact. If you have questions about this charitable giving summary or your giving history, please contact the donor relations department at donorrelations@advance.fsu.edu or (850) 644-1485.

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

The Florida State University Foundation is a nonprofit 501(c)(3) organization. No goods or services were provided in exchange for your contributions. Gifts are tax-deductible as allowed by law.

Your payroll deduction total, if applicable, is a subset of your overall total.



SAINT JOHN THE EVANGELIST CATHOLIC COMMUNITY

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

January 27, 2026

Mr. & Mrs. Aaron Peacock
[REDACTED]

Dear Mr. & Mrs. Peacock,

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

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

Because of you, we are able to continue to livestream our 11:00 a.m. Mass on Sunday and other Holy Days so that our homebound members can still stay in touch with our parish family. Because of you, we can maintain an exceptional level of support to those in need, providing aid in this past year (2025) to over 80 Brevard County families in the form of emergency assistance to cover utility bills and rent or mortgage payments. We also are able to continue our outreach support of 15 non-government organizations (NGOs) in Brevard County that serve the poor and the homeless, including The Children's Hunger Project and St. Stephen's Way, among many others.

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

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

Our records show that you contributed the following amounts for 2025:

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

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

In the Peace of Christ,

A. John Britto

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

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

Detach for tax deduction purposes and attach your receipt.



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Walma 

WM Supercenter
321-242-0225 Mgr. ANGELA
8500 N WICKHAM RD
MELBOURNE FL 32940
ST# 03538 OP# 009034 TE# 34 TR# 03911

ITEMS SOLD 3
TC# 3185 5370 9992 8899 7988



DOC DOLL	88614490940	16.88 X
TODDLER TOY	19473512270	9.97 X
TODDLER TOY	03405460390	24.88 X

	SUBTOTAL	51.73
TAX1	7.0000 %	3.62
	TOTAL	55.35
	DEBIT TEND	55.35
	CHANGE DUE	0.00

EFT DEBIT PAY FROM PRIMARY
55.35 TOTAL PURCHASE
US DEBIT- 

NETWORK ID. 0008 APPR. CODE 957713
AID A0000000980840
TERMINAL # 55546490
*Pin Verified
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Walmart 

WM Supercenter
321-242-0225 Mgr. ANGELA
8500 N WICKHAM RD
MELBOURNE FL 32940
ST# 03538 OP# 009034 TE# 34 TR# 03911

ITEMS SOLD 3
TC# 3185 5370 9992 8899 7988



DOC DOLL	886144900940	16.88 X
TODDLER TOY	194735122760	9.97 X
TODDLER TOY	034054603930	24.88 X

	SUBTOTAL	51.73
TAX1	7.0000 %	3.62
	TOTAL	55.35
	DEBIT TEND	55.35
	CHANGE DUE	0.00

EFT DEBIT PAY FROM PRIMARY
55.35 TOTAL PURCHASE
US DEBIT- 
REF # 534012371705
NETWORK ID. 0008 APPR. CODE 957713
AID A0000000980840
TERMINAL # 55546490
*Pin Verified
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Schwab One® Account of
PEACOCK

Account Number

**TAX YEAR 2025
FORM 1099 COMPOSITE
& YEAR-END SUMMARY**

Date Prepared: March 6, 2026

Recipient's Name and Address

[REDACTED]

Your Consultant

Quentin McCart
Financial Consultant
1 800-935-4952
quentin.mccart@schwab.com

Items for Attention

- You can also log into schwab.com/reports to view your documents securely online and visit schwab.com/gopaperless to manage your delivery preferences.
 - This is a **CORRECTED** Form(s) 1099. One or more of the issuers of the securities in your account reallocated certain income (e.g., dividends, capital gains) after we mailed your original Form(s) 1099. If we receive updated information after we've mailed your Form 1099, we're required by the IRS to send a corrected form with the revisions clearly highlighted.
 - All corrections to your original Form 1099 will be marked with the word **"CORRECTED"**, corrections that are new for this document will be additionally notated with an "N" at the end of the row corrected. Data that was corrected in a previous version will not have an "N". Data that has not changed since the original 1099 will not have any correction or "N" indicated.
- If you've already filed your tax return, you may want to consider filing an amended return based on the changes in your taxable income as reported on your corrected Form 1099. We suggest that you consult with a tax advisor, or an independent investment advisor, before you proceed.

Important Official IRS Form(s) 1099 Enclosed

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

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

To contact Schwab:

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

To contact the IRS:

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

charles
SCHWAB

Schwab One® Account of
PEACOCK

Account Number

**TAX YEAR 2025
FORM 1099 COMPOSITE
& YEAR-END SUMMARY**

Date Prepared: March 6, 2026

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

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Date Prepared: March 6, 2026

Recipient's Name and Address

PEACOCK

Payer's Name and Address

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

Taxpayer ID Number:

Account Number:

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

Dividends and Distributions—2025

CORRECTED

Form 1099-DIV

Department of the Treasury-Internal Revenue Service

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

Box	Description	Amount	Total
1a	Total Ordinary Dividends (Includes amounts shown in boxes 1b, 2e, and 5)	CORRECTED	\$ 10,372.97N
1b	Qualified Dividends	CORRECTED	
2a	Total Capital Gain Distributions (Includes amounts shown in boxes 2b, 2c, 2d, and 2f)	CORRECTED	\$ 7,272.23
2b	Unrecap. Sec. 1250 Gain		\$ 218.53N
2c	Section 1202 Gain		\$ 18.88
2d	Collectibles (28%) Gain		\$ 0.00
2e	Section 897 Ordinary Dividends		\$ 0.00
2f	Section 897 Capital Gains		\$ 0.00
3	Nondividend Distributions	CORRECTED	\$ 111.83
4	Federal Income Tax Withheld		\$ 1,452.69N
5	Section 199A Dividends	CORRECTED	\$ 0.00
6	Investment Expenses		\$ 1,964.78
7	Foreign Tax Paid		\$ 0.00
8	Foreign Country or U.S. Possession		\$ 0.00
9	Cash Liquidation Distributions		\$ 0.00
10	Noncash Liquidation Distributions		\$ 0.00
12	Exempt-Interest Dividends (Includes amount shown in box 13)		\$ 0.00
13	Specified Private Activity Bond Interest Dividends		\$ 0.00
14	State		\$ 0.00
15	State Identification No.		
16	State Tax Withheld		\$ 0.00
11	FATCA Filing Requirement		\$ 0.00

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schwab One® Account of

PEACOCK

Account Number

TAX YEAR 2025
FORM 1099 COMPOSITE

Recipient's Name and Address

PEACOCK

Taxpayer ID Number:

Account Number:

Payer's Name and Address

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

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

Date Prepared: March 6, 2026

Interest Income — 2025

Department of the Treasury-Internal Revenue Service

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

Form 1099-INT

Box	Description	Total
1	Interest Income	\$ 0.75
3	Interest on U.S. Savings Bonds and Treasury Obligations	\$ 0.00
4	Federal Income Tax Withheld	\$ 0.00
5	Investment Expenses	\$ 0.00
6	Foreign Tax Paid	\$ 0.00
7	Foreign Country or U.S. Territory	\$ 0.00
8	Tax-Exempt Interest	\$ 0.00
9	Specified Private Activity Bond Interest	\$ 0.00
10	Market Discount	\$ 0.00
11	Bond Premium	\$ 0.00
12	Bond Premium on Treasury Obligations	\$ 0.00
13	Bond Premium on Tax-Exempt Bond	\$ 0.00
14	Tax-Exempt and Tax Credit Bond CUSIP No.	\$ 0.00
15	State	
16	State Identification No.	
17	State Tax Withheld	\$ 0.00
	FATCA Filing Requirement ☐	

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

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

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

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the instructions for Form 8849. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer generally must report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

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

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the instructions for Form 8838.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Boxes 15-17. State tax withheld reporting boxes.

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

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099INT.

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

Schwab One® Account of
PEACOCK

Account Number

TAX YEAR 2025
FORM 1099 COMPOSITE

Date Prepared: March 6, 2026

Recipient's Name and Address

PEACOCK

Payer's Name and Address

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

Taxpayer ID Number

Account Number:

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

Proceeds from Broker Transactions — 2025

CORRECTED

Form 1099-B

Department of the Treasury-Internal Revenue Service

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

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

1a-Description of property (Example 100 sh. XYZ Co.)	1b-Date acquired 1c-Date sold or disposed	1d-Proceeds 6-Reported to IRS: Gross Proceeds (except where indicated)	1e-Cost or other basis	1f-Accrued Market Discount 1g-Wash Sale Loss Disallowed	Realized Gain or (Loss)
120 HOYA CAPITAL HIGH DIVIDEND YIELD ETF	09/19/24	\$ 1,206.15	\$ 1,322.12		(115.97) ^N
26922B840 / RIET	03/26/25	\$ 1,206.15	\$ 1,322.12		CORRECTED
Security Subtotal		\$ 1,206.15	\$ 1,322.12		(115.97)
20 INVESCO BULLETSHARES 2028 HIGH YIELD	09/19/24	\$ 437.59	\$ 445.40		(7.81)
46138J452 / BSJS	01/06/25				
80 INVESCO BULLETSHARES 2028 HIGH YIELD	09/19/24	\$ 1,741.54	\$ 1,781.60		(40.06)
46138J452 / BSJS	03/26/25				
Security Subtotal		\$ 2,179.13	\$ 2,227.00		(47.87)

FATCA Filing Requirement ☐

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Future developments. For the latest information about any developments related to Form 1099-B and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099B.

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

Schwab One® Account of
MEREDITH K PEACOCK

Account Number

TAX YEAR 2025
FORM 1099 COMPOSITE

Taxpayer ID Number: ***-**-1354

Date Prepared: March 6, 2026

Proceeds from Broker Transactions — 2025 (continued)

Form 1099-B

Department of the Treasury-Internal Revenue Service

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

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

1a-Description of property (Example 100 sh. XYZ Co.) CUSIP Number / Symbol	1b-Date acquired 1c-Date sold or disposed	1d-Proceeds 6-Reported to IRS: Gross Proceeds (except where indicated)	1e-Cost or other basis	1f-Acquired Market Discount 1g-Wash Sale Loss Disallowed	Realized Gain or (Loss)
100 INVSC BULTSH 2025 HYD CRP BND ETF IV 46138J817	S 07/16/24 01/06/25	\$ 2,310.04	\$ 2,309.50	--	0.54
Security Subtotal		\$ 2,310.04	\$ 2,309.50	--	0.54
Total Short-Term (Cost basis is reported to the IRS)		\$ 5,695.32	\$ 5,858.62	--	(163.30)
Total Short-Term Sales Price of Stocks, Bonds, etc.		\$ 5,695.32	\$ 5,858.62	--	(163.30)

FATCA Filing Requirement ☐

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

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



Schwab One® Account of
PEACOCK

Account Number

TAX YEAR 2025
FORM 1099-COMPOSITE

Taxpayer ID Number: [REDACTED]

Date Prepared: March 6, 2026

Proceeds from Broker Transactions — 2025 (continued)

Form 1099-B

Department of the Treasury-Internal Revenue Service

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

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

1a-Description of property (Example 100 sh. XYZ Co.)	1b-Date acquired 1c-Date sold or disposed	1d-Proceeds 6-Reported to IRS: Gross Proceeds (except where indicated)	1e-Cost or other basis	1f-Accrued Market Discount 1g-Wash Sale Loss Disallowed	Realized Gain or (Loss)
0.52 ONEOK INC NEW 682680103 / OKE	C 04/22/20 02/04/25	50.63 \$	0.00	-- \$	50.63
Security Subtotal		50.63 \$	0.00	-- \$	50.63
Total Long-Term (Cost basis is reported to the IRS)		50.63 \$	0.00	-- \$	50.63
Total Long-Term Sales Price of Stocks, Bonds, etc.		50.63 \$	0.00	-- \$	50.63
Total Sales Price of Stocks, Bonds, etc.		5,745.95 \$			

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

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



Schwab One® Account of
PEACOCK

Account Number
[REDACTED]

TAX YEAR 2025
FORM 1099 COMPOSITE

Date Prepared: March 6, 2026

Notes for Your Form 1099-B

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

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

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

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

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

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

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

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

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

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

Other Cost Basis Notes:

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

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

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

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

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

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: March 6, 2026

INTEREST & DIVIDENDS

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

Detail Information of Dividends and Distributions

Description	Symbol	CUSIP Number	Paid in 2025	Paid/Adjusted in 2026 for 2025	Amount
Ordinary Dividends					
Non-Qualified Dividends					
ARBOR RLTY TR INC	ABR	038923108	\$ 1,010.44	\$ (569.87)	\$ 440.57
HOYA CAPITAL HGH DVD YLD	RIET	26922B840	\$ 215.46	\$ (132.44)	\$ 83.02 ^N
INVESTCO BUL 2028 HG YLD	BSJS	46138J452	\$ 28.71	\$ 0.00	\$ 28.71
INVSC COQ TRUST SRS 1	COQ	46090E103	\$ 1,257.69	\$ (1,257.69)	\$ 0.00
ISHARES CORE S&P 500	IVV	464287200	\$ 482.40	\$ (458.90)	\$ 23.50
MAIN STR CAP CORP	MAIN	56035L104	\$ 1,061.76	\$ (86.51)	\$ 975.25
RITHM CAPITAL CORP	RITM	64828T201	\$ 645.75	\$ 212.17	\$ 857.92
SCHWAB TREASURY OBLIG MO	SNOXX	808515621	\$ 111.08	\$ 0.00	\$ 111.08
STARWOOD PPTY TR INC	STWD	85571B105	\$ 899.34	\$ (510.43)	\$ 388.91
VANGUARD MEGA CAP ETF	MGC	921910873	\$ 989.01	\$ (989.01)	\$ 0.00
VIRTUS INFRCP US PRERD	PFA	26923G822	\$ 920.04	\$ (728.28)	\$ 191.76 ^N
Total Non-Qualified Dividends (Included in Box 1a)			\$ 7,621.68	\$ (4,520.96)	\$ 3,100.72

Short-Term Capital Gains					
SCHWAB TREASURY OBLIG MO	SNOXX	808515621	\$ 0.02	\$ 0.00	\$ 0.02
Total Short-Term Capital Gains (Included in Box 1a)			\$ 0.02	\$ 0.00	\$ 0.02

Qualified Dividends					
APPLE INC	AAPL	037833100	\$ 328.57	\$ 0.00	\$ 328.57
ARBOR RLTY TR INC	ABR	038923108	\$ 0.00	\$ 569.87	\$ 569.87
ENLINK MIDSTREAM LLC XXX	ENLC	29336T100	\$ 0.54	\$ 0.00	\$ 0.54

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

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: March 6, 2026

Detail Information of Dividends and Distributions (continued)

Description	Symbol	CUSIP Number	Paid in 2025	Paid/Adjusted in 2026 for 2025	Amount
Qualified Dividends (continued)					
HOYA CAPITAL HIGH DIV YLD	RIET	26922B840	\$ 0.00	\$ 2.70	\$ 2.70 ^N
INFRACAP MLP ETF	AMZA	26923G772	\$ 1,710.00	\$ 0.00	\$ 1,710.00
INVESCO OQQ TRUST	OQQ	46090E103	\$ 0.00	\$ 1,257.69	\$ 1,257.69
ISHARES CORE S&P 500	IVV	464287200	\$ 0.00	\$ 458.90	\$ 458.90
MAIN STR CAP CORP	MAIN	56035L104	\$ 0.00	\$ 86.51	\$ 86.51
NVIDIA CORP	NVDA	67066G104	\$ 1.64	\$ 0.00	\$ 1.64
ONEOK INC NEW	OKE	682680103	\$ 1,219.52	\$ 0.00	\$ 1,219.52
RITHM CAPITAL CORP	RITM	64828T201	\$ 0.00	\$ 3.08	\$ 3.08
STARWOOD PTY TR INC	STWD	85571B105	\$ 0.00	\$ 124.58	\$ 124.58
VANGUARD MEGA CAP ETF	MGC	921910873	\$ 0.00	\$ 989.01	\$ 989.01
VIRTUS INFRCP US PRERD	PFFA	26923G822	\$ 0.00	\$ 519.62	\$ 519.62 ^N
Total Qualified Dividends (Box 1b and included in Box 1a)			\$ 3,260.27	\$ 4,011.96	\$ 7,272.23

Total Ordinary Dividends (Box 1a)	\$ 10,881.97	\$ (509.00)	\$ 10,372.97
(Total Non-Qualified Dividends, Short-Term Capital Gains and Qualified Dividends)			

Capital Gain Distributions											
Long-Term Gain											
SCHWAB TREASURY OBLIG MO		SNOXX		808515621		\$	0.01	\$	0.00	\$	0.01
STARWOOD PPTY TR INC		STWD		85571B105		\$	0.00	\$	3.35	\$	3.35
VIRTUS INFRCP US PRERD		PFFA		26923G822		\$	0.00	\$	84.46	CORRECTED	\$ 84.46 ^N
Total Long-Term Gain (Included in Box 2a)						\$	0.01	\$	87.81		\$ 87.82



 Schwab One® Account of
 PEACOCK

Account Number

 TAX YEAR 2025
 YEAR-END SUMMARY

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

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: March 6, 2026

Detail Information of Dividends and Distributions (continued)

Description	Symbol	CUSIP Number	Paid In 2025	Paid/Adjusted in 2026 for 2025	Amount
Unrecap. Sec. 1250 Gain					
STARWOOD PPTY TR INC	STWD	85571B105	\$ 0.00	\$ 18.88	\$ 18.88
Total Unrecap. Sec. 1250 Gain (Box 2b and included in Box 2a)			\$ 0.00	\$ 18.88	\$ 18.88
Section 897 Capital Gains					
STARWOOD PPTY TR INC	STWD	85571B105	\$ 0.00	\$ 111.83	\$ 111.83
Total Section 897 Capital Gains (Box 2f and included in Box 2a)			\$ 0.00	\$ 111.83	\$ 111.83
Total Capital Gain Distributions (Box 2a)			\$ 0.01	\$ 218.52	\$ 218.53
Nondividend Distributions (Return of Capital)					
HOYA CAPITAL HGH DVD YLD	RIET	26922B840	\$ 0.00	\$ 129.74	\$ 129.74
PLAINS GP HLDGS L P	PAGP	72651A207	\$ 946.96	\$ 0.00	\$ 946.96
STARWOOD PPTY TR INC	STWD	85571B105	\$ 0.00	\$ 251.79	\$ 251.79
VIRTUS INFRCP US PRERD	PFFA	26923G822	\$ 0.00	\$ 124.20	\$ 124.20
Total Nondividend Distributions (Box 3)			\$ 946.96	\$ 505.73	\$ 1,452.69
Section 199A Dividends					
Dollar amounts already included in total for Box 1a.					
ARBOR RLTY TR INC	ABR	038923108	\$ 0.00	\$ 440.57	\$ 440.57
HOYA CAPITAL HGH DVD YLD	RIET	26922B840	\$ 0.00	\$ 79.97	\$ 79.97
ISHARES CORE S&P 500	IVV	464287200	\$ 0.00	\$ 18.81	\$ 18.81
RITM CAPITAL CORP	RITM	64828T201	\$ 0.00	\$ 857.92	\$ 857.92
STARWOOD PPTY TR INC	STWD	85571B105	\$ 0.00	\$ 388.91	\$ 388.91
VIRTUS INFRCP US PRERD	PFFA	26923G822	\$ 0.00	\$ 178.60	\$ 178.60
Total Section 199A Dividends (Box 5 and included in Box 1a)			\$ 0.00	\$ 1,964.78	\$ 1,964.78

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

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: March 6, 2026

Detail Information of Interest Income

Description	CUSIP Number	Paid In 2025	Paid/Adjusted in 2026 for 2025	Amount
Interest Income				
DEPOSIT INTEREST				
Total Interest Income (Included in Box 1)		\$ 0.75	\$ 0.00	\$ 0.75
Total Interest Income (Box 1)		\$ 0.75	\$ 0.00	\$ 0.75

REALIZED GAIN OR (LOSS)

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

Short-Term Realized Gain or (Loss)

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

Description OR Option Symbol	CUSIP Number	Quantity/Par	Acquired Date	Sold Date	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
HOYA CAPITAL HIGH YIELD ETF	26922B840	120.00	09/19/24	03/26/25	\$ 1,206.15	\$ 1,322.12	\$ -	(115.97)
Security Subtotal					\$ 1,206.15	\$ 1,322.12	\$ -	(115.97)
INVESCO BULLETSHARES HIGH YIELD	2028 46138J452	20.00	09/19/24	01/06/25	\$ 437.59	\$ 445.40	\$ -	(7.81)
INVESCO BULLETSHARES HIGH YIELD	2028 46138J452	80.00	09/19/24	03/26/25	\$ 1,741.54	\$ 1,781.60	\$ -	(40.06)
Security Subtotal					\$ 2,179.13	\$ 2,227.00	\$ -	(47.87)

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

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: March 6, 2026

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

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

Description OR Option Symbol	CUSIP Number	Quantity/Par	Date Acquired	Date Sold	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
INVSC BULTSH 2025 HYD CRP BND ETF IV	46138J817	100.00	07/16/24	01/06/25	\$ 2,310.04	2,309.50	-- \$	0.54
Security Subtotal					\$ 2,310.04	2,309.50	-- \$	0.54

Total Short-Term (Cost basis is reported to the IRS)	\$ 5,695.32	5,858.62	-- \$	(163.30)
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Total Short-Term	\$ 5,695.32	5,858.62	-- \$	(163.30)
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Long-Term Realized Gain or (Loss)

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

Description OR Option Symbol	CUSIP Number	Quantity/Par	Date Acquired	Date Sold	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
ONEOK INC NEW	682680103	0.52	04/22/20	02/04/25	\$ 50.63	0.00	-- \$	50.63
Security Subtotal					\$ 50.63	0.00	-- \$	50.63

Total Long-Term (Cost basis is reported to the IRS)	\$ 50.63	0.00	-- \$	50.63
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Total Long-Term	\$ 50.63	0.00	-- \$	50.63
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YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: March 6, 2026

Realized Gain or (Loss) Summary

Total Realized Gain or (Loss)

Description	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
Total Short-Term Realized Gain or (Loss) (Cost basis is reported to the IRS. Report on Form 8949, Part I, with Box A checked.)	\$ 5,695.32	\$ 5,858.62	- \$	(163.30)
Total Short-Term Realized Gain or (Loss)	\$ 5,695.32	\$ 5,858.62	- \$	(163.30)
Total Long-Term Realized Gain or (Loss) (Cost basis is reported to the IRS. Report on Form 8949, Part II, with Box D checked.)	\$ 50.63	\$ 0.00	- \$	50.63
Total Long-Term Realized Gain or (Loss)	\$ 50.63	\$ 0.00	- \$	50.63
TOTAL REALIZED GAIN OR (LOSS)	\$ 5,745.95	\$ 5,858.62	- \$	(112.67)



 Schwab One® Account of
 PEACOCK

 Account Number
 

 TAX YEAR 2025
 YEAR-END SUMMARY

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

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: March 6, 2026

Notes for Your Realized Gain or (Loss)

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

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

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

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

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

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

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

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

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

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

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



 Schwab One® Account of
 PEACOCK

 Account Number


TAX YEAR 2025 FORM 1099 COMPOSITE & YEAR-END SUMMARY

Date Prepared: March 6, 2026

TERMS AND CONDITIONS

GENERAL INFORMATION

Form 1099-Composite

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

Year-End Summary

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

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

Corrected Form 1099 and Year-End Summary

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

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

Duplicate Form 1099 and Year-End Summary

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

Realized Gain or (Loss) in Year-End Summary

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

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



**SPACE COAST
CREDIT UNION**

P.O. Box 419001
Melbourne, FL 32941-9001
800-447-7228 | SCCU.com

Escrow Analysis Statement

Statement Date: January 8, 2026

Account Number [REDACTED]

Payment Effective Date: March 1, 2026

[REDACTED]
AARON J. PEACOCK
[REDACTED]

Why am I receiving this?

A portion of your monthly mortgage payment is deposited into your escrow account, and when your taxes and insurance are due, we make the payments for you using the funds collected in your escrow account. An Escrow Analysis Statement is sent at the end of the year that includes the anticipated property tax and insurance payment(s) for the upcoming year to inform you if there's a shortage or surplus that may change your monthly payment.

What has changed?

Escrow Breakdown	What We Expected	Change	What We Paid
Insurance & Taxes	\$8,246.65	↑	\$8,597.71

What does this mean for me?

Your escrow account
has a shortage of
-\$497.36

Current Monthly Payment

Principal & Interest:	\$959.91
Escrow Payment:	\$686.52
Total Payment:	\$1,646.43

*Loans with a variable monthly payment (interest-only) will show a Principal & Interest payment of \$0.

What are my options?

Choose one of the options below for your new monthly escrow and mortgage payment.

Option 1: No Action Needed

Spread the shortage amount over 12 months

Principal & Interest:	\$959.91
Escrow Payment:	\$757.92
Total Payment:	\$1,717.83

Starting March 1, 2026, your new
payment will be \$1,717.83.

Option 2: Pay Shortage in Full

Pay the entire shortage amount

Principal & Interest:	\$959.91
Escrow Payment:	\$716.47
Total Payment:	\$1,676.38

Starting March 1, 2026, your new
payment will be \$1,676.38.

Option 3: Pay a Portion of Shortage

Make a payment to cover a portion of the shortage

Principal & Interest:	\$959.91
Escrow Payment:	\$TBD
Total Payment:	\$TBD

Starting March 1, 2026, the new payment
will be determined based on your shortage
contribution. Visit SCCU.com/Escrow to
calculate what your new payment will be.

ESCROW PAYMENT COUPON

AARON J. PEACOCK
[REDACTED]

Account [REDACTED]

I would like to:

☐ Pay the full shortage amount of -\$497.36

☐ Pay \$ _____ towards my shortage.

Please ensure payments are received prior to March 1, 2026

Space Coast Credit Union
ATTN: Mortgage Loan Servicing
Escrow Processing
P.O. Box 419001
Melbourne, FL 32941-9001

For additional payment options, please see reverse side.

The following information is a breakdown of the estimates, deposits, and disbursements that have occurred in your escrow account this year and what we project to occur next year.

What was my escrow history for last year?

2025 / 2026						
Month	Projected Deposits	Actual Deposits	Projected Disbursements	Actual Disbursements	Description	Balance
March	687.22	686.52			BEG ESCROW BAL	3,444.53
April	687.22	686.52				4,131.05
May	687.22	686.52				4,817.57
June	687.22	686.52				5,504.09
July	687.22	686.52				6,190.61
August	687.22	686.52				6,877.13
September	687.22	686.52	3,753.14	3,784.78*	STATE FARM EDI	3,778.87
October	687.22	686.52				4,465.39
November	687.22	686.52	4,493.51	4,812.93*	BREVARD COUNTY TAX	5,151.91
December	687.22	686.52				1,025.50
January	687.22	686.52				1,712.02
February	687.22	686.52				2,398.54
Totals		8,238.24		8,597.71	ANTICIPATED	3,085.06

An asterisk (*) indicates a difference in a previous estimate in date or amount.

What are my projected escrow payments for next year?

2026 / 2027				
Month	Required Deposits	Projected Disbursements	Description	Required Balance
March	716.47		BEG ESCROW BAL	3,582.42
April	716.47			4,298.89
May	716.47			5,015.36
June	716.47			5,731.83
July	716.47			6,448.30
August	716.47			7,164.77
September	716.47	3,784.78	STATE FARM EDI	7,881.24
October	716.47			4,812.93
November	716.47	4,812.93	BREVARD COUNTY TAX	5,529.40
December	716.47			1,432.94
January	716.47			2,149.41
February	716.47			2,865.88
				3,582.35

For more convenient assistance and FAQ's, scan the QR code or visit [SCCU.com/Escrow](https://www.sccu.com/escrow).

