

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/12/2026

General Information

Name: Hon Sally D. M. Kest

CONFIDENTIAL

PID 210450

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Senior Judges	Consent to be Assigned	Senior / Retired Judge

Net Worth

My Net Worth as of December 31, 2025 was \$ 6,778,079.39.

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 \$ 405,500.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
INVSC QQQ TRUST SRS 1	\$ 4,300.17
ISHARES MSCI USA QLTY	\$ 111,425.82
ISHARES TR IS 1-5 YR IN	\$ 68,320.96
ISHS MSCI INTL QUALITY	\$ 109,216.35
DFA FIVE - YEAR GLOBAL FIX	\$ 201,094.77

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Description of Asset	Value of Asset
DFA ONE YEAR FIXED INCOME	\$ 204,382.42
VANGUARD SHORT TERM BOND	\$ 204,708.28
DFA EMERGING MARKETS COR	\$ 131,349.59
DFA INTERNATIONAL SMALL	\$ 80,506.72
DFA INTERNATIONAL SMALL	\$ 84,209.20
DFA INTERNATIONAL VALUE	\$ 180,952.12
DFA REAL ESTATE SECURI	\$ 73,384.38
DFA US LARGE CAP VALUE 111	\$ 338,085.48
DFA US SMALL CAP 1	\$ 50,273.18
DFA US SMALL CAP VALUE 1	\$ 155,992.20
VANGUARD TOTAL STOCK MKT	\$ 329,385.58
GUGGENHEIM CORE BOND FUN	\$ 12,004.07
FIDELITY ADVISOR INTL CA	\$ 32,290.62
JPMORGAN LARGE CAP GROT	\$ 52,946.48
PUTMAN LARGE CAP VALUE Y	\$ 71,619.44
TOUCHSTONE LARGE CAP FOC	\$ 61,533.34
INVSC QQQ TRUST SRS 1	\$ 43,001.70
ISHARES IBOXB INVT GRADE	\$ 109,908.81
VANGUARD INTERNATNL HGH	\$ 9,000.00
VANGUARD S&P 500 ETF	\$ 15,678.25
VANGUARD SHORT TERM CORP	\$ 11,959.50
VANGUARD TOTAL BOND	\$ 13,702.95
FHLB	\$ 10,062.98
TOYOTA MOTOR CREDIT	\$ 24,757.28
SOUTHWEST AIRLINES	\$ 19,586.48
JEFFERIES FINL GR	\$ 25,183.33
DUKE ENERGY CORP NEW	\$ 23,442.00
NEXTERA ENERGY INC	\$ 36,126.00
SOUTHERN CO	\$ 26,160.00

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Description of Asset	Value of Asset
DODGE & COX GLOBAL BOND	\$ 18,457.36
LOOMIS SAYLES INVESTMENT	\$ 52,252.43
VANGUARD EMERGING MARKET	\$ 22,756.50
COLUMBIA DIVIDEND INCOME	\$ 90,712.28
FIDELITY ADVISOR REAL ES	\$ 24,964.84
FIDELITY ADVISOR SMALL C	\$ 33,789.61
FIDELITY OTC	\$ 183,979.95
MFS INTERNATIONAL INTRIN	\$ 51,713.39
MORGAN STANLEY INST INTL	\$ 45,270.69
NOMURA MID CAP INCOME OT	\$ 40,887.72
INVSC QQQ TRUST SRS 1	\$ 159,720.80
ISHARES COR S&P MID CAP	\$ 42,900.00
ISHARES RUSSELL MID CAP	\$ 47,929.00
ISHS INTRNTNL SMALLA EQUITY	\$ 29,036.00
VANGUARD INTERMEDIATE	\$ 25,125.00
VANGUARD S&P 500 ETF	\$ 94,069.50
VANGUARD TOTAL BOND	\$ 51,849.00
XTRACKER MSCI EAFE HDGD	\$ 38,488.00
AVALONBAY CMNTYS INC	\$ 18,131.00
DIGITAL RLTY TR INC	\$ 23,206.50
REALTY INCOME CORP	\$ 16,911.00
CAPITAL GROUP 529 FUNDS	\$ 75,609.73
CAPITAL GROUP 529 FUNDS	\$ 75,929.17
CAPITAL GROUP 529 FUNDS	\$ 88,931.24
MY529	\$ 97,346.34
MY529	\$ 87,695.54
CONDO {REDACTED}	\$ 350,000.00
HOMESTEAD {REDACTED}	\$ 2,000,000.00
CEMETARY PLOT {REDACTED}	\$ 9,000.00

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Description of Asset	Value of Asset
{REDACTED} TIME SHARE {REDACTED}	\$ 18,000.00
BROADRIDGE - WALT DISNEY STOCK	\$ 14,918.24

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
REGIONS BANK	111 N. ORANGE AVE. OLANDO, FLORIDA, F	\$ 142,813.16

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.

Sally D. M. Kest

Digitally signed: 05/12/2026

Filed with COE: 05/12/2026

Form **8879****IRS e-file Signature Authorization**

OMB No. 1545-0074

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

▶ 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

KEST

Spouse's name

SALLY D KEST**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	796,516.
2	Total tax	2	202,341.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	226,353.
4	Amount you want refunded to you	4	24,012.
5	Amount you owe	5	

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 WILLIAM H. CROSS & CO., P.A. to enter or generate my PIN as my
ERO firm name Enter five digits, but
don't enter all zeros
signature on the income tax return (original or amended) I am now authorizing.

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

Your signature ▶

Date ▶

Spouse's PIN: check one box only

☒ I authorize WILLIAM H. CROSS & CO., P.A. to enter or generate my PIN as my
ERO firm name Enter five digits, but
don't enter all zeros
signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature ▶

Date ▶

Practitioner PIN Method Returns Only – continue below**Part III Certification and Authentication – Practitioner PIN Method Only**

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

Don't enter all zeros

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

ERO's signature ▶ **WILLIAM H. CROSS, CPA**

Date ▶

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

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

Form 8879 (Rev. 01-2021)

/22/21

Attach Sch. B if required.	2a Tax-exempt interest	2a	740.	b Taxable interest	2b	147.
	3a Qualified dividends	3a	2,476.	b Ordinary dividends ...	3b	4,906.
c Check if your child's dividends are included in: 1 ☐ Line 3a 2 ☐ Line 3b						
	4a IRA distributions	4a	556,596.	b Taxable amount	4b	514,846.
c Check if (see instructions): 1 ☐ Rollover 2 ☒ QCD 3 ☐ _____						
	5a Pensions and annuities	5a	161,077.	b Taxable amount	5b	160,931.
c Check if (see instructions): 1 ☐ Rollover 2 ☐ PSO 3 ☐ _____						
	6a Social security benefits	6a	107,278.	b Taxable amount...	6b	91,186.
c If you elect to use the lump-sum election method, check here (see instructions) ☐						
d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here. ☐						
	7a Capital gain or (loss). Attach Schedule D if required	7a			7a	-3,000.
b Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss) _____						
	8 Additional income from Schedule 1, line 10	8			8	
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	9			9	796,516.
	10 Adjustments to income from Schedule 1, line 26	10			10	
	11a Subtract line 10 from line 9. This is your adjusted gross income	11a			11a	796,516.
Tax and Credits	b Amount from line 11a (adjusted gross income)	11b			11b	796,516.
	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 See Standard Deduction Chart on the last page of this form.	e Standard deduction or itemized deductions (from Schedule A).....					
	13a Qualified business income deduction from Form 8995 or Form 8995-A	13a			13a	9.
	b Additional deductions from Schedule 1-A, line 38.....	13b			13b	
	14 Add lines 12e, 13a, and 13b.....	14			14	43,251.
	15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15			15	753,265.
	16 Tax (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐ _____	16			16	202,366.
	17 Amount from Schedule 2, line 3.....	17			17	
	18 Add lines 16 and 17.....	18			18	202,366.
	19 Child tax credit or credit for other dependents from Schedule 8812	19			19	
	20 Amount from Schedule 3, line 8.....	20			20	25.
	21 Add lines 19 and 20.....	21			21	25.
	22 Subtract line 21 from line 18. If zero or less, enter -0-.....	22			22	202,341.
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23			23	
	24 Add lines 22 and 23. This is your total tax	24			24	202,341.

Standard Deduction Chart*Add the number of boxes checked on line 12d on page 2 2

IF your filing status is...	AND the number of boxes checked is...	THEN your standard deduction is...
Single	1	\$ 17,750
	2	19,750
Married filing jointly	1	\$ 33,100
	2	34,700
	3	36,300
	4	37,900
Qualifying surviving spouse	1	\$ 33,100
	2	34,700
Head of household	1	\$ 25,625
	2	27,625
Married filing separately**	1	\$ 17,350
	2	18,950
	3	20,550
	4	22,150

*Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

**You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.

Go to www.irs.gov/Form1040SR for instructions and the latest information.

Form 1040-SR (2025)

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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. 03

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

AND SALLY D KEST

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	25.
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441.....	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15.....	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800.	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839.....	6c	
d	Credit for the elderly or disabled. Attach Schedule R.	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936.	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912.	6k	
l	Amount on Form 8978, line 14. See instructions.....	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount:	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20.	8	25.

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld.	11	
12	Credit for federal tax on fuels. Attach Form 4136.....	12	
13	Other payments or refundable credits:		
a	Form 2439.....	13a	
b	Section 1341 credit for repayment of amounts included in income from earlier years.....	13b	
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j).....	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
z	Other refundable credits (see instructions):	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z ..	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31.	15	0.

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

Schedule 3 (Form 1040) 2025 Created 11/17/25

SCHEDULE A
(Form 1040)Department of the Treasury
Internal Revenue Service**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/ScheduleA for instructions and the latest information.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2025Attachment
Sequence No. **07**

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

Your social security number

AND SALLY D KEST**Medical
and
Dental
Expenses**

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

- 1 Medical and dental expenses (see instructions) 1 16,092.
- 2 Enter amount from Form 1040 or 1040-SR, line 11b 2 796,516.
- 3 Multiply line 2 by 7.5% (0.075) 3 59,739.
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- 4 0.

**Taxes You
Paid**

- 5 State and local taxes (SALT).
- a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☒ 5a 1,961.
- b State and local real estate taxes (see instructions) 5b 16,708.
- c State and local personal property taxes 5c
- d Add lines 5a through 5c 5d 18,669.
- e Enter the smaller of line 5d or \$40,000 (\$20,000 if married filing separately). If Form 1040 or 1040-SR, line 11b is more than \$500,000 (\$250,000 if married filing separately), or if you completed Form 2555, Form 4563, or excluded income from Puerto Rico, see instructions. 5e 10,000.
- 6 Other taxes. List type and amount: 6
- 7 Add lines 5e and 6 7 10,000.

**Interest You
Paid**

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

- 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐
- a Home mortgage interest and points reported to you on Form 1098. See instructions if limited 8a 6,392.
- b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address 8b
- c Points not reported to you on Form 1098. See instructions for special rules 8c
- d Reserved for future use 8d
- e Add lines 8a through 8c 8e 6,392.
- 9 Investment interest. Attach Form 4952 if required. See instructions 9
- 10 Add lines 8e and 9 10 6,392.

**Gifts to
Charity**

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

- 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions 11 26,850.
- 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 12
- 13 Carryover from prior year 13
- 14 Add lines 11 through 13 14 26,850.

**Casualty and
Theft Losses**

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

**Other
Itemized
Deductions**

- 16 Other—from list in instructions. List type and amount: 16 0.

**Total
Itemized
Deductions**

- 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12e 17 43,242.
- 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐

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

OMB No 1545-0074

2025Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

AND SALLY D KESTDid 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..				
2 Totals for all transactions reported on Form(s) 8949 with Box B or Box H checked..				
3 Totals for all transactions reported on Form(s) 8949 with Box C or Box I checked..				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824.....				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1....				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7

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.....	48,738.	45,511.		3,227.
8b Totals for all transactions reported on Form(s) 8949 with Box D or Box J checked..				
9 Totals for all transactions reported on Form(s) 8949 with Box E or Box K checked..				
10 Totals for all transactions reported on Form(s) 8949 with Box F or Box L checked..				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252, and long-term gain or (loss) from Forms 4684, 6781, and 8824.				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1. ..				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions.				14 (39,835.)
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 -36,608.

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	-36,608.
• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7a. Then, go to line 22.		
17 Are lines 15 and 16 both gains? ☐ Yes. Go to line 18. ☐ No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet.	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet.	19	
20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7a, the smaller of: • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)]	21	(3,000.)
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.		

Form 1116

Foreign Tax Credit

(Individual, Estate, or Trust)

OMB No. 1545-0074

2025

Attachment
Sequence No. 19Department of the Treasury
Internal Revenue ServiceAttach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.
Go to www.irs.gov/Form1116 for instructions and the latest information.

Name

AND SALLY D KEST

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)

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.	OTHER COUNTRY (VARIOUS)			
1a Gross income from sources within country shown above and of the type checked above (see instructions). <u>SEE STATEMENT 1</u>	3,203.			1a 3,203.
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).	4,109.			
b Other deductions (attach statement).				
c Add lines 3a and 3b	4,109.			
d Gross foreign source income (see instructions).	3,897.			
e Gross income from all sources (see instructions).	802,908.			
f Divide line 3d by line 3e (see instructions).	0.004854			
g Multiply line 3c by line 3f	20.			
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.	20.			6 20.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 3,183.

Part II Foreign Taxes Paid or Accrued (see instructions)

C O U N T R Y	Credit is claimed for taxes (you must check one) (i) ☒ Paid (k) ☐ Accrued	Foreign taxes paid or accrued						(u) Total foreign taxes paid or accrued (add columns (q) through (t))		
		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
A	1099 TAXES					25.				25.
B										
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 8 25.

BAA For Paperwork Reduction Act Notice, see instructions.

10/09/25

Form 1116 (2025) Created 9/16/25

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	25.	
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	25.	
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		25.
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	3,183.	
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	3,183.	
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	752,127.	
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		0.004231998
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		202,366.
21 Multiply line 20 by line 19 (maximum amount of credit)	21		856.
22 Increase in limitation (section 960(c)) (see instructions)	22		
23 Add lines 21 and 22	23		856.
24 Enter the smaller of line 14 or line 23. Enter here and on the appropriate line of Part IV. See instructions	24		25.

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		
26 Credit for taxes on foreign branch category income	26		
27 Credit for taxes on passive category income	27	25.	
28 Credit for taxes on general category income	28		
29 Credit for taxes on section 901(j) income	29		
30 Credit for taxes on certain income re-sourced by treaty	30		
31 Credit for taxes on lump-sum distributions	31		
32 Add lines 25 through 31	32		25.
33 Enter the smaller of line 20 or line 32	33		25.
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		25.

2025

FEDERAL STATEMENTS

PAGE 1

CLIENT 5135

[REDACTED] AND SALLY D KEST [REDACTED]

3/17/26

10:23AM

STATEMENT 1
FORM 1116, LINE 1A - PASSIVE CATEGORY INCOME
GROSS INCOME FROM SOURCES OUTSIDE U.S.

FOREIGN COUNTRY OR U.S. POSSESSION: OTHER COUNTRY (VARIOUS)
DIVIDENDS.....

GROSS FOREIGN SOURCE QUALIFIED DIVIDENDS.....

FOREIGN SOURCE QUALIFIED DIVIDEND ADJUSTMENT.....

NET FOREIGN SOURCE QUALIFIED DIVIDENDS.....

	\$	2,386.
	1,511.	
	-694.	
		817.
TOTAL	\$	<u>3,203.</u>

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

2025

Attachment
Sequence No. 72

Married filing jointly on your tax return

AND SALLY D KEST

Your social security number or EIN

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	147.
2	Ordinary dividends (see instructions)	2	4,906.
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	
4b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	
4c	Combine lines 4a and 4b	4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	-3,000.
5b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
5c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
5d	Combine lines 5a through 5c	5d	-3,000.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	2,053.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	
9b	State, local, and foreign income tax (see instructions)	9b	
9c	Miscellaneous investment expenses (see instructions)	9c	10,000.
9d	Add lines 9a, 9b, and 9c	9d	10,000.
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	10,000.

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	0.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	796,516.
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	546,516.
16	Enter the smaller of line 12 or line 15	16	
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	
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
18b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b	
18c	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	
19b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
19c	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	

Qualified Business Income Deduction

OMB No. 1545-0074

2025Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.Attachment
Sequence No. **55A**

Name(s) shown on return

SALLY D KEST

Your taxpayer identification number

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 above \$197,300 (\$394,600 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A		☐	☐		☐
B		☐	☐		☐
C		☐	☐		☐

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions.	2		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$197,300 or less (\$394,600 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13.	3		
4 Allocable share of W-2 wages from the trade, business, or aggregation.	4		
5 Multiply line 4 by 50% (0.50).	5		
6 Multiply line 4 by 25% (0.25).	6		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property.	7		
8 Multiply line 7 by 2.5% (0.025).	8		
9 Add lines 6 and 8.	9		
10 Enter the greater of line 5 or line 9.	10		
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10.	11		
12 Phased-in reduction. Enter the amount from line 26, if any.	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12.	13		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions.	14		
15 Qualified business income component. Subtract line 14 from line 13.	15		
16 Total qualified business income component. Add all amounts reported on line 15.	16		

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

Form 8995-A (2025) Created 9/12/25

Part III **Phased-in Reduction**

Complete Part III only if your taxable income is more than \$197,300 but not \$247,300 (\$394,600 and \$494,600 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
17 Enter the amounts from line 3..	17			
18 Enter the amounts from line 10	18			
19 Subtract line 18 from line 17.	19			
20 Taxable income before qualified business income deduction	20			
21 Threshold. Enter \$197,300 (\$394,600 if married filing jointly)	21			
22 Subtract line 21 from line 20	22			
23 Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23			
24 Phase in percentage. Divide line 22 by line 23	24			
25 Total phase-in reduction. Multiply line 19 by line 24.	25			
26 Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26			

Part IV **Determine Your Qualified Business Income Deduction**

27 Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16.	27		
28 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28	44.	
29 Qualified REIT dividends and PTP (loss) carryforward from prior years.	29		
30 Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-.	30	44.	
31 REIT and PTP component. Multiply line 30 by 20% (0.20)	31	9.	
32 Qualified business income deduction before the income limitation. Add lines 27 and 31.	32		9.
33 Taxable income before qualified business income deduction.	33	753,274.	
34 Enter your net capital gain, if any, increased by any qualified dividends (see instructions).	34	2,476.	
35 Subtract line 34 from line 33. If zero or less, enter -0-.	35		750,798.
36 Income limitation. Multiply line 35 by 20% (0.20)	36		150,160.
37 Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37		9.
38 DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38		
39 Total qualified business income deduction. Add lines 37 and 38	39		9.
40 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-.	40		

Form 8995-A (2025)

☐ CORRECTED (if checked)			OMB No 1545-0119		2025 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no CHARLES SCHWAB & CO., INC 3000 SCHWAB WAY WESTLAKE TX 76262 1-800-515-2157			1 Gross distribution \$ 300,000.00 2a Taxable amount \$ 300,000.00			
PAYER'S TIN [REDACTED]		RECIPIENT'S TIN [REDACTED]		2b Taxable amount not determined ☒ Total distribution ☐ 3 Capital gain (included in box 2a) \$ 4 Federal income tax withheld \$ 125,000.00		Copy 2 File this copy with your state, city, or local income tax return, when required.
RECIPIENT's name, street address (including apt no), city or town, state or province, country, and ZIP or foreign postal code [REDACTED] KEST CHARLES SCHWAB & CO INC CUST IRA ROLLOVER [REDACTED]		5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 6 Net unrealized appreciation in employer's securities \$		7 Distribution code(s) 7 8 Other \$ %		
		9a Your percentage of total distribution % 9b Total employee contributions \$		10 Amount allocable to IRR within 5 years \$ 11 1st year of design Roth contrib 12 FATCA filing requirement ☐		
		14 State tax withheld \$ 15 State/Payer's state no.		16 State distribution \$		
Account number (see instructions) [REDACTED]		13 Date of payment \$		17 Local tax withheld \$ 18 Name of locality \$		19 Local distribution \$

Form 1099-R www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)			OMB No 1545-0119		2025 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no CHARLES SCHWAB & CO., INC 3000 SCHWAB WAY WESTLAKE TX 76262 1-800-515-2157			1 Gross distribution \$ 242,750.00 2a Taxable amount \$ 242,750.00			
PAYER'S TIN [REDACTED]		RECIPIENT'S TIN [REDACTED]		2b Taxable amount not determined ☒ Total distribution ☐ 3 Capital gain (included in box 2a) \$ 4 Federal income tax withheld \$ 60,300.00		Copy 2 File this copy with your state, city, or local income tax return, when required.
RECIPIENT's name, street address (including apt no), city or town, state or province, country, and ZIP or foreign postal code [REDACTED] KEST CHARLES SCHWAB & CO INC CUST IRA ROLLOVER [REDACTED]		5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 6 Net unrealized appreciation in employer's securities \$		7 Distribution code(s) 7 8 Other \$ %		
		9a Your percentage of total distribution % 9b Total employee contributions \$		10 Amount allocable to IRR within 5 years \$ 11 1st year of design Roth contrib 12 FATCA filing requirement ☐		
		14 State tax withheld \$ 15 State/Payer's state no.		16 State distribution \$		
Account number (see instructions) [REDACTED]		13 Date of payment \$		17 Local tax withheld \$ 18 Name of locality \$		19 Local distribution \$

Form 1099-R www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)			OMB No 1545-0119		2025 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no CHARLES SCHWAB & CO., INC 3000 SCHWAB WAY WESTLAKE TX 76262 1-800-515-2157			1 Gross distribution \$ 13,845.88 2a Taxable amount \$ 13,845.88			
PAYER'S TIN [REDACTED]		RECIPIENT'S TIN [REDACTED]		2b Taxable amount not determined ☒ Total distribution ☐ 3 Capital gain (included in box 2a) \$ 4 Federal income tax withheld \$ 1,211.47		Copy 2 File this copy with your state, city, or local income tax return, when required.
RECIPIENT's name, street address (including apt no), city or town, state or province, country, and ZIP or foreign postal code SALLY D KEST CHARLES SCHWAB & CO INC CUST IRA ROLLOVER [REDACTED]		5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 6 Net unrealized appreciation in employer's securities \$		7 Distribution code(s) 7 8 Other \$ %		
		9a Your percentage of total distribution % 9b Total employee contributions \$		10 Amount allocable to IRR within 5 years \$ 11 1st year of design Roth contrib 12 FATCA filing requirement ☐		
		14 State tax withheld \$ 15 State/Payer's state no.		16 State distribution \$		
Account number (see instructions) [REDACTED]		13 Date of payment \$		17 Local tax withheld \$ 18 Name of locality \$		19 Local distribution \$

a Employee's social security number [REDACTED]		Payroll organization code 22-20-09-00-630		Intradepartment number 0000000000	
b Employer identification number (EIN) [REDACTED]		1 Wages, tips, other compensation 18,000.00		2 Federal income tax withheld 3,196.62	
c Employer's name, address, and ZIP code [REDACTED]		3 Social security wages		4 Social security tax withheld	
		5 Medicare wages and tips 18,000.00		6 Medicare tax withheld 261.00	
		7 Social security tips		10 Dependent care benefits	
d Control number 15825 01/07		11 Nonqualified plans		12a See instructions for box 12	
e Employee's first name, mi, and last name [REDACTED] KEST [REDACTED]		13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		12b	
		14 Other		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**
Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

OMB No. 1545-0008
Department of the Treasury - Internal Revenue Service

a Employee's social security number [REDACTED]		Payroll organization code 22-20-09-00-630		Intradepartment number 0000000000	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 9,500.00		2 Federal income tax withheld 1,559.24	
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		4 Social security tax withheld	
		5 Medicare wages and tips 9,500.00		6 Medicare tax withheld 137.75	
		7 Social security tips		10 Dependent care benefits	
d Control number 15828 01/07		11 Nonqualified plans		12a See instructions for box 12	
e Employee's first name, mi, and last name SALLY D M KEST [REDACTED]		13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		12b	
		14 Other		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**
Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)

AA527 (REV 08/18/2025)

OMB No 1545-0008
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.

☐ CORRECTED (if checked)

PAYER FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 67,265.10		OMB No 1545-0119 2025 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2a Taxable amount \$ 67,119.18			
PAYER'S TIN [REDACTED]			RECIPIENT'S TIN [REDACTED]		2b Taxable amount not determined ☐ Total distribution ☐	
			3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 14,357.34	
RECIPIENT SALLY D M KEST [REDACTED]			5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 145.92		6 Net unrealized appreciation in employer's securities \$	
			7 Distribution code(s) 7		8 Other \$ %	
			9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00	
10 Amount allocable to IRR within 5 years \$		11 1st year of desig Roth contrib	12 FATCA filing requirement ☐	14 State tax withheld \$		15 State/Payer's state no \$
Account number (see instructions) [REDACTED]			13 Date of payment \$	17 Local tax withheld \$		18 Name of locality \$
				16 State distribution \$		19 Local distribution \$

Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER [REDACTED]			1 Gross distribution \$ 93,812.46		OMB No 1545-0119 2025 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2a Taxable amount \$ 93,812.46			
			2b Taxable amount not determined ☐ Total distribution ☐		Copy C	
PAYER'S TIN [REDACTED]			RECIPIENT'S TIN [REDACTED]		For Recipient's Records	
			3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 20,728.50	
RECIPIENT [REDACTED] KEST [REDACTED]			5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$	
			7 Distribution code(s) 7		8 Other \$ %	
			9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00	
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld \$		15 State/Payer's state no \$
Account number (see instructions) [REDACTED]			13 Date of payment \$	17 Local tax withheld \$		18 Name of locality \$
				16 State distribution \$		19 Local distribution \$

Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2025

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name [REDACTED] KEST		Box 2. Beneficiary's Social Security Number [REDACTED]
Box 3. Benefits Paid in 2025 \$58,042.80	Box 4. Benefits Repaid to SSA in 2025 NONE	Box 5. Net Benefits for 2025 (Box 3 minus Box 4) \$58,042.80
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or Direct deposit \$49,996.80		NONE
Medicare Part B premiums deducted from your benefits \$7,102.80		
Medicare Prescription Drug premiums (Part D) deducted from your benefits \$943.20		
Total Additions \$58,042.80		
Benefits for 2025 \$58,042.80		
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address [REDACTED] KEST [REDACTED]
		Box 8. Claim Number (Use this number if you need to contact SSA) [REDACTED]

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2025

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name

SALLY D KEST

Box 2. Beneficiary's Social Security Number

[REDACTED]

Box 3. Benefits Paid in 2025

\$49,234.80

Box 4. Benefits Repaid to SSA in 2025

NONE

Box 5. Net Benefits for 2025 (Box 3 minus Box 4)

\$49,234.80

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or Direct deposit	\$41,188.80
Medicare Part B premiums deducted from your benefits	\$7,102.80
Medicare Prescription Drug premiums (Part D) deducted from your benefits	\$943.20
Total Additions	\$49,234.80
Benefits for 2025	\$49,234.80

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6 Voluntary Federal Income Tax Withheld

NONE

Box 7 Address

SALLY D KEST

Box 8 Claim Number (Use this number if you need to contact SSA)

[REDACTED]