

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/16/2026

General Information

Name: Hon Linda Singer Stein

PID 29069

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (11Th)	Elected Constitutional Officer	County Court Judge

Net Worth

My Net Worth as of December 31, 2025 was \$ 1,405,877.57.

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 \$ 20,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Hyundai Elantra	\$ 4,900.00
Life insurance	\$ 41,440.00
First Horizon Checking Account	\$ 13,245.52
Vngrd RealEst Indx Inst	\$ 6,096.04
SmCap Val Eq D	\$ 3,164.31

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Description of Asset	Value of Asset
Wasatch SmCap Gr Inst	\$ 3,096.10
AmFds New Wld R6	\$ 6,412.83
TRowePr Ovseas Stk I	\$ 9,709.23
Vngrd Ttl IntlStkindx Inst	\$ 16,134.02
JPM MdCap Val R6	\$ 3,120.62
TRowePr US MdCap Gr Eq D	\$ 3,133.47
Fid Contra K6	\$ 12,924.51
TRowePr Divd Gr I	\$ 12,565.57
TRowePr Eq Inc B	\$ 19,321.35
Vngrd Inst Indx Inst Pls	\$ 9,521.73
AmFds Emrg Mkt Bd R6	\$ 12,422.40
DodgeCox Inc I	\$ 101,177.64
TRowePr Spctrm Inc I	\$ 21,587.46
Nationwide Retirement Fixed Assets	\$ 64,438.97
Merrill Lynch Bank Deposit Program	\$ 15,489.00
Apple	\$ 247,392.60
Nextera Energy, Inc.	\$ 134,067.60
Blackrock Floating Rate Income Portfolio	\$ 23,289.68
Amgen, Inc.	\$ 32,731.00
Blackrock, Inc.	\$ 42,813.60
Home Depot	\$ 34,410.00
Lockheed Martin Corp.	\$ 24,183.50
Texas Instruments	\$ 17,349.00
Abbvie, Inc. (ABBV)	\$ 39,985.75
BLF Fed Fund	\$ 8,470.00
Amgen, Inc. 3.2% 11/2/2027	\$ 9,873.40
American Express Bond 3.3% 5/3/2027	\$ 14,914.65
Southern Cal Edison 5.35% 3/1/2026	\$ 15,026.70
Bank of Montreal Bond 4.45% 10/7/2027	\$ 19,985.40

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Description of Asset	Value of Asset
ABLE United Savings Account: Vanguard Total Bond Market Index Fund; Vanguard Total Stock Market Index Fund and iShares MSCI EAFE International Index Fund	\$ 2,315.95
Florida Division of Retirement	\$ 343,919.09
Savings Bonds	\$ 4,450.00
Fid Blue Chip Gr K6	\$ 6,528.97
Amazon	\$ 35,777.10
Bank of America NA Rasp	\$ 10,063.04
USD Toronto DOM	\$ 10,163.80

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Logas Group LLC.	c/o Master Real Estate, 18851 NE 29th Ave., Aventura, FL 33180	\$ 36,000.00
Nationwide Retirement Solutions	P.O. Box 182797, Columbus, OH 43218-2797	\$ 10,356.94
DD Deercreek LLC.	5508 Parkcrest Dr., Suite 320, Austin, TX 78731	\$ 15,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2025 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☒ I elect to file a copy of my 2025 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

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

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

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

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

N/A

Training

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

Signature of Reporting Official or Candidate

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

Linda Singer Stein

Digitally signed: 06/16/2026

Filed with COE: 06/16/2026

For the year Jan. 1-Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.
☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased ☐ Spouse
☐ Other

Your first name and middle initial **LINDA A** Last name **STEIN** Your social security number
If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☒
City, town, or post office. If you have a foreign address, also complete spaces below. State **FL** ZIP code
Miami Foreign country name Foreign province/state/county Foreign postal code
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
☐ You ☐ Spouse

Filing Status ☒ Single ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income) ☐ Qualifying surviving spouse (QSS)
Check only one box. ☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . . ☐ Yes ☒ No

Dependents (see instructions) **Dependent 1** **Dependent 2** **Dependent 3** **Dependent 4**
If more than four dependents, see instructions and check here . . . ☐
(1) First name
(2) Last name
(3) SSN
(4) Relationship
(5) Check if lived with you more than half of 2025 (a) ☐ Yes (b) ☐ And in the U.S. (a) ☐ Yes (b) ☐ And in the U.S. (a) ☐ Yes (b) ☐ And in the U.S. (a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if ☐ Full-time student ☐ Permanently and totally disabled ☐ Full-time student ☐ Permanently and totally disabled ☐ Full-time student ☐ Permanently and totally disabled ☐ Full-time student ☐ Permanently and totally disabled
(7) Credits ☐ Child tax credit ☐ Credit for other dependents ☐ Child tax credit ☐ Credit for other dependents ☐ Child tax credit ☐ Credit for other dependents ☐ Child tax credit ☐ Credit for other dependents
☐ 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 195,953**
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.
b Household employee wages not reported on Form(s) W-2 **1b**
c Tip income not reported on line 1a (see instructions) **1c**
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) **1d**
e Taxable dependent care benefits from Form 2441, line 26 **1e**
f Employer-provided adoption benefits from Form 8839, line 31 **1f**
g Wages from Form 8919, line 6 **1g**
h Other earned income (see instructions). Enter type and amount: **1h**
i Nontaxable combat pay election (see instructions) **1i**
z Add lines 1a through 1h **1z 195,953**
Attach Sch. B if required.
2a Tax-exempt interest **2a**
3a Qualified dividends **3a 1,281**
c Check if your child's dividends are included in 1 ☐ Line 3a 2 ☐ Line 3b
4a IRA distributions **4a**
c Check if (see instructions) 1 ☐ Rollover 2 ☐ QCD 3 ☐
5a Pensions and annuities **5a**
c Check if (see instructions) 1 ☐ Rollover 2 ☐ PSO 3 ☐
6a Social security benefits **6a**
c If you elect to use the lump-sum election method, check here (see instructions) ☐
d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐
b Taxable interest **2b 1,807**
b Ordinary dividends **3b 1,418**
b Taxable amount **4b**
b Taxable amount **5b**
b Taxable amount **6b**
7a Capital gain or (loss). Attach Schedule D if required **7a 24,516**
b Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)
8 Additional income from Schedule 1, line 10 **8**
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income** **9 223,694**
10 Adjustments to income from Schedule 1, line 26 **10**
11a Subtract line 10 from line 9. This is your **adjusted gross income** **11a 223,694**

Tax and Credits	11b	Amount from line 11a (adjusted gross income)		11b	223,694
	12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent			
	b	☐ Spouse itemizes on a separate return ☐ You were a dual-status alien			
	d	You: ☐ Were born before January 2, 1961 ☐ Are blind			
		Spouse: ☐ Was born before January 2, 1961 ☐ Is blind			
	e	Standard deduction or itemized deductions (from Schedule A)		12e	15,750
	13a	Qualified business income deduction from Form 8995 or Form 8995-A		13a	
	b	Additional deductions from Schedule 1-A, line 38		13b	
	14	Add lines 12e, 13a, and 13b		14	15,750
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income		15	207,944
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.	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	40,432
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	40,432
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	0
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	40,432
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	900
	24	Add lines 22 and 23. This is your total tax		24	41,332

Payments and Refundable Credits	25	Federal income tax withheld from:		25a	37,041
	a	Form(s) W-2		25b	
	b	Form(s) 1099		25c	
	c	Other forms (see instructions)			
	d	Add lines 25a through 25c		25d	37,041
26	2025 estimated tax payments and amount applied from 2024 return		26	2,780	

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

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	930
32	Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits	32	930
33	Add lines 25d, 26, and 32. These are your total payments	33	40,751

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	0
	b	Routing number	c	Type: ☐ Checking ☐ Savings
Direct deposit? See instructions.	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	581
	38	Estimated tax penalty (see instructions)	38	

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

Sign Here Joint return? See instructions. Keep a copy for your records.	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.)
	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.)
	Phone no.	Email address		

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

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **02**

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

Your social security number

LINDA A STEIN

Part I Tax

1 Additions to tax:

a Excess advance premium tax credit repayment. Attach Form 8962

1a

b Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)

1b

c Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)

1c

d Recapture of net EPE from Form 4255, line 2a, column (i)

1d

e Excessive payments (EPs) on gross EPE from Form 4255. Check applicable box and enter amount. See instructions.

(i) ☐ Line 1a

(ii) ☐ Line 1c

(iii) ☐ Line 1d

(iv) ☐ Line 2a

1e

f 20% EP from Form 4255. Check applicable box and enter amount. See instructions.

(i) ☐ Line 1a

(ii) ☐ Line 1c

(iii) ☐ Line 1d

(iv) ☐ Line 2a

1f

y Other additions to tax (see instructions):

1y

z Add lines 1a through 1y

1z

2 Alternative minimum tax. Attach Form 6251

2

3 Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17

3

0

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE

1 ☐ 4361

2 ☐ 4029

3 ☐

4

5 Social security and Medicare tax on unreported tip income. Attach Form 4137

5

6 Uncollected social security and Medicare tax on wages. Attach Form 8919

6

7 Total additional social security and Medicare tax. Add lines 5 and 6

7

8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.

If not required, check here

☐

8

9 Household employment taxes. Attach Schedule H

9

10 Reserved for future use

10

11 Additional Medicare Tax. Attach Form 8959

11

12 Net investment income tax. Attach Form 8960

12

900

13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12

13

14 Interest on tax due on installment income from the sale of certain residential lots and timeshares . .

14

15 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000

15

16 Recapture of low-income housing credit. Attach Form 8611

16

(continued on page 2)

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****900**

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

Your social security number

LINDA A STEIN

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1	
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	0

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	930
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	930

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

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

EEA

SCHEDULE B
(Form 1040)

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

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **08**

Your social security number

LINDA A STEIN

Part I

Interest

(See instructions
and the
Instructions for
Form 1040,
line 2b.)

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

	Amount
1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:	
FIRST HORIZON BANK	898
FIRST HORIZON BANK	17
MERRILL LYNCH	891
SOFI	1
INTEREST SUBTOTAL	1,807
2 Add the amounts on line 1	1,807
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	1,807

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

Part II

Ordinary Dividends

(See instructions
and the
Instructions for
Form 1040,
line 3b.)

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

	Amount
5 List name of payer:	
MERRILL LYNCH	1,418
DIVIDEND SUBTOTAL	1,418
6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	1,418

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

Part III

Foreign Accounts and Trusts

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

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

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

Yes	No
	X
	X

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2025

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.

Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

LINDA A STEIN

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				
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

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	25,602	1,086		24,516
9 Totals for all transactions reported on Form(s) 8949 with Box E or Box K checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F or Box L checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on page 2				15 24,516

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

LINDA A STEIN

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 (a) 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	
	LONG TERM SECURITY SALES	01-01-2024	12-31-2025	25,602	1,086			24,516
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)			25,602	1,086			24,516

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.

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

LINDA A STEIN

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	1,807
2	Ordinary dividends (see instructions)		2	1,418
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c	Combine lines 4a and 4b		4c	0
5a	Net gain or loss from disposition of property (see instructions)	5a	24,516	
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	24,516
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	27,741

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	27,741
Individuals:				
13	Modified adjusted gross income (see instructions)	13	223,694	
14	Threshold based on filing status (see instructions)	14	200,000	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	23,694	
16	Enter the smaller of line 12 or line 15		16	23,694
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	900
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

2025 W-2 and Earnings Summary

Form W-2 Wage and Tax Statement
Copy C — For EMPLOYEE'S RECORDS 2025OMB No. 1545-0047
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this information is taxable and you fail to report it. Department of Treasury - Internal Revenue Service

Control number OYY34 2419 00516

Employee's name, address, and ZIP code

ST THOMAS UNIVERSITY INC
16401 NW 37TH AVE
MIAMI GARDENS FL 33054

Employee's name, address, and ZIP code

LINDA SINGER STEIN

1 Wages, tips, other comp.	15000.00	2 Federal income tax withheld	2300.92
3 Social security wages	15000.00	4 Social security tax withheld	930.00
5 Medicare wages and tips	15000.00	6 Medicare tax withheld	217.50
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a	
		12b	
13 Statutory employee Retirement plan Third-party sick pay		12c	
		12d	
Employee's social security no.		14	
Employer ID number (EIN)	59-0949880		
15a 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	

Wages, Tips, Other Comp. Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages and Tips Box 5 of W-2
Gross Pay \$15,000.00	\$15,000.00	\$15,000.00
Less: Non-Taxable Earnings \$0.00	\$0.00	\$0.00
Less: Retirement Deductions \$0.00	N/A	N/A
Less: Other Pre-tax Deductions \$0.00	\$0.00	\$0.00
Less: Third Party Sick Pay \$0.00	\$0.00	\$0.00
Less: Excess Wages N/A	\$0.00	N/A
Total Reported Wages \$15,000.00	\$15,000.00	\$15,000.00
Fed Income Box 2 of W-2	Social Security Box 4 of W-2	Medicare Box 6 of W-2
Tax Withheld \$2,300.92	\$930.00	\$217.50

LINDA SINGER STEIN

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

Form W-2 Wage and Tax Statement
Copy B — To Be Filed With 2025OMB No. 1545-0047
Employee's FEDERAL Tax Return. Department of Treasury - Internal Revenue Service

Control number OYY34 2419 00516

Employee's name, address, and ZIP code

ST THOMAS UNIVERSITY INC
16401 NW 37TH AVE
MIAMI GARDENS FL 33054

Employee's name, address, and ZIP code

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Form W-2 Wage and Tax Statement
Copy 2 — To Be Filed With 2025OMB No. 1545-0047
Employee's State, City, or Local Income Tax Return. Department of Treasury - Internal Revenue Service

Control number OYY34 2419 00516

Employee's name, address, and ZIP code

ST THOMAS UNIVERSITY INC
16401 NW 37TH AVE
MIAMI GARDENS FL 33054

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Employee's State, City, or Local Income Tax Return. Department of Treasury - Internal Revenue Service

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		20 Locality name	

Linda Singer Stein Full and Public Disclosure of Financial Interests (Form 6, Part D
Income) 2025

Income:

Social Security Administration, 16900 NW 12th Ave., Miami, FL 33169-05708 – benefits paid solely to disabled adult child into a Representative Payee account \$1,446 per month for the benefit of the disabled child (amount in account is less than \$1,000). First Horizon Bank, 18841 NE 29th Ave., Aventura, FL 33180