

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/26/2026

General Information

Name: John C Thomas

PID 210998

AGENCY INFORMATION

Organization	Suborganization	Title
School Board Of Brevard County	Elected Constitutional Officer	Board Member

Net Worth

My Net Worth as of December 31, 2025 was \$ 228,094.25.

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
Residential Home	\$ 226,310.00
Bank Account	\$ 3,500.00
Bank Account	\$ 10,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
The PNC Financial Services Group, Inc.	Pennsylvania	\$ 31,715.75

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

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

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

PRIMARY SOURCES OF INCOME:

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

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

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

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

N/A

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

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

John C Thomas

Digitally signed: 06/26/2026

Filed with COE: 06/26/2026

Form 1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return
2025

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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 JOHN C.	Last name THOMAS	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial DEBORAH R.	Last name THOMAS	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 311 NIBLICK STREET		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. MELBOURNE		State FL
Foreign country name	Foreign province/state/country	ZIP code 32901
		Foreign postal code

 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. ☒

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

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

Dependents	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(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	287,760
	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	287,760
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.	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	c Check if your child's dividends are included in 1 ☐ Line 3a 2 ☐ Line 3b	3b	
	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 Soc. sec. ben.	6a	
	b Taxable amount	6b	
	c If you elect to use the lump-sum election method, check here (see instructions)		
	d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here		
	7a Capital gain or (loss). Attach Schedule D if required	7a	
	b Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)		
	8 Additional income from Schedule 1, line 10	8	0
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	9	287,760
	10 Adjustments to income from Schedule 1, line 26	10	0
	11a Subtract line 10 from line 9. This is your adjusted gross income	11a	287,760

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

Form 1040 (2025)

Tax and Credits

- 11b Amount from line 11a (adjusted gross income) 287,760
- 12a Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent
b ☐ Spouse itemizes on a separate return c ☐ You were a dual-status alien
d You: ☐ Were born before January 2, 1961 ☐ Are blind
Spouse: ☐ Was born before January 2, 1961 ☐ Is blind
- e Standard deduction or itemized deductions (from Schedule A) 31,500
- 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 31,500
- 15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income 256,260
- 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 47,196
- 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- 47,196
- 23 Other taxes, including self-employment tax, from Schedule 2, line 21 417
- 24 Add lines 22 and 23. This is your total tax 47,613

Standard Deduction for:

• Single or Married filing separately, \$15,750
• Married filing jointly or Qualifying surviving spouse, \$31,500
• Head of household, \$23,600
• If you checked a box on line 12a, 12b, 12c, or 12d, see instructions.

Payments and Refundable Credits

- 25 Federal income tax withheld from:
- a Form(s) W-2 25a 43,842
- b Form(s) 1099 25b
- c Other forms (see instructions) 25c 1
- d Add lines 25a through 25c 25d 43,843
- 26 2025 estimated tax payments and amount applied from 2024 return 26
- If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):
- 27a Earned income credit (EIC) 27a
- b Clergy filing Schedule SE (see instructions)
- c If you do not want to claim the EIC, check here
- 28 Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐ 28
- 29 American opportunity credit from Form 8863, line 8 29
- 30 Refundable adoption credit from Form 8839, line 13 30
- 31 Amount from Schedule 3, line 15 31
- 32 Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits 32
- 33 Add lines 25d, 26, and 32. These are your total payments 33 43,843

Refund

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

Direct deposit?
See instructions.

Amount You Owe

- 37 Subtract line 33 from line 24. This is the amount you owe. 37 3,770
- For details on how to pay, go to www.irs.gov/Payments or see instructions.
- 38 Estimated tax penalty (see instructions) 38

Third Party Designee

- Do you want to allow another person to discuss this return with the IRS? See instructions. ☒ Yes. Complete below. ☐ No
- Designee's name RYAN H. HEDGE COCK Phone no. 321-723-3141 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

CEO

If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Joint return?
See instructions.
Keep a copy for
your records.

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

Date

Spouse's occupation

DEVELOPMENT DIRECTOR

If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)

Phone no.

Email address

JohnThomas.us@gmail.com

Paid

Preparer's name

Preparer's signature

Date

PTIN

Check if:

Preparer Use Only

RYAN H. HEDGE COCK

06/26/26

☐ Self-employed

Firm's name RYAN H. HEDGE COCK, CPA, PA

Phone no. 321-723-3141

2103 Grant Pl

Melbourne

FL 32901

Firm's EIN **--***4050

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

Form 1040 (2025)

DAA

6/26

Int

45

Tot

3,815

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

2025Attachment
Sequence No. **02**

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

Your social security number

JOHN C. & DEBORAH R. THOMAS**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	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions): 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	417
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

JOHN C. & DEBORAH R. THOMAS

Schedule 2 (Form 1040) 2025

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 8868	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
		417

Schedule 2 (Form 1040) 2025

Form **8995****Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-0074

2025Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on return

Your taxpayer identification number

JOHN C. & DEBORAH R. THOMAS

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			
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	
3	Qualified business net (loss) carryforward from the prior year	3	4,691
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	0
11	Taxable income before qualified business income deduction (see instructions)	11	256,260
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	256,260
14	Income limitation. Multiply line 13 by 20% (0.20)	14	51,252
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	0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	4,691
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	

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

Form **8995** (2025)

Form **8959**
Department of the Treasury
Internal Revenue Service

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.
Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment
Sequence No. **71**

Name(s) shown on return

JOHN C. & DEBORAH R. THOMAS

Your social security number

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	296,296	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	296,296	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		46,296
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		417

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8		
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	9	250,000	
10	Enter the amount from line 4	10	296,296	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	0	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		0
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	15	250,000	
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		0
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18		417
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	4,297	
20	Enter the amount from line 1	20	296,296	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	4,296	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		1
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24		1

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

Form **8959** (2025)

Form **8960****Net Investment Income Tax—
Individuals, Estates, and Trusts**

Attach to your tax return.

OMB No. 1545-2227

2025Attachment
Sequence No. **72**Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

Your social security number or EIN

JOHN C. & DEBORAH R. THOMAS**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	
2	Ordinary dividends (see instructions)		2	
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	
5a	Net gain or loss from disposition of property (see instructions)	5a		
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	
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	

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	
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	

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
13	Modified adjusted gross income (see instructions)	13	287,760	
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	37,760	
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		
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)

Form **1040**

Tax Return Reconciliation Worksheet, Page 2

2025Name **JOHN C. & DEBORAH R. THOMAS**

Tp TIN

38 Amount from line 37 (adjusted gross income)		38	287,760
Tax and Credits (Schedules 2, 3)	39a Check ☐ You were born before January 2, 1961, ☐ Blind. ☐ Total boxes checked ▶ 39a		
	If: ☐ Spouse was born before January 2, 1961, ☐ Blind. ☐		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$15,750 Married filing jointly or Qualifying widow(er), \$31,500 Head of household, \$23,625	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐		
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	31,500
	a	40b	
	41 Subtract line 40 and 40b from line 38	41	256,260
	42 Qualified business income deduction (see instructions) Sch 1-A	42	
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	256,260
	44 Tax (see instr.). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	47,196
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	
	46 Additions to tax (Excess advance premium tax credit repayment and clean vehicle repayment)	46	
	47 Add lines 44, 45, and 46	47	47,196
Other Taxes (Schedule 2)	48 Foreign tax credit. Attach Form 1116 if required	48	
	49 Credit for child and dependent care expenses. Attach Form 2441	49	
	50 Education credits from Form 8863, line 19	50	
	51 Retirement savings contributions credit. Attach Form 8880	51	
	52 Child tax credit/credit for other dependents	52	
	53 Residential energy credits. Attach Form 5695	53	
	54 Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54	
	55 Add lines 48 through 54. These are your total credits	55	
	56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	47,196
	57 Self-employment tax. Attach Schedule SE	57	
58 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58		
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
60a Household employment taxes from Schedule H	60a		
b Reserved for future use	60b		
61 Taxes from: a ☒ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s) Form 8959	61	417	
62 Section 965 net tax liability installment from Form 965-A	62		
63 Add lines 56 through 61. This is your total tax	63	47,613	
Payments (Schedule 3)	64 Federal income tax withheld from:		
	a Form(s) W-2	64a	43,842
	b Form(s) 1099	64b	
	c Other forms	64c	1
	65 2025 estimated tax payments and amount applied from 2024 return	65	
	66 Earned income credit (EIC)	66	
	67 Additional child tax credit. Attach Schedule 8812	67	
	68 American opportunity credit from Form 8863, line 8	68	
	69 Recovery rebate credit	69	
	70 Net premium tax credit. Attach Form 8962	70	
71 Amount paid with request for extension to file	71		
72 Excess social security and tier 1 RRTA tax withheld	72		
73 Credit for federal tax on fuels. Attach Form 4136	73		
74 Other payments and refundable credits	74		
75 Total pymts. Add lines 64 - 74.	75	43,843	
Refund	76 If line 75 is more than line 63, subtract line 63 from line 75. This is the amount you overpaid	76	
	77a Amount of line 76 you want refunded to you. If Form 8888 is attached, check here	77a	
	b Routing number	c Type: ☐ Checking ☐ Savings	
	d Account number		
	78 Amount of line 76 you want applied to your 2026 estimated tax ▶ 78		
Amount You Owe	79 Amount you owe. Subtract line 75 from line 63. For details on how to pay, see instructions ... ▶	79	3,770
	80 Estimated tax penalty (see instructions)	80	
Int/Pen	Date filed 6/26 Int 45 Fail to file	Fail to pay	Total 3,815
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No Personal identification no. (PIN) ▶		
	Designee's Name ▶ RYAN H. HEDGECOCK Phone no. ▶ 321-723-3141		
Other Info	Taxpayer Daytime phone number		
	Taxpayer: Occupation CEO IRS Identity Protection PIN		
	Spouse: Occupation DEVELOPMENT DIRECTOR IRS Identity Protection PIN		
	☒ Taxpayer ☐ Spouse	Email address JohnThomas.us@gmail.com	

Form **1040****Late Filing Interest and Penalty Worksheets****2025**

Name

Taxpayer Identification Number

JOHN C. & DEBORAH R. THOMAS**Late Filing Interest Worksheet**

Description	Amount	Balance	# of Days	Interest Rate %	Interest Amount
Tax Due - 4/15/26	3,770	3,770			
4/15/26 - 6/26/26		3,770	72	6.00	45
Date Filed - 6/26/26		3,815			
Total Late Filing Interest (Int)					45

Late Payment Penalty Worksheet

Description	Amount	Balance	# of Months	Penalty Amount
Total Late Payment Penalty (FTP)				

Form 1040

Salaries & Wages Report

2025

16/06/2026

Name

JOHN C. & DEBORAH R. THOMAS

Taxpayer Identification Number

T/S

Employer

Federal Wages

Federal Withheld

% Federal W/H to Wages

Soc Sec Wages

Soc Sec Withheld

A T HOMEBUILDERS & CONTRACTORS

95,764

14,762

15.410

95,764

5,937

B S WELBRO BUILDING CORP

143,052

25,985

18.160

150,074

9,305

C T SCHOOL BOARD OF BREVARD

48,944

3,095

6.320

50,458

3,128

D

E

F

G

H

Taxpayer
Spouse
Totals144,708
143,052
287,76017,857
25,985
43,842146,222
150,074
296,2969,065
9,305
18,370

Medicare Wages

Medicare Withheld

Soc Sec Tips

Allocated Tips

Dep Care Ben

Qualified Tips

Qualified Overtime

Other, Box 14

A 95,764

1,389

B 150,074

2,176

C 50,458

732

D

E

F

G

H

Taxpayer

146,222

2,121

Spouse

150,074

2,176

Totals

296,296

4,297

State

State Wages

State Withheld

% State W/H to Wages

Name of Locality

Local Wages

Local Withheld

A

B

C

D

E

F

G

H

Taxpayer

Spouse

Totals

Form **1040****Two Year Comparison Report - Page 1****2024 & 2025**

Name

JOHN C. & DEBORAH R. THOMAS

Taxpayer Identification Number

		2024	2025	Differences
		MFJ	MFJ	
Filing Status				
Dependents		0	0	
1. Salaries and wages	1.	221,731	287,760	66,029
2. Interest income	2.			
3. Tax exempt interest income	3.			
4. Dividend income	4.			
5. Qualified dividend income	5.			
6. Taxable state/local refunds	6.			
7. Alimony received	7.			
8. Business income/loss	8.			
9. Capital gain/loss	9.			
10. Other gains/losses	10.			
11. Taxable IRA distributions	11.			
12. Taxable pensions	12.			
13. Rent and royalty income including farm rental	13.			
14. Partnership/S corp income	14.			
15. Estate or trust income	15.			
16. Farm income/loss	16.			
17. Unemployment compensation	17.			
18. Taxable social security	18.			
19. Other income	19.	18,130		-18,130
20. Total income	20.	239,861	287,760	47,899
21. Moving expenses	21.			
22. Deductible part of self-employment tax	22.			
23. SEP/SIMPLE/Qualified plans deductions	23.			
24. SE health insurance	24.			
25. Penalty on early withdrawal of savings	25.			
26. Alimony paid	26.			
27. IRA deductions	27.			
28. Student loan interest	28.			
29. Other adjustments	29.			
30. Adjusted gross income	30.	239,861	287,760	47,899
31. Medical	31.			
32. Taxes	32.	3,415	1,513	-1,902
33. Interest	33.	1,788		-1,788
34. Contributions	34.			
35. Casualty losses	35.			
36. Miscellaneous expenses	36.			
37. Allowable itemized deductions	37.	5,203	1,513	-3,690
38. Standard deduction	38.	29,200	31,500	2,300
		Standard	Standard	
39. Deduction taken	39.	29,200	31,500	2,300
40. Additional deductions (Sch 1-A)	42.			
41. Taxable income before qualified business income deduction (QBID)	40.	210,661	256,260	45,599
42. Qualified business income deduction	41.	0	0	
43. Taxable income	43.	210,661	256,260	45,599

Form **1040****Two Year Comparison Report - Page 2****2024 & 2025**

Name

JOHN C. & DEBORAH R. THOMAS

Taxpayer Identification Number

		2024	2025	Differences
44. Taxable income from 2YR page 1, line 43	44.	210,661	256,260	45,599
45. Tax on taxable income	45.	36,644	47,196	10,552
46. Alternative minimum tax	46.			
47. Excess advance premium tax credit & other advanced repayment	47.			
48. Child care credit	48.			
49. Education credits	49.			
50. Retirement savings credit	50.			
51. Child & other dependent tax credit	51.			
52. General business credit	52.			
53. Other credits	53.			
54. Total credits	54.			
55. Net tax liability	55.	36,644	47,196	10,552
56. Self-employment taxes	56.			
57. Other taxes	57.		417	417
58. Total tax	58.	36,644	47,613	10,969
59. Income tax withheld	59.	36,598	43,843	7,245
60. Estimated tax payments	60.			
61. Earned income credit	61.			
62. Additional Child tax credit	62.			
63. Other refundable tax credits	63.			
64. Other payments	64.			
65. Total payments	65.	36,598	43,843	7,245
66. Tax due/-refund	66.	46	3,770	3,724
67. Penalties and interest	67.		45	45
68. Net tax due/-refund	68.	46	3,815	3,769
69. Refund applied to estimated tax payments	69.			
70. Refund received	70.			
71. Effective tax rate	71.	17.0 %	19.0 %	

Two Year Comparison - Tax Reconciliation Marginal Tax Rates

	2024 Taxable Income	2024 Marginal Tax Rate	2025 Taxable Income	2025 Marginal Tax Rate
Ordinary Income	210,661	24.0 %	256,260	24.0 %
Capital Income		%		%
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%

Filing Instructions
Electronically Filed
Form 1040 US Individual Income Tax Return
With
Form 8879 IRS e-file Signature Authorization
Taxable Year Ended December 31, 2025

Name: JOHN C. & DEBORAH R. THOMAS

Date Due: June 26, 2026

Remittance: You have authorized the United States Treasury to debit your Space Coast Credit Union checking account for the amount of \$3,815 on June 26, 2026. Please keep this filing instruction as a reminder of the amount to be withdrawn from your account.

Signature: Form 8879 IRS e-file Signature Authorization authorizes your electronically filed return to be signed with a Personal Identification Number (PIN) and certifies that Part I amounts are from your tax return. Review and sign the Form 8879 IRS e-file Signature Authorization and mail it as soon as possible to:

RYAN H. HEDGEcock, CPA, PA
2103 Grant Pl
Melbourne, FL 32901

Important: Your return will not be filed with the IRS until the signed Form 8879 IRS e-file Signature Authorization has been received by this office.

Retain a copy of the signed and dated Form 8879 for your records.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1040 to the IRS it will delay processing of your return.

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
	95763.98	14762.02
OMB No. 1545-0046	3 Social security wages	4 Social security tax withheld
	95763.98	5937.36
	5 Medicare wages and tips	6 Medicare tax withheld
	95763.98	1388.66

e Employer's name, address, and ZIP code
Homebuilders & Contractors Associati
1500 W Eau Gallie Blvd, Ste A-
Melbourne FL 32935

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See inst. for box 12
		0.00

12b	12c	12d
b Employer identification number (EIN)	c Employee's social security number	
59-1448721		

13 Statutory retirement employee plan	14 Other

e Employee's name, address, and ZIP code
John Thomas
311 Niblick Street
Melbourne FL 32901

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.

2025	15 State wages, tips, etc.	16 State income tax
	0.00	0.00

17 State income tax	18 Local wages, tips, etc.
0.00	

19 Local income tax	20 Locality name

Form Wage and Tax W-2 Statement
Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee.)
Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
	95763.98	14762.02
OMB No. 1545-0046	3 Social security wages	4 Social security tax withheld
	95763.98	5937.36
This information is being furnished to the Internal Revenue Service.	5 Medicare wages and tips	6 Medicare tax withheld
	95763.98	1388.66

e Employer's name, address, and ZIP code
Homebuilders & Contractors Associati
1500 W Eau Gallie Blvd, Ste A-
Melbourne FL 32935

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See inst. for box 12
		0.00

12b	12c	12d
b Employer identification number (EIN)	c Employee's social security number	
59-1448721		

13 Statutory retirement employee plan	14 Other

e Employee's name, address, and ZIP code
John Thomas
311 Niblick Street
Melbourne FL 32901

2025	15 State wages, tips, etc.	16 State income tax
	0.00	0.00

17 State income tax	18 Local wages, tips, etc.
0.00	

19 Local income tax	20 Locality name

Form Wage and Tax W-2 Statement
Copy B—To Be Filed With Employee's FEDERAL Tax Return.
Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
	95763.98	14762.02
OMB No. 1545-0046	3 Social security wages	4 Social security tax withheld
	95763.98	5937.36
	5 Medicare wages and tips	6 Medicare tax withheld
	95763.98	1388.66

e Employer's name, address, and ZIP code
Homebuilders & Contractors Associati
1500 W Eau Gallie Blvd, Ste A-
Melbourne FL 32935

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See inst. for box 12
		0.00

12b	12c	12d
b Employer identification number (EIN)	c Employee's social security number	
59-1448721		

13 Statutory retirement employee plan	14 Other

e Employee's name, address, and ZIP code
John Thomas
311 Niblick Street
Melbourne FL 32901

2025	15 State wages, tips, etc.	16 State income tax
	0.00	0.00

17 State income tax	18 Local wages, tips, etc.
0.00	

19 Local income tax	20 Locality name

Form Wage and Tax W-2 Statement
Copy 1—To Be Filed With Employee's State, City, or Local Income Tax Return
Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
	95763.98	14762.02
OMB No. 1545-0046	3 Social security wages	4 Social security tax withheld
	95763.98	5937.36
	5 Medicare wages and tips	6 Medicare tax withheld
	95763.98	1388.66

e Employer's name, address, and ZIP code
Homebuilders & Contractors Associati
1500 W Eau Gallie Blvd, Ste A-
Melbourne FL 32935

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See inst. for box 12
		0.00

12b	12c	12d
b Employer identification number (EIN)	c Employee's social security number	
59-1448721		

13 Statutory retirement employee plan	14 Other

e Employee's name, address, and ZIP code
John Thomas
311 Niblick Street
Melbourne FL 32901

2025	15 State wages, tips, etc.	16 State income tax
	0.00	0.00

17 State income tax	18 Local wages, tips, etc.
0.00	

19 Local income tax	20 Locality name

Form Wage and Tax W-2 Statement
Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return
Department of the Treasury - Internal Revenue Service

Homebuilders & Contractors Assoc
HBCA of Brevard Inc
1500 W Eau Gallie Blvd, Ste A-
Melbourne FL 32935

John Thomas
311 Niblick Street
Melbourne FL 32901

a Employee's social security number [REDACTED]		OMB No. 1545-0029		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 59-6000522		1 Wages, tips, other compensation 48944.42		2 Federal income tax withheld 3094.56	
c Employer's name, address, and ZIP code 9000 SCHOOL BOARD OF BREVARD COUNTY 2700 JUDGE FRAN JAMIES VIERA, FL 32940-6601		3 Social security wages 50457.86		4 Social security tax withheld 3128.40	
		5 Medicare wages and tips 50457.86		6 Medicare tax withheld 731.54	
		7 Social security tips		8 Allocated tips	
d Control number 000004176		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. JOHN C. THOMAS		11 Nonqualified plans		12a See instructions for box 12 C 7.92	
311 NIBLICK ST MELBOURNE, FL 32901		13 Statutory employee Retirement plan Third-party sick pay ☐ ☒ ☐		12b	
		14 Other		12c	
				12d	
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

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]		OMB No. 1545-0029		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.	
b Employer identification number (EIN) 59-6000522		1 Wages, tips, other compensation 48944.42		2 Federal income tax withheld 3094.56	
c Employer's name, address, and ZIP code 9000 SCHOOL BOARD OF BREVARD COUNTY 2700 JUDGE FRAN JAMIES VIERA, FL 32940-6601		3 Social security wages 50457.86		4 Social security tax withheld 3128.40	
		5 Medicare wages and tips 50457.86		6 Medicare tax withheld 731.54	
		7 Social security tips		8 Allocated tips	
d Control number 000004176		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. JOHN C. THOMAS		11 Nonqualified plans		12a See instructions for box 12 C 7.92	
311 NIBLICK ST MELBOURNE, FL 32901		13 Statutory employee Retirement plan Third-party sick pay ☐ ☒ ☐		12b	
		14 Other		12c	
				12d	
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

Department of the Treasury-Internal Revenue Service

Copy C - For EMPLOYEE'S RECORD (Do Not Mail to IRS)

2025 W-2 and Earnings Summary

Form W-2 Wage and Tax Statement		
Copy C — For EMPLOYEE'S RECORDS 2025		
This information is being furnished to the IRS. If you are required to file a tax return, a copy of this statement may be required as well. If this income is taxable and you fail to report it, you may be subject to penalties and interest.		
Control number	ORU68	AOWA 00064
Employer's name, address, and ZIP code		
WELBRO BUILDING CORPORATION 2301 MAITLAND CENTER PKWY STE 250 MAITLAND FL 32751		
Employee's name, address, and ZIP code		
DEBORAH R THOMAS 311 NIBLICK ST MELBOURNE FL 32901		
1 Wages, tips, other comp.	143051.64	2 Federal income tax withheld 25985.05
3 Social security wages	150073.50	4 Social security tax withheld 9304.56
5 Medicare wages and tips	150073.50	6 Medicare tax withheld 2176.07
7 Social security tips		8 Allocated tips
9		10 Dependent care benefits
11 Nonqualified plans	12a C 438.60	12b DD 10727.91
13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	12c D 6583.26	12d
Employee's social security no. [REDACTED]		
Employer ID number (EIN) 59-3483018		
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 \$153,379.40	\$153,379.40	\$153,379.40
Less: Non-Taxable Earnings (\$438.60)	\$0.00	\$0.00
Less: Retirement Deductions (\$2,583.26)	N/A	N/A
Less: Other Pre-tax Deductions (\$3,305.90)	(\$3,305.90)	(\$3,305.90)
Less: Third Party Sick Pay \$0.00	\$0.00	\$0.00
Less: Excess Wages N/A	\$0.00	N/A
Total Reported Wages \$143,051.64	\$150,073.50	\$150,073.50
Fed Income Box 2 of W-2	Social Security Box 4 of W-2	Medicare Box 6 of W-2
Tax Withheld \$25,985.05	\$9,304.56	\$2,176.07

DEBORAH R THOMAS
311 NIBLICK ST
MELBOURNE FL 32901

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 Employee's FEDERAL Tax Return. 2025		
This information is being furnished to the IRS. If you are required to file a tax return, a copy of this statement may be required as well. If this income is taxable and you fail to report it, you may be subject to penalties and interest.		
Control number	ORU68	AOWA 00064
Employer's name, address, and ZIP code		
WELBRO BUILDING CORPORATION 2301 MAITLAND CENTER PKWY STE 250 MAITLAND FL 32751		
Employee's name, address, and ZIP code		
DEBORAH R THOMAS 311 NIBLICK ST MELBOURNE FL 32901		
1 Wages, tips, other comp.	143051.64	2 Federal income tax withheld 25985.05
3 Social security wages	150073.50	4 Social security tax withheld 9304.56
5 Medicare wages and tips	150073.50	6 Medicare tax withheld 2176.07
7 Social security tips		8 Allocated tips
9		10 Dependent care benefits
11 Nonqualified plans	12a C 438.60	12b DD 10727.91
13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	12c D 6583.26	12d
Employee's social security no. [REDACTED]		
Employer ID number (EIN) 59-3483018		
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

Form W-2 Wage and Tax Statement		
Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return. 2025		
This information is being furnished to the IRS. If you are required to file a tax return, a copy of this statement may be required as well. If this income is taxable and you fail to report it, you may be subject to penalties and interest.		
Control number	ORU68	AOWA 00064
Employer's name, address, and ZIP code		
WELBRO BUILDING CORPORATION 2301 MAITLAND CENTER PKWY STE 250 MAITLAND FL 32751		
Employee's name, address, and ZIP code		
DEBORAH R THOMAS 311 NIBLICK ST MELBOURNE FL 32901		
1 Wages, tips, other comp.	143051.64	2 Federal income tax withheld 25985.05
3 Social security wages	150073.50	4 Social security tax withheld 9304.56
5 Medicare wages and tips	150073.50	6 Medicare tax withheld 2176.07
7 Social security tips		8 Allocated tips
9		10 Dependent care benefits
11 Nonqualified plans	12a C 438.60	12b DD 10727.91
13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	12c D 6583.26	12d
Employee's social security no. [REDACTED]		
Employer ID number (EIN) 59-3483018		
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

Form W-2 Wage and Tax Statement		
Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return. 2025		
This information is being furnished to the IRS. If you are required to file a tax return, a copy of this statement may be required as well. If this income is taxable and you fail to report it, you may be subject to penalties and interest.		
Control number	ORU68	AOWA 00064
Employer's name, address, and ZIP code		
WELBRO BUILDING CORPORATION 2301 MAITLAND CENTER PKWY STE 250 MAITLAND FL 32751		
Employee's name, address, and ZIP code		
DEBORAH R THOMAS 311 NIBLICK ST MELBOURNE FL 32901		
1 Wages, tips, other comp.	143051.64	2 Federal income tax withheld 25985.05
3 Social security wages	150073.50	4 Social security tax withheld 9304.56
5 Medicare wages and tips	150073.50	6 Medicare tax withheld 2176.07
7 Social security tips		8 Allocated tips
9		10 Dependent care benefits
11 Nonqualified plans	12a C 438.60	12b DD 10727.91
13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	12c D 6583.26	12d
Employee's social security no. [REDACTED]		
Employer ID number (EIN) 59-3483018		
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