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

Filed with COE: 06/26/2026

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			

Filed with COE: 06/26/2026

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

[redacted] 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	Last name	Your social security number
JOHN C.	THOMAS	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
DEBORAH R.	THOMAS	[redacted]

Home address (number and street). If you have a P.O box, see instructions. 311 NIBLICK STREET — 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. MELBOURNE — State FL — ZIP code 32901 — 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

Foreign country name — Foreign province/state/county — Foreign postal code

Filing Status Check only one box.

☐ Single
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS). Enter spouse's SSN above and full name here:
☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)

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) If more than four dependents, see instructions and check here ☐

	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 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.

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
2a	Tax-exempt interest 2a — b Taxable interest	2b	
3a	Qualified dividends 3a — b Ordinary dividends	3b	
c	Check if your child's dividends are included in 1 ☐ Line 3a 2 ☐ Line 3b		
4a	IRA distributions 4a — b Taxable amount	4b	
c	Check if (see instructions) 1 ☐ Rollover 2 ☐ QCD 3 ☐		
5a	Pensions and annuities 5a — b Taxable amount	5b	
c	Check if (see instructions) 1 ☐ Rollover 2 ☐ PSO 3 ☐		
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

Attach Sch. B if required.

[redacted] 08/26/2026

Tax and Credits	11b	Amount from line 11a (adjusted gross income)	11b	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		
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 instr.		Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
	e	**Standard deduction or itemized deductions** (from Schedule A)	12e	31,500
	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	31,500
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	256,260
	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	47,196
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	47,196
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	47,196
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	417
	24	Add lines 22 and 23. This is your **total tax**	24	47,613
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 have a qualifying child, you may need to attach Sch. EIC.		If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions): _____		
	27a	Earned income credit (EIC) — 27a:		
	b	Clergy filing Schedule SE (see instructions) ☐		
	c	If you do not want to claim the EIC, check here ☐		
	28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐ — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Refundable adoption credit from Form 8839, line 13 — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	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	
Direct deposit? See instructions.	b	Routing number _____ c Type: ☐ Checking ☐ Savings		
	d	Account number _____		
	36	Amount of line 34 you want **applied to your 2026 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	3,770
	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. HEDGECOCK Phone no.: 321-723-3141 Personal identification number (PIN): [redacted]

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 Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
RYAN H. HEDGECOCK		06/26/26	********	☐ Self-employed

Firm's name: RYAN H. HEDGECOCK, CPA, PA Phone no.: 321-723-3141

Firm's address: 2103 Grant Pl Melbourne FL 32901 Firm's EIN: **-***4050

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

JOHN C. & DEBORAH R. THOMAS

Your social security number [redacted]

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 (l)	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)

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 (l)		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

[redacted]/26/2026

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **55**

Name(s) shown on return

JOHN C. & DEBORAH R. THOMAS

Your taxpayer identification number

[redacted]

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	( )

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
[redacted]

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

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

[redacted] 08/26/2026

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

2025

Attachment Sequence No. **72**

Name(s) shown on your tax return

JOHN C. & DEBORAH R. THOMAS

Your social security number or EIN [redacted]

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
	Individuals:				
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	
	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	

[redacted] 06/26/2026

Form 1040 | Tax Return Reconciliation Worksheet, Page 2 | 2025

Name JOHN C. & DEBORAH R. THOMAS | Tp TIN [redacted]

Tax and Credits (Schedules 2, 3)	38	Amount from line 37 (adjusted gross income)		38	287,760
	39a	Check if: ☐ You were born before January 2,1961, ☐ Blind. ☐ Spouse was born before January 2,1961, ☐ Blind. } Total boxes checked ▶		39a	
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐			
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	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
	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
Other Taxes (Schedule 2)	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) ▶ [redacted]

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

[redacted]/26/2026

Form 1040 | Late Filing Interest and Penalty Worksheets | 2025

Name | Taxpayer Identification Number

JOHN C. & DEBORAH R. THOMAS | [redacted]

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)				

[redacted]06/26/2026

Form **1040** | **Salaries & Wages Report** | **2025**

Name
JOHN C. & DEBORAH R. THOMAS

Taxpayer Identification Number
[redacted]

	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	144,708	17,857		146,222	9,065
		Spouse	143,052	25,985		150,074	9,305
		Totals	287,760	43,842		296,296	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: [redacted]

			2024	2025	Differences
	Filing Status		MFJ	MFJ	
	Dependents		0	0	
Income	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
Adjustments	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
Deductions	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 inc ded (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: [redacted]

			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 repayments	47.			
	48. Child care credit	48.			
	49. Education credits	49.			
T	50. Retirement savings credit	50.			
a	51. Child & other dependent tax credit	51.			
x	52. General business credit	52.			
	53. Other credits	53.			
C	54. **Total credits**	54.			
o	55. **Net tax liability**	55.	36,644	47,196	10,552
m	56. Self-employment taxes	56.			
p	57. Other taxes	57.		417	417
u	58. **Total tax**	58.	36,644	47,613	10,969
t	59. Income tax withheld	59.	36,598	43,843	7,245
a	60. Estimated tax payments	60.			
t	61. Earned income credit	61.			
l	62. Additional Child tax credit	62.			
o	63. Other refundable tax credits	63.			
n	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.

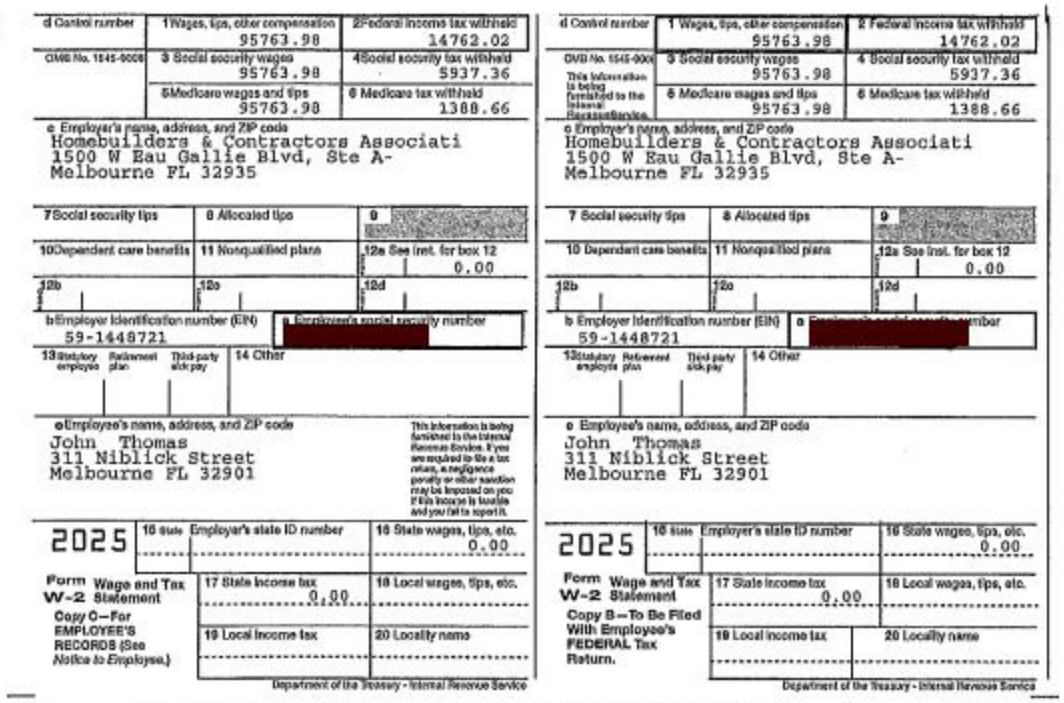
Signature: Form 8879 IRS e-file Signature Authorization authorizes your electronically filed return to be signed with a Personal Identification Number (PIN) and certifies that Part I amounts are from your tax return. Review and sign the Form 8879 IRS e-file Signature Authorization and mail it as soon 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: 95763.98	2 Federal income tax withheld: 14762.02
OMB No. 1545-0008	3 Social security wages: 95763.98	4 Social security tax withheld: 5937.36
	5 Medicare wages and tips: 95763.98	6 Medicare tax withheld: 1388.66

c 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): 59-1448721
a Employee's social security number: [redacted]

13 Statutory employee / Retirement plan / Third-party sick pay | 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 Employer's state ID number	16 State wages, tips, etc.: 0.00
Form W-2 Wage and Tax Statement	17 State income tax: 0.00	18 Local wages, tips, etc.
Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee.)	19 Local income tax	20 Locality name

Department of the Treasury - Internal Revenue Service

d Control number | 1 Wages, tips, other compensation: 95763.98 | 2 Federal income tax withheld: 14762.02
OMB No. 1545-0008 | 3 Social security wages: 95763.98 | 4 Social security tax withheld: 5937.36
5 Medicare wages and tips: 95763.98 | 6 Medicare tax withheld: 1388.66
c 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): 59-1448721
a Employee's social security number: [redacted]
13 Statutory employee / Retirement plan / Third-party sick pay | 14 Other
e Employee's name, address, and ZIP code
John Thomas
311 Niblick Street
Melbourne FL 32901
2025 | 15 State Employer's state ID number | 16 State wages, tips, etc.: 0.00
Form W-2 Wage and Tax Statement | 17 State income tax: 0.00 | 18 Local wages, tips, etc.
Copy B—To Be Filed With Employee's FEDERAL Tax Return. | 19 Local income tax | 20 Locality name
Department of the Treasury - Internal Revenue Service

d Control number | 1 Wages, tips, other compensation: 95763.98 | 2 Federal income tax withheld: 14762.02
OMB No. 1545-0008 | 3 Social security wages: 95763.98 | 4 Social security tax withheld: 5937.36
5 Medicare wages and tips: 95763.98 | 6 Medicare tax withheld: 1388.66
c 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 0.00
12b | 12c | 12d
b Employer identification number (EIN): 59-1448721
a Employee's social security number: [redacted]
13 Statutory employee / Retirement plan / Third-party sick pay | 14 Other
e Employee's name, address, and ZIP code
John Thomas
311 Niblick Street
Melbourne FL 32901
2025 | 15 State Employer's state ID number | 16 State wages, tips, etc.: 0.00
Form W-2 Wage and Tax Statement | 17 State income tax: 0.00 | 18 Local wages, tips, etc.
Copy 1—To Be Filed With Employee's State, City, or Local Income Tax Return | 19 Local income tax | 20 Locality name
Department of the Treasury - Internal Revenue Service

d Control number | 1 Wages, tips, other compensation: 95763.98 | 2 Federal income tax withheld: 14762.02
OMB No. 1545-0008 | 3 Social security wages: 95763.98 | 4 Social security tax withheld: 5937.36
5 Medicare wages and tips: 95763.98 | 6 Medicare tax withheld: 1388.66
c 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 0.00
12b | 12c | 12d
b Employer identification number (EIN): 59-1448721
a Employee's social security number: [redacted]
13 Statutory employee / Retirement plan / Third-party sick pay | 14 Other
e Employee's name, address, and ZIP code
John Thomas
311 Niblick Street
Melbourne FL 32901
2025 | 15 State Employer's state ID number | 16 State wages, tips, etc.: 0.00
Form W-2 Wage and Tax Statement | 17 State income tax: 0.00 | 18 Local wages, tips, etc.
Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return | 19 Local income tax | 20 Locality name
Department of the Treasury - Internal Revenue Service [redacted]

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 311 NIBLICK ST MELBOURNE, FL 32901	11 Nonqualified plans
	12a See instructions for box 12 C 7.92
	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

Department of the Treasury-Internal Revenue Service

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.

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 311 NIBLICK ST MELBOURNE, FL 32901	11 Nonqualified plans
	12a See instructions for box 12 C 7.92
	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

Department of the Treasury-Internal Revenue Service

Form **W-2** **Wage and Tax Statement** **2025**

Copy C - For EMPLOYEE'S RECORDS (See Notice to

0RU68 A0WA 00054
BUSINESS DEVELOPMENT

2025 W-2 and Earnings Summary

	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	($6,583.26)	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 C — For EMPLOYEE'S RECORDS — 2025

OMB No. 1545-0029 — Department of Treasury - Internal Revenue Service

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 income is taxable and you fail to report it.

Control number: 0RU68 A0WA 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: X / Third-party sick pay:	12c D 6583.26
	12d
Employee's social security no.: [redacted]	14
Employer ID number (EIN): 59-3483018	
15 St. 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 B — To Be Filed With Employee's FEDERAL Tax Return. — 2025

OMB No. 1545-0029 — Department of Treasury - Internal Revenue Service

This information is being furnished to the IRS.

Control number: 0RU68 A0WA 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: X / Third-party sick pay:	12c D 6583.26
	12d
Employee's social security no.: [redacted]	14
Employer ID number (EIN): 59-3483018	
15 St. 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

OMB No. 1545-0029 — Department of Treasury - Internal Revenue Service

Control number: 0RU68 A0WA 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: X / Third-party sick pay:	12c D 6583.26
	12d
Employee's social security no.: [redacted]	14
Employer ID number (EIN): 59-3483018	
15 St. 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

OMB No. 1545-0029 — Department of Treasury - Internal Revenue Service

Control number: 0RU68 A0WA 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: X / Third-party sick pay:	12c D 6583.26
	12d
Employee's social security no.: [redacted]	14
Employer ID number (EIN): 59-3483018	
15 St. 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