

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/02/2026

General Information

Name: Ms Sandra I Gilyard

PID 7226

AGENCY INFORMATION

Organization	Suborganization	Title
Putnam County School Board	Elected Constitutional Officer	School Board Member

Net Worth

My Net Worth as of December 31, 2025 was \$ 285,000.00.

Assets

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

The aggregate value of my household goods and personal effect is \$ 35,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
N/A	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Select Portfolio Servicing, Inc - Home Mortgage	PO Box 65250 Salt Lake City, UT 84165-0250	\$ 17,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

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

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

PRIMARY SOURCES OF INCOME:

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

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

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

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

N/A

Training

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.

Sandra I Gilyard

Digitally signed: 06/02/2026

Filed with COE: 06/02/2026

2025

Income Tax Return

Prepared For:

Sandra I Gilyard
PO Box 465
San Mateo, FL 32187-0465

Prepared By:

Rhonda D. Odom, CPA
P.O. Box 1594
Palatka, FL 32178
Telephone: (386) 972-1832 or (386) 972-1832
Email: rhonda.odom.cpa@gmail.com

**Rhonda D. Odom, CPA
P.O. Box 1594
Palatka, FL 32178
(386)972-1832
Rhonda.odom.cpa@gmail.com**

April 12, 2026

Sandra I Gilyard
PO Box 465
San Mateo, FL 32187-0465

Please find enclosed a copy of your 2025 federal income tax return for your records. Your federal return was electronically transmitted to the IRS on ; therefore, do not mail your federal Form 1040 to the IRS.

The amount you owe on your federal return is \$225. Make your check or money order payable to ' United States Treasury '. Write ' 2025 Form 1040 ' and your social security number on your payment.

Mail your Form 1040-V and payment to:

Internal Revenue Service
P.O. Box 1214
Charlotte, NC 28201-1214

If you have any questions about your tax return, please contact me. Thank you for letting me be of service to you.

Sincerely,

Rhonda D Odom, CPA

2025 Form 1040-V



Department of the Treasury
Internal Revenue Service



Before you mail a check, consider your
online payment options

IRS Direct Pay

- Pay with Bank account
- Schedule up to 30 days in advance
- No fees
- Immediate Confirmation

Go to
directpay.irs.gov

Pay by Card

- Credit or Debit Card option
- Schedule in advance
- Service fees apply and vary by processor

Go to
irs.gov/Payments

Electronic Federal Tax Payment System

- Registration required
- Business and Individuals
- Pay with Bank Account by phone or online
- No fees

Go to **EFTPS.gov**
to enroll
Registered users
call 1800-555-3453

Online payments save time, reduce paper, and don't require postage.
If you do mail a check, include the portion below with your payment.

Amount to pay includes penalties and interest of \$0

Form **1040-V** (2025) Created 12/22/25

Detach Here and Mail With Your Payment and Return

FORM **1040-V**

Department of the Treasury
Internal Revenue Service

Payment Voucher for Individuals

Do not staple or attach this voucher to your payment or return.
Go to **www.irs.gov/Payments** for payment options and information.

OMB No. 1545-0074

2025

Amount you are paying by check or money
order. Make your check or money order
payable to "United States Treasury"

225.00

1064

Sandra I Gilyard

P.O. Box 465
San Mateo, FL 32187-0465

Internal Revenue Service
P.O. Box 1214
Charlotte, NC 28201-1214

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For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 2025, See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased ☐ Spouse ☐ Other

Your first name and middle initial Sandra I Last name Gilyard Your social security number

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. PO Box 465 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. San Mateo State FL ZIP code 32187-0465 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 ☐ Single ☒ Head of household (HOH) ☐ 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 (see instructions)	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name	Satura	Earnest		
(2) Last name	Stokes	Stokes		
(3) SSN				
(4) Relationship	Niece	Nephew		
(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	39,323.			
	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	39,323.			
Attach Sch. B if required.	2a	Tax-exempt interest	2a		b	Taxable interest	2b	20.
	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	6,386.
	c	Check if (see instructions)	1 ☐ Rollover	2 ☐ QCD	3 ☐			
	5a	Pensions and annuities	5a		b	Taxable amount	5b	76,275.
	c	Check if (see instructions)	1 ☐ Rollover	2 ☐ PSO	3 ☐			
	6a	Social security benefits	6a	27,516.	b	Taxable amount	6b	23,389.
	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		
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income				9	145,393.	
	10	Adjustments to income from Schedule 1, line 26				10		
11a	Subtract line 10 from line 9. This is your adjusted gross income				11a	145,393.		

Tax and Credits	11b Amount from line 11a (adjusted gross income)	11b 145,393.
	12a Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent	
	b ☐ Spouse itemizes on a separate return c ☐ You were a dual-status alien	
	d You: ☒ Were born before January 2, 1961 ☐ Are blind	
	Spouse: ☐ Was born before January 2, 1961 ☐ Is blind	
Standard deduction for-	e Standard deduction or itemized deductions (from Schedule A)	12e 26,918.
• Single or Married filing separately, \$15,750	13a Qualified business income deduction from Form 8995 or Form 8995-A	13a
• Married filing jointly or Qualifying surviving spouse, \$31,500	b Additional deductions from Schedule 1-A, line 38	13b 1,776.
• Head of household, \$23,625	14 Add lines 12e, 13a, and 13b	14 28,694.
• If you checked a box on line 12a, 12b, 12c, or 12d, see inst.	15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15 116,699.
	16 Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16 19,116.
	17 Amount from Schedule 2, line 3	17
	18 Add lines 16 and 17	18 19,116.
	19 Child tax credit or credit for other dependents from Schedule 8812	19 1,000.
	20 Amount from Schedule 3, line 8	20
	21 Add lines 19 and 20	21 1,000.
	22 Subtract line 21 from line 18. If zero or less, enter -0-	22 18,116.
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23
	24 Add lines 22 and 23. This is your total tax	24 18,116.
Payments and Refundable Credits	25 Federal income tax withheld from:	
	a Form(s) W-2 25a 5,812.	
	b Form(s) 1099 25b 12,079.	
	c Other forms (see instructions) 25c	
	d Add lines 25a through 25c 25d 17,891.	
	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):	
If you have a qualifying child, you may need to attach Sch. EIC.	27a Earned income credit (EIC) 27a	
	b Clergy filing Schedule SE (see instructions) ☐	
	c If you do not want to claim the EIC, check here ☐	
	28 Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐ 28	
	29 American opportunity credit from Form 8863, line 8 29	
	30 Refundable adoption credit from Form 8839, line 13 30	
	31 Amount from Schedule 3, line 15 31	
	32 Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits 32 0.	
	33 Add lines 25d, 26, and 32. These are your total payments 33 17,891.	
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 0.	
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐ 35a 0.	
Direct deposit? See instructions.	b Routing number X X X c Type: ☐ Checking ☐ Savings	
	d Account number X X X 36	
	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 37 225.	
	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 Rhonda D Odom, CPA Phone no. 386-972-1832 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.	
Joint return? See instructions. Keep a copy for your records.	Your signature Date Your occupation School Board Member If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	
	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)	
	Phone no. Email address	
Paid Preparer Use Only	Preparer's signature Rhonda D Odom, CPA Date 04/13/2026 PTIN Check if: ☒ Self-employed	
	Preparer's name Rhonda D Odom, CPA Phone no. (386) 972-1832	
	Firm's name Rhonda D. Odom, CPA	
	Firm's address P.O. Box 1594, Palatka, FL, 32178 Firm's EIN ** - ***1222	

SCHEDULE 1-A
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Deductions

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. **1A**

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

Your social security number

Sandra I Gilyard

Part I Modified Adjusted Gross Income (MAGI) Amount

1	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11b	1	145,393.
2a	Enter any income from Puerto Rico that you excluded	2a	
b	Enter the amount from Form 2555, line 45	2b	
c	Enter the amount from Form 2555, line 50	2c	
d	Enter the amount from Form 4563, line 15	2d	
e	Add lines 2a, 2b, 2c, and 2d	2e	
3	Add lines 1 and 2e	3	145,393.

Part II No Tax on Tips

Caution: Fill out Part II only if you received qualified tips. These tips must have been received in an occupation listed at IRS.gov/TippedOccupations. You and/or your spouse who received qualified tips must have a valid social security number to claim the deduction. If married, you must file jointly to claim this deduction. See instructions.

4	Qualified tips received as an employee. If you received tips as an employee with respect to employment with more than one employer, enter -0- on lines 4a and 4b and see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions.		
a	Enter qualified tips included on Form W-2, box 7, but see the instructions if Form W-2, box 5 is more than \$176,100 or you received tips that are not subject to social security and Medicare taxes	4a	
b	Qualified tips included on Form 4137, line 1, row A, column (c). If Form 4137 is not filed, enter -0-	4b	
c	If you only received qualified tips as an employee with respect to employment with one employer, enter the larger of line 4a or line 4b. Otherwise, see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions	4c	
5	Qualified tips received in the course of a trade or business. Qualified tip amount included in Form 1099-NEC, box 1; Form 1099-MISC, box 3; or Form 1099-K, box 1a. Do not enter more than the net profit from the trade or business. If you received qualified tips in the course of more than one trade or business or in more than one occupation, see instructions	5	
6	Add lines 4c and 5	6	
7	Enter the smaller of the amount on line 6 or \$25,000	7	
8	Enter the amount from line 3	8	
9	Enter \$150,000 (\$300,000 if married filing jointly)	9	
10	Subtract line 9 from line 8. If zero or less, enter the amount from line 7 on line 13	10	
11	Divide line 10 by \$1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)	11	
12	Multiply line 11 by \$100	12	
13	Qualified tips deduction. Subtract line 12 from line 7. If zero or less, enter -0-	13	

Part III No Tax on Overtime

Caution: Fill out Part III only if you received qualified overtime compensation. You and/or your spouse who received the qualified overtime compensation must have a valid social security number to claim this deduction. If married, you must file jointly to claim this deduction. See instructions.

14a	Qualified overtime compensation included in Form W-2, box 1. If you received qualified overtime compensation not reported on Form W-2, box 1, see instructions	14a	
b	Qualified overtime compensation included in Form 1099-NEC, box 1, or Form 1099-MISC, box 3 (see instructions)	14b	
c	Add lines 14a and 14b	14c	
15	Enter the smaller of the amount on line 14c or \$12,500 (\$25,000 if married filing jointly)	15	
16	Enter the amount from line 3	16	
17	Enter \$150,000 (\$300,000 if married filing jointly)	17	
18	Subtract line 17 from line 16. If zero or less, enter the amount from line 15 on line 21	18	
19	Divide line 18 by \$1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)	19	
20	Multiply line 19 by \$100	20	
21	Qualified overtime compensation deduction. Subtract line 20 from line 15. If zero or less, enter -0-	21	

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

Schedule 1-A (Form 1040) 2025 Created 11/4/25

Part IV No Tax on Car Loan Interest

Caution: Fill out Part IV only if you, or your spouse if married filing jointly, paid or accrued qualified passenger vehicle loan interest (QPVLI). Column (iii) is the total QPVLI paid in 2025 less the amounts reported in column (ii). See instructions.

22 Applicable passenger vehicle (see instructions). If more than two VINs, see instructions.

(i) Vehicle identification number (VIN)		Interest for this loan:	
		(ii) Deducted on Schedule C, Schedule E, or Schedule F	(iii) Schedule 1-A
a			
b			
23	Add lines 22a and 22b, column (iii)	23	
24	Enter the smaller of the amount on line 23 or \$10,000	24	
25	Enter the amount from line 3	25	
26	Enter \$100,000 (\$200,000 if married filing jointly)	26	
27	Subtract line 26 from line 25. If zero or less, enter the amount from line 24 on line 30	27	
28	Divide line 27 by \$1,000. If the resulting number isn't a whole number, increase the result to the next higher whole number. (For example, increase 1.5 to 2, and increase 0.05 to 1.)	28	
29	Multiply line 28 by \$200.	29	
30	Qualified passenger vehicle loan interest deduction. Subtract line 29 from line 24. If zero or less, enter -0-	30	

Part V Enhanced Deduction for Seniors

Caution: You and/or your spouse must have a valid social security number. If married, you must file jointly to claim this deduction. See instructions.

31	Enter the amount from line 3	31	145,393.
32	Enter \$75,000 (\$150,000 if married filing jointly)	32	75,000.
33	Subtract line 32 from line 31. If zero or less, enter \$6,000 on line 35	33	70,393.
34	Multiply line 33 by 6% (0.06)	34	4,224.
35	Subtract line 34 from \$6,000. If zero or less, enter -0-	35	1,776.
36a	If you have a valid social security number (see instructions) and were born before January 2, 1961, enter the amount from line 35	36a	1,776.
36b	If you are married filing jointly, your spouse has a valid social security number (see instructions), and your spouse was born before January 2, 1961, enter the amount from line 35	36b	
37	Enhanced deduction for seniors. Add lines 36a and 36b	37	1,776.

Part VI Total Additional Deductions

38	Add lines 13, 21, 30, and 37. Enter here and on Form 1040 or 1040-SR, line 13b, or on Form 1040-NR, line 13c	38	1,776.
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**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2025

Attachment
Sequence No. **07**

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

Your social security number

Sandra I Gilyard

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1	4,916.	
	2	Enter amount from Form 1040 or 1040-SR, line 11b	2	145,393.	
	3	Multiply line 2 by 7.5% (0.075)	3	10,904.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.	
Taxes You Paid	5	State and local taxes (SALT).			
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☒	5a	3,174.	
	b	State and local real estate taxes (see instructions)	5b	2,000.	
	c	State and local personal property taxes	5c		
	d	Add lines 5a through 5c	5d	5,174.	
	e	Enter the smaller of line 5d or \$40,000 (\$20,000 if married filing separately). If Form 1040 or 1040-SR, line 11b is more than \$500,000 (\$250,000 if married filing separately), or if you completed Form 2555, Form 4563, or excluded income from Puerto Rico, see instructions	5e	5,174.	
	6	Other taxes. List type and amount:	6		
	7	Add lines 5e and 6	7	5,174.	
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐			
	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	3,115.	
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b		
	c	Points not reported to you on Form 1098. See instructions for special rules	8c		
	d	Reserved for future use	8d		
	e	Add lines 8a through 8c	8e	3,115.	
	9	Investment interest. Attach Form 4952 if required. See instructions	9		
	10	Add lines 8e and 9	10	3,115.	
	Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions.	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions.	11	18,629.
		12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12	
13		Carryover from prior year	13		
14		Add lines 11 through 13	14	18,629.	
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15	0.	
Other Itemized Deductions	16	Other -- from list in instructions. List type and amount:	16	0.	
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	17	26,918.	
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐			

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2025 Created 11/20/25

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2025

Attachment
Sequence No. 08

Name(s) shown on return

Your social security number

Sandra I Gilyard

Part I

Interest

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

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

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

First Coast Community CU

Amount

20.

1

- 2 Add the amounts on line 1.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.
Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR,
line 2b.

20.

20.

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

Part II

Ordinary
Dividends

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

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

- 5 List name of payer:

Amount

5

- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR,
line 3b.

6

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

Part III
Foreign

Accounts
and Trusts

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

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

- 7a At any time during 2025, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions.

Yes No

X

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements.

- b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:

- 8 During 2025, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions.

X

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

04/13/2026 08:20:07PM

Schedule B (Form 1040) 2025 Created 4/23/25

UYA

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

**Credits for Qualifying Children
and Other Dependents**

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment
Sequence No. **47**

Name(s) shown on return

Sandra I Gilyard

Your social security number

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR.	1	145,393.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	145,393.
4	Number of qualifying children under age 17 with the required social security number	4	0
5	Multiply line 4 by \$2,200	5	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	2
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	1,000.
8	Add lines 5 and 7	8	1,000.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000	9	200,000.
10	Subtract line 9 from line 8. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	
11	Multiply line 10 by 5% (0.05)	11	
12	Is the amount on line 8 more than the amount on line 11? ☐ No. Stop here. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. ☒ Yes. Subtract line 11 from line 8. Enter the result.	12	1,000.
13	Enter the amount from Credit Limit Worksheet A	13	19,116.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.	14	1,000.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040 or Form 1040-SR through line 27a (or Form 1040-NR through line 26) (also complete Schedule 3 (Form 1040), line 11) before complete Part II-A

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

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

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

15	Reserved for future use	15	
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit.	16a	
b	Number of qualifying children under age 17 with the required social security number: <u>0</u> x \$1,700. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. TIP: The number of children you use for this line is the same as the number of children you used for line 4.	16b	
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions).	18a	
b	Nontaxable combat pay (see instructions).	18b	
19	Is the amount on line 18a more than \$2,500? ☐ No. Leave line 19 blank and enter -0- on line 20. ☐ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result. Next. On line 16b, is the amount \$5,100 or more? ☐ No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. ☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly , include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
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