

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/09/2026

General Information

Name: Hon Kimberly A Berfield

PID 43967

AGENCY INFORMATION

Organization	Suborganization	Title
House Of Representatives	Elected Constitutional Officer	State Representative

CANDIDATE FOR

Position	Agency Name	Position sought or held
State Representative	Florida House of Representatives	State Representative, District 58

Net Worth

My Net Worth as of June 5, 2026 was \$ 966,263.03.

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 \$ 187,704.27.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
50% beneficiary interest in the Sue A Berfield Revocable Trust	\$ 175,800.00
Transamerica Corporat, 4333 Edgewood Rd NE, Cedar Rapids, IA 52499 (403B)	\$ 283,447.52
Nationwide New Heights, 12 Fixed Indexed Annuity, 4601 W N A Street, Tampa, FL 33609	\$ 117,858.32
Lincoln Financial Group, Lincoln Choice Plus, P.O. Bo 2348 Fort Wayne, IN 46801-2348	\$ 81,107.88
Morgan Stanley, Mutual Fund, P.O. Box 182616, Columbus, OH 43218	\$ 47,394.44
Transamerica Corporat, 4333 Edgewood Rd NE, Cedar Rapids, IA 52499	\$ 51,108.26
Raymond James & Associates, 880 Carillon Parkway, St. Petersburg, FL 33716	\$ 34,068.62
Transamerica Corporat, 4333 Edgewood Rd NE, Cedar Rapids, IA 52499 (Supp. Exec. Retir. Plan II)	\$ 11,284.96
Wells Fargo, (Savings), 420 Montgomery Street, San Francisco, CA 94104	\$ 6,300.08
Wells Fargo, (Checking), 420 Montgomery Street, San Francisco, CA 94104	\$ 5,551.62
Capitol One (Savings), P.O. Box 360, Wilmington, DE 19899	\$ 4,013.07
Franklin Templeton IRA (Primerica), 1 Primerica Parkway, Duluth GA 30099	\$ 3,079.78
Transamerica Corporat, 4333 Edgewood Rd NE, Cedar Rapids, IA 52499 (457(b))	\$ 2,433.39
See Attached	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

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

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.

Kimberly A Berfield

Digitally signed: 06/09/2026

Filed with COE: 06/09/2026

Transamerica Corporation (403B)
 4333 Edgewood Rd NE, Cedar Rapids, IA 52499
 The Johns Hopkins Health System Corporation 403(b) Plan \$ 283,447.52

- MetLife Guaranteed Account 4.51%
- Fidelity US Bond Index 17.94%
- Fidelity 500 Index 10.60%
- T. Rowe Price U.S. Equity Research 21.30%
- Fidelity Extended Market Index 10.42%
- BlackRock Adv SMID Cap Fund Inc Insti 10.71%
- BlackRock LifePath Index 2035 K 24.52%

Nationwide New Heights 12 Fixed Indexed Annuity
 4601 W N A Street, Tampa, FL 33609 \$117,858.32

- Balanced Allocation Strategy Option – JP Morgan Mozaic Strategy B

Lincoln Financial Group – Lincoln Choice Plus \$ 81,107.88
 P.O. Box 2348 Fort Wayne, IN 46801-2348

- L VIP BlackRock GblAllocation MgdRisk 29.3%
- L VIP SSGA Gbl Tactical Allocation Mgd Vity 19.9%
- L VIP Global Growth Alloc MR 19.8%
- L VIP BlkRk Inflation Prot Bnd Fixed 15.5%
- L VIP JPMorgan Short Duration Bond Fund 15.5%

Transamerica Corporation
 4333 Edgewood Rd NE, Cedar Rapids, IA 52499
 Evara Health Retirement Plan \$ 51,108.26

- Invesco Comstock R6 20.7%
- American Funds New Perspective R6 9.94%
- Vanguard Health Care Admiral 18.25%
- Nuveen Lifecycle Index 2055 R6 51.74%

Morgan Stanley – Mutual Fund \$ 47,394.44
 PO Box 182616, Columbus, OH 43218

- WellCare Health Plans, Inc, Long Share Savings Plan (Centene Corp) 530.66 shares

Raymond James & Associates \$ 34,068.62
 880 Carillon Parkway, St. Petersburg, FL 33716

- Invesco Main Street Fund CL A M/F (MSIGX) 210.205 shares
- Invesco Multi Asset Income Fund CL A/M (PIAFX) 2,520.006 shares

Transamerica Corporation
 4333 Edgewood Rd NE, Cedar Rapids, IA 52499
 Johns Hopkins Health System Corporation Supplemental Exec Retirement Plan II \$ 11,284.96

- BlackRock LifePath Index 2035 K 100%

Wells Fargo – Checking \$ 5,551.62
 420 Montgomery Street, San Francisco, CA 94104

Wells Fargo - Savings 420 Montgomery Street, San Francisco, CA 94104	\$ 6,300.08
Capitol One PO Box 360, Wilmington, DE 19899	\$ 4,013.07
Franklin Templeton IRA – Primearica 1 Primerica Parkway, Duluth GA 30099	\$ 3,079.78
• Franklin DynaTech Fund (Class A-FKDNX) • Franklin Growth Fund (Class A-FKGRX)	(\$1,598.74) (\$1,481.04)
Transamerica Corporation 4333 Edgewood Rd NE, Cedar Rapids, IA 52499 Evara Health 457(b) Deferred Compensation Plan	\$ 2,433.39
50% beneficiary interest in the Sue A. Berfield Revocable Trust.	\$175,800.00

This is information is to the best of my knowledge.
06.06.2026

Kimberly Berfield

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

☐ Filed pursuant to section 301.9100-2

☐ Combat zone

☐ Deceased

☐ Spouse

☐ Other

Your first name and middle initial
KIMBERLY A.

Last name
BERFIELD

Your social security number
[REDACTED]

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.
2519 N MCMULLEN BOOTH ROAD

Apt. no.
510

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.
CLEARWATER

State
FL

ZIP code
33761

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) ☐ Qualifying surviving spouse (QSS)

Check only one box. ☐ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: ☐ 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):

If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

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				
(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	☐ 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	☐ 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) **STMT 1**

1a **146,623.**

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 146,623.**

2a Tax-exempt interest **2a**

2b Taxable interest **2b 3,406.**

3a Qualified dividends **3a**

3b Ordinary dividends **3b**

c Check if your child's dividends are included in ☐ Line 3a ☐ Line 3b

4a IRA distributions **4a**

4b Taxable amount **4b**

c Check if (see instructions) ☐ Rollover ☐ QCD ☐

5a Pensions and annuities **5a 150,973.**

5b Taxable amount **5b 358.**

c Check if (see instructions) ☐ Rollover ☐ QCD ☐

6a Social security benefits **6a**

6b 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 1,428.**

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income **9 151,815.**

10 Adjustments to income from Schedule 1, line 26 **10**

11a Subtract line 10 from line 9. This is your adjusted gross income **11a 151,815.**

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

513921 01-05-25

Form **1040** (2025) Created 9/5/25

Tax and Credits

11b	Amount from line 11a (adjusted gross income)	11b	151,815.
12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
b	☐ Spouse itemizes on a separate return ☐ You were a dual-status alien		
d	You: ☐ Were born before January 2, 1961 ☐ Are blind		
	Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
e	Standard deduction or itemized deductions (from Schedule A)	12e	15,750.
13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	
b	Additional deductions from Schedule 1-A, line 38	13b	
14	Add lines 12e, 13a, and 13b	14	15,750.
15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15	136,065.
16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	25,503.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	25,503.
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	25,503.
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	25,503.

Standard deduction for -

- Single or Married filing separately, \$15,750
- Married filing jointly or Qualifying surviving spouse, \$31,500
- Head of household, \$23,625
- If you checked a box on line 12a, 12b, 12c, or 12d, see inst

Payments and Refundable Credits

25	Federal income tax withheld from:		
a	Form(s) W-2 SEE STATEMENT 3	25a	25,834.
b	Form(s) 1099 SEE STATEMENT 4	25b	292.
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	26,126.
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	26,126.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	623.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	623.
b	Routing number [REDACTED]	c	Type: ☒ Checking ☐ Savings
d	Account number [REDACTED]		
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	
38	Estimated tax penalty (see instructions)	38	

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS? See instructions. ☒ **Yes. Complete below.** ☐ **No**

Designee's name ROBERT I. WATKINS, CPA	Phone no. 813-254-3369	Personal identification number (PIN) [REDACTED]
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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 [REDACTED]	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no.	Email address
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Paid Preparer Use Only	Preparer's name ROBERT I. WATKINS, CPA	Preparer's signature	Date	PTIN P01387074	Check if: ☐ Self-employed
Firm's name ROBERT WATKINS & COMPANY, P.A.	Phone no 813-254-3369				Firm's EIN 59-2645714
Firm's address 610 S. BOULEVARD TAMPA, FL 33606					

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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. **01**

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

KIMBERLY A. BERFIELD

Your social security number

For 2025, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid:	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	1,428.
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(f) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount:		
		8z	
9	Total other income. Add lines 8a through 8z	9	1,428.
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	1,428.

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

Schedule 1 (Form 1040) 2025 Created 7/25/25

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:		
		24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	

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

KIMBERLY A. BERFIELD

Your social security number

Part I Tax

1 Additions to tax:

- a** Excess advance premium tax credit repayment. Attach Form 8962
- 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)

1a

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

0.

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

3

0.

Part II Other Taxes

- 4** Self-employment tax. Attach Schedule SE. 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

- 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 EFE from Form 4255, line 1d, column (I)	19	
20	Section 565 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-SF, line 23; or Form 1040-NR, line 23b	21	0.

Alternative Minimum Tax - Individuals

Form

6251Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form6251 for instructions and the latest information.**2025**Attachment
Sequence No. **32**

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

Your social security number

KIMBERLY A. BERFIELD**Part I Alternative Minimum Taxable Income**

1a Subtract Sched. 1-A (Form 1040), line 37, from Form 1040, 1040-SR, or 1040-NR, line 14	1a	15,750.
b Subtract line 1a from Form 1040, 1040-SR, or 1040-NR, line 11b (if less than zero, enter as a negative amount)	1b	136,065.
2a If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12e	2a	15,750.
b Tax refund from Schedule 1 (Form 1040), line 1 or line 8z	2b	
c Investment interest expense (difference between regular tax and AMT)	2c	
d Depletion (difference between regular tax and AMT)	2d	
e Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount	2e	
f Alternative tax net operating loss deduction	2f	
g Interest from specified private activity bonds exempt from the regular tax	2g	
h Qualified small business stock, see instructions	2h	
i Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k Disposition of property (difference between AMT and regular tax gain or loss)	2k	
l Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	
m Passive activities (difference between AMT and regular tax income or loss)	2m	
n Loss limitations (difference between AMT and regular tax income or loss)	2n	
o Circulation costs (difference between regular tax and AMT)	2o	
p Long-term contracts (difference between AMT and regular tax income)	2p	
q Mining costs (difference between regular tax and AMT)	2q	
r Research and experimental costs (difference between regular tax and AMT)	2r	
s Income from certain installment sales before January 1, 1987	2s	
t Intangible drilling costs preference	2t	
3 Other adjustments, including income-based related adjustments	3	
4 Alternative minimum taxable income. Combine lines 1b through 3. (If married filing separately and line 4 is more than \$900,350, see instructions.)	4	151,815.

Part II Alternative Minimum Tax (AMT)

5 Exemption.		
IF your filing status is ...	AND line 4 is not over ...	THEN enter on line 5 ...
Single or head of household	\$626,350	\$88,100
Married filing jointly or qualifying surviving spouse	1,252,700	137,000
Married filing separately	626,350	68,500
If line 4 is over the amount shown above for your filing status, see instructions.		
6 Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10	6	63,715.
7 • If you are filing Form 2555, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • All others: If line 6 is \$239,100 or less (\$119,550 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$4,782 (\$2,391 if married filing separately) from the result.	7	16,566.
8 Alternative minimum tax foreign tax credit (see instructions)	8	
9 Tentative minimum tax. Subtract line 8 from line 7	9	16,566.
10 Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 1z. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions	10	25,503.
11 AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 2	11	0.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

12 Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7	12
13 Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	13
14 Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter	14
15 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter	15
16 Enter the smaller of line 12 or line 15	16
17 Subtract line 16 from line 12	17
18 If line 17 is \$239,100 or less (\$119,550 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$4,782 (\$2,391 if married filing separately) from the result	18
19 Enter: • \$96,700 if married filing jointly or qualifying surviving spouse, • \$48,350 if single or married filing separately, or • \$64,750 if head of household.	19
20 Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	20
21 Subtract line 20 from line 19. If zero or less, enter -0-	21
22 Enter the smaller of line 12 or line 13	22
23 Enter the smaller of line 21 or line 22. This amount is taxed at 0%	23
24 Subtract line 23 from line 22	24
25 Enter: • \$533,400 if single, • \$300,000 if married filing separately, • \$600,050 if married filing jointly or qualifying surviving spouse, or • \$566,700 if head of household.	25
26 Enter the amount from line 21	26
27 Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	27
28 Add line 26 and line 27	28
29 Subtract line 28 from line 25. If zero or less, enter -0-	29
30 Enter the smaller of line 24 or line 29	30
31 Multiply line 30 by 15% (0.15)	31
32 Add lines 23 and 30 If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.	32
33 Subtract line 32 from line 22	33
34 Multiply line 33 by 20% (0.20) If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.	34
35 Add lines 17, 32, and 33	35
36 Subtract line 35 from line 12	36
37 Multiply line 36 by 25% (0.25)	37
38 Add lines 18, 31, 34, and 37	38
39 If line 12 is \$239,100 or less (\$119,550 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$4,782 (\$2,391 if married filing separately) from the result	39
40 Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment
Sequence No. 52

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

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions.

KIMBERLY A. BERFIELD

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2025. See instructions	☒ Self-only	☐ Family
2	HSA contributions you made for 2025 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2025. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	
3	If you were under age 55 at the end of 2025 and, on the first day of every month during 2025, you were, or were considered, an eligible individual with the same coverage, enter \$4,300 (\$8,550 for family coverage). All others, see the instructions for the amount to enter	3	4,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2025 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2025, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	4,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2025, see the instructions for the amount to enter	6	4,300.
7	If you were age 55 or older at the end of 2025, married, and you or your spouse had family coverage under an HDHP at any time during 2025, enter your additional contribution amount. See instructions	7	
8	Add lines 6 and 7	8	4,300.
9	Employer contributions made to your HSAs for 2025	9	2,398.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	2,398.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	1,902.
13	HSA deduction (see instructions)	13	

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2025 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ☐		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

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

Form **8889** (2025) Created 3/28/25

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 1

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T STATE OF FLORIDA	28,206.	1,346.			1,804.	422.
T EVERA HEALTH	118,417.	24,488.			8,631.	2,019.
TOTALS	146,623.	25,834.			10,435.	2,441.

FORM 1040

PENSIONS AND ANNUITIES

STATEMENT

2

SECURITY BENEFIT LIFE INSURANCE COMPANY

AMOUNT RECEIVED THIS YEAR 114,215.
NONTAXABLE AMOUNT 114,215.
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

0.

SECURITY BENEFIT LIFE INSURANCE COMPANY

AMOUNT RECEIVED THIS YEAR 36,758.
NONTAXABLE AMOUNT 36,400.
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

358.

TOTAL INCLUDED IN FORM 1040, LINE 5B

358.

FORM 1040

FEDERAL INCOME TAX WITHHELD - FORM(S) W-2

STATEMENT

3

T
S DESCRIPTION

AMOUNT

T STATE OF FLORIDA
T EVERA HEALTH

1,346.
24,488.

TOTAL TO FORM 1040, LINE 25A

25,834.

FORM 1040

FEDERAL INCOME TAX WITHHELD - FORM(S) 1099

STATEMENT

4

T
S DESCRIPTION

AMOUNT

T SECURITY BENEFIT LIFE INSURANCE COMPANY

292.

TOTAL TO FORM 1040, LINE 25B

292.

FORM HAS BEEN ELECTRONICALLY
FILED - KEEP FOR YOUR RECORDS

Form 4868 Department of the Treasury Internal Revenue Service (99)		Application for Automatic Extension of Time To File U.S. Individual Income Tax Return		10 19 2025
Part I Identification		Part II Individual Income Tax		
1 Your name(s) KIMBERLY A. BERFIELD 2519 N MCMULLEN BOOTH ROAD APT. 510 CLEARWATER, FL 33761		4 Estimate of total tax liability for 2025 \$ <u>25,503.</u>		
2 Your social security number [REDACTED]		5 Total 2025 payments <u>26,126.</u>		
3 Spouse's social security number [REDACTED]		6 Balance due. Subtract line 5 from line 4 <u>0.</u>		
		7 Amount you are paying <u>0.</u>		
		8 Check here if you are "out of the country" and a U.S. citizen or resident ☐		
		9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding ☐		

Direct Deposit/Debit Report

Name: **KIMBERLY A. BERFIELD**

ID Number: [REDACTED]

Unit	Foqm	Name of Financial Institution	Account Type	Routing Number	Account Number	Debit/Deposit Date	Amount
FED 1040		WELLS FARGO BANK	CHECKING	[REDACTED]	[REDACTED]	DEPOSIT	623.

[REDACTED]

Employee Reference Copy
W-2 Wage and Tax Statement **2025**
OMB No. 1545-0020

Copy C for employee's records
d Control number 002519 MIAM/KRN Dept. 009218 Corp. A Employer use only 26

e Employer's name, address, and ZIP code

EVARA HEALTH
14100 58TH ST N
CLEARWATER FL 33760

Batch #03486

e/f Employee's name, address, and ZIP code

KIMBERLY ANN BERFIELD
1466 FLORA ROAD
CLEARWATER FL 33755

b Employer's FED ID number 59-2097521	a Employer's SSA number [REDACTED]
1 Wages, tips, other comp. 118417.44	2 Federal income tax withheld 24488.23
3 Social security wages 139217.44	4 Social security tax withheld 8631.48
5 Medicare wages and tips 139217.44	6 Medicare tax withheld 2018.65
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 EI 20800.00
14 Other	12b W 2398.00 12c DD 13194.75 12d
15 State Employer's state ID no. FL	16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

☐ CORRECTED (if checked)

State or
and telephone no.
ANCE COMPANY
ACE

1 Gross distribution
\$36,758.40
2a Taxable amount
\$357.96

OMB No 1545-0119
2025
Form 1099-R

Distributions From Pensions,
Annuities, Retirement or
Profit-Sharing Plans, IRAs,
Insurance Contracts, etc.

2b Taxable amount not
determined ☐ Total distribution ☒
3 Capital gain (included in box 2a)
\$0.00

4 Federal income tax withheld
\$292.34
Copy C
For Recipient's
Records

5 Employee contributions/Designated
Roth contributions or insurance
premiums \$36,400.44
6 Net unrealized appreciation in employer's
securities \$0.00

7 Distribution code(s)
4D IRA / SEP / SIMPLE ☐ 8 Other \$0.00 %

This information is
being furnished to
the IRS

9a Your percentage of total distribution
50% 9b Total employee contributions
\$0.00

14 State tax withheld
\$0.00 15 State/Payer's state no.
FL

16 State distribution
\$357.96

17 Local tax withheld

18 Name of locality

19 Local distribution

12 FATCA filing
requirement ☐ 13 Date of payment

of desig.
b

your records)

www.irs.gov/Form1099R

Department of the Treasury-Internal Revenue Service

a Employee's social security number [REDACTED]		Payroll organization code 11-21-21-90-058		Intradepartment number 0000000038	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 28,206.12		2 Federal income tax withheld 1,346.28	
c Employer's name, address, and ZIP code State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 29,097.00		4 Social security tax withheld 1,804.01	
		5 Medicare wages and tips 29,097.00		6 Medicare tax withheld 421.91	
		7 Social security tips		10 Dependent care benefits	
d Control number 001041 01/07		11 Nonqualified plan ¹		12a See instructions for box 12 DD 10,818.37	
e Employee's first name, mi, and last name KIMBERLY A BERFIELD 2519 N MCMULLEN BOOTH RD Ste 510 CLEARWATER, FL 33761		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐		12b	
		14 Other 125 600.00		12c	
				12d	
				12e	
f Employee's address and ZIP code					
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
		20 Locality name			

FORM **W-2** WAGE AND TAX STATEMENT

2025

OGE No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA527W REV. 06/18/2025

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.