

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/23/2026

General Information

Name: Ms Mary Lou Lou Cuellar-Stilo Esq

PID 311836

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (13Th)	Elected Constitutional Officer	County Judge

Net Worth

My Net Worth as of December 31, 2025 was \$ 725,723.17.

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 \$ 56,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
11606 Hidden Hollow Circle	\$ 469,500.00
2022 Lexus IS 300 Sedan	\$ 30,000.00
Chase Bank	\$ 59,550.62
Raymond James	\$ 476,234.79
Roth IRA	\$ 29,699.31
Roll over IRA	\$ 3,032.75

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Lakeview	PO Box 100043	\$ 398,294.30

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

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

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

PRIMARY SOURCES OF INCOME:

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

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

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

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

N/A

Training

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

Signature of Reporting Official or Candidate

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

Mary Lou Cuellar-Stilo Esq

Digitally signed: 06/23/2026

Filed with COE: 06/23/2026

1040 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

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone

See separate instructions.

☐ Other

☐ Deceased

Spouse

Your first name and middle initial

MARY LOU

Last name

CUELLAR STILO

Your social security number

[REDACTED]

If joint return, spouse's first name and middle initial

Last name

CUELLAR STILO

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

11606 HIDDEN HOLLOW CIR

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.

TAMPA

State

FL

ZIP code

33635

Foreign country name

Foreign province/state/county

Foreign postal code

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.

Foreign country name

Foreign province/state/county

Foreign postal code

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.

Filing Status ☒ Single

☐ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS). Enter spouse's SSN above

☐ Head of household (HOH)

Qualifying surviving spouse (QSS)

If you checked the HOH or QSS box, enter the child's name

and full name here:

If the qualifying person is a child but not your dependent:

☐ You ☐ Spouse

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):

☐ Yes ☒ No

Dependent 4

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

Dependent 3

Dependents (see instr.)

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

(6) Check if

(7) Credits

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.

1a Total amount from Form(s) W-2, box 1 (see instructions)

1b Household employee wages not reported on Form(s) W-2

1c Tip income not reported on line 1a (see instructions)

1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)

1e Taxable dependent care benefits from Form 2441, line 26

1f Employer-provided adoption benefits from Form 8839, line 31

1g Wages from Form 8919, line 6

1h Other earned income (see instructions). Enter type and amount

1i Nontaxable combat pay election (see instructions)

1j Add lines 1a through 1h

2a Tax-exempt interest

2b Taxable interest

2c Qualified dividends

2d Check if your child's dividends are included in 1

2e IRA distributions

2f Check if (see instructions)

2g Pensions and annuities

2h Check if (see instructions)

2i Social security benefits

2j If you elect to use the lump-sum election method, check here (see instructions)

2k If you are married filing separately and lived apart from your spouse the entire year (see instr.), check here

2l Capital gain or (loss). Attach Schedule D if required

2m Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)

2n Additional income from Schedule 1, line 10

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

2p Adjustments to income from Schedule 1, line 26

2q Subtract line 10 from line 9. This is your adjusted gross income

2r Attach Sch. B if required

2s Attach Form(s) 1099-R if tax was withheld

2t If you did not get a Form W-2, see instructions

2u Add lines 1a through 1h

2v Tax-exempt interest

2w Taxable interest

2x Qualified dividends

2y Check if your child's dividends are included in 1

2z IRA distributions

2aa Check if (see instructions)

2ab Pensions and annuities

2ac Check if (see instructions)

2ad Social security benefits

2ae If you elect to use the lump-sum election method, check here (see instructions)

2af If you are married filing separately and lived apart from your spouse the entire year (see instr.), check here

2ag Capital gain or (loss). Attach Schedule D if required

2ah Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)

2ai Additional income from Schedule 1, line 10

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

2ak Adjustments to income from Schedule 1, line 26

2al Subtract line 10 from line 9. This is your adjusted gross income

2am Attach Sch. B if required

2an Attach Form(s) 1099-R if tax was withheld

2ao If you did not get a Form W-2, see instructions

2ap Add lines 1a through 1h

2aq Tax-exempt interest

2ar Taxable interest

2as Qualified dividends

2at Check if your child's dividends are included in 1

2au IRA distributions

2av Check if (see instructions)

2aw Pensions and annuities

2ax Check if (see instructions)

2ay Social security benefits

2az If you elect to use the lump-sum election method, check here (see instructions)

2ba If you are married filing separately and lived apart from your spouse the entire year (see instr.), check here

2bb Capital gain or (loss). Attach Schedule D if required

2bc Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)

2bd Additional income from Schedule 1, line 10

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

2bf Adjustments to income from Schedule 1, line 26

2bg Subtract line 10 from line 9. This is your adjusted gross income

2bh Attach Sch. B if required

2bi Attach Form(s) 1099-R if tax was withheld

2bo If you did not get a Form W-2, see instructions

2bp Add lines 1a through 1h

2bq Tax-exempt interest

2br Taxable interest

2bs Qualified dividends

2bt Check if your child's dividends are included in 1

2bu IRA distributions

2bv Check if (see instructions)

2bw Pensions and annuities

2bx Check if (see instructions)

2by Social security benefits

2bz If you elect to use the lump-sum election method, check here (see instructions)

2ca If you are married filing separately and lived apart from your spouse the entire year (see instr.), check here

2cb Capital gain or (loss). Attach Schedule D if required

2cc Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)

2cd Additional income from Schedule 1, line 10

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

2cf Adjustments to income from Schedule 1, line 26

2cg Subtract line 10 from line 9. This is your adjusted gross income

2ch Attach Sch. B if required

2ci Attach Form(s) 1099-R if tax was withheld

2co If you did not get a Form W-2, see instructions

2cp Add lines 1a through 1h

2cq Tax-exempt interest

2cr Taxable interest

2cs Qualified dividends

2ct Check if your child's dividends are included in 1

2cu IRA distributions

2cv Check if (see instructions)

2cw Pensions and annuities

2cx Check if (see instructions)

2cy Social security benefits

2cz If you elect to use the lump-sum election method, check here (see instructions)

2da If you are married filing separately and lived apart from your spouse the entire year (see instr.), check here

2db Capital gain or (loss). Attach Schedule D if required

2dc Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)

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2dg Subtract line 10 from line 9. This is your adjusted gross income

2dh Attach Sch. B if required

2di Attach Form(s) 1099-R if tax was withheld

2do If you did not get a Form W-2, see instructions

2dp Add lines 1a through 1h

2dq Tax-exempt interest

2dr Taxable interest

2ds Qualified dividends

2dt Check if your child's dividends are included in 1

2du IRA distributions

2dv Check if (see instructions)

2dw Pensions and annuities

2dx Check if (see instructions)

2dy Social security benefits

2dz If you elect to use the lump-sum election method, check here (see instructions)

2ea If you are married filing separately and lived apart from your spouse the entire year (see instr.), check here

2eb Capital gain or (loss). Attach Schedule D if required

2ec Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)

2ed Additional income from Schedule 1, line 10

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

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2eg Subtract line 10 from line 9. This is your adjusted gross income

2eh Attach Sch. B if required

2ei Attach Form(s) 1099-R if tax was withheld

2eo If you did not get a Form W-2, see instructions

2ep Add lines 1a through 1h

2eq Tax-exempt interest

2er Taxable interest

2es Qualified dividends

2et Check if your child's dividends are included in 1

2eu IRA distributions

2ev Check if (see instructions)

2ew Pensions and annuities

2ex Check if (see instructions)

2ey Social security benefits

2ez If you elect to use the lump-sum election method, check here (see instructions)

2fa If you are married filing separately and lived apart from your spouse the entire year (see instr.), check here

2fb Capital gain or (loss). Attach Schedule D if required

2fc Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)

2fd Additional income from Schedule 1, line 10

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

2ff Adjustments to income from Schedule 1, line 26

2fg Subtract line 10 from line 9. This is your adjusted gross income

2fh Attach Sch. B if required

2fi Attach Form(s) 1099-R if tax was withheld

2fo If you did not get a Form W-2, see instructions

2fp Add lines 1a through 1h

2fq Tax-exempt interest

2fr Taxable interest

2fs Qualified dividends

2ft Check if your child's dividends are included in 1

2fu IRA distributions

2fv Check if (see instructions)

2fw Pensions and annuities

2fx Check if (see instructions)

2fy Social security benefits

2fz If you elect to use the lump-sum election method, check here (see instructions)

2ga If you are married filing separately and lived apart from your spouse the entire year (see instr.), check here

2gb Capital gain or (loss). Attach Schedule D if required

2gc Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)

2gd Additional income from Schedule 1, line 10

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

2gf Adjustments to income from Schedule 1, line 26

2gg Subtract line 10 from line 9. This is your adjusted gross income

2gh Attach Sch. B if required

2gi Attach Form(s) 1099-R if tax was withheld

2go If you did not get a Form W-2, see instructions

Tax and Credits

11b Amount from line 11a (adjusted gross income).....	11b	237,359
12a Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent ☐		
b ☐ Spouse itemizes on a separate return c ☐ Were born before January 2, 1961 ☐ Are blind ☐		
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).....		
13a Qualified business income deduction from Form 8995 or Form 8995-A.....	12e	33,440
b Additional deductions from Schedule 1-A, line 38.....	13a	
14 Add lines 12e, 13a, and 13b.....	13b	
15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	14	33,440
16 Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	15	203,919
17 Amount from Schedule 2, line 3.....	16	42,317
18 Add lines 16 and 17.....	17	
19 Child tax credit or credit for other dependents from Schedule 8812.....	18	42,317
20 Amount from Schedule 3, line 8.....	19	
21 Add lines 19 and 20.....	20	
22 Subtract line 21 from line 18. If zero or less, enter -0-.....	21	
23 Other taxes, including self-employment tax, from Schedule 2, line 21.....	22	42,317
24 Add lines 22 and 23. This is your total tax	23	164
	24	42,481

Payments 25 Federal income tax withheld from:

a Form(s) W-2.....	25a	33,283
b Form(s) 1099.....	25b	1,994
c Other forms (see instructions).....	25c	
d Add lines 25a through 25c.....	25d	35,277
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	
33 Add lines 25d, 26, and 32. These are your total payments	33	35,277
34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	
b Routing number XXXXXXXXXXXXXXXXXX c Type: ☐ Checking ☐ Savings		
d Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
36 Amount of line 34 you want applied to your 2026 estimated tax	36	

Refund

37 Subtract line 33 from line 24. This is the amount you owe	37	7,204
38 Estimated tax penalty (see instructions).....	38	

Amount You Owe 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.....**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	HRB TAX GROUP INC	Phone no.	813-973-1234	Personal identification number (PIN)	
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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.

Sign Here	Your signature	Date	Your occupation
	ELIZABETH PETERSE	05/27/2026	ATTORNEY
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation

Phone no. 8138927109 Email address MLCUELLARSTILO@AOL.COM

Paid Preparer	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
	ELIZABETH PETERSE		05/27/2026	P00149294	

Phone no. 813-973-1234

Firm's name HRB TAX GROUP INC 5446 BRUCE B DOWNS BLVD WESLEY CHAPEL FL 33544

Firm's EIN 431871840

Form 1040 (2025)

SCHEDULE 2
(Form 1040)

Additional Taxes

OMB No. 1545-0074

2025

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **02**

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

MARY LOU CUELLAR STILO

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

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

y Other additions to tax (see instructions):

- z** Add lines 1a through 1y
- 2** Alternative minimum tax. Attach Form 6251
- 3** Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions):

1 ☐ 4361 **2** ☐ 4029 **3** ☐

5 Social security and Medicare tax on unreported tip income.

Attach Form 4137

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

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

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

If not required, check here ☐

9 Household employment taxes. Attach Schedule H

10 Reserved for future use

11 Additional Medicare Tax. Attach Form 8959

12 Net investment income tax. Attach Form 8960

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

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

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

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

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

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Schedule 2 (Form 1040) 2025 Created 5/8/25

(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 8897 or 8866.	17n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR.	17o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund.	17p		
q	Any interest from Form 8621, line 24.	17q		
z	Any other taxes. List type and amount:	17z		
18	Total additional taxes. Add lines 17a through 17z.		18	
19	Recapture of net EPE from Form 4255, line 1d, column (i).		19	
20	Section 965 net tax liability installment from Form 965-A.	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23; or Form 1040-NR, line 23b.		21	164

Schedule 2 (Form 1040) 2025

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.

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

MARY LOU CUELLAR STILO

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions) 1
- 2 Enter amount from Form 1040 or 1040-SR, line 11b 2 237,359
- 3 Multiply line 2 by 7.5% (0.075) 3 17,802
- 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 ☒

b State and local real estate taxes (see instructions) 5a 1,538

c State and local personal property taxes 5b 5,654

d Add lines 5a through 5c 5c 7,192

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 5d 7,192

6 Other taxes. List type and amount: 5e 7,192

7 Add lines 5e and 6 6 7,192

Interest You Paid

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 26,248

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 0

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 26,248

9 Investment interest. Attach Form 4952 if required. See instructions 9

10 Add lines 8e and 9 10 26,248

Gifts to Charity

11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions 11

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

Add lines 11 through 13 14

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

16 Other--from list in instructions. List type and amount: 16

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 12e 17 33,440

Itemized Deductions

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

MARY LOU CUELLAR STILO

Your social security no.

Part I
Interest

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:

RAYMOND JAMES BANK

(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.

2 Add the amounts on line 1. **4,304**

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. **4,304**

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

5 List name of payer:

Amount

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

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

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. **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.

2025 WAGES AND SALARIES SUMMARY ATTACHMENT

 CUELLAR STILO

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
STATE OF FLORIDA	59-6001874	T	183,112	33,283	10,918				

Total

Form 1099-R

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
 CHARLES SCHWAB TRUST BANK
 COLE, SCOTT, KISSANIE, PA 401K PLAN
 11800 SCHWAB WAY
 AUSTIN, TX 78758

PAYER'S TIN

82-3967259

RECIPIENT'S TIN

RECIPIENT'S name, street address (incl. apt. no.), city or town, state or province, country, and ZIP or foreign postal code
 CUELLAR-STILO, MARY LOU
 11606 HIDDEN HOLLOW CIRCLE
 TAMPA, FL 33635

Account number (see instructions)

11111111111111111111

11 1st year of desig. Roth contrib.

2020

Copy B

13 Date of payment

12 FATCA

(if required)

10 Amount allocable to IRR within 5 years

\$

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

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

1 Gross distribution

\$ 29,389.54

2a Taxable amount

\$ 0.00

2b Taxable amount

not determined

3 Capital gain (included in box 2a)

\$

6 Net unrealized appreciation in employer's securities

\$

9a Your percentage of total distribution

%

9b Total employee contributions

\$

14 State tax withheld

\$

17 Local tax withheld

\$

18 Name of locality

\$

15 State/Payer's state no.

\$

16 State distribution

\$

19 Local distribution

\$

19 Local distribution

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19 Local distribution

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19 Local distribution

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 11800 SCHWAB WAY
 AUSTIN, TX 78758

PAYER'S TIN

82-3967259

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2020

Copy 2

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(if required)

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\$

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

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16 State distribution

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19 Local distribution

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 CHARLES SCHWAB TRUST BANK
 COLE, SCOTT, KISSANIE, PA 401K PLAN
 11800 SCHWAB WAY
 AUSTIN, TX 78758

PAYER'S TIN

82-3967259

RECIPIENT'S TIN

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 11606 HIDDEN HOLLOW CIRCLE
 TAMPA, FL 33635

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11111111111111111111

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2020

Copy C

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(if required)

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www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

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%

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\$

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\$

17 Local tax withheld

\$

18 Name of locality

\$

15 State/Payer's state no.

\$

16 State distribution

\$

19 Local distribution

\$

19 Local distribution

\$

19 Local distribution

\$

Form 1099-R

CORRECTED (if checked)

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CHARLES SCHWAB TRUST BANK
COLE, SCOTT, KISSANE, PA 401K PLAN
11800 SCHWAB WAY
AUSTIN, TX 78758

PAYER'S TIN

82-3967259

RECIPIENT'S TIN

[REDACTED]

RECIPIENT'S name, street address (incl. apt. no.), city or town, state or province, country, and ZIP or foreign postal code
CUELLAR-STILO, MARY LOU

11606 HIDDEN HOLLOW CIRCLE
TAMPA, FL 33635

Account number (see instructions)

11 1st year of desig. Roth contrib.

Copy B

13 Date of payment

12 FATCA (leg. requirement)

10 Amount allocable to IRR within 5 years

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

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

1 Gross distribution
\$ 3,016.66
2a Taxable amount
\$ 0.00
2b Taxable amount
not determined

3 Capital gain (included in box 2a)

4 Federal income tax withheld

5 Employee contributions (designated Roth contributions or insurance premiums)

6 Net unrealized appreciation in employer's securities

7 Distribution code(s)

8 Other

9a Your percentage of total distribution

9b Total employee contributions

14 State tax withheld

15 State/Payer's state no.

16 State distribution

17 Local tax withheld

18 Name of locality

19 Local distribution

20 Total distribution

21 Total distribution

Form 1099-R

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
CHARLES SCHWAB TRUST BANK
COLE, SCOTT, KISSANE, PA 401K PLAN
11800 SCHWAB WAY
AUSTIN, TX 78758

PAYER'S TIN

82-3967259

RECIPIENT'S TIN

[REDACTED]

RECIPIENT'S name, street address (incl. apt. no.), city or town, state or province, country, and ZIP or foreign postal code
CUELLAR-STILO, MARY LOU

11606 HIDDEN HOLLOW CIRCLE
TAMPA, FL 33635

Account number (see instructions)

11 1st year of desig. Roth contrib.

Copy 2

13 Date of payment

12 FATCA (leg. requirement)

10 Amount allocable to IRR within 5 years

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

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Pensions, Annuities,
Retirement or
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Plans, IRAs,
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not determined

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9a Your percentage of total distribution

9b Total employee contributions

14 State tax withheld

15 State/Payer's state no.

16 State distribution

17 Local tax withheld

18 Name of locality

19 Local distribution

20 Total distribution

21 Total distribution

Form 1099-R

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
CHARLES SCHWAB TRUST BANK
COLE, SCOTT, KISSANE, PA 401K PLAN
11800 SCHWAB WAY
AUSTIN, TX 78758

PAYER'S TIN

82-3967259

RECIPIENT'S TIN

[REDACTED]

RECIPIENT'S name, street address (incl. apt. no.), city or town, state or province, country, and ZIP or foreign postal code
CUELLAR-STILO, MARY LOU

11606 HIDDEN HOLLOW CIRCLE
TAMPA, FL 33635

Account number (see instructions)

11 1st year of desig. Roth contrib.

Copy C

13 Date of payment

12 FATCA (leg. requirement)

10 Amount allocable to IRR within 5 years

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

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

1 Gross distribution
\$ 3,016.66
2a Taxable amount
\$ 0.00
2b Taxable amount
not determined

3 Capital gain (included in box 2a)

4 Federal income tax withheld

5 Employee contributions (designated Roth contributions or insurance premiums)

6 Net unrealized appreciation in employer's securities

7 Distribution code(s)

8 Other

9a Your percentage of total distribution

9b Total employee contributions

14 State tax withheld

15 State/Payer's state no.

16 State distribution

17 Local tax withheld

18 Name of locality

19 Local distribution

20 Total distribution

21 Total distribution

This information is being furnished to the IRS.

Department of the Treasury - Internal Revenue Service

PAYER FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000		1 Gross distribution \$ 49,943.40		OMB No. 1545-0119 2025 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
2a Taxable amount \$ 49,943.40		2b Taxable amount not determined ☐ Total distribution ☐				Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.	
3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 1,994.34				This information is being furnished to the IRS.	
5 Employee contributions/Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$					
7 Distribution code(s) 7		8 Other \$		9b Total employee contributions \$ 0.00			
9a Your percentage of total distribution %		15 State/Payer's state no. \$		16 State distribution \$			
14 State tax withheld \$		17 Local tax withheld \$		18 Name of locality \$		19 Local distribution \$	
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. ☐		12 FATCA filing requirement ☐			
Account number (see instructions) [REDACTED]		13 Date of payment \$					

Form **1099-R** www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service



☐ CORRECTED (if checked)

PAYER FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000		1 Gross distribution \$ 49,943.40		OMB No. 1545-0119 2025 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
2a Taxable amount \$ 49,943.40		2b Taxable amount not determined ☐ Total distribution ☐				Copy C For Recipient's Records	
3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 1,994.34				This information is being furnished to the IRS.	
5 Employee contributions/Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$					
7 Distribution code(s) 7		8 Other \$		9b Total employee contributions \$ 0.00			
9a Your percentage of total distribution %		15 State/Payer's state no. \$		16 State distribution \$			
14 State tax withheld \$		17 Local tax withheld \$		18 Name of locality \$		19 Local distribution \$	
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. ☐		12 FATCA filing requirement ☐			
Account number (see instructions) [REDACTED]		13 Date of payment \$					

Form **1099-R**

(keep for your records)

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

RAYMOND JAMES Bank

2025 COMPOSITE STATEMENT OF 1099 FORMS

Raymond James Bank
P.O. Box 23558
St. Petersburg, FL 33742-1628



MARY LOU CUELLAR-STILO
11606 HIDDEN HOLLOW CIR
TAMPA FL 33635

Client Services
800-718-BANK (2265)

Important Information

2025 INFORMATION PROVIDED FOR TAX PREPARATION

RAYMOND JAMES Bank	Tax Information Account [REDACTED]	Statement Date: 01/21/2026 Document ID: [REDACTED]	2025
P.O. Box 23558 St. Petersburg, FL 33742-1628 Customer Service: 800-718-2265 PAYER'S TIN: 59-3244348	MARY LOU CUELLAR-STILO 11606 HIDDEN HOLLOW CIR TAMPA, FL 33635 RECIPIENT'S TIN [REDACTED]		

[] FATCA filing requirement (see instructions)

Summary Information**INTEREST INCOME****2025 1099-INT**

OMB No. 1545-0112

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1- Interest income (not included in line 3)	4,303.71
2- Early withdrawal penalty	0.00
3- Interest on US Savings Bonds & Treasury obligations	0.00
4- Federal income tax withheld	0.00
5- Investment expenses	0.00
7- Foreign country or U.S. territory:	6- Foreign tax paid:
8- Tax-exempt interest (includes line 9)	0.00
9- Specified private activity bond interest (AMT)	0.00
10- Market discount (covered lots)	0.00
11- Bond premium (covered lots)	0.00
12- Bond premium on Treasury obligations (covered lots)	0.00
13- Bond premium on tax-exempt bonds (categorized below)	0.00
Tax-exempt obligations (covered lots)	0.00
Tax-exempt private activity obligations (AMT, covered lots)	0.00
14- Tax-exempt and tax credit bond CUSIP number	See detail

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. ServiceMac, LLC PO BOX 100081 Duluth, GA 30096-9377 855-913-5997		OMB No. 1545-1380 Form 1098 (Rev. April 2025) For calendar year 2025		Mortgage Interest Statement	
PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code MARY LOU CUELLAR-STILO 11606 HIDDEN HOLLOW CIR TAMPA FL 33635-6217		1 Mortgage interest received from payer(s)/borrower(s) \$ 25,248.16		Copy B For Payer/ Borrower The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a refundable credit or other tax credit may be claimed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6, or because you didn't report the refund of interest (box 4), or because you claimed a nonrefundable item.	
		2 Outstanding mortgage principal \$ 406,151.75		3 Mortgage origination date 04/19/2023	
		4 Refund of overpaid interest \$ 0.00		5 Mortgage insurance premiums* \$ 1,904.40	
		6 Points paid on purchase of principal residence \$ 0.00		7 If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.	
		8 Address or description of property securing mortgage 11606 HIDDEN HOLLOW CIR TAMPA FL 33635		9 Number of properties securing the mortgage 1	
		10 Other Taxes Paid YTD 5,654.26		11 Mortgage acquisition date	
		RECIPIENT'S/LENDER'S TIN 82-3070213		PAYER'S/BORROWER'S TIN [REDACTED]	
		Conventional with PMI			

*Consult your tax advisor regarding the deductibility of this amount. The amount in Box 5 is the amount of premiums actually paid in the previous calendar year. This includes any upfront premiums paid plus the mortgage insurance amounts paid.

Form 1098 (Rev. 4-2025) VTB (Keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service

Instructions for Payer/Borrower

A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least \$600 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.

If you received this statement as the payer of record on a mortgage on which there are other borrowers, furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount each borrower paid and points paid by the seller that represent each borrower's share of the amount allowable as a deduction. Each borrower may have to include in income a share of any amount reported in box 4.

If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy. See the instructions for Schedule A, C, or E (Form 1040) for how to report the mortgage interest. Also, for more information, see Pub. 936 and Pub. 535.

Payer's/Borrower's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the lender has assigned to distinguish your account.

Box 1. Shows the mortgage interest received by the recipient/lender during the year. This amount includes interest on any obligation secured by real property, including a mortgage, home equity loan, or line of credit. This amount does not include points, government subsidy payments, or seller payments on a "buydown" mortgage. Such amounts are deductible by you only in certain circumstances.

If you prepaid interest in the calendar year that accrued in full by January 15 of the subsequent year, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in the calendar year paid even though it may be included in box 1.

If you hold a mortgage credit certificate and can claim the mortgage interest credit, see Form 8396. If the interest was paid on a mortgage, home equity loan, or line of credit secured by a qualified residence, you can only deduct the interest paid on acquisition indebtedness, and you may be subject to a deduction limitation.

Box 2. Shows the outstanding principal on the mortgage as of January 1 of the calendar year. If the mortgage originated in the calendar year, shows the mortgage principal as of the date of origination. If the recipient/lender acquired the loan in the calendar year, shows the mortgage principal as of the date of acquisition.

Box 3. Shows the date of the mortgage origination.

Box 4. Do not deduct this amount. It is a refund (or credit) for overpayment(s) of interest you made in a prior year or years. If you itemized deductions in the year(s) you paid the interest, you may have to include part or all of the box 4 amount on the "Other income" line of your calendar year Schedule 1 (Form 1040). No adjustment to your prior year(s) tax return(s) is necessary. For more information, see Pub. 936 and *Itemized Deduction Recoveries* in Pub. 525.

Box 5. If an amount is reported in this box, it may qualify to be treated as deductible mortgage interest. See the calendar year Schedule A (Form 1040) instructions and Pub. 936.

Box 6. Not all points are reportable to you. Box 6 shows points you or the seller paid this year for the purchase of your principal residence that are required to be reported to you. Generally, these points are fully deductible in the year paid, but you must subtract seller-paid points from the basis of your residence. Other points not reported in box 6 may also be deductible. See Pub. 936 to figure the amount you can deduct.

Box 7. If the address of the property securing the mortgage is the same as the payer's/borrower's, either the box has been checked, or box 8 has been completed.

Box 8. Shows the address or description of the property securing the mortgage.

Box 9. If more than one property secures the loan, shows the number of properties securing the mortgage. If only one property secures the loan, this box may be blank.

Box 10. The interest recipient may use this box to give you other information, such as real estate taxes or insurance paid from escrow.

Box 11. If the recipient/lender acquired the mortgage in the calendar year, shows the date of acquisition.

Future developments. For the latest information about developments related to Form 1098 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1098.

Free File Program. Go to www.irs.gov/efile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.