

General Information

Name: Mrs Amy Pritchett

Address: 4994 SE HORSESHOE POINT RD, Stuart, FL 34997

PID 302439

County: Martin

AGENCY INFORMATION

Organization	Suborganization	Title
Martin County School District	Elected Constitutional Officer	School Board Member, District 4

Net WorthMy Net Worth as of December 31, 2022 was \$ 1,163,455.14.**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, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 38,736.15.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/13/2023

Description of Asset	Value of Asset
Residential Home 4994 SE Horseshoe Point Road Stuart FL 34997	\$ 500,000.00
Cash	\$ 2,002.00
T Rowe Price New ERA (Joint)	\$ 41,338.51
Fidelity Select Retailing (FSRPX) Joint	\$ 41,331.82
Vanguard Explorer Value Fund	\$ 24,985.75
Vanguard Strategic Small Cap Equity (Joint)	\$ 26,229.47
LPL Financial (Cash)	\$ 6,107.36
LPL Financial 529 (Mason)	\$ 11,302.07
LPL Financial 529 (Brennan)	\$ 11,302.07
LPL Financial (Consolidated Edison)	\$ 149,968.63
LPL Financial Roth IRA	\$ 5,382.49
Banker's Life IRA/Amy, Jane Wertheim	\$ 8,701.10
Banker's Life IRA/Amy, Larry Wertheim	\$ 16,458.17
Banker's Life Brokerage Account Cash	\$ 2,432.44
Banker's Life Brokerage Account Equities	\$ 14,081.90
Banker's Life Brokerage Account Exchange Traded Products	\$ 159,643.36
Banker's Life Brokerage Account Annuities	\$ 43,718.72
Banker's Life Individual Retirement Cash	\$ 10,512.17
Banker's Life Individual Retirement Exchange Traded Products	\$ 230,320.21
Banker's Life Individual Retirement Annuities	\$ 268,645.59
See Attached	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
CMG Mortgage	3160 Crow Canyon Road San Ramon CA 94583	\$ 435,730.14
GMAC Lease Payment	801 Cherry St Fort Worth TX 76102	\$ 6,199.56

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/13/2023

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income.

☐ I elect to file a copy of my 2022 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
Martin County School District	1939 SE Federal Highway Stuart FL 34994	\$ 3,175.00
Consolidated Edison Retirement	One Blue Hill Plaza Pearl River NY 10965	\$ 14,700.00
Roth Account Pershing	1601 Belvedere Road STE 3015 West Palm Beach FL 33406	\$ 1,800.57
Bankers Life IR 401K	1601 Belvedere Road STE 3015 West Palm Beach FL 33406	\$ 10,003.23
Bankers Life Dividends	1 Belvedere Road STE 3015 West Palm Beach FL 33406	\$ 3,713.39
LPL Financial	Con Ed Dividends	\$ 4,923.28
T Rowe Price New ERA Joint	100 East Pratt Street Baltimore MD 21202	\$ 1,767.53
Fidelity Select Retailing Capital Gains Distribution (Joint)	P.O. Box 770001 Cincinnati OH 45277	\$ 1,028.35
Vanguard Strategic Small Cap Equity Capital Gain Distributions (Joint)	P.O. Box 982903 El Paso TX 79998	\$ 2,119.20

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

Business Entity	Major Sources of Business Income	Address	Principal Business Activity of Source
N/A			

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

N/A

Training

- ☐ 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.

Amy Pritchett

Digitally signed: 06/13/2023

Filed with COE: 06/13/2023

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CONSOLIDATED EDISON CO OF NY INC PENSION PLAN 4 IRVING PLACE NEW YORK NY 10003			1 Gross distribution \$ 14700.00		OMB No 1545-0119 22 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2a Taxable amount \$ 14700.00				
PAYER'S TIN [REDACTED]			RECIPIENT'S TIN [REDACTED]			2b Taxable amount not determined ☐ Total distribution ☐	
RECIPIENT'S name AMY B WERTHEIM Street address (including apt. no.) 4994 SE HORSESHOE POINT ROAD City or town, state or province, country, and ZIP or foreign postal code STUART FL 34997			3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$		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. This information is being furnished to the IRS.
			5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
			7 Distribution code(s) 7		8 Other \$ %		
			9a Your percentage of total distribution %		9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐		14 State tax withheld \$	
13 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐		15 State/Payer's state no.	
Account number (see instructions) 07-7		13 Date of payment		17 Local tax withheld \$		16 Name of locality	
						18 State distribution \$	
						19 Local distribution \$	

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

Detach Here

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CONSOLIDATED EDISON CO OF NY INC PENSION PLAN 4 IRVING PLACE NEW YORK NY 10003			1 Gross distribution \$ 14700.00		OMB No 1545-0119 22 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2a Taxable amount \$ 14700.00				
PAYER'S TIN [REDACTED]			RECIPIENT'S TIN [REDACTED]			2b Taxable amount not determined ☐ Total distribution ☐	
RECIPIENT'S name AMY B WERTHEIM Street address (including apt. no.) 4994 SE HORSESHOE POINT ROAD City or town, state or province, country, and ZIP or foreign postal code STUART FL 34997			3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$		Copy C For Recipient's Records This information is being furnished to the IRS.
			5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
			7 Distribution code(s) 7		8 Other \$ %		
			9a Your percentage of total distribution %		9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐		14 State tax withheld \$	
13 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐		15 State/Payer's state no.	
Account number (see instructions) 07-7		13 Date of payment		17 Local tax withheld \$		16 Name of locality	
						18 State distribution \$	
						19 Local distribution \$	

Form 1099-R

(keep for your records)

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

Detach Here

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CONSOLIDATED EDISON CO OF NY INC PENSION PLAN 4 IRVING PLACE NEW YORK NY 10003			1 Gross distribution \$ 14700.00		OMB No 1545-0119 22 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2a Taxable amount \$ 14700.00				
PAYER'S TIN [REDACTED]			RECIPIENT'S TIN [REDACTED]			2b Taxable amount not determined ☐ Total distribution ☐	
RECIPIENT'S name AMY B WERTHEIM Street address (including apt. no.) 4994 SE HORSESHOE POINT ROAD City or town, state or province, country, and ZIP or foreign postal code STUART FL 34997			3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$		Copy 2 File this copy with your state, city, or local income tax return, when required.
			5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
			7 Distribution code(s) 7		8 Other \$ %		
			9a Your percentage of total distribution %		9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐		14 State tax withheld \$	
13 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐		15 State/Payer's state no.	
Account number (see instructions) 07-7		13 Date of payment		17 Local tax withheld \$		16 Name of locality	
						18 State distribution \$	
						19 Local distribution \$	

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

1 Wages, tips, other comp.		2 Federal income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
Employer's name, address, and ZIP code SCHOOL DISTRICT MARTIN COUNTY 939 SE FEDERAL HIGHWAY STUART FL 34994-5005			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a 12b 12c 12d	
13a	13b	13c 13d	
14		Employee's social security no.	
PPS 91114		Employer's (D number) (EIN)	
AMY E PRITCHETT 4994 28 KINGSDOM POINT RD STUART FL 34997			
Employee's name, address, and ZIP code			
15	16	17	
18	19	20	
Wage and Tax Statement Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return 2022			

Instructions for Employee

A—Employee must complete the appropriate form for each item.

B—If you are a salaried employee, please indicate your salary on the appropriate line.

C—If you are an hourly employee, please indicate your hourly rate on the appropriate line.

D—If you are a salaried employee, please indicate your salary on the appropriate line.

E—If you are an hourly employee, please indicate your hourly rate on the appropriate line.

F—If you are a salaried employee, please indicate your salary on the appropriate line.

G—If you are an hourly employee, please indicate your hourly rate on the appropriate line.

H—If you are a salaried employee, please indicate your salary on the appropriate line.

I—If you are an hourly employee, please indicate your hourly rate on the appropriate line.

J—If you are a salaried employee, please indicate your salary on the appropriate line.

K—If you are an hourly employee, please indicate your hourly rate on the appropriate line.

L—If you are a salaried employee, please indicate your salary on the appropriate line.

M—If you are an hourly employee, please indicate your hourly rate on the appropriate line.

N—If you are a salaried employee, please indicate your salary on the appropriate line.

O—If you are an hourly employee, please indicate your hourly rate on the appropriate line.

P—If you are a salaried employee, please indicate your salary on the appropriate line.

Q—If you are an hourly employee, please indicate your hourly rate on the appropriate line.

R—If you are a salaried employee, please indicate your salary on the appropriate line.

S—If you are an hourly employee, please indicate your hourly rate on the appropriate line.

T—If you are a salaried employee, please indicate your salary on the appropriate line.

U—If you are an hourly employee, please indicate your hourly rate on the appropriate line.

V—If you are a salaried employee, please indicate your salary on the appropriate line.

W—If you are an hourly employee, please indicate your hourly rate on the appropriate line.

X—If you are a salaried employee, please indicate your salary on the appropriate line.

Y—If you are an hourly employee, please indicate your hourly rate on the appropriate line.

Z—If you are a salaried employee, please indicate your salary on the appropriate line.

[illegible]

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. BANKERS LIFE AND CASUALTY COMPANY 11825 N PENNSYLVANIA STREET CARMEL, IN 46032			1 Gross distribution \$ 10,000.23		OMB No. 1545-0119 2022 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 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. This information is being furnished to the IRS
			2a Taxable amount \$ 3,707.95		2b Taxable amount not determined ☐ Total distribution ☐		
PAYER'S TIN [REDACTED]			RECIPIENT'S TIN [REDACTED]		3 Capital gain, included in box 2a \$		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code PRITCHETT AMY 4994 SE HORSESHOE POINT RD STUART, FL 34997-2345			5 Employee contributions (Designated Roth contributions or insurance premiums) \$ 6,295.28		4 Federal income tax withheld \$ 3.23		
			7 Distribution codes: 7D IRA SEP SIMPLE ☐		8 Other ☐		6 Net unrealized appreciation in employer's securities \$ 9a Your percentage of total distribution ☐ % 9b Total employee contributions \$
10 Amount allocable to IRR within 5 years \$			11 1st year of design Roth contrib ☐		12 FATCA filing requirement ☐		
14 State tax withheld \$			15 State/Payer's state no. FL		16 State distribution \$ 3,707.95		
Account number (see instructions): 2868760			13 Date of Payment		17 Local tax withheld \$		18 Name of locality
					19 Local distribution \$		

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. BANKERS LIFE AND CASUALTY COMPANY 11825 N PENNSYLVANIA STREET CARMEL, IN 46032			1 Gross distribution \$ 10,000.23		OMB No. 1545-0119 2022 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C For Recipient's Records This information is being furnished to the IRS
			2a Taxable amount \$ 3,707.95		2b Taxable amount not determined ☐ Total distribution ☐		
PAYER'S TIN [REDACTED]			RECIPIENT'S TIN [REDACTED]		3 Capital gain, included in box 2a \$		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code PRITCHETT AMY 4994 SE HORSESHOE POINT RD STUART, FL 34997-2345			5 Employee contributions (Designated Roth contributions or insurance premiums) \$ 6,295.28		4 Federal income tax withheld \$ 3.23		
			7 Distribution codes: 7D IRA SEP SIMPLE ☐		8 Other ☐		6 Net unrealized appreciation in employer's securities \$ 9a Your percentage of total distribution ☐ % 9b Total employee contributions \$
10 Amount allocable to IRR within 5 years \$			11 1st year of design Roth contrib ☐		12 FATCA filing requirement ☐		
14 State tax withheld \$			15 State/Payer's state no. FL		16 State distribution \$ 3,707.95		
Account number (see instructions): 2868760			13 Date of Payment		17 Local tax withheld \$		18 Name of locality
					19 Local distribution \$		

Form **1099-R**

(Keep for your records.)

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. BANKERS LIFE AND CASUALTY COMPANY 11825 N PENNSYLVANIA STREET CARMEL, IN 46032			1 Gross distribution \$ 10,000.23		OMB No. 1545-0119 2022 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax return, when required.
			2a Taxable amount \$ 3,707.95		2b Taxable amount not determined ☐ Total distribution ☐		
PAYER'S TIN [REDACTED]			RECIPIENT'S TIN [REDACTED]		3 Capital gain, included in box 2a \$		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code PRITCHETT AMY 4994 SE HORSESHOE POINT RD STUART, FL 34997-2345			5 Employee contributions (Designated Roth contributions or insurance premiums) \$ 6,295.28		4 Federal income tax withheld \$ 3.23		
			7 Distribution codes: 7D IRA SEP SIMPLE ☐		8 Other ☐		6 Net unrealized appreciation in employer's securities \$ 9a Your percentage of total distribution ☐ % 9b Total employee contributions \$
10 Amount allocable to IRR within 5 years \$			11 1st year of design Roth contrib ☐		12 FATCA filing requirement ☐		
14 State tax withheld \$			15 State/Payer's state no. FL		16 State distribution \$ 3,707.95		
Account number (see instructions): 2868760			13 Date of Payment		17 Local tax withheld \$		18 Name of locality
					19 Local distribution \$		

Form **1099-R**
2H8034 2.00C

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service



BANKERS LIFE

Securities and variable annuity products and services are offered by Bankers Life Securities, Inc.
111 E. Wacker Drive, 7th Floor, Chicago, IL 60601-1444, 1-844-531-9083

2022 Retirement Account Tax Information Statement

Recipient's Name and Address:

0017996 01 AB 0.488 01 XP99R201 TR 00070
IRA FBO AMY B PRITCHETT
PERSHING LLC: AS CUSTODIAN
ROTH ACCOUNT
BENE OF JANE ELLEN WERTHEIM
4994 SE HORSESHOE POINT RD
STUART FL 34997 2345

Your Financial Advisor Is:

ANTHONY E ALVAREZ
1601 Belvedere Rd Ste 301 South
West Palm Beach FL 33406
ID: AB2

Payer's Information:

PERSHING LLC
ONE PERSHING PLAZA
JERSEY CITY NJ 07399

Customer Service Phone Number: 561-689-3592

Payer's Federal Identification Number: 13-3718556

Recipient's Information:

Account Number: [REDACTED]

Recipient's Identification Number: [REDACTED]



2022 Form 1099-R

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

OMB No. 1545-0119

Copy C: For Recipient's Records

Box			
1	Gross Distribution	\$1,800.57	9a Your Percentage of Total Distribution
2a	Taxable Amount		9b Total Employee Contributions
2b	Taxable Amount Not Determined	☒	10 Amount allocable to RRR within 5 years
	Total Distribution	\$0.00	11 1st Year of Designated Roth Contribution
3	Capital Gain (included in Box 2a)	\$0.00	12 FATCA Filing Requirement
4	Federal Income Tax Withheld	\$0.00	13 Date of Payment
5	Employee Contributions/Designated Roth Contributions or Insurance Premiums	\$0.00	14 State Tax Withheld
6	Net Unrealized Appreciation in Employer's Securities	\$0.00	15 State/Payer's State Number
7	Distribution Code(s)	1	16 State Distribution
	IRAP/SEP/SIMPLE	☐	17 Local Tax Withheld
8	Other Amount	\$0.00	18 Name of Locality
	Other Percentage	0.00%	19 Local Distribution

This information is being furnished to the Internal Revenue Service.
The above represents a summary of your retirement account distribution activity for Tax Year 2022. The Internal Revenue Service instructions are on the back of this page.



 LPL Financial 1055 LPL Way Fort Mill, SC 29715	Tax information Account [REDACTED] AMY B. PRITCHETT TOD ACCOUNT 4994 SE HORSESHOE POINT ROAD STUART, FL 34997	Statement Date: 01/20/2023 Document ID: FAU5 UB2 7M8F JAMES PARKS, CFP, AIF 201-689-2020
---	---	---

11 - (1) FATCA filing requirement (see instructions)		13 - (1) FATCA filing requirement (see instructions)	
DIVIDENDS AND DISTRIBUTIONS 2022 1099-DIV*	MISCELLANEOUS INFORMATION 2022 1099-MISC*		
1a- Total ordinary dividends (includes lines 1b, 5, 2e) 1b- Qualified dividends 2a- Total capital gain distributions (includes lines 2b, 2c, 2d, 2f) 2b- Unrecaptured Section 1250 gain 2c- Section 1202 gain 2d- Collectibles (28%) gain 2e- Section 897 ordinary dividends 2f- Section 897 capital gain 3- Nondividend distributions 4- Federal income tax withheld 5- Section 199A dividends 6- Investment expenses 8- Foreign country or US possession 9- Cash liquidation distributions 10- Noncash liquidation distributions 12- Exempt-interest dividends (includes line 13) 13- Specified private activity bond interest dividends (AMT)	2- Royalties 3- Other income 4- Federal income tax withheld 8- Substitute payments in lieu of dividends or interest SECTION 1256 CONTRACTS 2022 1099-B* 8- Profit or (loss) realized in 2022 on closed contracts 9- Unrealized profit or (loss) on open contracts-12/31/2021 10- Unrealized profit or (loss) on open contracts-12/31/2022 11- Aggregate profit or (loss) on contracts <i>If applicable, proceeds from sale transactions appear summarized below and are detailed in subsequent sections of this document</i>		

SUMMARY OF PROCEEDS, GAINS & LOSSES, ADJUSTMENTS AND WITHHOLDING

Refer to 1099-B and Proceeds to ensure that you consider all relevant items and to determine the correct gains and losses. The amounts shown below are for informational purposes only.

Term	Form 8949 type	Proceeds	Cost basis	Market discount	Wash sale loss disallowed	Net gain or loss(-)
Short	A (basis reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Short	B (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Short	C (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	Total Short-term	0.00	0.00	0.00	0.00	0.00
Long	D (basis reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Long	E (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Long	F (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	Total Long-term	0.00	0.00	0.00	0.00	0.00
Undetermined	B or E (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Undetermined	C or F (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	Total Undetermined-term	0.00	0.00	0.00	0.00	0.00
	Grand total	0.00	0.00	0.00	0.00	0.00

Withholding

Federal income tax withheld Amount 0.00

Changes to dividend tax classifications processed after your original tax form is issued for 2022 may require an amended tax form

2022 Form 1099-DIV

OMB No 1545-0110

Dividends and Distributions

Page 2 of 4

T.RowePrice®
INVEST WITH CONFIDENCE

DAVID PRITCHETT
AMY PRITCHETT JT TEN
4994 SE HORSESHOE POINT RD
STUART FL 34997-2345

This is important tax information and is being furnished to the IRS. 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 it has not been reported.

T Rowe Price Services, Inc.
P O Box 17302
Baltimore, MD 21297-1302
1-800-225-5132
info@troweprice.com

Copy B
For Recipient
(keep for your records)

Ordinary dividends		Capital gain distributions		Section 897 Gain		Nondividend distributions	Tax withheld	Section 199A dividends	Foreign taxes paid	Exempt-interest dividends	
See the instructions for Form 1040 and Schedule B, if required		See the instructions for Schedule D (Form 1040)		See Box 2e instructions		See Box 3 instructions	Report on Form 1040	See Box 5 instructions	See next pages for reporting options	See the instructions for Form 1040	See the instructions for Form 6251
Box 1a	Box 1b	Box 2a	Box 2b	Box 2e	Box 2f	Box 3	Box 4	Box 5	Box 7	Box 12	Box 13
Total ordinary dividends	Qualified dividends	Total capital gain distribution	Unrecaptured Sec. 1250 gain	Section 897 ordinary dividends	Section 897 capital gain	Nondividend distributions	Federal income tax withheld	Section 199A dividends	Foreign tax paid	Exempt-interest dividends	Specified private activity bond interest dividends
Fund name: TRP New Era											
1,767.53		1,767.53		Acct. number:							

Vanguard

VANGUARD MARKETING CORPORATION
VANGUARD BROKERAGE
P.O. BOX 982901
EL PASO, TX 79998-2901
Customer Service 800-652-2739

Tax Information

DAVID PRITCHETT &
AMY PRITCHETT
JT TEN WROS
4994 SE HORSESHOE POINT RD
STUART, FL 34997-2345

Statement Date: 01/21/2023
Document ID: 14MD 9X8 1MS5

2022

11- [] FATCA filing requirement (see instructions)

Summary Information

13- [] FATCA filing requirement (see instructions)

DIVIDENDS AND DISTRIBUTIONS 2022 1099-DIV* OMB No. 1545-0110 MISCELLANEOUS INFORMATION 2022 1099-MISC* OMB No. 1545-0115

1a- Total ordinary dividends (includes lines 1b, 5, 2e) 648.32
1b- Qualified dividends 597.97
2a- Total capital gain distributions (includes lines 2b, 2c, 2d, 2f) 2,119.20
2b- Unrecaptured Section 1250 gain 0.00
2c- Section 1202 gain 0.00
2d- Collectibles (28%) gain 0.00
2e- Section 897 ordinary dividends 0.00
2f- Section 897 capital gain 0.00
3- Nondividend distributions 0.00
4- Federal income tax withheld 0.00
5- Section 195A dividends 0.00
6- Investment expenses 0.00
7- Foreign tax paid 0.00
8- Foreign country or US possession: 0.00
9- Cash liquidation distributions 0.00
10- Noncash liquidation distributions 0.00
12- Exempt-interest dividends (includes line 13) 0.00
13- Specified private activity bond interest dividends (AMT) 0.00

SECTION 1256 CONTRACTS 2022 1099-B* OMB No. 1545-0115
8- Profit or (loss) realized in 2022 on closed contracts 0.00
9- Unrealized profit or (loss) on open contracts-12/31/2021 0.00
10- Unrealized profit or (loss) on open contracts-12/31/2022 0.00
11- Aggregate profit or (loss) on contracts 0.00

If applicable, proceeds from sale transactions appear summarized below and are detailed in subsequent sections of this document.

* 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.

SUMMARY OF PROCEEDS, GAINS & LOSSES, ADJUSTMENTS AND WITHHOLDING

Refer to the 1099-B and Proceeds not reported to the IRS pages to ensure that you consider all relevant items and to determine the correct gains and losses. The amounts shown below are for informational purposes.

Term	Form 8949 type	Proceeds	Cost basis	Market discount	Wash sale loss disallowed	Net gain or loss(-)
Short	A (basis reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Short	B (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Short	C (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	Total Short-term	0.00	0.00	0.00	0.00	0.00
Long	D (basis reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Long	E (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Long	F (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	Total Long-term	0.00	0.00	0.00	0.00	0.00
Undetermined	B or E (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Undetermined	C or F (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	Total Undetermined-term	0.00	0.00	0.00	0.00	0.00
	Grand total	0.00	0.00	0.00	0.00	0.00
Withholding		Amount				
Federal income tax withheld		0.00				

Changes to dividend tax classifications processed after your original tax form is issued for 2022 may require an amended tax form.



FIDELITY BROKERAGE SERVICES, LLC
P.O. Box 28000
Albuquerque, NM 87126-0000

2022 TAX REPORTING STATEMENT

Account No. 0000-444-0000
Payer's EIN 00-0000000
Payer's DED Number 00-0000000

00000000

DAVID PRITCHETT
AMY PRITCHETT
4994 SE HORSESHOE POINT RD
STUART FL 34997-2345

Payer's Name and Address
NATIONAL FINANCIAL SERVICES, LLC
499 WASHINGTON BLVD
JERSEY CITY NJ 07310

Form 1099-DIV *

- 1a Total Ordinary Dividends
1b Qualified Dividends
2a Total Capital Gain Distributions
2b Dividend Tax Paid
3 Section 1256 Gain
4a Total Dividends
4b Section 1256 Dividends
4c Section 1256 Capital Gain
4d Nondividend Distributions
4e Federal Income Tax Withheld
4f Section 1256 Dividends

2022 Dividends and Distributions

- 1a Total Ordinary Dividends
1b Qualified Dividends
2a Total Capital Gain Distributions
2b Dividend Tax Paid
3 Section 1256 Gain
4a Total Dividends
4b Section 1256 Dividends
4c Section 1256 Capital Gain
4d Nondividend Distributions
4e Federal Income Tax Withheld
4f Section 1256 Dividends

Copy B for Recipient
(OMB No. 1545-0046)

- 1a Total Ordinary Dividends
1b Qualified Dividends
2a Total Capital Gain Distributions
2b Dividend Tax Paid
3 Section 1256 Gain
4a Total Dividends
4b Section 1256 Dividends
4c Section 1256 Capital Gain
4d Nondividend Distributions
4e Federal Income Tax Withheld
4f Section 1256 Dividends

Form 1099-INT *

- 1a Total Interest Income
1b Section 1256 Interest
2a Total Interest Income
2b Section 1256 Interest
3 Section 1256 Interest
4a Total Interest Income
4b Section 1256 Interest
4c Section 1256 Capital Gain
4d Nondividend Distributions
4e Federal Income Tax Withheld
4f Section 1256 Interest

2022 Interest Income

- 1a Total Interest Income
1b Section 1256 Interest
2a Total Interest Income
2b Section 1256 Interest
3 Section 1256 Interest
4a Total Interest Income
4b Section 1256 Interest
4c Section 1256 Capital Gain
4d Nondividend Distributions
4e Federal Income Tax Withheld
4f Section 1256 Interest

Copy B for Recipient
(OMB No. 1545-0046)

- 1a Total Interest Income
1b Section 1256 Interest
2a Total Interest Income
2b Section 1256 Interest
3 Section 1256 Interest
4a Total Interest Income
4b Section 1256 Interest
4c Section 1256 Capital Gain
4d Nondividend Distributions
4e Federal Income Tax Withheld
4f Section 1256 Interest

* 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.

Recipient's Name and Address

AMY B PRITCHETT
TOD DTD 08/22/2020

Recipient's Identification

Payer's Information

PERSHING LLC
ONE PERSHING PLAZA
JERSEY CITY, NJ 07399

Payer's Federal Identification Number

2022

YOUR TAX INFORMATION STATEMENT

As of 02/17/2023

Mailed by 02/28/2023

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). 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.

Summary of Form 1099-B

Details are reported to the IRS. Refer to the 099-B section of this statement for those details.

Box	Amount
1 Gross Proceeds (Covered and Noncovered Transactions)	\$17,692.98
2 Cost or Other Basis (Covered Transactions Only)	\$16,814.42
3 Federal Tax Withheld - Proceeds	\$0.00
4 State Tax Withheld - Proceeds	\$0.00
5 Regulated Futures and Foreign Currency Forward Contracts Profit or (Loss) Realized in 2022	\$0.00
6 Unrealized Profit or (Loss) on Open Contracts - 2/3/2022	\$0.00
7 Unrealized Profit or (Loss) on Open Contracts - 2/3/2022	\$0.00
8 Aggregate Profit or (Loss)	\$0.00
9 Fed Tax Withheld - Reg Futures and Foreign Curr Forward Contracts	\$0.00
10 State Tax Withheld - Reg Futures and Foreign Curr Forward Contracts	\$0.00

2022:099-DIV

Dividends and Distributions

OMB No 1545-0110

Box	Amount
1 Total Ordinary Dividends	\$3,713.39
2 Qualified Dividends (Included in Box 1a)	\$2,315.88
3 Total Capital Gain Distributions	\$9.80
4 Unrecaptured Section 1250 Gain (Included in Box 2a)	\$0.00
5 Section 1202 Gain (Included in Box 2a)	\$0.00
6 Collectibles (28% Gain) (Included in Box 2a)	\$0.00
7 Section 897 Ordinary Dividends (Included in Box 1a)	\$0.00
8 Section 897 Capital Gain (Included in Box 2a)	\$0.00
9 Nondividend Distributions	\$7.08
10 Federal Income Tax Withheld	\$0.00
11 Section 99A Dividends (Included in Box 1a)	\$13.03
12 Investment Expenses	\$0.00
13 Foreign Tax Paid	\$78.80
14 Cash Liquidation Distributions	\$0.00
15 Noncash Liquidation Distributions	\$0.00
16 FATCA Filing Requirement	\$0.00
17 Exempt Interest Dividends	\$0.00
18 Specified Private Activity Bond Interest Dividends (Included in Box 2)	\$0.00
19 State/State ID#/State Tax Withheld	\$0.00

Summary of Form 1099-OID

Details are reported to the IRS. Refer to the 099-OID section of this statement for those details.

Box	Amount
1 Original Issue Discount (Non-U.S. Treasury Obligations)	\$0.00
2 Other Periodic Interest	\$0.00
3 Market Discount (Covered Transactions Only)	\$0.00
4 Acquisition Premium (Covered Transactions Only)	\$0.00
5 Original Issue Discount on U.S. Treasury Obligations	\$0.00
6 Investment Expenses	\$0.00
7 Bond Premium (Covered Transactions Only)	\$0.00
8 Tax-Exempt OID (Covered Transactions Only)	\$0.00
9 Tax-Exempt OID Specified Private Activity Bonds (Covered Transactions Only)	\$0.00
10 Federal Income Tax Withheld	\$0.00
11 State Tax Withheld	\$0.00

2022:1099-INT

Interest Income

OMB No 1545-0112

Box	Amount
1 Interest Income	\$0.00
2 Interest on U.S. Savings Bonds & Treasury Obligations	\$0.00
3 Federal Income Tax Withheld	\$0.00
4 Investment Expenses	\$0.00
5 Foreign Tax Paid	\$0.00
6 Tax-Exempt Interest	\$0.00
7 Specified Private Activity Bond Interest (Included in Box 6)	\$0.00
8 Market Discount (Covered Transactions Only)	\$0.00
9 Bond Premium (Covered Transactions Only)	\$0.00
10 Bond Premium on Treasury Obligations (Covered Transactions Only)	\$0.00
11 Bond Premium on Tax-Exempt Bond (Covered Transactions Only)	\$0.00
12 Tax-Exempt Bond Credit Bond ODS Number	Various
13 State/State ID#/State Tax Withheld	
14 FATCA Filing Requirement	

SEC 1099-INT 41771

Go paperless



Nation's leading
FIX, Mediums, Derivatives, and Settlement
DATA RATED COMPANY A.M.F.S.

Clearing through Pershing LLC, an equally owned
subsidiary of The Bank of New York Mellon
Corporation (BNY Mellon)