# 2022 Form 6 - Full and Public Disclosure of Financial Interests

**Filed with COE: 05/22/2023**

## General Information

Name: Mrs Judith Schaefer

Address: 3029 Sw Harvey Ave, Arcadia, FL 34266

**PID 224370**

County: Desoto

### AGENCY INFORMATION

| Organization | Suborganization | Title |
|---|---|---|
| Desoto County | Elected Constitutional Officer | County Commissioner District 3 |

## Net Worth

My Net Worth as of December 31, 2022 was $ 575,383.00.

Filed with COE: 05/22/2023

## 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 $ 97,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

| Description of Asset | Value of Asset |
|---|---|
| 3029 SW Harvey Avenue | $ 79,278.00 |
| 3019 SW Harvey Avenue | $ 53,231.00 |
| 416 N Brevard Avenue | $ 50,000.00 |
| ATHENE | $ 74,094.00 |
| Nationwide | $ 195,440.00 |
| Crews Bank & Trust | $ 9,749.00 |
| Social Security | $ 21,673.00 |
| 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 | | |

Filed with COE: 05/22/2023

## 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 |
|---|---|---|
| Board Of County Commissioners | 201 E Oak Street | $ 37,894.00 |
| See Attached | | |

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 |
|---|---|---|---|
| | | | |

## Interests in Specified Businesses

| Business Entity # 1 |
|---|
| N/A |

**Filed with COE: 05/22/2023**

## 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.

***Judith Schaefer***

Digitally signed: **05/22/2023**

**Filed with COE: 05/22/2023**

Form **1040-SR** Department of the Treasury-Internal Revenue Service **U.S. Tax Return for Seniors** **2022** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

**Filing Status** Check only one box.

- [x] Single
- [ ] Married filing jointly
- [ ] Married filing separately (MFS)
- [ ] Head of household (HOH)
- [ ] Qualifying surviving spouse (QSS)

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

| Your first name and middle initial | Last name | Your social security number |
|---|---|---|
| JUDITH | SCHAEFER | |
| 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. | Apt. no. | 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. |
|---|---|---|
| 3029 SW HARVEY AVE | | |
| City, town, or post office. If you have a foreign address, also complete spaces below. | State: FL / ZIP code: 34266-0000 | |
| ARCADIA | | |
| Foreign country name / Foreign province/state/county / Foreign postal code | | [ ] You [ ] Spouse |

**Digital Assets** At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . . . . [ ] Yes [x] No

**Standard Deduction**

**Someone can claim:** [ ] You as a dependent [ ] Your spouse as a dependent

[ ] Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness**
- **You:** [x] Were born before January 2, 1958 [ ] Are blind
- **Spouse:** [ ] Was born before January 2, 1958 [ ] Is blind

**Dependents** (see instructions):

| (1) First name Last name | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): Child tax credit | Credit for other dependents |
|---|---|---|---|---|
| | | | [ ] | [ ] |
| | | | [ ] | [ ] |
| | | | [ ] | [ ] |
| | | | [ ] | [ ] |

If more than four dependents, see instructions and check here [ ]

**Income**

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

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

| | | | |
|---|---|---|---|
| 1a | Total amount from Form(s) W-2, box 1 (see instructions) | 1a | 22,894 |
| 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 29 | 1f | |
| g | Wages from Form 8919, line 6 | 1g | |
| h | Other earned income (see instructions) | 1h | |
| i | Nontaxable combat pay election (see instructions) 1i | | |
| z | Add lines 1a through 1h | 1z | 22,894 |

Attach Schedule B if required.

| | | | | | |
|---|---|---|---|---|---|
| 2a | Tax-exempt interest | 2a | | b Taxable interest | 2b |
| 3a | Qualified dividends | 3a | 20 | b Ordinary dividends | 3b 20 |
| 4a | IRA distributions | 4a | | b Taxable amount | 4b 15,000 |
| 5a | Pensions and annuities | 5a | | b Taxable amount | 5b 8,913 |
| 6a | Social security benefits | 6a | 21,673 | b Taxable amount | 6b 18,422 |

c If you elect to use the lump-sum election method, check here (see instructions) [ ]

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here [ ] 7

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

| | | | |
|---|---|---|---|
| 8 | Other income from Schedule 1, line 10 | 8 | (5,932) |
| 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** | 9 | 59,317 |
| 10 | Adjustments to income from Schedule 1, line 26 | 10 | |
| 11 | Subtract line 10 from line 9. This is your **adjusted gross income** | 11 | 59,317 |
| 12 | **Standard deduction or itemized deductions** (from Schedule A) | 12 | 14,700 |
| 13 | Qualified business income deduction from Form 8995 or Form 8995-A | 13 | |
| 14 | Add lines 12 and 13 | 14 | 14,700 |
| 15 | Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income** | 15 | 44,617 |

**Standard Deduction** See *Standard Deduction Chart* on the last page of this form.

**Tax and Credits**

| | | | |
|---|---|---|---|
| 16 | **Tax** (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐ _____ | 16 | 5,427 |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 5,427 |
| 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 | 0 |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 5,427 |
| 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 | 5,427 |

**Payments**

| | | | | | |
|---|---|---|---|---|---|
| 25 | Federal income tax withheld from: | | | | |
| a | Form(s) W-2 | 25a | 2,021 | | |
| b | Form(s) 1099 | 25b | 2,679 | | |
| c | Other forms (see instructions) | 25c | | | |
| d | Add lines 25a through 25c | | | 25d | 4,700 |
| 26 | 2022 estimated tax payments and amount applied from 2021 return | | | 26 | |
| 27 | Earned income credit (EIC) | 27 | | | |
| 28 | Additional child tax credit from Schedule 8812 | 28 | | | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | | | |
| 30 | Reserved for future use | 30 | | | |
| 31 | Amount from Schedule 3, line 15 | 31 | | | |
| 32 | Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits** | | | 32 | 0 |
| 33 | Add lines 25d, 26, and 32. These are your **total payments** | | | 33 | 4,700 |

If you have a qualifying child, attach Sch. EIC.

**Refund**

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** . . . . . 34 0

35a Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here . . . . . ☐ 35a 0

Direct deposit? See instructions.

b Routing number | | | | | | | | | c Type: ☐ Checking ☐ Savings

d Account number | | | | | | | | | | | | | | | | | |

36 Amount of line 34 you want **applied to your 2023 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 . . . . 37 727

38 Estimated tax penalty (see instructions) . . . . . 38

**Third Party Designee**

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

Designee's name Bette Gill Phone no. 863-993-9007 Personal identification number (PIN)

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature | Date [illegible] 2023 | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Joint return? See instructions. Keep a copy for your records.

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.)

CLIENT COPY

Phone no. | Email address

**Paid Preparer Use Only**

Preparer's signature Bette Gill | Date 04-17-2023 | PTIN P00117239 | Check if: ☒ Self-employed

Preparer's name Bette Gill | Phone no. 863-993-9007

Firm's name Peace River Tax Services | Firm's EIN 65-1042696

Firm's address 619 E Magnolia St Arcadia, FL 34266



Go to *www.irs.gov/Form1040SR* for instructions and the latest information.

EEA

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

**2022**

Attachment Sequence No. 01

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

Your social security number

## 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 | (5,932) |
| 4 | Other gains or (losses). Attach Form 4797 | | | 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 | | | 7 | |
| 8 | Other income: | | | | |
| a | Net operating loss | 8a | ( ) | | |
| b | Gambling | 8b | | | |
| c | Cancellation of debt | 8c | | | |
| 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(l) 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 | | | |
| z | Other income. List type and amount: | 8z | | | |
| 9 | Total other income. Add lines 8a through 8z | | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040,1040-SR, or 1040-NR, line 8 | | | 10 | (5,932) |

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

Schedule 1 (Form 1040) 2022

EEA

## 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 | | | 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 | | | 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 or 1040-SR, line 10, or Form 1040-NR, line 10a | | | 26 | 0 |

**SCHEDULE C (Form 1040)**

Department of the Treasury
Internal Revenue Service

# Profit or Loss From Business

(Sole Proprietorship)

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

**2022**

Attachment Sequence No. 09

Name of proprietor: JUDITH SCHAEFER

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): BEAUTY SHOPS

B Enter code from instructions: 812112

C Business name. If no separate business name, leave blank.: BEFORE AND AFTER SALON

D Employer ID number (EIN) (see instr.):

E Business address (including suite or room no.): 3029 SW HARVEY AVE

City, town or post office, state, and ZIP code: ARCADIA, FL 34266-0000

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify)

G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses . . . [X] Yes [ ] No

H If you started or acquired this business during 2022, check here . . . [ ]

I Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . [ ] Yes [X] No

J If "Yes," did you or will you file required Form(s) 1099? . . . [ ] Yes [ ] No

## Part I Income

| | | | |
|---|---|---|---|
| 1 | Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked [ ] | 1 | 42,095 |
| 2 | Returns and allowances | 2 | 0 |
| 3 | Subtract line 2 from line 1 | 3 | 42,095 |
| 4 | Cost of goods sold (from line 42) | 4 | |
| 5 | **Gross profit.** Subtract line 4 from line 3 | 5 | 42,095 |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | 960 |
| 7 | **Gross income.** Add lines 5 and 6 | 7 | 43,055 |

## Part II Expenses. Enter expenses for business use of your home **only** on line 30.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 8 | Advertising | 8 | 450 | 18 | Office expense (see instructions) | 18 | |
| 9 | Car and truck expenses (see instructions) | 9 | 1,316 | 19 | Pension and profit-sharing plans | 19 | |
| 10 | Commissions and fees | 10 | | 20 | Rent or lease (see instructions): | | |
| 11 | Contract labor (see instructions) | 11 | 29,964 | a | Vehicles, machinery, and equipment | 20a | |
| 12 | Depletion | 12 | | b | Other business property | 20b | 8,364 |
| 13 | Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | | 21 | Repairs and maintenance | 21 | 270 |
| 14 | Employee benefit programs (other than on line 19) | 14 | | 22 | Supplies (not included in Part III) | 22 | 3,583 |
| 15 | Insurance (other than health) | 15 | 163 | 23 | Taxes and licenses | 23 | 483 |
| 16 | Interest (see instructions): | | | 24 | Travel and meals: | | |
| a | Mortgage (paid to banks, etc.) | 16a | | a | Travel | 24a | |
| b | Other | 16b | | b | Deductible meals (see instructions) | 24b | |
| 17 | Legal and professional services | 17 | 896 | 25 | Utilities | 25 | 3,288 |
| | | | | 26 | Wages (less employment credits) | 26 | |
| | | | | 27a | Other expenses (from line 48) | 27a | 210 |
| | | | | b | Reserved for future use | 27b | |

| | | | |
|---|---|---|---|
| 28 | **Total expenses** before expenses for business use of home. Add lines 8 through 27a | 28 | 48,987 |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7 | 29 | (5,932) |
| 30 | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | |
| 31 | **Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32. | 31 | (5,932) |

32 If you have a loss, check the box that describes your investment in this activity. See instructions.
- If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.**
- If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a [X] All investment is at risk.
32b [ ] Some investment is not at risk.

**For Paperwork Reduction Act Notice, see the separate instructions.**



EEA

Name(s) SSN

JUDITH SCHAEFER

## Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No
If "Yes," attach explanation

| | | |
|---|---|---|
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 |
| 36 | Purchases less cost of items withdrawn for personal use | 36 |
| 37 | Cost of labor. Do not include any amounts paid to yourself | 37 |
| 38 | Materials and supplies | 38 |
| 39 | Other costs | 39 |
| 40 | Add lines 35 through 39 | 40 |
| 41 | Inventory at end of year | 41 |
| 42 | **Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4 | 42 |

## Part IV Information on Your Vehicle.

Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) 01-01-2022

44 Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:

a Business 2,176 b Commuting (see instructions) c Other 14,120

45 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☒ Yes ☐ No

47a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If "Yes," is the evidence written? ☒ Yes ☐ No

## Part V Other Expenses.

List below business expenses not included on lines 8-26 or line 30.

| | |
|---|---|
| PUBS | 210 |
| 48 Total other expenses. Enter here and on line 27a | 48 210 |

Form **8880**

Department of the Treasury
Internal Revenue Service

# Credit for Qualified Retirement Savings Contributions

For informational purposes only. Form will not be efiled with the return.

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

Go to *www.irs.gov/Form8880* for the latest information.

OMB No. 1545-0074

**2022**

Attachment Sequence No. 54

Name(s) shown on return: JUDITH SCHAEFER

Your social security number:

**CAUTION!** *You **cannot** take this credit if **either** of the following applies.*

- *The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than $34,000 ($51,000 if head of household; $68,000 if married filing jointly).*
- *The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2005; (b) is claimed as a dependent on someone else's 2022 tax return; or (c) was a student (see instructions).*

| | | | (a) You | (b) Your spouse |
|---|---|---|---|---|
| 1 | Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2022. **Do not** include rollover contributions | 1 | | |
| 2 | Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2022 (see instructions) | 2 | 15,000 | |
| 3 | Add lines 1 and 2 | 3 | 15,000 | |
| 4 | Certain distributions received **after** 2019 and **before** the due date (including extensions) of your 2022 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception | 4 | 10,506 | |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 4,494 | |
| 6 | In each column, enter the **smaller** of line 5 or $2,000 | 6 | 2,000 | |
| 7 | Add the amounts on line 6. If zero, **stop**; you can't take this credit | | | 7 2,000 |
| 8 | Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11* | 8 | 59,317 | |
| 9 | Enter the applicable decimal amount from the table below. | | | 9 x 0.0 |

| If line 8 is - | | And your filing status is - | | |
|---|---|---|---|---|
| Over - | But not over - | Married filing jointly | Head of household | Single, Married filing separately, or Qualifying surviving spouse |
| | | Enter on line 9 - | | |
| — | $20,500 | 0.5 | 0.5 | 0.5 |
| $20,500 | $22,000 | 0.5 | 0.5 | 0.2 |
| $22,000 | $30,750 | 0.5 | 0.5 | 0.1 |
| $30,750 | $33,000 | 0.5 | 0.2 | 0.1 |
| $33,000 | $34,000 | 0.5 | 0.1 | 0.1 |
| $34,000 | $41,000 | 0.5 | 0.1 | 0.0 |
| $41,000 | $44,000 | 0.2 | 0.1 | 0.0 |
| $44,000 | $51,000 | 0.1 | 0.1 | 0.0 |
| $51,000 | $68,000 | 0.1 | 0.0 | 0.0 |
| $68,000 | — | 0.0 | 0.0 | 0.0 |

**Note:** If line 9 is zero, **stop**; you can't take this credit.

| | | | |
|---|---|---|---|
| 10 | Multiply line 7 by line 9 | 10 | |
| 11 | Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions | 11 | |
| 12 | **Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4 | 12 | |

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Somoa.

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



EEA

Form **8995**

Department of the Treasury
Internal Revenue Service

# Qualified Business Income Deduction Simplified Computation

**Attach to your tax return.**

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

OMB No. 1545-2294

**2022**

Attachment Sequence No. **55**

Name(s) shown on return: JUDITH SCHAEFER

Your taxpayer identification number:

**Note.** *You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.*

*Use this form if your taxable income, before your qualified business income deduction, is at or below $170,050 ($340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.*

| 1 | (a) Trade, business, or aggregation name | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|---|---|---|---|
| i | Schedule C: BEFORE AND AFTER SALON | | (5,932) |
| ii | | | |
| iii | | | |
| iv | | | |
| v | | | |

| | | | | | |
|---|---|---|---|---|---|
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 2 | (5,932) | | |
| 3 | Qualified business net (loss) carryforward from the prior year | 3 | ( ) | | |
| 4 | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- | 4 | 0 | | |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | | | 5 | 0 |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) | 6 | 0 | | |
| 7 | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year | 7 | ( ) | | |
| 8 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | 8 | 0 | | |
| 9 | REIT and PTP component. Multiply line 8 by 20% (0.20) | | | 9 | 0 |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and 9 | | | 10 | 0 |
| 11 | Taxable income before qualified business income deduction (see instructions) | 11 | 44,617 | | |
| 12 | Net capital gain (see instructions) | 12 | 20 | | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 13 | 44,597 | | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | | | 14 | 8,919 |
| 15 | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) | | | 15 | 0 |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- | | | 16 | ( 5,932 ) |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- | | | 17 | ( 0 ) |

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8995** (2022)

EEA

Amount from Form 1040, line 11..... 59,317
Amount from Form 1040, line 12..... 14,700

Line 11 above is the difference between these amounts..... 44,617

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

# Depreciation Detail Listing

BEFORE AND AFTER SALON

(This page is not filed with the return. It is for your records only.)

2022



Name(s) as shown on return

JUDITH SCHAEFER

Social security number/EIN

| No. | Description | Date | Cost | Basis Adjustment | Business percentage | Section 179 | Bonus depreciation | Depreciable Basis | Life | Method | Rate | Prior Depreciation | Current Depreciation | Accumulated Depreciation | AMT Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3 CHAIRS | 06062014 | 4,948* | | 100.00 | | | 4,948 | 5 | | 0 | 4,947 | | 4,947 | |
| 2 | EQ | 05092015 | 1,771* | | 100.00 | | PY 886 | 885 | 5 | | 0 | 1,771 | | 1,771 | |
| 3 | SALON CTR | 05092015 | 579* | | 100.00 | | PY 290 | 289 | 5 | | 0 | 578 | | 578 | |
| | Totals | | 7,298 | | | | | 6,122 | | | | 7,296 | | 7,296 | |

Land Amount
Net Depreciable Cost 7,298

PY 1,176

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

ST ADJ:
UBIA: 7,298

| | | | |
|---|---|---|---|
| | a Employee's social security number | OMB No. 1545-0008 | This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. |

| | | |
|---|---|---|
| b Employer identification number (EIN)<br>59-6000579 | 1 Wages, tips, other compensation<br>22894.00 | 2 Federal income tax withheld<br>2020.89 |
| c Employer's name, address, and ZIP code<br>COUNTY OF DESOTO BOCC<br>201 E OAK ST SUITE 205<br>ARCADIA FL<br>34266 | 3 Social security wages<br>37893.92 | 4 Social security tax withheld<br>2349.27 |
| | 5 Medicare wages and tips<br>37893.92 | 6 Medicare tax withheld<br>549.40 |
| | 7 Social security tips | 8 Allocated tips |
| d Control number<br>0719 | 9 | 10 Dependent care benefits |
| e Employee's name, address, and ZIP code Suff.<br>JUDITH A SCHAEFER<br>3029 SW HARVEY AVENUE<br>ARCADIA, FL 34266 | 11 Nonqualified plans | 12a See instructions for box 12<br>Code G 14999.92 |
| | 13 Statutory employee [ ] Retirement plan [X] Third-party sick pay [ ] | 12b Code |
| | 14 Other | 12c Code |
| | | 12d 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** 2022

Department of the Treasury—Internal Revenue Service

**Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.) or Copy 2 to be Filed With Employee's State, City or Local Income Tax Return**

Safe, accurate, FAST! Use IRS e-file

---

[ ] CORRECTED (if checked)

| | | | |
|---|---|---|---|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.<br>NATIONWIDE RETIREMENT SOLUTIONS, INC<br>PUBLIC SECTOR SC REGION<br>PO BOX 182797<br>COLUMBUS, OH 43218-2797<br>877-677-3678 | 1 Gross distribution<br>$2,173.55 | OMB No. 1545-0119<br>**2022**<br>Form 1099-R | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. |
| | 2a Taxable amount<br>$2,173.55 | | |
| | 2b Taxable amount not determined [ ] | Total distribution [ ] | Copy B<br>**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.**<br>This information is being furnished to the IRS. |
| PAYER'S TIN: 73-0948330 / RECIPIENT'S TIN | 3 Capital gain (included in box 2a) | 4 Federal income tax withheld<br>$217.36 | |
| RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code<br>JUDITH ANN SCHAEFER<br>3029 SW HARVEY AVE<br>ARCADIA, FL 34266-8600 | 5 Employee contributions/ Designated Roth contributions or insurance premiums | 6 Net unrealized appreciation in employer's securities | |
| | 7 Distribution code(s)<br>7 / IRA/SEP/ SIMPLE [ ] | 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 | 15 State/Payer's state no.<br>FL/ | 16 State distribution<br>$2,173.55 |
|---|---|---|---|---|---|
| | | 13 Date of payment | 17 Local tax withheld | 18 Name of locality | 19 Local distribution |

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

026889 KOPSF9RH

| | | | |
|---|---|---|---|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.<br>NATIONWIDE RETIREMENT SOLUTIONS, INC<br>PUBLIC SECTOR SC REGION<br>PO BOX 182797<br>COLUMBUS, OH 43218-2797<br>877-677-3678 | 1 Gross distribution<br>$5,336.45 | 2022<br>Form 1099-R | Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. |
| | 2a Taxable amount<br>$5,336.45 | | Copy B |
| | 2b Taxable amount not determined ☐ | Total distribution ☐ | 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. |
| PAYER'S TIN: 73-0948330 / RECIPIENT'S TIN | 3 Capital gain (included in box 2a) | 4 Federal income tax withheld<br>$533.65 | |
| RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code<br>JUDITH ANN SCHAEFER<br>3029 SW HARVEY AVE<br>ARCADIA, FL 34266-8600 | 5 Employee contributions/ Designated Roth contributions or insurance premiums | 6 Net unrealized appreciation in employer's securities | This information is being furnished to the IRS. |
| | 7 Distribution code(s) 7 / IRA/SEP/ SIMPLE ☐ | 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 | 15 State/Payer's state no.<br>FL/ | 16 State distribution<br>$5,336.45 |
| A[illegible] (see instructions) / 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
026888 KOPSF9RH

| | | | |
|---|---|---|---|
| PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code, and telephone no.<br>FLORIDA RETIREMENT SYSTEM<br>DIVISION OF RETIREMENT<br>PO BOX 9000<br>TALLAHASSEE FL 32315-9000<br>844-377-1888 | 1 Gross distribution<br>$ 1,402.80 | OMB No. 1545-0119<br>2022<br>Form 1099-R | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. |
| | 2a Taxable amount<br>$ 1,402.80 | | Copy C |
| | 2b Taxable amount not determined ☐ | Total distribution ☐ | For Recipient's Records |
| PAYER'S TIN: 59-1354377 / RECIPIENT'S TIN | 3 Capital gain (including in box 2a)<br>$ | 4 Federal income tax withheld<br>$ 0.00 | |
| RECIPIENT'S name<br>JUDITH A SCHAEFER<br>3029 SW HARVEY ST<br>ARCADIA FL 34266-8600 | 5 Employee Contributions Designated Roth contributions or insurance premiums<br>$ 0.00 | 6 Net unrealized appreciation in employer's securities<br>$ | This information is being furnished to the IRS. |
| | 7 Distribution code(s) 4 / IRA/ SEP/ SIMPLE ☐ | 8 Other % | |
| | 9a Your percentage of total distribution % | 9b Total employee contributions<br>$ 0.00 | |
| 10 Amount allocable to IRR within 5 years / 11 1st year of desig. Roth contrib. / 12 FATCA filing requirement ☐ | 14 State tax withheld<br>$<br>$ | 15 State/Payer's state no. | 16 State distribution<br>$<br>$ |
| Account number (see instructions) / 13 Date of | 17 Local tax withheld | 18 Name of locality | 19 Local distribution |

☐ CORRECTED (if checked)

| | | | |
|---|---|---|---|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.<br>ATHENE ANNUITY AND LIFE COMPANY<br>P O BOX 1555<br>DES MOINES, IA 50306-1555<br>877-566-8598 | 1 Gross distribution<br>$15,000.00 | OMB No. 1545-0119<br>2022<br>Form 1099-R | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. |
| | 2a Taxable amount<br>$15,000.00 | | Copy 2 |
| | 2b Taxable amount not determined ☒ | Total distribution ☐ | File this copy with your state, city, or local income tax return, when required. |
| PAYER'S TIN: 42-0175020 / RECIPIENT'S TIN | 3 Capital gain (included in box 2a) | 4 Federal income tax withheld | |
| RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code<br>JUDITH SCHAEFER<br>3029 SW HARVEY AVENUE<br>ARCADIA, FL 34266 | 5 Employee contributions/Designated Roth contributions or Insurance premiums | 6 Net unrealized appreciation in employer's securities | |
| | 7 Distribution code(s) 7 / IRA / SEP / SIMPLE ☒ | 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 | 15 State/Payer's state no. | 16 State distribution |
| Account number (see instructions) / 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

MetLife

Computershare

Computershare
PO Box 43006
Providence, RI 02940-3006
Within USA, US territories & Canada 800 649 3593
Outside USA, US territories & Canada 201 680 6578
Hearing Impaired (TDD) 201 680 6611
www.computershare.com/metlife

**IMPORTANT TAX INFORMATION AND STATEMENT ENCLOSED**

Recipient
JOHN SCHAEFER
3029 SW HARVEY AVE
ARCADIA FL 34266-8600

Control #:

Holder Account Number

I ND

Record Date 08 Nov 2022

Please see reverse for important information.

## MetLife, Inc. - Combined Payment Advice / 2022 Tax Form 1099-DIV RETAIN FOR YOUR RECORDS

☐ Corrected (if checked)

**Form 1099 - DIV - Dividends and Distributions 2022** Copy B - For Recipient

Account Number
Recipient's ID No. ending in
Payer's Federal ID No. 51-6516897
OMB No. 1545-0110
Department of the Treasury - Internal Revenue Service

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 JOHN SCHAEFER
3029 SW HARVEY AVE
ARCADIA FL 34266-8600

| 1a Total Ordinary Dividends ($) | 1b Qualified Dividends ($) | 3 Nondividend Distributions ($) | 4 FEDERAL INCOME TAX WITHHELD ($) | 7 Foreign Tax Paid ($) | 8 Foreign Country or U.S. Possession | 9 Cash Liquidation Distri. ($) | Payer's Details |
|---|---|---|---|---|---|---|---|
| 19.80 | 19.80 | 0.00 | 0.00 | | | 0.00 | COMPUTERSHARE INC AS CUSTODIAN OF THE METLIFE POLICYHOLDER TRUST PO BOX 43078 |

## FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

**2022** • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

| Box 1. Name | | Box 2. Beneficiary's Social Security Number |
|---|---|---|
| JUDITH A SCHAEFER | | |
| Box 3. Benefits Paid in 2022 | Box 4. Benefits Repaid to SSA in 2022 | Box 5. Net Benefits for 2022 *(Box 3 minus Box 4)* |
| $21,673.20 | NONE | $21,673.20 |

| DESCRIPTION OF AMOUNT IN BOX 3 | | DESCRIPTION OF AMOUNT IN BOX 4 |
|---|---|---|
| Paid by check or Direct deposit | $17,354.40 | NONE |
| Medicare Part B premiums deducted from your benefits | $2,041.20 | |
| Medicare Prescription Drug premiums (Part D) deducted from your benefits | $349.20 | |
| Voluntary Federal Income Tax Withheld | $1,928.40 | |
| Total Additions | $21,673.20 | |
| Benefits for 2022 | $21,673.20 | |

MetLife

Computershare

Computershare
PO Box 43006
Providence, RI 02940-3006
Within USA, US territories & Canada 800 649 3593
Outside USA, US territories & Canada 201 680 6578
Hearing Impaired (TDD) 201 680 6611
www.computershare.com/metlife

**IMPORTANT TAX INFORMATION AND STATEMENT ENCLOSED**

Recipient
JOHN SCHAEFER
3029 SW HARVEY AVE
ARCADIA FL 34266-8600

Control #:

Holder Account Number

Record Date 08 Nov 2022

Please see reverse for important information.

## MetLife, Inc. - Combined Payment Advice / 2022 Tax Form 1099-DIV — RETAIN FOR YOUR RECORDS

☐ Corrected (if checked)

**Form 1099 - DIV - Dividends and Distributions 2022** — Copy B - For Recipient

Account Number
Recipient's ID No. ending in
Payer's Federal ID No. 51-6516897
OMB No. 1545-0110
Department of the Treasury - Internal Revenue Service

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 JOHN SCHAEFER
3029 SW HARVEY AVE
ARCADIA FL 34266-8600

| 1a Total Ordinary Dividends ($) | 1b Qualified Dividends ($) | 3 Nondividend Distributions ($) | 4 FEDERAL INCOME TAX WITHHELD ($) | 7 Foreign Tax Paid ($) | 8 Foreign Country or U.S. Possession | 9 Cash Liquidation Distr. ($) | Payer's Details |
|---|---|---|---|---|---|---|---|
| 19.80 | 19.80 | 0.00 | 0.00 | | | 0.00 | COMPUTERSHARE INC AS CUSTODIAN OF THE METLIFE POLICYHOLDER TRUST PO BOX 43078 |

## FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

**2022** • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

| Box 1. Name | | Box 2. Beneficiary's Social Security Number |
|---|---|---|
| JUDITH A SCHAEFER | | |
| **Box 3. Benefits Paid in 2022** | **Box 4. Benefits Repaid to SSA in 2022** | **Box 5. Net Benefits for 2022** *(Box 3 minus Box 4)* |
| $21,673.20 | NONE | $21,673.20 |

| DESCRIPTION OF AMOUNT IN BOX 3 | | DESCRIPTION OF AMOUNT IN BOX 4 |
|---|---|---|
| Paid by check or Direct deposit | $17,354.40 | NONE |
| Medicare Part B premiums deducted from your benefits | $2,041.20 | |
| Medicare Prescription Drug premiums (Part D) deducted from your benefits | $349.20 | |
| Voluntary Federal Income Tax Withheld | $1,928.40 | |
| Total Additions | $21,673.20 | |
| Benefits for 2022 | $21,673.20 | |

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
NATIONWIDE RETIREMENT SOLUTIONS, INC
PUBLIC SECTOR SC REGION,
PO BOX 182797
COLUMBUS, OH 43218-2797
877-677-3678

PAYER'S TIN: 73-0948330
RECIPIENT'S TIN:

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
JUDITH ANN SCHAEFER
3029 SW HARVEY AVE
ARCADIA, FL 34266-8600

| | |
|---|---|
| 1 Gross distribution | $5,336.45 |
| 2a Taxable amount | $5,336.45 |
| 2b Taxable amount not determined | ☐ |
| Total distribution | ☐ |
| 3 Capital gain (included in box 2a) | |
| 4 Federal income tax withheld | $533.65 |
| 5 Employee contributions/ Designated Roth contributions or insurance premiums | |
| 6 Net unrealized appreciation in employer's securities | |
| 7 Distribution code(s) | 7 |
| IRA/SEP/SIMPLE | ☐ |
| 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 | ☐ |
| 13 Date of payment | |
| 14 State tax withheld | |
| 15 State/Payer's state no. | FL/ |
| 16 State distribution | $5,336.45 |
| 17 Local tax withheld | |
| 18 Name of locality | |
| 19 Local distribution | |
| Account number (see instructions) | |

2022
Form 1099-R

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.

Form 1099-R www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service
KOPSF9RH

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PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code, and telephone no.
FLORIDA RETIREMENT SYSTEM
DIVISION OF RETIREMENT
PO BOX 9000
TALLAHASSEE FL 32315-9000

844-377-1888

PAYER'S TIN: 59-1354377
RECIPIENT'S TIN:

RECIPIENT'S name
JUDITH A SCHAEFER
3029 SW HARVEY ST
ARCADIA FL 34266-8600

| | |
|---|---|
| 1 Gross distribution | $ 1,402.80 |
| 2a Taxable amount | $ 1,402.80 |
| 2b Taxable amount not determined | ☐ |
| Total distribution | ☐ |
| 3 Capital gain (including in box 2a) | $ |
| 4 Federal income tax withheld | $ 0.00 |
| 5 Employee Contributions Designated Roth contributions or insurance premiums | $ 0.00 |
| 6 Net unrealized appreciation in employer's securities | $ |
| 7 Distribution code(s) | 4 |
| IRA/SEP/SIMPLE | ☐ |
| 8 Other | % |
| 9a Your percentage of total distribution | % |
| 9b Total employee contributions | $ 0.00 |
| 10 Amount allocable to IRR within 5 years | |
| 11 1st year of desig. Roth contrib. | |
| 12 FATCA filing requirement | ☐ |
| 13 Date of | |
| 14 State tax withheld | $ $ |
| 15 State/Payer's state no. | |
| 16 State distribution | $ $ |
| 17 Local tax withheld | |
| 18 Name of locality | |
| 19 Local distribution | |
| Account number (see instructions) | |

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.

---

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
ATHENE ANNUITY AND LIFE COMPANY
P O BOX 1555
DES MOINES, IA 50306-1555
877-566-8598

PAYER'S TIN: 42-0175020
RECIPIENT'S TIN:

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
JUDITH SCHAEFER
3029 SW HARVEY AVENUE
ARCADIA, FL 34266

| | |
|---|---|
| 1 Gross distribution | $15,000.00 |
| 2a Taxable amount | $15,000.00 |
| 2b Taxable amount not determined | X |
| Total distribution | ☐ |
| 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) | 7 |
| IRA / SEP / SIMPLE | X |
| 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 | ☐ |
| 13 Date of payment | |
| 14 State tax withheld | |
| 15 State/Payer's state no. | FL/42-0175020 |
| 16 State distribution | |
| 17 Local tax withheld | |
| 18 Name of locality | |
| 19 Local distribution | |
| Account number (see instructions) | |

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.

Form 1099-R www.irs.gov/Form1099R Department of the Treasury-Internal Revenue Service

600120

Form **1095-C**
Department of the Treasury
Internal Revenue Service

# Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.
Go to *www.irs.gov/Form1095C* for instructions and the latest information.

☐ VOID
☐ CORRECTED

OMB No. 1545-2251
**2022**

**Part I Employee**

1 Name of employee (first name, middle initial, last name): JUDITH A SCHAEFER
2 Social security number (SSN):
3 Street address (including apartment no.): 3029 SW HARVEY AVENUE
4 City or town: ARCADIA
5 State or province: FL
6 Country and ZIP or foreign postal code: 34266

**Applicable Large Employer Member (Employer)**

7 Name of employer: COUNTY OF DESOTO BOCC
8 Employer identification number (EIN): 59-6000579
9 Street address (including room or suite no.): 201 E OAK ST, SUITE 205
10 Contact telephone number: 863-993-4587
11 City or town: ARCADIA
12 State or province: FL
13 Country and ZIP or foreign postal code: 34266

**Part II Employee Offer of Coverage**

**Employee's Age on January 1** 75

**Plan Start Month** (enter 2-digit number): 10

| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 14 Offer of Coverage (enter required code) | 1E | | | | | | | | | | | | |
| 15 Employee Required Contribution (see instructions) | $ 0.00 | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) | | | | | | | | | | | | | |
| 17 ZIP Code | | | | | | | | | | | | | |

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

Cat. No. 60705M Form **1095-C** (2022)