

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/16/2023

General Information

Name: Hon Aaron Joseph Peacock

CONFIDENTIAL

Address: 2825 JUDGE FRAN JAMIESON WAY, VIERA, FL 32940

PID 211824

County: Brevard

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (18Th)	Elected Constitutional Officer	
Judicial Circuit (18Th)	Elected Constitutional Officer	County Judge

Net Worth

My Net Worth as of June 1, 2023 was \$ 699,581.87.

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 \$ 100,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Marital Home	\$ 550,000.00
Davis Funds Roth IRA	\$ 30,000.00
Nationwide Deferred Compensation Account	\$ 25,500.00
Truist Checking Account	\$ 12,765.77
Truist Checking Account	\$ 11,276.74
Truist Savings Account	\$ 4,539.36
Space Coast Credit Union Checking Account	\$ 15,500.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Space Coast Credit Union	8025 North Wickham Road Melbourne FL 32940	\$ 66,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

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

☒ 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
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

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.

Aaron Joseph Peacock

Digitally signed: 06/16/2023

Filed with COE: 06/16/2023

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
 Check only one box. 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 Aaron J	Last name Peacock	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial [REDACTED]	Last name Peacock	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		Apt. no. [REDACTED]
City, town, or post office. If you have a foreign address, also complete spaces below. [REDACTED]		State [REDACTED]
Foreign country name [REDACTED]		ZIP code [REDACTED]
Foreign province/state/county [REDACTED]		Foreign postal code [REDACTED]

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 ☒ 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: ☐ 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 if qualifies for (see instructions):
[REDACTED]	Peacock	[REDACTED]	Son	Child tax credit ☒ Credit for other dependents ☐
				Child tax credit ☐ Credit for other dependents ☐
				Child tax credit ☐ Credit for other dependents ☐
				Child tax credit ☐ Credit for other dependents ☐

Income

1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 194,579
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 194,579

2a Tax-exempt interest	2a	b Taxable interest	2b 14
3a Qualified dividends	3a 3,596	b Ordinary dividends	3b 5,818
4a IRA distributions	4a	b Taxable amount	4b
5a Pensions and annuities	5a	b Taxable amount	5b
6a Social security benefits	6a	b Taxable amount	6b
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 25,445
8 Other income from Schedule 1, line 10			8 (7,414)
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9 218,442
10 Adjustments to income from Schedule 1, line 26			10
11 Subtract line 10 from line 9. This is your adjusted gross income			11 218,442
12 Standard deduction or itemized deductions (from Schedule A)			12 25,900
13 Qualified business income deduction from Form 8995 or Form 8995-A			13
14 Add lines 12 and 13			14 25,900
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income			15 192,542

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

EEA

Form **1040** (2022)

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	32,181
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	32,181
19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	2,000
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	30,181
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	30,181

Payments

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	29,997
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	29,997
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	29,997

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
b	Routing number		
d	Account number		
c	Type: ☐ Checking ☐ Savings		
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	184
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 **Debra Knox** Phone no. **561-685-5420** Personal identification number (PIN) [REDACTED]

Sign Here

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

Your signature [REDACTED]	Date 04-01-2023	Your occupation Attorney	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [REDACTED]
Spouse's signature. If a joint return, both must sign. [REDACTED]	Date 04-01-2023	Spouse's occupation [REDACTED]	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) [REDACTED]
Phone no. [REDACTED]	Email address [REDACTED]		

Paid Preparer Use Only

Preparer's signature 	Date 04-01-2023	PTIN P00645655	Check if: ☐ Self-employed
Preparer's name Debra Knox	Phone no. 561-685-5420		
Firm's name Debra Knox			
Firm's address 4237 Omega Circle West Palm Beach, FL 33409			
			Firm's EIN [REDACTED]

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

Form 1040 (2022)

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

Your social security number

Aaron J & [REDACTED] Peacock

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	70
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	(7,484)
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	(7,414)

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

Schedule 1 (Form 1040) 2022

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 D
(Form 1040)Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**

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

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2022Attachment
Sequence No. **12**

Name(s) shown on return

Aaron J & [REDACTED] Peacock

Your social security number

[REDACTED]

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	25,945	25,475		470
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 470

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	54,560	60,418		(5,858)
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11 30,781
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 52
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on page 2				15 24,975

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

Schedule D (Form 1040) 2022

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	25,445
• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17 Are lines 15 and 16 both gains? ☒ Yes. Go to line 18. ☐ No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	8,397
20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☒ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	()
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. ☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Form **8949**Department of the Treasury
Internal Revenue Service**Sales and Other Dispositions of Capital Assets**Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2022Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

Aaron J & [REDACTED] Peacock

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Charles Schwab 5407	VARIOUS	12-31-2022	25,945	25,475			470
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)			25,945	25,475			470

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

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

Form **8949** (2022)

Social security number or taxpayer identification number

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (F) Long-term transactions not reported to you on Form 1099-B

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

Aaron J & [REDACTED] Peacock

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	HB Nitkn Real Estate Fund II, LLC	P	☐	06-1620619	☐	☐
B	HBN Front Street District, Inc	S	☐	20-8350777	☒	☐
C			☐		☐	☐
D			☐		☐	☐

Passive Income and Loss**Nonpassive Income and Loss**

	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A		3,843			
B	11,327				
C					
D					
29a Totals		3,843			
b Totals	11,327				
30 Add columns (h) and (k) of line 29a				30	3,843
31 Add columns (g), (i), and (j) of line 29b				31	(11,327)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31				32	(7,484)

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss**Nonpassive Income and Loss**

	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				
35 Add columns (d) and (f) of line 34a			35	
36 Add columns (c) and (e) of line 34b			36	()
37 Total estate and trust income or (loss). Combine lines 35 and 36.			37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39	

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	(7,484)
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

Go to www.irs.gov/Form1116 for instructions and the latest information.

2022

Attachment
Sequence No. 19

Aaron J & [REDACTED] Peacock

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Section 951A category income c ☒ Passive category income e ☐ Section 901(j) income g ☐ Lump-sum distributions
 b ☐ Foreign branch category income d ☐ General category income f ☐ Certain income re-sourced by treaty

h Resident of (name of country) **United States****Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

i Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
1a Gross income from sources within country shown above and of the type checked above (see instructions): Dividends	Various			1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions ☐				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	25,900			
b Other deductions (attach statement)				
c Add lines 3a and 3b	25,900			
d Gross foreign source income (see instructions)				
e Gross income from all sources (see instructions)	235,627			
f Divide line 3d by line 3e (see instructions)				
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) ☐ Paid (k) ☐ Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties		(o) Interest	(q) Dividends	(r) Rents and royalties		
A										
B										
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2

8

FOR ALT MIN TAX PURPOSES ONLY

Form **1116**

Foreign Tax Credit

OMB No. 1545-0121

Department of the Treasury
Internal Revenue Service

AMT

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

Go to www.irs.gov/Form1116 for instructions and the latest information.**2022**Attachment
Sequence No. **19**

Name

Identifying number as shown on page 1 of your tax return

Aaron J & [REDACTED] Peacock

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Section 951A category income c ☒ Passive category income e ☐ Section 901(j) income g ☐ Lump-sum distributions
 b ☐ Foreign branch category income d ☐ General category income f ☐ Certain income re-sourced by treaty

h Resident of (name of country) **United States****Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

i Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
1a Gross income from sources within country shown above and of the type checked above (see instructions): Dividends	Various			1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions ☐				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)				
b Other deductions (attach statement)				
c Add lines 3a and 3b				
d Gross foreign source income (see instructions)				
e Gross income from all sources (see instructions)				
f Divide line 3d by line 3e (see instructions)				
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) ☐ Paid (k) ☐ Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties		(o) Interest	(q) Dividends	(r) Rents and royalties		
A										
B										
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2

8

For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2022)

Form **4797**Department of the Treasury
Internal Revenue Service**Sales of Business Property**
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2022Attachment
Sequence No. **27**

Name(s) shown on return

Identifying number

Aaron J & [REDACTED] Peacock

[REDACTED]

1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions**1a****b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets**1b****c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets**1c****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)**

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
FROM K-1							30,781

3 Gain, if any, from Form 4684, line 39**3****4** Section 1231 gain from installment sales from Form 6252, line 26 or 37**4****5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824**5****6** Gain, if any, from line 32, from other than casualty or theft**6****7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows**7**

30,781

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.**8** Nonrecaptured net section 1231 losses from prior years. See instructions**8****9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions**9****Part II Ordinary Gains and Losses (see instructions)****10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7**11**

()

12 Gain, if any, from line 7 or amount from line 8, if applicable**12****13** Gain, if any, from line 31**13****14** Net gain or (loss) from Form 4684, lines 31 and 38a**14****15** Ordinary gain from installment sales from Form 6252, line 25 or 36**15****16** Ordinary gain or (loss) from like-kind exchanges from Form 8824**16****17** Combine lines 10 through 16**17****18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.**a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions**18a****b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4**18b**

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2022)

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

**Credits for Qualifying Children
and Other Dependents**

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **47**

Name(s) shown on return

Your social security number

Aaron J & [REDACTED] Peacock

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	218,442
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	218,442
4	Number of qualifying children under age 17 with the required social security number	4	1
5	Multiply line 4 by \$2,000	5	2,000
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	2,000
9	Enter the amount shown below for your filing status. • Married filing jointly-\$400,000 • All other filing statuses-\$200,000	9	400,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0
11	Multiply line 10 by 5% (0.05)	11	
12	Is the amount on line 8 more than the amount on line 11? ☐ No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. ☒ Yes. Subtract line 11 from line 8. Enter the result.	12	2,000
13	Enter the amount from the Credit Limit Worksheet A	13	32,181
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	14	2,000

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

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

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

Schedule 8812 (Form 1040) 2022

EEA

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

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

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

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

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	0
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Form **8867**

(Rev. November 2022)

Department of the Treasury
Internal Revenue Service**Paid Preparer's Due Diligence Checklist**

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*
To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
 Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

2022Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

Aaron J & [REDACTED] Peacock

Preparer's name

Debra Knox

Taxpayer identification number

Preparer tax identification number

P00645655**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	☒	☐	☐
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	☐
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	☐	☒	☐
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	☐
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	☐
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	☒	☐	☐
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	☐
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	☒	☐	☐
a Did you complete the required recertification Form 8862?	☐	☐	☒
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☐	☐	☐

For Paperwork Reduction Act Notice, see separate instructions.
 EEA

Form **8867** (Rev. 11-2022)

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	☐	☐	☐
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	☐	☐	☐
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	☐	☐	☐

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	☒	☐	☐
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	☒	☐	☐
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	☒	☐	☐

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☐	☐

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; **and**
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	☒	☐

Partner's Adjusted Basis Worksheet, page 1

Keep for your records.

2022

Name of Partner:	Peacock	SS
Name of Partnership:	HB Nitkn Real Estate Fund II, LL	EIN 061620619

A.	Partner's share of partnership liabilities (Sch K-1, Item K)	A.		
B.	Partner's share of partnership liabilities from PRIOR year	B.	()	
C.	Increases (Decrease) in share of Partnership Liabilities during this tax period	C.		
1.	Adjusted Basis from preceding year			1. <u>395,793</u>
2.	Capital contributions of property			
a.	Gain (if any) recognized this year on contribution of property to partnership	2 a.		
b.	Cash contributed during the year	b.		
c.	Adjusted basis of property contributed during the year	c.		
d.	Partnership interest acquired other than by cash or property	d.		
	Total additional contributions (Total lines 2a-2d)	2.		
3.	Items of Income or Gain for this period			
a.	Ordinary Income (Sch K-1, Line 1)	3 a.		
b.	Real Estate Rental Income (Sch K-1, Line 2)	b.	<u>3,843</u>	
c.	Other Rental Income (Sch K-1, Line 3c)	c.		
d.	Interest, Dividends & Royalties (Sch K-1, Lines 5, 6a & 7)	d.	<u>2</u>	
e.	Capital Gain (Sch K-1, Lines 8 & 9a)	e.		
f.	Other Portfolio Income (Sch K-1, Line 11a)	f.		
g.	Section 1231 Gain (Sch K-1, Line 10)	g.		
h.	Other Income (Sch K-1, Line 11i)	h.		
i.	Tax Exempt Income (Sch K-1, Lines 18a & b)	i.		
j.	Excess Depletion Adjustment	j.		
k.	Increase from Recapture of Business Credits	k.		
i.	Gain from 179 disposition	i.		
	(See IRC § 49(a), 50(a), 50(c)(2) & 1371 (d))			
	Total items of Income or Gains (Total lines 3a-3l)	3.	<u>3,845</u>	
4.	Increase in Partnership Share of Partnership Liabilities from line C above	4.		
5.	Total increases in basis (combine lines 1 through 4)			5. <u>399,638</u>
6.	Cash Distributions to the Partner during the year	6.	<u>3,440</u>	
7.	Decrease in Partner's Share of Partnership Liabilities from line C above	7.		
8.	Decrease for Non-Deductible Expenses/Credit Adjustments	8.	<u>3</u>	
9.	Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8)			9. <u>396,195</u>
10.	Items of Losses and Deductions (Allowed for the current year)			
a.	Ordinary Loss (Page 2, Col d, Line 10a)	10 a.		
b.	Real Estate Rental Loss (Page 2, Col d, Line 10b)	b.		
c.	Other Rental Loss (Page 2, Col d, Line 10c)	c.		
d.	Capital Loss (Page 2, Col d, Line 10d)	d.		
e.	Other Portfolio Loss (Page 2, Col d, Line 10e)	e.		
f.	Section 1231 Loss (Page 2, Col d, Line 10f)	f.		
g.	Other Loss (Page 2, Col d, Line 10g)	g.		
h.	Charitable Contributions (Page 2, Col d, Line 10h)	h.		
i.	Section 179 Expense (Page 2, Col d, Line 10i)	i.		
j.	Portfolio Income Expenses (Page 2, Col d, Line 10j)	j.		
k.	Other Deductions (Page 2, Col d, Line 10k)	k.		
l.	Interest Expense on Investment Debt (Page 2, Col d, Line 10l)	l.		
m.	Section 59(e) Expenditures (Page 2, Col d, Line 10m)	m.		
n.	Other decreases (Page 2, Col d, Line 10n)	n.		
o.	Loss from 179 disposition (Page 2, Col d, Line 10o)	o.		
	Total items of Losses and Deductions (Total lines 10a-10o)	10.		
11.	Adjusted Basis of Partnership Interest (Cannot be negative) (Line 9-Line 10)			11. <u>396,195</u>

Shareholder's Stock and Debt Basis Losses Breakdown

2022

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

Name of Shareholder: Peacock	SSN: [REDACTED]
Name of Corporation: HBN Front Street District, Inc	EIN 20-8350777

Allocation percentage line 9	Losses and deductions allowed divided by Total Losses and deductions	<u>0.272908</u>
Allocation percentage line 7	Losses and deductions allowed divided by Total Losses and deductions	

	Sch K1 Line:	(A) Beginning of Year Losses and Deductions	(B) Current Year Losses and Deductions	(C) Total Losses and Deductions	(D) Allowed Losses and Deductions in Current Year	(E) Disallowed Losses and Deductions in Current Year
9a Ordinary Losses	1	12,133		12,133	3,312	8,821
b Rental Real Estate Losses	2	18,707	10,663	29,370	8,015	21,355
c Other Rental Losses	3					
d Short-term capital losses	7					
d Long-term capital losses	8a					
e Other portfolio losses	10, Code A					
f 1231 losses	9					
g 1256 losses	10, Code C					
g S/T Cap (Not Portfolio)	10, Code HF					
g L/T Cap Total (Not Portfolio)	10, Code HG					
g Other losses	10, Code B, HD, HE					
h CC Cash 60%	12, Code A	191	27	218	59	159
h CC Cash 30%	12, Code B					
h CC Noncash 50%	12, Code C					
h CC Noncash 30%	12, Code D					
h CC Capital Gain Prop 30%	12, Code E					
h CC Capital Gain Prop 20%	12, Code F					
h CC 100%	12, Code G					
i Section 179	11 Code A					
i Reserved						
j Portfolio 2%						
j Portfolio Other	12, Code L					
k Deductions - royalty income	12, Code I					
k Reforestation expense	12, Code O					
k Film and TV Prod Exp	12, Code SE					
k Interest Exp - Schedule E	12, Code SA					
k CCF Contributions	12, Code SC					
k Interest penalty	12, Code SD					
k Oil and gas depletion						
k Other deductions						
l Interest Exp Investment Sch A	12, Code H & SB					
m Sec. 59(e)(2) Circulation Costs	12, Code JA					
m Sec. 59(e)(2) Research Costs	12, Code JB					
m Sec. 59(e)(2) Mining Costs	12, Code JC					
m Sec. 59(e)(2) Intangible Drilling	12, Code JD					
n Other decreases						
o Loss from 179 asset						
Total deductible losses and deductions		31,031	10,690	41,721	11,386	30,335
7 Nondeductible expenses & credit adj	16, Code C					
Totals		31,031	10,690	41,721	11,386	30,335

Losses and deductions disallowed due to insufficient basis are carried forward and then treated as arising in the year when basis is restored. They do not show on any form or schedule other than the basis worksheet.

**S Corporation Shareholder Stock and
Debt Basis Limitations**

OMB No. 1545-2302

Attachment
Sequence No. **203**

Attach to your tax return.
Go to www.irs.gov/Form7203 for instructions and the latest information.

Name of shareholder
Peacock

Identifying number
[REDACTED]

A Name of S corporation
HBN Front Street District, Inc

B Employer identification number
20-8350777

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gift (5) ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year	1	0
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	5
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	30,781
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	30,786
5	Stock basis before distributions. Add lines 1, 2, and 4	5	30,786
6	Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	19,400
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	11,386
8a	Nondeductible expenses	8a	
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	11,386
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	11,386
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	11,386
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	0

Part II Shareholder Debt Basis

Section A—Amount of Debt (If more than three debts, see instructions.)

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	☐ Formal note ☐ Open account	☐ Formal note ☐ Open account	☐ Formal note ☐ Open account	
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Combine lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)				
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18				

Part II Shareholder Debt Basis (continued)**Section B - Adjustments to Debt Basis**

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year				
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Add lines 21, 22, and 23 . .				
25 Divide line 24 by line 18				
26 Nontaxable debt repayment. Multiply line 25 by line 19 . . .				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C - Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26 . . .				
34 Reportable gain. Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss		12,133	3,312		8,821
36 Net rental real estate loss	10,663	18,707	8,015		21,355
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions	27	191	59		159
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	10,690	31,031	11,386		30,335

TAX RETURN COMPARISON
2020 / 2021 / 2022

2022

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

Name(s) as shown on return Aaron J & [REDACTED] Peacock	Identifying number [REDACTED]
---	---

	2020	2021	2022	Difference 2021-2022
Filing Status	Married Joint	Married Joint	Married Joint	
Number of Dependents	1	1	1	
Income				
Wages, salaries, tips, etc.	167,167	185,910	194,579	8,669
Taxable interest and dividends	4,007	3,822	5,832	2,010
Taxable state and local refunds			70	70
Alimony				
Business income (loss)				
Gains (losses)	108,308	(36)	25,445	25,481
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss) . . .	2,215	7,922	(7,484)	(15,406)
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income	281,697	197,618	218,442	20,824
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction				
Other adjustments	300			
Total Adjusted Gross Income	281,397	197,618	218,442	20,824
Deductions				
Medical deductions				
State and local taxes				
Interest				
Contributions		600		(600)
Employee business expenses				
Standard or other deductions	24,800	25,100	25,900	800
Total deductions claimed	24,800	25,700	25,900	200
Qualified Business Income Deduction .	447	1,588		(1,588)
Tax and Credits				
Taxable Income	256,150	170,330	192,542	22,212
Tax	40,200	28,819	32,181	3,362
Credits	2,000		2,000	2,000
Self-employment tax				
Other taxes	1,193			
Total Tax	39,393	28,819	30,181	1,362
Payments				
Withholdings	22,479	28,400	29,997	1,597
Estimated tax payments				
Earned income credit				
Other payments and credits		2,000		(2,000)
Estimated tax penalty				
Overpayment		1,581		(1,581)
Overpayment Applied				
Refund		1,581		(1,581)
Balance Due	16,914		184	184
Marginal tax rate	24.00	22.00	24.00	2.00
Effective tax rate	15.69	16.92	16.71	(0.21)

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
HB Nitkn Real Estate Fund	3,843	0	0	3,843	0
HBN Front Street District	30,781	11,327	0	19,454	0
Total. Enter on Part I, lines 2a, 2b, and 2c	34,624	11,327	0		

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Total			1.00		

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total				

a Employee's social security number [REDACTED]		Payroll organization code 22-25-18-05-110		Intradepartment number 0000000000	
b Employer identification number 59-6001874		1 Wages, tips, other compensation 153,390.12		2 Federal income tax withheld 27,541.14	
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 147,000.00		4 Social security tax withheld 9,114.00	
		5 Medicare wages and tips 164,016.00		6 Medicare tax withheld 2,378.23	
		7 Social security tips		10 Dependent care benefits	
d Control number 018262 01/06		11 Nonqualified plans		12a See instructions for box 12 G 5,700.00	
e Employee's first name, mi, and last name AARON J PEACOCK [REDACTED]		13 Statutory employee ☐ Retirement plan ☒ Third-Party sick pay ☐		12b DD 10,986.48	
		14 Other 125 180.00		12c	
				12d	
				12e	
f Employee's address and ZIP code					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

FORM **W-2** **WAGE AND TAX STATEMENT** **2022**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

a Employee's social security number [REDACTED]		Payroll organization code 22-25-18-05-110		Intradepartment number 0000000000	
b Employer identification number 59-6001874		1 Wages, tips, other compensation 153,390.12		2 Federal income tax withheld 27,541.14	
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 147,000.00		4 Social security tax withheld 9,114.00	
		5 Medicare wages and tips 164,016.00		6 Medicare tax withheld 2,378.23	
		7 Social security tips		10 Dependent care benefits	
d Control number 018262 01/06		11 Nonqualified plans		12a See instructions for box 12 G 5,700.00	
e Employee's first name, mi, and last name AARON J PEACOCK [REDACTED]		13 Statutory employee ☐ Retirement plan ☒ Third-Party sick pay ☐		12b DD 10,986.48	
		14 Other 125 180.00		12c	
				12d	
				12e	
f Employee's address and ZIP code					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

FORM **W-2** **WAGE AND TAX STATEMENT** **2022**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA227W Rev. 08/12/2022

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.

a Employee's name and address [REDACTED]		Payroll organization code 21-50-18-00-000		Intradepartment number 0000006532	
b Employer identification number 59-6001874		1 Wages, tips, other compensation 41,189.16		2 Federal income tax withheld 2,455.73	
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 45,214.16		4 Social security tax withheld 2,803.28	
		5 Medicare wages and tips 45,214.16		6 Medicare tax withheld 655.61	
		7 Social security tips		10 Dependent care benefits	
d Control number 008737 01/06		11 Nonqualified plans		12a See instructions for box 12 G 2,600.00	
e Employee's first name, mi, and last name [REDACTED]		13 Statutory employee ☐ Retirement plan ☒ Third-Party sick pay ☐		12b DD 10,986.48	
		14 Other 125 2,285.44		12c	
				12d	
				12e	
f Employee's address and ZIP code					
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax	
				18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

FORM **W-2** **WAGE AND TAX STATEMENT** **2022**

OMB No. 1545-0008
Department of the Treasury - Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

a Employee's name and address [REDACTED]		Payroll organization code 21-50-18-00-000		Intradepartment number 0000006532	
b Employer identification number 59-6001874		1 Wages, tips, other compensation 41,189.16		2 Federal income tax withheld 2,455.73	
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 45,214.16		4 Social security tax withheld 2,803.28	
		5 Medicare wages and tips 45,214.16		6 Medicare tax withheld 655.61	
		7 Social security tips		10 Dependent care benefits	
d Control number 008737 01/06		11 Nonqualified plans		12a See instructions for box 12 G 2,600.00	
e Employee's first name, mi, and last name [REDACTED]		13 Statutory employee ☐ Retirement plan ☒ Third-Party sick pay ☐		12b DD 10,986.48	
		14 Other 125 2,285.44		12c	
				12d	
				12e	
f Employee's address and ZIP code					
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax	
				18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

FORM **W-2** **WAGE AND TAX STATEMENT** **2022**

OMB No. 1545-0008
Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA227W Rev. 08/12/2022

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.

NRPY1222V011024

Form CT-1040NR/PY - 2022
Connecticut Nonresident and Part-Year
Resident Income Tax Return (Rev. 12/22)

COPY

Page 1 of 4

Other taxable year, beginning:

and ending:

N S Y FJ

N MFS

N HOH N QSS

AARON J PEACOCK
PEACOCK

N Dec. N P
N Dec. Y N

N CT-8379 NCT-2210 CT-19IT

N CT-1040CRC NFederal Form 1310

1. Federal adjusted gross income (from federal Form 1040, Line 11, or federal Form 1040-SR, Line 11)	1.	218442
2. Additions to federal adjusted gross income (from Schedule 1, Line 40)	2.	0
3. Add Line 1 and Line 2	3.	218442
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 52)	4.	70
5. Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5.	218372
6. Income from Connecticut sources (from Schedule CT-SI, Line 30)	6.	23304
7. Greater of Line 5 or Line 6. If less than zero, "0" is entered on Line 12.	7.	218372
8. Income tax	8.	11602
9. Line 6 divided by Line 5. If Line 6 is equal to or greater than Line 5, 1.0000 is entered.	9.	0.1067
10. Line 9 multiplied by Line 8	10.	1238
11. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 61)	11.	0
12. Line 11 subtracted from Line 10. If Line 11 is greater than Line 10, "0" is entered.	12.	1238
13. Connecticut alternative minimum tax (from Form CT-6251)	13.	0
14. Add Line 12 and Line 13.	14.	1238
15. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	15.	0
16. Connecticut income tax: Line 15 subtracted from Line 14. If less than zero, "0" is entered.	16.	1238
17. Individual use tax (from Schedule 3, Line 62) If no tax is due, "0" is entered.	17.	0
18. Total tax: Add Line 16 and Line 17.	18.	1238

Clip check here. Do not use staples.
Do not send Forms W-2 or 1099, or Schedules CT K-1.

NRPY1222V011024

Visit us at portal.ct.gov/DRS for more information.

NRPY1222V021024

19. Amount from Line 18

19. 1238

Forms W-2, W-2G, 1099, and Schedule CT K-1 Information

Col. A - Employer's Federal ID #	Col. B - CT Wages, Tips, etc.	Sch. CT K-1	Col. C - CT Income Tax Withheld
20a. 06 — 1620619	• 3845	• X	248
20b. 20 — 8350777	• 27856	• X	1326
20c. -	• 0	•	0
20d. -	• 0	•	0
20e. -	• 0	•	0

20f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 20f. 0

20. **Total Connecticut income tax withheld:** Amounts in Column C. 20. 1574

21. All 2022 estimated tax payments and any overpayments applied from a prior year 21. 0

22. Payments made with Form CT-1040 EXT 22. 0

22a. Claim of right credit (from Form CT-1040 CRC, Line 6) 22a. 0

22b. Pass-through entity tax credit (from Schedule CT-PE, Line 1). Schedule must be attached. 22b. 0

23. **Total payments and refundable credits:** Add Lines 20, 21, 22, 22a and 22b. 23. 1574

24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23. 24. 336

25. Amount of Line 24 you want applied to your 2023 estimated tax 25. 0

26. Amount of Line 24 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4) 26. 0

26a. Total contributions of refund to designated charities (from Schedule 4, Line 63) 26a. 0

27. **Refund:** Lines 25, 26, and 26a subtracted from Line 24. 27. 336**If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.**

27a. Acct. type Ck. Sv. 27b. Rout. # 27c. Acct. #

27d. Refund going to a bank account outside the U.S. 27d. N

28. **Tax due:** If Line 19 is more than Line 23, Line 23 subtracted from Line 19. 28. 0

29. If late: Penalty entered. Line 28 multiplied by 10% (.10). 29. 0

30. If late: Interest entered.

Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01). 30. 0

31. Interest on underpayment of estimated tax (from Form CT-2210.) 31. 0

32. **Total amount due:** Add Lines 28 through 31. 32. 0 .00

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature		Date	Home/cell telephone number
Spouse's signature (if joint return) 07319		Date	Daytime telephone number
Paid preparer's signature		Date	Paid Preparer's PTIN
• <i>Debra Knox</i>		• 04-01-2023	• 561-685-5420 P00645655
Paid preparer's name		FEIN	
DEBRA KNOX			
Firm's name, address, and ZIP code		Self-employed	
DEBRA KNOX			
4237 ONEGA CIRCLE WEST PA			

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name Telephone number Personal identification number (PIN)

NRPY1222V021024

NRPY1222V031024

Schedule 1 - Modifications to Federal Adjusted Gross Income

33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	35.	0
36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	36.	0
37. Loss on sale of Connecticut state and local government bonds	37.	0
38. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year.	38.	0
38a. 80% of Section 179 federal deduction.	38a.	0
39. Other-specify •	39.	0
40. Total additions: Add Lines 33 through 39.	40.	0
41. Interest on U.S. government obligations	41.	0
42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	42.	0
43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	43.	0
44. Refunds of state and local income taxes	44.	70
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	45.	0
46. Military retirement pay	46.	0
47. 50% of income received from Connecticut Teachers' Retirement System	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions made in 2022 or an excess carried forward from a prior year Acct. #:	50.	0
50a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years.	50a.	0
50b. 100% of pension or annuity income	50b.	0
51. Other-specify •	51.	0
52. Total subtractions: Add Lines 41 through 51.	52.	70

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

53. Connecticut AGI during residency portion of taxable year	53.	0
	Col. A	Col. B
54. Qualifying jurisdiction's name and two-letter code 54. •		
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)	55.	0
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	0.0000
57. Apportioned income tax	57.	0
58. Line 56 multiplied by Line 57	58.	0
59. Allowable income tax paid to a qualifying jurisdiction	59.	0
60. Lesser of Line 58 or Line 59	60.	0
61. Total credit: Add Line 60, all columns.	61.	0

NRPY1222V031024

NRPY1222V041024

Schedule 3 - Individual Use Tax

62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	62a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	62b.	0
62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	62c.	0
62d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	62d.	0
62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d.	62.	0

Schedule 4 - Contributions to Designated Charities

63a. AR	63a.	0
63b. OT	63b.	0
63c. ES/W	63c.	0
63d. BCR	63d.	0
63e. SNS	63e.	0
63f. MR	63f.	0
63g. CBS	63g.	0
63h. MHCIA	63h.	0
63. Total Contributions: Add Lines 63a through 63h.	63.	0

Taxpayer email

NRPY1222V041024

Schedule CT-SI

Nonresident or Part-Year Resident

Schedule of Income From Connecticut Sources

2022

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form must be submitted to the Department of Revenue Services (DRS).

Your first name and middle initial AARON J PEACOCK	Last name PEACOCK	Your Social Security Number [REDACTED]
If joint return, spouse's first name and middle initial [REDACTED]	Last name PEACOCK	Spouse's Social Security Number [REDACTED]

Visit portal.ct.gov/DRS/Individuals/Individual-Income-Tax before completing this schedule.

Part 1 - Connecticut Income - Part-Year Residents: Complete Schedule CT-1040AW, Part-Year Resident Income Allocation.

Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.

Nonresidents: Enter the income received from Connecticut sources.

1. Wages, salaries, tips, etc.	1.	
2. Taxable interest	2.	7
3. Ordinary dividends	3.	
4. Alimony received	4.	
5. Business income or (loss)	5.	
6. Capital gain or (loss)	6.	30,781
7. Other gains or (losses)	7.	
8. Taxable amount of IRA distributions	8.	
9. Taxable amounts of pension and annuities	9.	
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	10.	(7,484)
11. Farm income or (loss)	11.	
12. Unemployment compensation	12.	
13. Taxable amount of social security benefits	13.	
14. Other income: See instructions	14.	
15. Gross income from Connecticut sources: Add Lines 1 through 14	15.	23,304 00

Part 2 - Adjustments to Connecticut Income - Enter adjustments directly related to income reported above.

16. Educator expenses	16.	
17. Certain business expenses of reservists, performing artists, and fee-basis government officials	17.	
18. Health savings account deduction	18.	
19. Moving expenses for members of the armed forces	19.	
20. Deductible part of self-employment tax	20.	
21. Self-employed SEP, SIMPLE, and qualified plans	21.	
22. Self-employed health insurance deduction	22.	
23. Penalty on early withdrawal of savings	23.	
24. Alimony paid. Recipient's last name ▶ SSN ▶	24.	
25. IRA deduction	25.	
26. Student loan interest deduction	26.	
27. Archer MSA deduction	27.	
28. Other adjustments	28.	
29. Total adjustments: Add Lines 16 through 28	29.	
30. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT-1040NR/PY, Line 6	30.	23,304 00

Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.

A. Working days (or other basis) outside Connecticut	A	
B. Working days (or other basis) inside Connecticut	B	
C. Total working days: Add Line A and Line B	C	
D. Nonworking days (Holidays, weekends, etc.)	D	
E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places	E	
F. Total income being apportioned	F	
G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1 Basis, if other than working days:	G	

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

2022

For calendar year 2022, or tax year

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

Partner's Share of Income, Deductions,
Credits, etc.

See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
06-1620619B Partnership's name, address, city, state, and ZIP code
HB NITKIN REAL ESTATE FUND II, LLC
C/O THE HB NITKIN GROUP
230 MASON STREET
GREENWICH, CT 06830C IRS center where partnership filed return:
E-FILED ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
PEACOCKG ☐ General partner or LLC member-manager ☒ Limited partner or other LLC memberH1 ☒ Domestic partner ☐ Foreign partnerH2 ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN _____ Name _____

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	0.8599400 %	0.8599400 %
Loss	0.8599400 %	0.8599400 %
Capital	0.8599400 %	0.8599400 %

Check if decrease is due to sale or exchange of partnership interest ☐

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$ 440,852.	\$ 433,325.
Recourse	\$ 0.	\$ 0.

Check this box if item K includes liability amounts from lower-tier partnerships ☐

L Partner's Capital Account Analysis

Beginning capital account	\$ -246,741.
Capital contributed during the year	\$
Current year net income (loss)	\$ 3,842.
Other increase (decrease) (attach explanation)	\$
Withdrawals and distributions	\$ (3,440.)
Ending capital account	\$ -246,339.

M Did the partner contribute property with a built-in gain (loss)?

☐ Yes ☒ No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning	\$
Ending	\$

Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items

1 Ordinary business income (loss)	0.	14 Self-employment earnings (loss)	0.
2 Net rental real estate income (loss)	3,843.	15 Credits	
3 Other net rental income (loss)		16 Schedule K-3 is attached if checked	☒
4a Guaranteed payments for services		17 Alternative min tax (AMT) items	
4b Guaranteed payments for capital		18 Tax-exempt income and nondeductible expenses	
4c Total guaranteed payments		19 Distributions	3,440.
5 Interest income	2.	20 Other information	2.
6a Ordinary dividends		21 Foreign taxes paid or accrued	
6b Qualified dividends			
6c Dividend equivalents			
7 Royalties			
8 Net short-term capital gain (loss)			
9a Net long-term capital gain (loss)			
9b Collectibles (28%) gain (loss)			
9c Unrecaptured section 1250 gain			
10 Net section 1231 gain (loss)			
11 Other income (loss)			
12 Section 179 deduction			
13 Other deductions			

For IRS Use Only

22 ☐ More than one activity for at-risk purposes*

23 ☐ More than one activity for passive activity purposes*

*See attached statement for additional information.

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
ENTERTAINMENT EXPENSE		3.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		3.

SCHEDULE K-1 BUSINESS INTEREST EXPENSE, BOX 20, CODE N

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
BUSINESS INTEREST EXPENSE - (INCLUDED IN RENTAL REAL ESTATE INCOME (LOSS))	SEE PARTNERS INSTRUCTIONS	21,915.
TOTAL TO SCHEDULE K-1, BOX 20, CODE N		21,915.

SCHEDULE K-1 SECTION 199A INFORMATION, BOX 20, CODE Z

DESCRIPTION	AMOUNT
RENTAL INCOME (LOSS)	3,843.
UNADJUSTED BASIS OF ASSETS	196,505.

SCHEDULE K-1 SECTION 199A ADDITIONAL INFORMATION

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODE Z. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 GROSS RECEIPTS FOR SECTION 448(C), BOX 20, CODE AG

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
GROSS RECEIPTS - CURRENT YEAR	SEE IRS SCH. K-1 INSTRUCTIONS	54,372.
TOTAL TO SCHEDULE K-1, LINE 20 AG		54,372.

SCHEDULE K-1 CURRENT YEAR NET INCOME (LOSS) AND
OTHER INCREASES(DECREASES)

DESCRIPTION	AMOUNT	TOTALS
RENTAL REAL ESTATE INCOME (LOSS)	3,843.	
INTEREST INCOME	2.	
SCHEDULE K-1 INCOME SUBTOTAL		3,845.
NONDEDUCTIBLE EXPENSES	-3.	
SCHEDULE K-1 DEDUCTIONS SUBTOTAL		-3.
NET INCOME (LOSS) PER SCHEDULE K-1		3,842.

SCHEDULE K-1 FOOTNOTES

THIS PASS THROUGH ENTITY IS A REAL ESTATE TRADE OR BUSINESS THAT HAS ELECTED TO BE TREATED AS AN ELECTING REAL PROPERTY TRADE OR BUSINESS UNDER SECTION 163(J)(7)(B).

THE FOLLOWING INFORMATION REPRESENTS THE COMPANY'S AMOUNT OF GROSS RECEIPTS FOR THE PAST THREE YEARS, WHICH MAY BE REQUIRED FOR THE COMPUTATION OF YOUR OWN SECTION 163(J) LIMITATION:

ANNUAL GROSS RECEIPTS FOR 2019:	5,630,727.
ANNUAL GROSS RECEIPTS FOR 2020:	5,916,692.
ANNUAL GROSS RECEIPTS FOR 2021:	6,599,866.

PLEASE CONSULT YOUR TAX ADVISOR FOR THE APPLICATION OF SECTION 163(J) TO YOU.

List of Codes and References Used in Schedule K-1 (Form 1065)

Box Number / Item		Where to report or where to find further reporting information. Page numbers refer to these instructions.
1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows.		
	Passive loss	See page 8
	Passive income	Schedule E (Form 1040), line 28, column (h)
	Nonpassive loss	See page 8
	Nonpassive income	Schedule E (Form 1040), line 28, column (k)
2. Net rental real estate income (loss)		See page 8
3. Other net rental income (loss)		
	Net income	Schedule E (Form 1040), line 28, column (h)
	Net loss	See Instructions for Form 8582
4a. Guaranteed payment services		See Instructions for Schedule E (Form 1040)
4b. Guaranteed payment capital		See Instructions for Schedule E (Form 1040)
4c. Guaranteed payment total		See page 8
5. Interest income		Form 1040 or 1040-SR, line 2b
6a. Ordinary dividends		Form 1040 or 1040-SR, line 3b
6b. Qualified dividends		Form 1040 or 1040-SR, line 3a
6c. Dividend equivalents		See page 9
7. Royalties		Schedule E (Form 1040), line 4
8. Net short-term capital gain (loss)		Schedule D (Form 1040), line 5
9a. Net long-term capital gain (loss)		Schedule D (Form 1040), line 12
9b. Collectibles (28%) gain (loss)		28% Rate Gain Worksheet, line 4 (Schedule D instructions)
9c. Unrecaptured section 1250 gain		See page 9
10. Net section 1231 gain (loss)		See page 9
11. Other income (loss)		
	Code A. Other portfolio income (loss)	See page 9
	Code B. Involuntary conversions	See page 9
	Code C. Section 1256 contracts & straddles	Form 6781, line 1
	Code D. Mining exploration costs recapture	See Pub. 535
	Code E. Cancellation of debt	See page 10
	Code F. Section 743(b) positive adjustments	See page 10
	Code G. Reserved for future use	
	Code H. Section 951(a) income inclusions	See page 10
	Code I. Other income (loss)	See page 10
12. Section 179 deduction		See page 11
13. Other deductions		
	Code A. Cash contributions (60%)	See page 11
	Code B. Cash contributions (30%)	See page 11
	Code C. Noncash contributions (50%)	See page 11
	Code D. Noncash contributions (30%)	See page 12
	Code E. Capital gain property to a 50% organization (30%)	See page 12
	Code F. Capital gain property (20%)	See page 12
	Code G. Contributions (100%)	See page 12
	Code H. Investment interest expense	Form 4952, line 1
	Code I. Deductions - royalty income	Schedule E (Form 1040), line 19
	Code J. Section 59(e)(2) expenditures	See page 12
	Code K. Excess business interest expense	See page 12
	Code L. Deductions - portfolio income (other)	Schedule A (Form 1040), line 16
	Code M. Amounts paid for medical insurance	Schedule A (Form 1040), line 1; or Schedule 1 (Form 1040), line 17
	Code N. Educational assistance benefits	See page 12
	Code O. Dependent care benefits	Form 2441, line 12
	Code P. Preproductive period expenses	See page 12
	Code Q. Reserved for future use	
	Code R. Pensions and IRAs	See page 12
	Code S. Reforestation expense deduction	See page 13
	Codes T through U. Reserved for future use	
	Code V. Section 743(b) negative adjustments	See page 13
	Code W. Other deductions	See page 13
14. Self-employment earnings (loss)		
	Note. If you have a section 179 deduction or any partner-level deductions, see page 13 before completing Schedule SE (Form 1040).	
	Code A. Net earnings (loss) from self-employment	Schedule SE (Form 1040)
	Code B. Gross farming or fishing income	See page 13

Box Number / Item		Where to report or where to find further reporting information. Page numbers refer to these instructions.
15. Credits		
	Code A. Reserved for future use	
	Code B. Reserved for future use	
	Code C. Low-income housing credit (section 42(j)(5)) from post-2007 buildings	See page 13
	Code D. Low-income housing credit (other) from post-2007 buildings	See page 13
	Code E. Qualified rehabilitation expenditures (rental real estate)	See page 14
	Code F. Other rental real estate credits	See page 14
	Code G. Other rental credits	See page 14
	Code H. Undistributed capital gains credit	Schedule 3 (Form 1040), line 13a
	Code I. Biofuel producer credit	See page 14
	Code J. Work opportunity credit	See page 14
	Code K. Disabled access credit	See page 14
	Code L. Empowerment zone employment credit	See page 14
	Code M. Credit for increasing research activities	See page 14
	Code N. Credit for employer social security and Medicare taxes	See page 14
	Code O. Backup withholding	See page 14
	Code P. Other credits	See page 14
17. Alternative minimum tax (AMT) items		
	Code A. Post-1986 depreciation adjustment	See Instructions for Form 6251
	Code B. Adjusted gain or loss	See Instructions for Form 6251
	Code C. Depletion (other than oil & gas)	See Instructions for Form 6251
	Code D. Oil, gas, and geothermal - gross income	See Instructions for Form 6251
	Code E. Oil, gas, and geothermal - deductions	See Instructions for Form 6251
	Code F. Other AMT items	See Instructions for Form 6251
18. Tax-exempt income and nondeductible expenses		
	Code A. Tax-exempt interest income	Form 1040 or 1040-SR, line 2a
	Code B. Other tax-exempt income	See page 15
	Code C. Nondeductible expenses	See page 15
19. Distributions		
	Code A. Cash and marketable securities	See page 15
	Code B. Distribution subject to section 737	See page 15
	Code C. Other property	See page 15
20. Other information		
	Code A. Investment income	Form 4952, line 4a
	Code B. Investment expenses	Form 4952, line 5
	Code C. Fuel tax credit information	Form 4136
	Code D. Qualified rehabilitation expenditures (other than rental real estate)	See page 16
	Code E. Basis of energy property	See page 16
	Code F. Recapture of low-income housing credit for section 42(j)(5) partnerships	See page 16
	Code G. Recapture of low-income housing credit for other partnerships	See page 16
	Code H. Recapture of investment credit	See Form 4255
	Code I. Recapture of other credits	See page 16
	Code J. Look-back interest-completed long-term contracts	See Form 8697
	Code K. Look-back interest-income forecast method	See Form 8866
	Code L. Dispositions of property with section 179 deductions	See page 16
	Code M. Recapture of section 179 deduction	See page 16
	Code N. Business interest expense (information item)	See page 16
	Code O. Section 453(l)(3) information	Schedule 2 (Form 1040), line 14
	Code P. Section 453A(c) information	Schedule 2 (Form 1040), line 15
	Code Q. Section 1260(b) information	Schedule 2 (Form 1040), line 17z
	Code R. Interest allocable to production expenditures	See Regulations sections 1.263A-8 through -15
	Code S. Capital construction fund (CCF) nonqualified withdrawals	Schedule 2 (Form 1040), line 17z
	Code T. Depletion deduction	See Pub. 535
	Code U. Section 743(b) basis adjustment	See page 17
	Code V. Unrelated business taxable income	See page 17
	Code W. Precontribution gain (loss)	Form 8949 and/or Schedule D (Form 1040); or Form 4797
	Code X. Reserved for future use	
	Code Y. Net investment income	See Instructions for Form 8960

Box Number / Item		Where to report or where to find further reporting information. Page numbers refer to these instructions.
	Code Z. Section 199A information	Form 8995 or Form 8995-A
	Code AA. Section 704(c) information	See page 18
	Code AB. Section 751 gain (loss)	See page 18
	Code AC. Section 1(h)(5) gain (loss)	See page 18
	Code AD. Deemed section 1250 unrecaptured gain	See page 18
	Code AE. Excess taxable income	See Instructions for Form 8990
	Code AF. Excess business interest income	See page 18
	Code AG. Gross receipts for section 448(c)	See page 18
	Code AH. Other information	See page 18
21.	Foreign taxes paid or accrued	See page 19

Schedule K-3
(Form 1065)

Department of the Treasury
Internal Revenue Service

Partner's Share of Income, Deductions,
Credits, etc.-International

☐ Final K-3

☐ Amended K-3

OMB No. 1545-0123

2022

For calendar year 2022, or tax year beginning _____, ending _____
See separate instructions.

Information About the Partnership

A Partnership's employer identification number (EIN)

06-1620619

B Partnership's name, address, city, state, and ZIP code
HB NITKIN REAL ESTATE FUND II, LLC
C/O THE HB NITKIN GROUP
230 MASON STREET
GREENWICH, CT 06830

Information About the Partner

C Partner's SSN or Taxpayer Identification Number (TIN) (Do not use TIN of a disregarded entity. See instructions.)

D Name, address, city, state, and ZIP code for partner entered in C. See instr.
PEACOCK

E Check to indicate the parts of Schedule K-3 that apply.

	Yes	No
1 Does Part I apply? If "Yes," complete and attach Part I		X
2 Does Part II apply? If "Yes," complete and attach Part II	X	
3 Does Part III apply? If "Yes," complete and attach Part III	X	
4 Does Part IV apply? If "Yes," complete and attach Part IV		X
5 Does Part V apply? If "Yes," complete and attach Part V		X
6 Does Part VI apply? If "Yes," complete and attach Part VI		X
7 Does Part VII apply? If "Yes," complete and attach Part VII		X
8 Does Part VIII apply? If "Yes," complete and attach Part VIII		X
9 Does Part IX apply? If "Yes," complete and attach Part IX		X
10 Does Part X apply? If "Yes," complete and attach Part X		X
11 Does Part XI apply? If "Yes," complete and attach Part XI		X
12 Reserved for future use		
13 Does Part XIII apply? If "Yes," complete and attach Part XIII		X

For IRS Use Only

For Paperwork Reduction Act Notice, see the Instructions for Form 1065.
LHA

www.irs.gov/Form1065

Schedule K-3 (Form 1065) 2022

Name of partnership

EIN

Name of partner

HB NITKIN REAL ESTATE FUND II, LL

06-1620619

PEACOCK C/C

Part I Partner's Share of Partnership's Other Current Year International Information

Check box(es) for additional specified attachments. See instructions.

- | | | | |
|--|---|--|-----------------------------|
| ☐ 1. Gain on personal property sale | ☐ 5. High-taxed income | ☐ 8. Form 5471 information | ☐ 11 |
| ☐ 2. Foreign oil and gas taxes | ☐ 6. Section 267A disallowed deduction | ☐ 9. Other forms | ☐ 12 |
| ☐ 3. Splitter arrangements | ☐ 7. Form 8858 information | ☐ 10. Partner loan transactions | ☐ 13 |
| ☐ 4. Foreign tax translation | | | |

Part II Foreign Tax Credit Limitation**Section 1 - Gross Income**

Description	(a) U.S. source	Foreign Source			
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)
1 Sales					
A					
B					
C					
2 Gross income from performance of services					
A					
B					
C					
3 Gross rental real estate income					
A US	54,370.	0.	0.	0.	0.
B					
C					
4 Other gross rental income					
A					
B					
C					
5 Guaranteed payments					
6 Interest income					
A US	2.	0.	0.	0.	0.
B					
C					
7 Ordinary dividends (exclude amount on line 8)					
A					
B					
C					

Name of partnership

HB NITKIN REAL ESTATE FUND II, LL

EIN

06-1620619

Name of partner

MERIDITH K NELSON PEACOCK C/C

Part II Foreign Tax Credit Limitation (continued)**Section 1 - Gross Income** (continued)

Description	(a) U.S. source	Foreign Source			
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)
8 Qualified dividends					
A					
B					
C					
9 Reserved for future use					
10 Royalties and license fees					
A					
B					
C					
11 Net short-term capital gain					
A					
B					
C					
12 Net long-term capital gain					
A					
B					
C					
13 Collectibles (28%) gain					
A					
B					
C					
14 Unrecaptured section 1250 gain					
A					
B					
C					
15 Net section 1231 gain					
A					
B					
C					

Name of partnership

EIN

Name of partner

HB NITKIN REAL ESTATE FUND II, LL

06-1620619

PEACOCK C/C

Part II Foreign Tax Credit Limitation (continued)**Section 1 - Gross Income** (continued)

Description	(a) U.S. source	Foreign Source			
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)
16 Section 986(c) gain					
17 Section 987 gain					
18 Section 988 gain					
19 Section 951(a) inclusions					
A					
B					
C					
20 Other income (see instructions)					
A					
B					
C					
21 Reserved for future use					
A					
B					
C					
22 Reserved for future use					
A					
B					
C					
23 Reserved for future use					
A					
B					
C					
24 Total gross income (combine lines 1 through 23)	54,372.				
A US	54,372.	0.	0.	0.	0.
B					
C					

Name of partnership

HB NITKIN REAL ESTATE FUND II, LL

EIN

06-1620619

Name of partner

PEACOCK C/C

Part II Foreign Tax Credit Limitation (continued)**Section 2 - Deductions**

Description	(a) U.S. source	Foreign Source			
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)
25 Expenses allocable to sales income					
26 Expenses allocable to gross income from performances of services					
27 Net short-term capital loss					
28 Net long-term capital loss					
29 Collectibles loss					
30 Net section 1231 loss					
31 Other losses					
32 Research & experimental (R&E) expenses					
A SIC code:					
B SIC code:					
C SIC code:					
33 Allocable rental expenses - depreciation, depletion, and amortization	7,885.				
34 Allocable rental expenses - other than depreciation, depletion, and amortization	42,640.				
35 Allocable royalty and licensing expenses - depreciation, depletion, and amortization					
36 Allocable royalty and licensing expenses - other than depreciation, depletion, and amortization					
37 Depreciation not included on line 33 or 35					
38 Charitable contributions					
39 Interest expense specifically allocable under Regulations section 1.861-10(e)					
40 Other interest expense specifically allocable under Regulations section 1.861-10T					
41 Other interest expense - business					
42 Other interest expense - investment					
43 Other interest expense - passive activity					
44 Section 59(e)(2) expenditures, excluding R&E expenses on line 32					
45 Foreign taxes not creditable but deductible					

Name of partnership

HB NITKIN REAL ESTATE FUND II, LL

EIN

06-1620619

Name of partner

PEACOCK C/C

Part II Foreign Tax Credit Limitation (continued)**Section 2 - Deductions** (continued)

Description	(a) U.S. source	Foreign Source			
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code _____)
46 Section 986(c) loss					
47 Section 987 loss					
48 Section 988 loss					
49 Other allocable deductions (see instructions)					
50 Other apportioned share of deductions (see instructions)					
51 Reserved for future use					
52 Reserved for future use					
53 Reserved for future use					
54 Total deductions (combine lines 25 through 53)	50,525.				
55 Net income (loss) (subtract line 54 from line 24)	3,847.				

Part III Other Information for Preparation of Form 1116 or 1118**Section 1 - R&E Expenses Apportionment Factors**

Description	(a) U.S. source	Foreign Source			
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code _____) (country code _____)
1 Gross receipts by SIC code					
A SIC code: _____					
B SIC code: _____					
C SIC code: _____					
E SIC code: _____					
E SIC code: _____					
F SIC code: _____					

2 Exclusive apportionment with respect to total R&E expenses entered on Part II, line 32. Enter the following.

A R&E expense with respect to activity performed in the United States

(i) SIC code: _____

(ii) SIC code: _____

(iii) SIC code: _____

B R&E expense with respect to activity performed outside the United States

(i) SIC code: _____

(ii) SIC code: _____

(iii) SIC code: _____

Name of partnership

EIN

Name of partner

HB NITKIN REAL ESTATE FUND II, LL 06-1620619

PEACOCK C/C

Part III Other Information for Preparation of Form 1116 or 1118 (continued)**Section 2 - Interest Expense Apportionment Factors**

Description	(a) U.S. source	Foreign Source			
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code _____) (country code _____)
1 Total average value of assets	187,105.				
2 Sections 734(b) and 743(b) adjustment to assets - average value					
3 Assets attracting directly allocable interest expense under Regulations section 1.861-10(e)					
4 Other assets attracting directly allocable interest expense under Regulations section 1.861-10T					
5 Assets excluded from apportionment formula					
6a Total assets used for apportionment (subtract the sum of lines 3, 4, and 5 from the sum of lines 1 and 2)	187,105.				
b Assets attracting business interest expense					
c Assets attracting investment interest expense					
d Assets attracting passive activity interest expense					
7 Basis in stock of 10%-owned noncontrolled foreign corporations (see attachment)					
8 Basis in stock of CFCs (see attachment)					

Section 3 - Foreign-Derived Intangible Income (FDII) Deduction Apportionment Factors

Description	(a) U.S. source	Foreign Source		
		(b) Passive category income	(c) General category income	(d) Other (category code _____) (country code _____)
1 Foreign-derived gross receipts				
2 Cost of goods sold				
3 Partnership deductions allocable to foreign-derived gross receipts				
4 Other partnership deductions apportioned to foreign-derived gross receipts				

Schedule of Activities

For calendar year 2022, or tax year beginning

, 2022, and ending

HB NITKIN REAL ESTATE FUND II, LLC

Name: C/O THE HB NITKIN GROUP

06-1620619

For: PEACOCK C/O JONATHA

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	3				4	GFC, LLC COMML PROP EIN #06-1620618
	1				4	GFC FAWCETT, LLC EIN# 20-0120306
	4				4	HB NITKIN REAL ESTATE FUND II, LLC

	Activity - 3	Activity - 1	Activity - 4
Ordinary business income (loss)			
Net rental real estate income (loss)	-2,010.	8,606.	-2,753.
Other net rental income (loss)			
Interest income			
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
Net short-term capital gain (loss)			
Net long-term capital gain (loss)			
- Collectibles (28%) gain (loss)			
- Unrecaptured Section 1250 gain			
Net section 1231 gain (loss)			
Other portfolio income			
Section 1256 contracts and straddles			
Other income			
Section 179 deduction			
Charitable contributions			
Portfolio deductions			
Investment interest expense			
Section 59(e)(2) expenditures			
Excess business interest expense			
Other deductions			
Net earnings from self-employment			
Gross farming or fishing income			
Gross nonfarm income			
LIH credit - Section 42(j)(5) partnerships			
- Other			
Qualified rehabilitation expenditures related to rental real estate			
Other rental credits			
Credits related to other rental activities			
Recapture of LIH credit - Section 42(j)(5) partnerships			
- Other			
Other credits			
Post-1986 depreciation adjustment			
Adjusted gain or loss			
Portion of adjusted gain/loss allocable to short-term gain/loss			
Portion of adjusted gain/loss allocable to long-term gain/loss			
Portion of adjusted gain/loss allocable to section 1231 gain/loss			
Depletion (other than oil and gas)			
Oil, gas and geothermal properties - gross income			
Oil, gas and geothermal properties - deductions			
Other AMT items			
Investment income			
Investment expenses			
Section 199A - W-2 wages			
- Unadjusted basis of assets			
- REIT dividends			
- Cooperative qualified business income			
- Cooperative W-2 wages			

Schedule CT K-1
Member's Share of Certain Connecticut Items

21

2022

Complete in blue or black ink only.

For calendar year 2022 or other taxable year beginning _____, 2022, and ending _____.

Pass-through entity (PE) information		Member information	
Federal Employer ID Number (FEIN) 06-1620619	CT Tax Registration Number 1182591-000	Member's Social Security Number (SSN) or FEIN ☒ SSN ☐ FEIN	
Name HB NITKIN REAL ESTATE FUND II, LLC C/O THE HB NITKIN GROUP		Name PEACOCK C/O JONATHAN NELSON	
Number and street address PO Box 230 MASON STREET		Number and street address PO Box [REDACTED]	
City or town State ZIP code GREENWICH, CT 06830		City or town State ZIP code [REDACTED]	
Check the box if this is an amended or a final Schedule CT K-1. ☐ Amended Schedule CT K-1 ☐ Final Schedule CT K-1 ☐ PE filed as part of a combined PE Tax return. ☐ PE filed Schedule CT-NR, Elective Composite Income Tax <i>Remittance Calculation.</i> If either box is checked, see instructions.		Type of member (check one): ☐ RI ☐ RE ☐ RT ☐ PE ☒ NI ☐ NE ☐ NT ☐ CM	

Part 1 - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part V

Additions Enter all amounts as positive numbers.

1. Interest on state and local obligations other than Connecticut	1.		00
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2.		00
3. Certain deductions relating to income exempt from Connecticut income tax	3.		00
4. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year	4.		00
5. 80% of Section 179 federal deduction	5.		00
6. Other - specify	6.		00

Subtractions Enter all amounts as positive numbers.

7. Interest on U.S. government obligations	7.		00
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	8.		00
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	9.		00
10. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years	10.		00
11. 25% of Section 179 federal deduction added back in preceding four years	11.		00
12. Other - specify	12.		00

Part 2 - Total Connecticut Source Income/(Loss)

Column A

Column B

From Federal Schedule K-1

From Form CT-1065/CT-1120SI, Part 6

1. Ordinary business income (loss)	1.		00		00
2. Net rental real estate income (loss)	2.	3,843	00	3,843	00
3. Other net rental income (loss)	3.		00		00
4. Guaranteed payments	4.		00		00
5. Interest income	5.	2	00	2	00
6a. Ordinary dividends	6a.		00		00
7. Royalties	7.		00		00
8. Net short-term capital gain (loss)	8.		00		00
9a. Net long-term capital gain (loss)	9a.		00		00
10. Net section 1231 gain (loss)	10.		00		00
11. Other income (loss): Attach statement	11.		00		00
12. Section 179 deduction	12.		00		00
13. Other deductions: Attach statement	13.		00		00

Part 3 - Connecticut PE Tax Credit Information

1. Member's Connecticut PE Tax Credit	1.	248	00
---------------------------------------	----	-----	----

Individuals, trusts, and estates: Report this amount on **Schedule CT-PE, Pass-Through Entity Tax Credit**.

C corporations: Report this amount on **Form CT-1120PE, Pass-Through Entity Tax Credit**.

Parent PE members: Report this amount on Form CT-1065/CT-1120SI, Part 1, *Schedule D*, Column C. Do not claim this as a payment on Form CT-1065/CT-1120SI, Part 1, *Schedule A*.

Part 4 - Elective Composite Income Tax Information

1. Composite Income Tax payment made by PE on behalf of nonresident individual (NI) member	1.		00
--	----	--	----

Nonresident individuals: Report this amount on **Form CT-1040NR/PY, Connecticut Nonresident and Part-Year Resident Income Tax Return**, on one of the lines for income tax withheld (Lines 20a through 20e). See instructions.

Part 5 - Connecticut Income Tax Credit Summary

		2022 Total credit earned by member in 2022 (from Form CT-1065/CT-1120SI, Part 7)	
1. Reserved for future use.	1.		
2. Reserved for future use.	2.		
3. Angel investor tax credit	3.		00
4. Insurance reinvestment fund tax credit	4.		00
5. Total credits: Add Line 3 and Line 4.	5.		00

Part 6 - Additional Information Required to be Reported to Nonresident, Noncorporate Members and PE Members

1. Member's portion of Connecticut PE Tax payments deducted in calculating income/(loss) for federal purposes	1.	980	00
---	----	-----	----

Part 6 is for informational purposes. This is not your PE Tax Credit. Your PE Tax Credit is reported in Part 3.



Department of Taxation and Finance
New York Partner's Schedule K-1
Tax Law - Article 22 (Personal Income Tax)

288851 11-04-22

IT-204-IP

For calendar year 2022 or tax year beginning

and ending

☐ Final K-1

21

☐ Amended K-1

Partners: Before completing your income tax return, see Form IT-204-IP-I, *Partner's Instructions for Form IT-204-IP* (available at www.tax.ny.gov).

Partnership's information (see instructions)

Partnership's name (as shown on Form IT-204) HB NITKIN REAL ESTATE FUND II LLC CO THE HB NITKIN	Partnership's EIN 061620619
---	---------------------------------------

A Mark an ☒ in the box if either applies to your entity ☐ Publicly traded partnership ☐ Portfolio investment partnership

B Tax shelter registration number, if any B

C Business allocation percentage C %

Partner's information (see instructions)

Partner's name PEACOCK, C/O JONATH	Partner's identifying number [REDACTED]
Partner's address [REDACTED]	
City [REDACTED]	State [REDACTED] ZIP code [REDACTED]

D The partner is a (mark an ☒ in the appropriate box) ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

E What is the tax filing status of the partner? (Mark an ☒ in the appropriate box, if known.) ☒ Individual ☐ Estate/trust ☐ Partnership

F If the partner is a disregarded entity or grantor trust, enter the tax ID of the entity or individual reporting the income, if known F

G Did the partner sell its entire interest during the tax year? G Yes ☐ No ☒

H Partner's share of profit, loss, and capital

	Beginning	Ending
1) Profit H1	0.8599%	0.8599%
2) Loss H2	0.8599%	0.8599%
3) Capital H3	0.8599%	0.8599%

I Partner's share of liabilities at the end of the year

1) Nonrecourse I1	
2) Qualified nonrecourse financing I2	433325
3) Recourse I3	

J Partner's capital account analysis

1) Beginning capital account J1	-246741
2) Capital contributed during the year - cash J2	
3) Capital contributed during the year - property J3	
4) Current year increase (decrease) J4	3842
5) Withdrawals and distributions - cash J5	3440
6) Withdrawals and distributions - property J6	
7) Ending capital account J7	-246339

8) Method of accounting (mark an ☒ in the appropriate box) ☒ Tax basis ☐ GAAP ☐ Book ☐ Other (submit explanation)

K Resident status (mark an ☒ in all boxes that apply; see instructions)

☐ NYS full-year resident	☐ Yonkers full-year resident	☐ NYC full-year resident
☐ NYS part-year resident	☐ Yonkers part-year resident	☐ NYC part-year resident
☒ NYS nonresident	☐ Yonkers nonresident	

L If the partner was included in a group return, enter the special NYS identification number, if known L

NO HANDWRITTEN ENTRIES ON THIS FORM

M Was Form IT-2658-E filed with the partnership? M Yes ☐ No ☒

N NYS estimated tax paid on behalf of partner (from Form IT-2658-NYS)

	Date	Amount
1) First installment	N1	
2) Second installment	N2	
3) Third installment	N3	
4) Fourth installment	N4	
Total NYS estimated tax paid on behalf of partner (add lines N1 through N4)	N	

O Estimated MCTMT paid on behalf of partner (from Form IT-2658-MTA)

	Date	Amount
1) First installment	O1	
2) Second installment	O2	
3) Third installment	O3	
4) Fourth installment	O4	
Total estimated MCTMT paid on behalf of partner (add lines O1 through O4)	O	

P Did the partnership elect to pay the pass-through entity tax (PTET) for the current tax year? P Yes ☐ No ☒

If Yes, what residency status was assigned to this partner for purposes of computing the pass-through entity taxable income (PTE taxable income)? (Mark an X in the appropriate box; see instructions)

Resident ☐ Nonresident ☐

Partner's share of income, deductions, etc.

A - Partner's distributive share items	B - Federal K-1 amount	C - New York State amount
1 Ordinary business income (loss)	1	1
2 Net rental real estate income (loss)	2 3843	2
3 Other net rental income (loss)	3	3
4 Guaranteed payments	4	4
5 Interest income	5 2	5
6 Ordinary dividends	6	6
7 Royalties	7	7
8 Net short-term capital gain (loss)	8	8
9 Net long-term capital gain (loss)	9	9
10 Net section 1231 gain (loss)	10	10
11 Other income (loss) Identify:	11	11
12 Section 179 deduction	12	12
13 Other deductions Identify:	13	13
14 This line intentionally left blank	14	14
15 Net earnings (loss) from self-employment	15	15
16 Tax-exempt income and nondeductible expenses	16 3	16
17 Distributions - cash and marketable securities	17 3440	17
18 Distributions - other property	18	18
19 Other items not included above that are required to be reported separately to partners	19 276637	19
Identify: SEE STATEMENT		

NO HANDWRITTEN ENTRIES ON THIS FORM

Partner's share of New York modifications (see instructions)**20 New York State additions**

	Number	A - Total amount	B - New York State allocated amount
20a	EA- 201	979	
20b	EA-		
20c	EA-		
20d	EA-		
20e	EA-		
20f	EA-		

21 Total addition modifications (total of column A, lines 20a through 20f) 21 979

22 New York State subtractions

	Number	A - Total amount	B - New York State allocated amount
22a	ES-		
22b	ES-		
22c	ES-		
22d	ES-		
22e	ES-		
22f	ES-		

23 Total subtraction modifications (total of column A, lines 22a through 22f) 23

24 Additions to itemized deductions

	Letter	Amount
24a		
24b		
24c		
24d		
24e		
24f		

25 Total additions to itemized deductions (add lines 24a through 24f) 25

26 Subtractions from itemized deductions

	Letter	Amount
26a		
26b		
26c		
26d		
26e		
26f		

27 Total subtractions from itemized deductions (add lines 26a through 26f) 27

28 This line intentionally left blank 28

NO HANDWRITTEN ENTRIES ON THIS FORM



Partner's other information

29a	Partner's share of New York source gross income	29a	
29b	MCTD allocation percentage (see instructions)	29b	%
29c	Partner's share of receipts from the sale of goods by manufacturing	29c	
29d	Partner's share of New York adjusted basis of qualified manufacturing property	29d	

Partner's credit information**Part 1 - Flow-through credit bases and information**

Brownfield redevelopment tax credit (Form IT-611, IT-611.1, or IT-611.2)

		A - Form IT-611	B - Form IT-611.1	C - Form IT-611.2
30	Site preparation credit component	30		
31	Tangible property credit component	31		
32	On-site groundwater remediation credit component	32		

33	This line intentionally left blank	33	
34	This line intentionally left blank	34	
35	This line intentionally left blank	35	

QEZE tax reduction credit (Form IT-604)

36	QEZE employment increase factor	36	
37	QEZE zone allocation factor	37	
38	QEZE benefit period factor	38	

Excelsior jobs program tax credit (Form IT-607)

39	Excelsior jobs tax credit component	39	
40	Excelsior investment tax credit component	40	
41	Excelsior research and development tax credit component	41	
42	Excelsior real property tax credit component	42	
42a	Excelsior child care services tax credit component	42a	

Farmers' school tax credit (Form IT-217)

43	Acres of qualified agricultural property	43	
44	Acres of qualified conservation property	44	
45	Eligible school district property taxes paid	45	
46	Acres of qualified agricultural property converted to nonqualified use	46	

Other flow-through credit bases and information

Credit bases

Code	Amount	Code	Amount
47a		47d	
47b		47e	
47c		47f	

Credit information

Code	Information	Code	Information
47g		47j	
47h		47k	
47i		47l	

NO HANDWRITTEN ENTRIES ON THIS FORM



Partner's credit information (continued)**Part 2 - Flow-through credits, addbacks, and recaptures**

- 48 Long-term care insurance credit (Form IT-249)
- 49 Investment credit (including employment incentive credit and historic barn rehabilitation credit; Form IT-212)
- 50 Research and development - investment credit (Form IT-212)
- 51 Other flow-through credits

48	
49	
50	

	Code	Amount
51a		
51b		
51c		
51d		

	Code	Amount
51e		
51f		
51g		
51h		

52 Addbacks of credits and recaptures

	Code	Amount
52a		
52b		
52c		

	Code	Amount
52d		
52e		
52f		

Part 3 - START-UP NY tax elimination credit information (Form IT-638)

- 53 START-UP NY business certificate number (Form DTF-74)
- 54 Year of START-UP NY business tax benefit period
- 55 START-UP NY area allocation factor

53	
54	
55	

Partner's share of New York adjustments due to decoupling from the IRC (see instructions)

	A - Total amount	B - New York State allocated amount
1 Total of New York additions	1	
2 Total of New York subtractions	2	

NO HANDWRITTEN ENTRIES ON THIS FORM

NY IT-204-IP OTHER ITEMS REQUIRED TO BE REPORTED SEPARATELY

DESCRIPTION	AMOUNT FROM FEDERAL SCHEDULE K-1	NEW YORK STATE AMOUNT
INVESTMENT INCOME	2.	0.
BUSINESS INTEREST EXPENSE	21,915.	0.
GROSS RECEIPTS FOR SECTION 448(C)	54,372.	0.
SECTION 199A UNADJUSTED BASIS OF ASSETS	196,505.	0.
SECTION 199A RENTAL INCOME/LOSS	3,843.	0.
TOTAL TO FORM IT-204-IP, PAGE 2, LINE 19	276,637.	0.



Schwab One® Account of
PEACOCK

Account Number
[REDACTED]

TAX YEAR 2022
FORM 1099 COMPOSITE

Recipient's Name and Address

[REDACTED]

Taxpayer ID Number: [REDACTED]

Account Number: [REDACTED]

Payer's Name and Address

CHARLES SCHWAB & CO., INC.
3000 SCHWAB WAY
WESTLAKE, TX 76262

Telephone Number: (800) 435-4000
Federal ID Number: 94-1737782

Date Prepared: February 10, 2023

Dividends and Distributions — 2022

Department of the Treasury-Internal Revenue Service

Form 1099-DIV
Copy B for Recipient (OMB No. 1545-0110)

Box	Description	Amount	Total
1a	Total Ordinary Dividends (Includes amounts shown in boxes 1b, 2e, and 5)		
1b	Qualified Dividends		\$ 5,818.17
2a	Total Capital Gain Distributions (Includes amounts shown in boxes 2b, 2c, 2d, and 2f)	\$ 3,596.03	
2b	Unrecap. Sec. 1250 Gain		\$ 51.87
2c	Section 1202 Gain	\$ 17.27	
2d	Collectibles (28%) Gain	\$ 0.00	
2e	Section 897 Ordinary Dividends	\$ 0.00	
2f	Section 897 Capital Gains	\$ 0.00	
3	Nondividend Distributions	\$ 0.00	
4	Federal Income Tax Withheld		\$ 963.75
5	Section 199A Dividends		\$ 0.00
6	Investment Expenses	\$ 74.97	
7	Foreign Tax Paid		\$ 0.00
8	Foreign Country or U.S. Possession		\$ 0.00
9	Cash Liquidation Distributions		
10	Noncash Liquidation Distributions		\$ 0.00
12	Exempt-Interest Dividends (Includes amount shown in box 13)		\$ 0.00
13	Specified Private Activity Bond Interest Dividends		\$ 0.00
14	State		
15	State Identification No.		
16	State Tax Withheld		
11	FATCA Filing Requirement ☐	\$	\$ 0.00

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.

Charles
SCHWAB

Schwab One® Account of
PEACOCK

Account Number

TAX YEAR 2022
FORM 1099 COMPOSITE

Recipient's Name and Address

Date Prepared: February 24, 2023

Payer's Name and Address

CHARLES SCHWAB & CO., INC.
3000 SCHWAB WAY
WESTLAKE, TX 76262

Telephone Number: (800) 435-4000
Federal ID Number: 94-1737782

Taxpayer ID Number:

Account Number:

Interest Income — 2022

Department of the Treasury-Internal Revenue Service

Form 1099-INT

Copy B for Recipient (OMB No. 1545-0112)

Box	Description	Total
1	Interest Income	
3	Interest on U.S. Savings Bonds and Treasury Obligations	\$ 7.02
4	Federal Income Tax Withheld	\$ 0.00
5	Investment Expenses	\$ 0.00
6	Foreign Tax Paid	\$ 0.00
7	Foreign Country or U.S. Possession	\$ 0.00
8	Tax-Exempt Interest	
9	Specified Private Activity Bond Interest	\$ 0.00
10	Market Discount	\$ 0.00
11	Bond Premium	\$ 0.00
12	Bond Premium on Treasury Obligations	\$ 0.00
13	Bond Premium on Tax-Exempt Bond	\$ 0.00
14	Tax-Exempt and Tax Credit Bond CUSIP No.	\$ 0.00
15	State	
16	State Identification No.	
17	State Tax Withheld	\$ 0.00
	FATCA Filing Requirement ☐	

Amount in Box 9 Specified Private Activity Bond Interest subject to Alternative Minimum Tax is already included in Box 8 Tax-Exempt Interest. Both market discount and bond premium reported for covered taxable and tax-exempt bonds. Market discount is only reported if you submitted a written election to include in income currently.

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

Date Prepared: February 24, 2023

Payer's Name and Address

CHARLES SCHWAB & CO., INC.
3000 SCHWAB WAY
WESTLAKE, TX 76262

Taxpayer ID Number:

Account Number:

Telephone Number: (800) 435-4000
Federal ID Number: 94-1737782

Proceeds from Broker Transactions — 2022

Form 1099-B

Department of the Treasury-Internal Revenue Service

Copy B for Recipient (OMB No. 1545-0715)

SHORT-TERM TRANSACTIONS FOR WHICH BASIS IS REPORTED TO THE IRS - Report on Form 8949, Part I, with Box A checked.

1a-Description of property (Example 100 sh. XYZ Co.) CUSIP Number / Symbol	1b-Date acquired	1c-Date sold or disposed	1d-Proceeds 6-Reported to IRS: Gross Proceeds (except where indicated)	1e-Cost or other basis	1f-Acquired Market Discount 1g-Wash Sale Loss Disallowed	Realized Gain or (Loss)	4-Federal income tax withheld
250 INVSC BULLETS HAR 2024 CRPRT BN 46138J841 / BSCO	S	10/19/22	\$ 5,083.63	\$ 5,077.50	--	\$ 6.13	\$ 0.00
36 INVSC BULLETS HAR 2022 CRP BND E 46138J882	S	10/19/22	\$ 763.67	\$ 763.93	--	\$ (0.26)	\$ 0.00
100 INVSC BULLETS HAR 2022 CRP BND 46138J882	S	10/19/22	\$ 2,121.45	\$ 2,121.99	--	\$ (0.54)	\$ 0.00
100 INVSC BULLETS HAR 2022 CRP BND 46138J882	S	10/19/22	\$ 2,121.45	\$ 2,121.99	--	\$ 0.00	\$ 0.00
		10/21/22			0.54		

FATCA Filing Requirement ☐

Please see the "Notes for Your Form 1099-B" section for additional explanation of this Form 1099-B report.

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.

Charles
SCHWAB

Schwab One® Account of
PEACOCK

Account Number

TAX YEAR 2022
FORM 1099-COMPOSITE

Taxpayer ID Number: [REDACTED]

Date Prepared: February 24, 2023

Proceeds from Broker Transactions — 2022 (continued)

Form 1099-B

Department of the Treasury-Internal Revenue Service

Copy B for Recipient (OMB No. 1545-0715)

SHORT-TERM TRANSACTIONS FOR WHICH BASIS IS REPORTED TO THE IRS - Report on Form 8949, Part I, with Box A checked.

1a-Description of property (Example 100 sh. XYZ Co.) CUSIP Number / Symbol	1b-Date acquired	1c-Date sold or disposed	1d-Proceeds Reported to IRS: Gross Proceeds (except where indicated)	1e-Cost or other basis	1f-Acquired Market Discount 1g-Wash Sale Loss Disallowed	Realized Gain or (Loss)	4-Federal Income tax withheld
100 INVSC BULLETSHARES 2022 CRP BND 46138J882		10/19/22	\$ 2,121.45	\$ 2,122.03		\$ (0.58)	0.00
Security Subtotal			\$ 7,128.02	\$ 7,129.94		\$ (1.38)	0.00
240 INVSC BULLETSHARES 2023 CRP BND 46138J866 / BSCN		10/19/22	\$ 5,012.29	\$ 5,011.20		\$ 1.09	0.00
Security Subtotal			\$ 5,012.29	\$ 5,011.20		\$ 1.09	0.00
60 ISHARES RUSSELL 2000 VALUE ETF 464287630 / IWN		10/31/22	\$ 8,721.03	\$ 8,256.19		\$ 464.84	0.00
Security Subtotal			\$ 8,721.03	\$ 8,256.19		\$ 464.84	0.00
Total Short-Term (Cost basis is reported to the IRS)			\$ 25,944.97	\$ 25,474.83		\$ 470.68	0.00
Total Short-Term Sales Price of Stocks, Bonds, etc.			\$ 25,944.97	\$ 25,474.83	\$ 0.54	\$ 470.68	0.00

FATCA Filing Requirement ☐

Please see the "Notes for Your Form 1099-B" section for additional explanation of this Form 1099-B report.

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.

Charles
SCHWAB

Schwab One® Account of
PEACOCK

Account Number

TAX YEAR 2022
FORM 1099-COMPOSITE

Taxpayer ID Number:

Date Prepared: February 24, 2023

Proceeds from Broker Transactions — 2022 (continued)

Form 1099-B

Department of the Treasury-Internal Revenue Service

Copy B for Recipient (OMB No. 1545-0715)

LONG-TERM TRANSACTIONS FOR WHICH BASIS IS REPORTED TO THE IRS - Report on Form 8949, Part II, with Box D checked.

1a-Description of property (Example: 100 sh. XYZ Co.) CUSIP Number / Symbol	1b-Date acquired	1c-Date sold or disposed	1d-Proceeds 6-Reported to IRS: Gross Proceeds (except where indicated)	1e-Cost or other basis	1f-Acquired Market Discount	1g-Wash Sale Loss Disallowed	Realized Gain or (Loss)	4-Federal Income tax withheld
420 SPDR SHORT TERM 78464A474 / SPSB	CORPORATE S	08/04/20 10/19/22	12,179.17	\$ 13,186.45			(1,007.28)	0.00
Security Subtotal			\$ 47,063.72	\$ 49,131.99			(2,068.27)	0.00
Total Long-Term (Cost basis is reported to the IRS)			\$ 54,560.28	\$ 60,417.90			(5,857.62)	0.00
Total Long-Term Sales Price of Stocks, Bonds, etc.			\$ 54,560.28	\$ 60,417.90			(5,857.62)	0.00
Total Sales Price of Stocks, Bonds, etc.			\$ 80,505.25					
Total Federal Income Tax Withheld			\$ 0.00					0.00

FATCA Filing Requirement ☐

Please see the "Notes for Your Form 1099-B" section for additional explanation of this Form 1099-B report.

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.

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: February 24, 2023

INTEREST & DIVIDENDS

The information in the following sections may be helpful for, but not limited to, Schedule B. Please consult with your tax advisor or financial advisor regarding specific questions.

Detail Information of Dividends and Distributions

Description	Symbol	CUSIP Number	Paid In 2022	Paid/Adjusted in 2023 for 2022	Amount
Ordinary Dividends					
Non-Qualified Dividends					
FRANKLIN U S LW VLT HGH	LVHD	524681406	\$ 258.82	\$ (153.27)	\$ 105.55
INFRACAP MLP ETF	AMZA	26923G772	\$ 1,210.00	\$ (1,210.00)	\$ 0.00 ^N
INVSC BULLETSHARE 2024	BSCO	46138J841	\$ 10.64	\$ 0.00	\$ 10.64
INVSC OQQ TRUST SRS 1	OQQ	46090E103	\$ 1,067.54	\$ (1,067.54)	\$ 0.00
ISHARES CORE S&P 500	IVV	464287200	\$ 353.98	\$ (353.98)	\$ 0.00
ISHARES RUSSELL 2000	IWN	464287630	\$ 54.46	\$ (34.91)	\$ 19.55
NEW MOUNTAIN FIN CO	NMFC	647551100	\$ 0.00	\$ 539.38	\$ 539.38
OWL ROCK CAPITAL CORP	ORCC	69121K104	\$ 0.00	\$ 241.21	\$ 241.21 ^N
SCHWAB TREASURY OBLIG MO	SNOXX	808515621	\$ 113.90	\$ 0.00	\$ 113.90
SPDR SHORT TERM	SPSB	79464A474	\$ 223.11	\$ 0.00	\$ 223.11
VANGUARD MEGA CAP ETF	MGC	921910873	\$ 922.02	\$ (922.02)	\$ 0.00
Total Non-Qualified Dividends (Included in Box 1a)			\$ 4,214.47	\$ (2,961.13)	\$ 1,253.34
Short-Term Capital Gains					
SCHWAB TREASURY OBLIG MO	SNOXX	808515621	\$ 0.01	\$ 0.00	\$ 0.01
Total Short-Term Capital Gains (Included in Box 1a)			\$ 0.01	\$ 0.00	\$ 0.01
Qualified Dividends					
APPLE INC	AAPL	037833100	\$ 273.00	\$ 0.00	\$ 273.00
BRIT AMER TOBACCO F	BTI	110448107	\$ 378.19	\$ 0.00	\$ 378.19
FRANKLIN U S LW VLT HGH	LVHD	524681406	\$ 0.00	\$ 320.95	\$ 320.95
INFRACAP MLP ETF	AMZA	26923G772	\$ 0.00	\$ 1,210.00	\$ 1,210.00 ^N



Schwab One® Account of
PEACOCK

Account Number

TAX YEAR 2022
YEAR-END SUMMARY

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: February 24, 2023

Detail Information of Dividends and Distributions (continued)

Description	Symbol	CUSIP Number	Paid in 2022	Paid/Adjusted in 2023 for 2022	Amount
Nondividend Distributions (Return of Capital)					
ENLINK MIDSTREAM LLC	ENLC	29336T100	\$ 945.00	\$ 0.00	\$ 945.00
NEW MOUNTAIN FIN CO	NMFC	647551100	\$ 0.00	\$ 18.75	\$ 18.75
Total Nondividend Distributions (Box 3)			\$ 945.00	\$ 18.75	\$ 963.75
Section 199A Dividends					
Dollar amounts already included in total for Box 1a.					
FRANKLIN U S LW VLT HGH	LVHD	52468L406	\$ 0.00	\$ 47.16	\$ 47.16
ISHARES RUSSELL 2000	IWN	464287630	\$ 0.00	\$ 5.81	\$ 5.81
NEW MOUNTAIN FIN CO	NMFC	647551100	\$ 0.00	\$ 22.00	\$ 22.00
Total Section 199A Dividends (Box 5 and included in Box 1a)			\$ 0.00	\$ 74.97	\$ 74.97

Detail Information of Interest Income

Description	CUSIP Number	Paid in 2022	Paid/Adjusted in 2023 for 2022	Amount
Interest Income				
DEPOSIT INTEREST		\$ 7.02	\$ 0.00	\$ 7.02
Total Interest Income (Included in Box 1)		\$ 7.02	\$ 0.00	\$ 7.02
Total Interest Income (Box 1)		\$ 7.02	\$ 0.00	\$ 7.02

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: February 24, 2023

Short-Term Realized Gain or (Loss) (continued)

This section is for covered securities and corresponds to transactions reported on your 1099-B as "cost basis is reported to the IRS." Report on Form 8949, Part I, with Box A checked.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Acquired Date	Sold Date	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
ISHARES RUSSELL 2000	VALUE ETF-464287630	10.00	09/14/22	10/31/22	\$ 1,453.50	\$ 1,435.69	--	\$ 17.81
Security Subtotal					\$ 8,721.03	\$ 8,256.19	--	\$ 464.84
Total Short-Term (Cost basis is reported to the IRS)					\$ 25,944.97	\$ 25,474.83	0.54	\$ 470.68
Total Short-Term					\$ 25,944.97	\$ 25,474.83	0.54	\$ 470.68

Long-Term Realized Gain or (Loss)

This section is for covered securities and corresponds to transactions reported on your 1099-B as "cost basis is reported to the IRS." Report on Form 8949, Part II, with Box D checked.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Acquired Date	Sold Date	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
INSEEGO CORP	45782B104	100.00	07/23/19	09/14/22	\$ 268.49	\$ 494.00	--	\$ (225.51)
INSEEGO CORP	45782B104	100.00	07/23/19	09/14/22	\$ 268.59	\$ 493.99	--	\$ (225.40)
INSEEGO CORP	45782B104	800.00	07/23/19	09/14/22	\$ 2,148.75	\$ 3,953.56	--	\$ (1,804.81)
Security Subtotal					\$ 2,685.83	\$ 4,941.55	--	\$ (2,255.72)
OWL ROCK CAPITAL CORP	69121K104	130.00	11/27/19	07/08/22	\$ 1,645.78	\$ 2,332.75	--	\$ (686.97)
OWL ROCK CAPITAL CORP	69121K104	150.00	11/29/19	07/08/22	\$ 1,898.97	\$ 2,712.00	--	\$ (813.03)
OWL ROCK CAPITAL CORP	69121K104	100.00	03/10/20	07/08/22	\$ 1,265.98	\$ 1,299.61	--	\$ (33.63)
Security Subtotal					\$ 4,810.73	\$ 6,344.36	--	\$ (1,533.63)

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: February 24, 2023

Realized Gain or (Loss) Summary

Total Realized Gain or (Loss)

Description	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
Total Short-Term Realized Gain or (Loss) (Cost basis is reported to the IRS. Report on Form 8949, Part I, with Box A checked.)	\$ 25,944.97	\$ 25,474.83	\$ 0.54	\$ 470.68
Total Short-Term Realized Gain or (Loss)	\$ 25,944.97	\$ 25,474.83	\$ 0.54	\$ 470.68
Total Long-Term Realized Gain or (Loss) (Cost basis is reported to the IRS. Report on Form 8949, Part II, with Box D checked.)	\$ 54,560.28	\$ 60,417.90	\$ -	\$ (5,857.62)
Total Long-Term Realized Gain or (Loss)	\$ 54,560.28	\$ 60,417.90	\$ -	\$ (5,857.62)
TOTAL REALIZED GAIN OR (LOSS)	\$ 80,505.25	\$ 85,892.73	\$ 0.54	\$ (5,386.94)



Schwab One® Account of
PEACOCK

Account Number

TAX YEAR 2022
YEAR-END SUMMARY

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: February 24, 2023

SUMMARY OF FEES & EXPENSES

The information in the following sections may be helpful for, but not limited to, calculating your itemized deductions for Schedule A. The summary is limited to fees paid out of this account. Please consult with your tax advisor regarding specific questions.

ADR (American Depositary Receipt) Fees

Description	CUSIP Number	Amount
BRIT AMER TOBACCO F	110448107	\$ (2.80)
Total ADR Fees		\$ (2.80)

Date Prepared: February 24, 2023

COST BASIS DISCLOSURE (continued)

Tax Lot Optimizer™. Lots are selected and sold with the objective of taking losses first (short-term then long-term) and gains last (long-term then short-term). Lots are sold in this order:

- Short Term Losses
 - Lots that reflect a short term loss are sold first, beginning with lots that generate the greatest short term loss down to the least short term loss
- Long Term Losses
 - Lots that reflect a long term loss are sold, beginning with lots that generate the greatest long term loss down to the least long term loss
- Short Term No Gains or Losses
 - Short term lots that reflect no gain or loss
- Long Term No Gains or Losses
 - Long term lots that reflect no gain or loss
- Long Term Gains
 - Lots that reflect a long term gain, beginning with lots that generate the least long term gain up to the greatest long term gain
- Short Term Gains
 - Lots that reflect a short term gain, beginning with lots that generate the least short term gain up to the greatest short term gain

The cost basis method used to determine the gain/loss of a trade cannot be changed after the trade settles. If Schwab does not receive a specific instruction by the end of settlement date, we will use the current cost basis method you have selected for your account or the default cost basis method if you have made no alternate selection to calculate the gain/loss that is reported to you and the IRS at the end of year.

The Internal Revenue Service does not recognize LIFO, HIFO, LIFO and Tax Lot Optimizer as accounting methods, but it does recognize standing instructions to sell lots as adequate identification for reporting gains/losses.

Cost Basis Adjustments

Cost basis is generally based on your purchase price plus commissions and any fees; however the original cost basis may be subject to adjustments that increase or decrease your basis.

Schwab will adjust the cost basis of securities in your brokerage account in the following circumstances:

Wash Sales. If you sell shares at a loss and buy additional shares in the same security 30 days before or after that date (61-day range), you may not claim the loss on your tax return until you sell the new shares. If a wash sale occurs, the loss is disallowed for federal income tax purposes but may be added to the cost basis of the purchased shares. Schwab will adjust the cost basis and holding period of shares when a wash sale occurs within an account as a result of a purchase of an identical security with the same CUSIP. Schwab will not take into account the impact of options purchases or sales in determining disallowed losses on sales of the underlying securities. It's important to note that the wash reporting requirements for you as a taxpayer are different and broader than the reporting requirements for Schwab. For more details on your wash sale reporting requirements, please see IRS publication 550 or speak with your tax professional.

Account Number

Corporate Actions. In some instances corporate actions can affect cost basis of your securities. Regulations require issuers to provide statements describing the effects of a corporate action on the cost basis of a security. Schwab will adjust cost basis for corporate actions based on the information provided in the issuer statement.

Return of Capital Payments. Cost basis will be reduced for any return of capital (principal) distributions.

Option Adjustments. Schwab will adjust the cost basis or realized gain/loss (proceeds) of the underlying security for option assignments and exercises (by factoring the premium paid or received).

Inheritance. Schwab will adjust the cost basis of securities that have been inherited based on the fair market value on the date of death unless alternate instructions are received from an authorized representative of the estate.

Gifts. Shares will be gifted based on your default cost basis method unless otherwise specified with a given purchase date and cost prior to the gift transfer. Schwab will track the fair market value and gift date in addition to the donor's adjusted cost basis and will apply IRS gift rules at the time of sale to determine gain or loss.

You will still be required to track and make adjustments to your securities as it is possible that you could have other situations that require cost basis adjustments that Schwab is not required to report.

Restricted Stock Awards. If you filed an election pursuant to IRC Section 83(b) on a Restricted Stock Award issued by your employer, a different cost basis may apply to shares vested from that award than the cost basis reported on this statement. Please consult with your personal tax advisor to understand the tax implications.

Acquisition date: If cost basis is missing or not provided, a short-term holding period may have applied for position that may have been held long term.

Please Note: This information is not intended to be a substitute for specific individualized tax, legal or investment planning advice. Where specific advice is necessary or appropriate, Schwab recommends consulting with a qualified tax advisor, CPA, financial planner or investment manager. Except as noted in the Terms and Conditions, your Investment Advisors are not affiliated with, or supervised by Schwab.

Foreign Investors should note that the information provided is from a U.S. tax perspective. The information provided may or may not have relevance in other jurisdictions.

Contact Us

If you have any questions or need more information about the cost basis methods or terminology in this Disclosure Statement, please call us at 1-800-435-4000. If your account is managed by an investment advisor, please call Schwab Alliance at 1-800-515-2157.



Welcome to the Connecticut Department of Revenue Services (DRS) myconneCT online center

Revenue Services



< Home

1099-G Search

Form 1099-G Certain Government Payments 2022

Instructions for Recipient

ATTENTION: The Connecticut Department of Revenue Services (DRS) is no longer mailing form 1099-G, Certain Government Payments, Information. If you would like to retain this information, please print a copy for your records.

BOX 2: Shows refunds, credits, or offsets of state or local income tax you received. It may be taxable to you if you deducted the state or local income tax paid on Schedule A (Form 1040 or 1040-SR). Even if you did not receive the amount shown, for example, because: (a) it was credited to your state or local estimated tax, (b) it was offset against federal or state debts, (c) it was offset against other offsets, or (d) you made a charitable contribution from your refund, it is still taxable if it was deducted. If you received interest on this amount, you may receive Form 1099-INT for the interest. However, the payer may include interest of less than \$600 in the blank box on Form 1099-G. Regardless of whether the interest is reported to you, report it as interest income on your tax return. See your tax return instructions.

BOX 3: Identifies the tax year for which the box 2 refunds, credits, or offsets shown were made.

Payer's TIN

06-1380598

Recipient's TIN



Payers Name and Address

Department of Revenue Services
Attn.: Business Office - 11th Floor
450 Columbus Boulevard, Suite 1
Hartford CT 06103-1837

1099-G's for Tax Year 2022



State or local income tax refunds, credits, or offsets
(Box 2)

Tax Year (Box 3)

70

2021

COPY B - FOR RECIPIENT: 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 that it has not been reported.

For more 1099-G information, please click [here](#).

To download a copy of your Form 1099-G, you will need to create a username and password, using the Social Security Number of the primary taxpayer for jointly filed returns, and log into **myconneCT**. From the 'Summary' page, click 'More', then 'Letters' to view and print your Form 1099-G.

[DRS Home](#) [CT.gov Home](#) [CT.gov | Business](#) [Feedback/Questions](#)

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STATE OF FLORIDA

DEPARTMENT OF FINANCIAL SERVICES | BUREAU OF STATE PAYROLLS
STATEMENT OF QUALIFIED LEAVE WAGES FOR 2020

Employee's Social Security Number: [REDACTED]	Payroll Organization Code: 22-25-18-05-110	Intradepartment Number: 0000000000
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AARON J PEACOCK
[REDACTED]

Included in this statement, if applicable, are amounts paid to you as qualified sick leave wages or qualified family leave wages under the Families First Coronavirus Response Act. Specifically, up to three types of paid qualified sick leave wages or qualified family leave wages are reported:

1. Sick leave wages subject to the \$511 per day limit because of care you required; and/or Sick leave wages subject to the \$200 per day limit because of care you provided to another \$0.00
2. Emergency family leave wages \$0.00

If you have self-employment income in addition to wages paid by your employer, and you intend to claim any qualified sick leave or qualified family leave equivalent credits, you must report the qualified sick leave or qualified family leave wages on Form 7202, *Credits for Sick Leave and Family Leave for Certain Self-Employed Individuals*, included with your income tax return and reduce (but not below zero) any qualified sick leave or qualified family leave equivalent credits by the amount of these qualified leave wages. If you have self-employment income, you should refer to the instructions for your individual income tax return for more information.

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

600120

Part I Employee

1 Name of employee (first name, middle initial, last name)

PEACOCK

2 Social security number (SSN)

7 Name of employer

Applicable Large Employer Member (Employer)

8 Employer identification number (EIN)

3 Street address (including apartment no.)

9 Street address (including room or suite no.)

10 Contact telephone number

4 City or town

5 State or province

6 Country and ZIP or foreign postal code

11 City or town

12 State or province

13 Country and ZIP or foreign postal code

Part II Employee Offer of Coverage

Employee's Age on January 1

Plan Start Month (enter 2-digit number): 01

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)	\$ 15.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2G											
17 ZIP Code												

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

Cat. No. 60705M

Form **1095-C** (2022)

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☐

(a) Name of covered individual(s) First name, middle initial, last name				(b) SSN or other TIN		(c) DOB (if SSN or other TIN is not available)		(d) Covered all 12 months		(e) Months of coverage											
										Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18								☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19								☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20								☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21								☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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25								☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26								☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27								☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28								☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
29								☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
30								☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐



NATIONAL FINANCIAL SERVICES LLC
Agent for Fidelity Management Trust Company
P.O. Box 28019
Albuquerque, NM 87125-8019

2022 Form 5498 IRA Contribution Information

Account No.	Participant TIN	Page
[REDACTED]	[REDACTED]	1 of 4

TRUSTEE'S or ISSUER'S TIN: 04-3523567

Customer Service: 800-544-6666
Visit Us Online: **Fidelity.com**

Form 5498**2022 IRA Contribution Information**

OMB No. 1545-0747

This information is being furnished to the Internal Revenue Service.

Account Number [REDACTED]

5. Fair market value of account.....\$31,089.76
7. IRA Type.....ROTH IRA
11. Required Minimum Distribution for 2023.....☐
15a. FMV of certain specified assets.....\$886.01
15b. Code(s).....A

FMV of certain specified assets as of December 31, 2022 (not reported to IRS)

Account Type Security	Account Number	CUSIP	Quantity	Price	Market Value	15b code
ROTH IRA†	[REDACTED]					
CRESO LABS INC SUB VTG SHS ISIN		22587M106	490.00000	1.808184	\$886.01	A

For a complete list of account positions see your December statement.

† According to the IRS, Roth IRA assets should not be included when calculating Required Minimum Distributions during your (a.k.a. the original depositor's) lifetime.

IRA Beneficiary Summary Statement as of December 31, 2022 (not reported to IRS)

Account Type Primary or Contingent	Account Number	Share Percent	Date of Birth/Trust	Relationship	Legal Heir Option
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ROTH IRA

Primary AARON J PEACOCK 100.00 07/15/**** Spouse
Contingent No contingent beneficiary information on record.

To add or update your beneficiary information, go to **Fidelity.com/beneficiary**.

Continued on next page

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.

Part I Employee

1 Name of employee (first name, middle initial, last name) AARON	2 Social security number (SSN) [REDACTED]	7 Name of employer FLORIDA STATE COURTS	8 Employer identification number (EIN) 35-2419664
3 Street address (including apartment no.) [REDACTED]	4 City or town [REDACTED]	5 State or province [REDACTED]	6 Country and ZIP or foreign postal code US [REDACTED]
9 Street address (including room or suite no.) 500 S. DUVAL ST.		10 Contact telephone number 850-487-0778	11 City or town Tallahassee
12 State or province FL		13 Country and ZIP or foreign postal code US 32399	

Part II Employee Offer of Coverage

Employee's Age on January 1				Plan Start Month (enter 2-digit number): 01											
	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) \$ 15.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C	2C														
17 ZIP Code															

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☒

	(a) Name of covered individual(s) First name, middle initial, last name		(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
						Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18	AARON	J	PEACOCK		☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19			PEACOCK		☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20			Peacock		☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
29					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
30					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. SPACE COAST CREDIT UNION PO BOX 419001 MELBOURNE FL 32940 (321)752-2222		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.		OMB No. 1545-1380 Form 1098 (Rev. January 2022) For calendar year 2022	Mortgage Interest Statement 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 negligence penalty or other sanction may be imposed 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 nondeductible item.
RECIPIENT'S/LENDER'S TIN [REDACTED]		PAYER'S/BORROWER'S TIN [REDACTED]		1 Mortgage interest received from payer(s)/borrower(s) \$2280.49	
PAYER'S/BORROWER'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code AARON J PEACOCK [REDACTED]		2 Outstanding mortgage principal \$80387.87	3 Mortgage origination date 02/01/2015	5 Mortgage insurance premiums \$0.00	
9 Number of properties securing the mortgage		10 Other		6 Points paid on purchase of principal residence \$0.00	
Account number (see instructions) 2000755576XX		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	
					11 Mortgage acquisition date

Form **1098** (Rev. 1-2022) (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. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.



Meredith Peacock <merekpeacock@gmail.com>

Your 2022 Donation Summary!

1 message

Camp Laurelwood <mail@networkforgood.com>

Fri, Jan 27, 2023 at 11:09 AM

Reply-To: emily@camplaurelwood.org

To: [REDACTED]



Dear [REDACTED] & Aaron,

On behalf of the Board of Directors and staff, I would like to personally thank you for your support of Camp Laurelwood this year. Please find a summary of your 2022 donations below.

Our community has worked everyday for over 85 years to build a kinder world and send campers home a better version of themselves.

Thank you for your continued support of Camp Laurelwood.

Sincerely,
Marci Levin
Board President

Tax ID#: 06-0693092

2022 Contributions processed by Network for Good*

DATE	DESCRIPTION	AMOUNT	FAIR MARKET VALUE
Mar. 26, 2022	Donation Payment Method: Credit Card Description: visa [REDACTED] Campaign: 85 Years of Memories!	\$121.54	

Total amount: **\$121.54**

*The 2022 Contributions processed by Network for Good table provides a summary of the contributions that Camp Laurelwood received that were processed using Network for Good. If a Fair Market Value is listed on your receipt or if you received anything of value in exchange for your donation, then

Print Date: 02/27/2023 09:27 PM

Donation Receipt
Meredith Peacock

Donation Date	Donation ID	Donation Location	Donation Value	Description
05/02/2022	dHCEZaGyWa	Viera	\$100	Young men\\'s winter clothing....4 jackets, ski pants, gloves, hats. Women\\'s clothing-tshirts, sweatshirts, work clothing.

According to IRS Regulations, donors are responsible for valuing their donations.

Goodwill Industries of Central Florida, Inc., is a 501(c) (3) corporation, and all donations are tax-deductible to the fullest extent of the law. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE OF FLORIDA. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. REGISTRATION #CH5843. WWW.FRESHFROMFLORIDA.COM, 1-800-HELP-FLA (435-7352), (850) 410-3800 IF YOU ARE CALLING FROM OUTSIDE OF FLORIDA OR 1-800-FL-AYUDA (352-9832) EN ESPANOL

No goods or services were given in exchange for this donation. Federal law provides that clothing and household goods must be in good used condition or better for tax deductions.

Fed ID #59-0908166

Print Date: 02/27/2023 09:27 PM

Donation Receipt

Donation Date	Donation ID	Donation Location	Donation Value	Description
07/13/2022	TLuqLwfdJX	Viera	\$150	Women\\\'s blouses, tshirts and tops. Women\\\'s suits

According to IRS Regulations, donors are responsible for valuing their donations.

Goodwill Industries of Central Florida, Inc., is a 501(c) (3) corporation, and all donations are tax-deductible to the fullest extent of the law. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE OF FLORIDA. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. REGISTRATION #CH5843. WWW.FRESHFROMFLORIDA.COM, 1-800-HELP-FLA (435-7352), (850) 410-3800 IF YOU ARE CALLING FROM OUTSIDE OF FLORIDA OR 1-800-FL-AYUDA (352-9832) EN ESPANOL

No goods or services were given in exchange for this donation. Federal law provides that clothing and household goods must be in good used condition or better for tax deductions.

Fed ID #59-0908166

Print Date: 02/27/2023 09:27 PM

Donation Receipt

Donation Date	Donation ID	Donation Location	Donation Value	Description
01/03/2022	sXpEnlvDny	Viera	\$150	Young men\\'s dress clothing and shoes, young men\\'s shorts and t-shirts, women\\'s purses, pots and pans, women\\'s sweaters

According to IRS Regulations, donors are responsible for valuing their donations.

Goodwill Industries of Central Florida, Inc., is a 501(c) (3) corporation, and all donations are tax-deductible to the fullest extent of the law. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE OF FLORIDA. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. REGISTRATION #CH5843. WWW.FRESHFROMFLORIDA.COM, 1-800-HELP-FLA (435-7352), (850) 410-3800 IF YOU ARE CALLING FROM OUTSIDE OF FLORIDA OR 1-800-FL-AYUDA (352-9832) EN ESPANOL

No goods or services were given in exchange for this donation. Federal law provides that clothing and household goods must be in good used condition or better for tax deductions.

Fed ID #59-0908166

Civilian Military Community Foundation

1643 North Cocoa Blvd., Cocoa, FL 32922 (321) 631-5051 Email: DonBeck321@aol.com



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Travis Proctor
CEO, Artemis

Administrator

Don Beck
Civilian Military
Council Administrator

The Civilian Military
Community Foundation
Inc. is a 501(c)3 non-
profit corporation.
Federal ID 59-3583384

December 10, 2022

Judge Aaron Peacock



Dear Judge Peacock,

On behalf of the CivMil Foundation board of trustees and the Civilian Military Community Relations Council's board of directors, thank you for being a \$250.00 Bronze Sponsor of the 27th Fred Gay CivMil Golf Classic fund raiser.*

Your contribution to the CivMil Community Foundation enables the Foundation to support the military family in a variety of ways. Also the Foundation presents fifteen to twenty-two \$1,000 scholarships annually.

Your support, along with our other sponsors, enables CivMil to lead by example in support of our military and in underwriting certain Brevard County civilian projects deserving of a helping hand.

Sincerely,

Travis Proctor
Chair, 27th Annual
Fred Gay CivMil Golf Classic - 2022

The Civilian Military Community Foundation Inc. is a 501(c)3 non-profit corporation.
*Golfers participating in the tournament receive a value of approximately \$73.00 per player. **Federal ID 59-3583384**

Federal ID 59-3583384 FLORIDA REGISTRATION #: CH34777. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER AFFAIRS BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

27th Annual Fred Gay CivMil Golf Classic: Saturday, 11-19-2022

7 a.m. Registration/Breakfast + 8 a.m. Shotgun Start + Lunch + Prizes

Two (2) Players make a Team – best ball (play your own ball through the hole), partial handicap.

Entry Form: You can make your own twosome/s (or, we can pair you up):

Team One

1. Name Aaron Peacock Phone [REDACTED] Email [REDACTED] HDCP 12.4 index
2. Name Morgan Reiman Phone [REDACTED] Email [REDACTED] HDCP 25

Team Two

3. Name _____ Phone _____ Email _____ HDCP _____
4. Name _____ Phone _____ Email _____ HDCP _____

Players without access to Patrick Space Force Base must provide the following ASAP, but not later than 11 November to gain access. 1) Name as it appears on driver's license; 2) Driver's license number; 3) Date of Birth

Enter base via S. Patrick Drive and have license in hand to show to security!

Email to DonBeck321@aol.com Telephone: 321-631-5051

AARON PEACOCK
[REDACTED] PEACOCK
63-215/631 3236
DATE 10/13/22
PAY TO THE ORDER OF CivMil Foundation \$ 250.00
Two hundred fifty + 00/100 DOLLARS
SUNTRUST FSU Card ACH RT 061000104
MEMO golf registration [Signature] MP
[REDACTED]



Aaron Peacock [REDACTED]

Thank you for your generous donation

1 message

The Catholic Foundation of Central Florida <catholicfoundation@cfocf.org>

Sat, Oct 22, 2022 at 7:06 PM

To: Aaron Peacock [REDACTED]

Hello Aaron,

Thank you for your gift of \$25.00. Your generosity will support our fellow brothers and sisters in Christ during this difficult time. We are grateful for your generosity which is an expression of God's love.

Your gift details:

Amount: \$25.00

Payment Method: Visa Credit card ending in 4659

Date: 10/22/2022

Designation: Disaster Relief

On behalf of our entire organization, thank you again for your generous gift.

"Carry each other's burdens, and in this way you will fulfill the law of Christ."

Galatians 6:2



Aaron Peacock <[REDACTED]>

Receipt for your donation to Father Charles Spellman Council 6125

1 message

service@paypal.com <service@paypal.com>

Sun, Oct 2, 2022 at 6:17 PM

To: Aaron Peacock <[REDACTED]>

Hello, Aaron Peacock



You donated \$50.00 USD to Father
Charles Spellman Council 6125

Donation Details**Date**

October 2, 2022

Transaction ID

1074-5573-9714-6315

Purpose**Donation to**

Father Charles Spellman Council 6125

Donation from

[REDACTED]

Donation Amount

\$50.00 USD

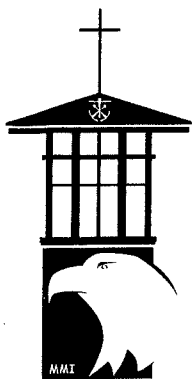
Funding Sources Used (Total)

VISA [REDACTED]

\$50.00 USD

Amount you paid

\$50.00 USD



SAINT JOHN THE EVANGELIST CATHOLIC COMMUNITY

A Roman Catholic Church of the Diocese of Orlando
staffed by the Congregation of Holy Cross

January 11, 2023

Mr. & Mrs. Aaron Peacock
[REDACTED]

Dear Aaron & [REDACTED]

A very warm greeting to you from St. John the Evangelist Church!

It is hard to believe that another year has come and gone.

I am so grateful to you for faithfully continuing your loving and financial support to the parish. Without your support we would not have been able to sustain our ministries. We continue to live stream our Sunday, 11:00 a.m. Mass just so our homebound members can still stay in touch with our parish. Our liturgies, faith formation classes and social gatherings have all been at pre-Covid rhythm. The calendar has been very busy and continues to get busier.

We have completed the addition to the church, parking lot, and the entrance/exit to Lake Andrew Drive. Work has begun on the grotto and we anticipate it being completed in May, 2023.

On behalf of St. John The Evangelist Catholic Church I wish to thank you most sincerely. What a privilege it is for me to serve our wonderfully blessed community with people like you. You are always in my mind and heart and most especially in my prayers.

Our records show that you have contributed the following amounts:

	Amount Paid
Weekly Offertory Fund:	\$900.00
Total amount paid:	\$900.00
Total tax deductible amount:	\$900.00

You will receive a separate letter from the Catholic Foundation for your contributions to Our Catholic Appeal and God's Heart...Our Dream 2.0. If you have not received your statement please let us know and we will be happy to assist you.

In the Peace of Christ,

Rev. John Britto Antony, C.S.C., Pastor

***No goods or services were exchanged, in full or partial consideration, for these contributions. Please examine your statement carefully. If it does not agree with your records, please contact the office.



Orders and payments

[Home](#)[Activity](#)[Recurring Payments](#)[Settings](#)[Help](#)[Terms & Privacy](#)

Receipt

\$30.00

Completed

Hailey's fundraiser for Voorhees Animal Orphanage
Facebook Donation

Recipient



Voorhees Animal Orphanage
Created by Jackie Lichtman Britchkow

Summary

Amount Paid	\$30.00
Fees	\$0.00
Total	\$30.00

Transaction detail

Transaction date	Nov 15, 2022
Payment method	Visa · 4659
Transaction ID	5593041794142461

[Download Receipt](#)[See Fundraiser](#)[Get Help with this Donation](#)

You may print this receipt for your records. This receipt confirms that you have made this donation as a charitable contribution and you are not receiving any goods or services in return. As the tax laws vary by state and by country, please consult a tax professional regarding the deductibility of this donation.



1 message

Fri, Nov 11, 2022 at 7:08 AM



Thanks for your donation to benefit Always & Furever Midwest Animal Sanctuary Inc. You can help raise even more money by sharing this fundraiser with friends.



\$50.00

November 11, 2022 at 7:07:53 AM

██████████ Peacock

[REDACTED]

[REDACTED]

Always & Furever Midwest Animal Sanctuary Inc

23595 W 223rd St, Spring Hill KS, 66083

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<https://mail.google.com/mail/u/0/?ik=0790f914548&simlmt%3Asearch%3D%3C%3A1740301440300005400B%3E%3C%3A1740301440300005400B%3E>



Peacock

Thank you for your donation!

1 message

Lacie Davis, Executive Director <no_reply@donorsnap.com>
Reply-To: "Lacie Davis, Executive Director" <ed@spcabrevard.com>

Mon, Jan 17, 2022 at 10:57 AM

Thank you for your donation! to the SPCA of Brevard.

Because you have compassion for the unwanted and neglected animals in our community ...

Because you took action to help animals in need ...

Because you've chosen to make a difference in the lives of animal who had no hope ...

Because you believe in second chances, I wanted to extend my heartfelt thanks for your heartfelt gift.

We could not be the safety net for the animals in Brevard County and surrounding areas without you. The quality of care we provide to thousands of dogs and cats who temporarily stay at the shelter depends so much on yourself and other generous donors.

Because of you, we are able to provide nutritious meals, medical care, spay/neuter surgeries, and enrichment activities to these once unloved animals to start them on their new path. Thank you so much for your thoughtfulness and generosity!

First Name [REDACTED]

Last Name Peacock

E-Mail [REDACTED]

Phone [REDACTED]

Address [REDACTED]

Address2 [REDACTED]

City [REDACTED]

State/Province [REDACTED]

Zip/Postal Code [REDACTED]

Recurring Frequency One-Time

Recurring Start Date

Recurring End Date No End Date

No End Date Yes

Donation Type General Membership Donation

Amount \$50

Thank you for your donation! \$51.10

Other Amount

Processing Fee % 2.2%

Comments



Peacock [REDACTED]

Always & Furever Midwest Animal Sanctuary Donation Receipt

1 message

Always & Furever Midwest Animal Sanctuary <always@alwaysandfurever.love>

Mon, Jan 17, 2022 at 10:55 AM

Reply-To: always@alwaysandfurever.love

To: [REDACTED]



Donation Receipt

Dear Meredith,

Thank you for your donation. Your generosity is appreciated! Here are the details of your donation:

Donor: [REDACTED] Peacock**Donation:** Donate - Custom Amount**Donation Date:** January 17, 2022**Amount:** \$41.50**Payment Method:** Credit Card**Payment ID:** 15224**Receipt ID:** 961fc7878fc8b2c191d3008845773254

Sincerely,

Always & Furever Family

Always and Furever Midwest Animal Sanctuary

Thank you for your continued support!

Sincerely,

Alzheimer's Association

This receipt verifies your charitable contribution to the Alzheimer's Association. The Association, in return for this contribution, provided no goods or services. Please keep this as documentation for income tax purposes.

Learn about the Association's security and privacy policy.

Please print or save this message for your personal records.

Transaction Summary

Transaction Date: 1/23/22

Gift Amount

Level: \$60

Amount: \$60.00

Is this a tribute gift?

Honor or Memorial Gift: Yes

Honor Gift Type: In Memory of

Honoree Name James Moos

Notification Recipient Name: Jean Stewart

Notification Recipient Street 1: Clerk of Court

Notification Recipient Street 2: 2825 Judge Fran Jamieson Way

5/12/22, 9:19 AM

Gmail - Fwd: Thank you for your gift to the Alzheimer's Association.

Notification Recipient City: Viera

Notification Recipient
State/Province: FL

Notification Recipient
ZIP/Postal Code: 32940

Notification Recipient Country: United States

Message Body: We are so sorry for your loss.

Message Closing/Signature: The Peacock Family

Payment Information

Payment type: Credit Card

Credit Card Number: *****0779

Your Information

Billing First Name: Aaron

Billing Last Name: Peacock

Email Address: 

Billing Street 1: 

Billing Street 2:

Billing ZIP/Postal Code: 32940

Billing City: Melbourne

Billing State/Province: FL

Billing Country:	United States
Communication opt-in:	No
Connection to Alzheimer's	I don't have a close connection, but support the vision of a world without Alzheimer's and all other dementia.
Gift Affiliation	184
Total Gift Amount:	\$60.00
Tax-deductible Amount:	\$60.00
This organization's tax ID is:	13-3039601
Tracking Code:	1796-17001-1-14754122-15458789

Alzheimer's Association Home Office, 225 N. Michigan Ave., Fl. 17, Chicago, IL 60601
© 2022 Alzheimer's Association. All rights reserved.
800.272.3900 | alz.org® | Donate

TAX RECEIPT

For tax preparation purposes: No goods or services were provided in exchange for this gift. Please regard this as your tax receipt to print or save. Your transaction will appear as **MSK 855-718-4054** on your credit card statement.

Memorial Sloan Kettering's Tax ID: 13-1924236

Event/Donation Form: Cycle for Survival: New York

In Support Of: Dana Solomon

Date: Mar 24, 2022 11:16:55 AM

Amount: \$75.00

Tracking Code: 1971-7864-1-4573772-4933386



JOIN THE BATTLE

cycleforsurvival.org • 888-72-CYCLE
Financial Disclosure

 receipt.pdf
738K



[REDACTED] Peacock <merekpeacock@gmail.com>

Thank you!

1 message

Camp Laurelwood <noreply@networkforgood.com>

Sat, Mar 26, 2022 at 12:47 AM

Reply-To: info@camplaurelwood.org

To: [REDACTED]



Hi Meredith & Aaron Peacock
Thank you for giving through
Network For Good!

Thank you -- we are most grateful for your generous gift!

Camp Laurelwood is a truly extraordinary place -- our campers feel part of something bigger than themselves. It is a place where we build the world we aspire to live in, and where our community comes to connect, explore, and inspire. Our campers continue to come back each summer to experience that magic year after year. It is gifts like yours that make this possible, and for that, we cannot thank you enough!

Happy Camping,

Rabbi James Greene

Executive Director

Your Order

Item	Amount
Donation to 85 Years of Memories! Note: Best childhood memories! Love you and best wishes to Yaff!	\$118.00
You have covered the transaction fee, so 100% of your donation goes to the organization. Thank you!	\$3.54
Total	\$121.54

Your Tax Receipt

Donor Name: [REDACTED] & Aaron Peacock

Order Date: March26, 2022 00:47 EDT

Total Charge Amount: \$121.54

Method of Payment: Credit Card - [REDACTED]

This receipt certifies this donation as a charitable contribution and that you are not receiving any goods or services in return. Your donation is tax deductible to the extent allowed by law.

Your generous donation is processed by Network for Good. Your credit card statement will show 'Network for Good'.

The information on this receipt is private and used only for the purposes of processing your donation. For more on Network for Good's privacy and security policies and other disclosures, please visit www.networkforgood.com/about/privacy and www.networkforgood.com/about/charitable-solicitation-disclosures/.