

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/10/2023

General Information

Name: Mr William E. Slayton Jr

Address: 1401 Templemore Dr, Cantonment, FL 32533

PID 221754

County: Escambia

AGENCY INFORMATION

Organization	Suborganization	Title
School District Of Escambia Co.	Elected Constitutional Officer	School Board Member, District 5

Net Worth

My Net Worth as of December 31, 2022 was \$ 871,557.00.

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 \$ 387,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Home--1401 Templemore Drive, Cantonment, FL 32533	\$ 425,000.00
Property	\$ 5,000.00
Retirement	\$ 228,500.00
Savings--Regionals Bank	\$ 10,270.00
Savings-Central Credit Union of Florida	\$ 14,260.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Chase Mortgage	P O Box 78420, Phoenix AZ 85062-8420	\$ 55,505.00
Huntington National Bank	P O Box 182519, Columbus, OH 43218-2519	\$ 71,840.00
Harvesters Federal Credit Union	P O Box 5, Cantonment, FL 32533	\$ 27,913.00
Harvesters Federal Credit Union	P O Box 5, Cantonment, FL 32533	\$ 9,606.00
Central Credit Union of Florida	1200 East Nine Mile Road, Pensacola, FL 32514	\$ 9,079.00

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

☒ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

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

William E. Slayton Jr

Digitally signed: 06/10/2023

Filed with COE: 06/10/2023

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 WILLIAM E		Last name SLAYTON JR	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial JUDITH P		Last name SLAYTON	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 1401 TEMPLEMORE DRIVE			Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. CANTONMENT		State FL	ZIP code 32533
Foreign country name		Foreign province/state/county	Foreign postal code
			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

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 the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Income

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

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

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	38732
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	38732
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	101380
6a	Social security benefits	6a	52970
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	
8	Other income from Schedule 1, line 10	8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	195678
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	195678
12	Standard deduction or itemized deductions (from Schedule A)	12	30840
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	30840
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	164838

Attach Sch. B if required.

Standard Deduction for—

- Single or Married filing separately, \$12,950
- Married filing jointly or Qualifying surviving spouse, \$25,900
- Head of household, \$19,400
- If you checked any box under Standard Deduction, see instructions.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	27498
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	27498
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	27498
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0
	24	Add lines 22 and 23. This is your total tax	24	27498

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	3240
	b	Form(s) 1099	25b	20979
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	24219
	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	
	33	Add lines 25d, 26, and 32. These are your total payments	33	24219

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number <u>XXXXXXXXXX</u> c Type: ☐ Checking ☐ Savings		
	d	Account number <u>XXXXXXXXXX</u>		
	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	3279
	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	Phone no.	Personal identification number (PIN)	

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instructions. Keep a copy for your records.	Your signature	Date 03/23/23	Your occupation RETIRED	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date 03/23/23	Spouse's occupation RETIRED	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. (850) 968-9118	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date 03/23/23	PTIN S31051307	Check if: ☐ Self-employed
	Firm's name BRADHAM BROOKS NORTHWEST LIBRARY	Firm's address 1755 EDGEWOOD AVE W JACKSONVILLE FL 32208			Phone no. 888-227-7669
	Firm's EIN				

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service**Itemized Deductions**Go to www.irs.gov/ScheduleA for instructions and the latest information.
Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2022Attachment
Sequence No. **07****Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

Your social security number

WILLIAM & JUDITH SLAYTON JR

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1	1737
2	Enter amount from Form 1040 or 1040-SR, line 11	2	195678
3	Multiply line 2 by 7.5% (0.075)	3	14676
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	2700
Taxes You Paid	5 State and local taxes.		
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☒	5a	1716
	b State and local real estate taxes (see instructions)	5b	2731
	c State and local personal property taxes	5c	
	d Add lines 5a through 5c	5d	4447
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	4447
	6 Other taxes. List type and amount:	6	
	7 Add lines 5e and 6	7	4447
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐		
Caution: Your mortgage interest deduction may be limited. See instructions.	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	6777
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b	
	c Points not reported to you on Form 1098. See instructions for special rules	8c	
	d Reserved for future use	8d	
	e Add lines 8a through 8c	8e	6777
	9 Investment interest. Attach Form 4952 if required. See instructions	9	
	10 Add lines 8e and 9	10	6777
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	16866
Caution: If you made a gift and got a benefit for it, see instructions.	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	12	50
	13 Carryover from prior year	13	
	14 Add lines 11 through 13	14	16916
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15	
Other Itemized Deductions	16 Other—from list in instructions. List type and amount:	16	
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	17	30840
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐		

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.
QNA

Schedule A (Form 1040) 2022

Supporting Statements for SCHEDULE A
Client : SLAYTON

Medical and Dental Expenses

<u>Description of Expense</u>	<u>Amount</u>
Medical and Dental Insurance	12603
Amount Paid to Doctors, Dentists, Eye Doctors, etc.	135
Prescription Medicine, Drugs, or Insulin	4638
TOTALS:	17376

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **08**

Name(s) shown on return

WILLIAM & JUDITH SLAYTON JR

Your social security number

Part I
Interest

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

CENTRAL CU

Amount

7

1

- 2** Add the amounts on line 1
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

2

7

3

4

7

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

Amount

Part II
Ordinary Dividends

(See instructions and the Instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 5** List name of payer:

5

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

6

Note: If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a** At any time during 2022, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

Yes No

X

- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

- b** If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) are located:

- 8** During 2022, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

X

FACTS ABOUT YOUR 2022 SOCIAL SECURITY BENEFIT STATEMENT

Your 2022 Social Security Benefit Statement is on the back of this form. Use it, along with the information below, to see if part of your Social Security benefits may be taxable.

What You Need To Do

Use the 2022 statement on the reverse, with the Internal Revenue Service (IRS) Notice 703 below, to see if any of your Social Security benefits are

Box 2—"Social Security Number"— shows the Social Security number of the person shown in Box 1, if we have the number.

Box 3—"Benefits Paid in 2022"— shows the total amount

Box 4—"Benefits Repaid to SSA in 2022"— shows the total amount of benefits you repaid us in 2022. We show items that apply to you in the column headed "Description of Amount in Box 4."

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2022

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

Box 1. Name WILLIAM E SLAYTON JR		Box 2. Beneficiary's Social Security Number [REDACTED]	
Box 3. Benefits Paid in 2022 \$32,761.20	Box 4. Benefits Repaid to SSA in 2022 NONE	Box 5. Net Benefits for 2022 (Box 3 minus Box 4) \$32,761.20	
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or Direct deposit \$25,292.40 Medicare Part B premiums deducted from your benefits \$2,857.20 Medicare Prescription Drug premiums (Part D) deducted from your benefits \$148.80 Voluntary Federal Income Tax Withheld \$4,462.80 Total Additions \$32,761.20 Benefits for 2022 \$32,761.20		DESCRIPTION OF AMOUNT IN BOX 4 NONE 3857 100 3006	
		Box 6. Voluntary Federal Income Tax Withheld \$4,462.80	
		Box 7. Address WILLIAM E SLAYTON JR 1401 TEMPLEMORE DRIVE CANTONMENT FL 32533-6829	
		Box 8. Claim Number (Use this number if you need to contact SSA.) [REDACTED]	

FACTS ABOUT YOUR 2022 SOCIAL SECURITY BENEFIT STATEMENT

Your 2022 Social Security Benefit Statement is on the back of this form. Use it, along with the information below, to see if part of your Social Security benefits may be taxable.

What You Need To Do

Use the 2022 statement on the reverse, with the Internal Revenue Service (IRS) Notice 703 below, to see if any of your Social Security benefits are

Box 2—"Social Security Number"—shows the Social Security number of the person shown in Box 1, if we have the number.

Box 3—"Benefits Paid in 2022"—shows the total amount

Box 4—"Benefits Repaid to SSA in 2022"—shows the total amount of benefits you repaid us in 2022. We show items that apply to you in the column headed "Description of Amount in Box 4."

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2022

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

Box 1. Name JUDITH P SLAYTON		Box 2. Beneficiary's Social Security Number [REDACTED]	
Box 3. Benefits Paid in 2022 \$20,209.20	Box 4. Benefits Repaid to SSA in 2022 NONE	Box 5. Net Benefits for 2022 (Box 3 minus Box 4) \$20,209.20	
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4	
Paid by check or Direct deposit \$14,623.20		NONE 2857 149 3006	
Medicare Part B premiums deducted from your benefits \$2,857.20			
Medicare Prescription Drug premiums (Part D) deducted from your benefits \$148.80			
Voluntary Federal Income Tax Withheld \$2,580.00			
Total Additions \$20,209.20			
Benefits for 2022 \$20,209.20			
		Box 6. Voluntary Federal Income Tax Withheld \$2,580.00	
		Box 7. Address JUDITH P SLAYTON 1401 TEMPLEMORE DRIVE CANTONMENT FL 32533-6829	
		Box 8. Claim Number (Use this number if you need to contact SSA.) [REDACTED]	

38732.07 3240.32
1 Wages, tips, other comp. 2 Federal income tax withheld
40026.18 2481.61
3 Social security wages 4 Social security tax withheld
40026.18 580.42
5 Medicare wages and tips 6 Medicare tax withheld
Employer's name, address, and ZIP code
ESCAMBIA COUNTY SCHOOL DISTRICT
75 N PACE BLVD
PENSACOLA FL 32505-7965
7 Social security tips 8 Allocated tips
9 10 Dependent care benefits
11 Nonqualified plans
12a 12b 12c 12d
13 Statutory employee Retirement plan Third-party sick pay
X
14 Employee's social security no.
WILLIAM E SLAYTON JR
1401 TEMPLEMORE DR
CANTONMENT FL 32533
Employee's name, address, and ZIP code
15 State ID number 16 State wages, tips, etc. 17 State income tax
FL
18 Local wages, tips, etc. 19 Local income tax 20 Locality name
Wage and Tax Statement Copy B Form W-2 2022
OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

38732.07 3240.32
1 Wages, tips, other comp. 2 Federal income tax withheld
40026.18 2481.61
3 Social security wages 4 Social security tax withheld
40026.18 580.42
5 Medicare wages and tips 6 Medicare tax withheld
Employer's name, address, and ZIP code
ESCAMBIA COUNTY SCHOOL DISTRICT
75 N PACE BLVD
PENSACOLA FL 32505-7965
7 Social security tips 8 Allocated tips
9 10 Dependent care benefits
11 Nonqualified plans
12a 12b 12c 12d
13 Statutory employee Retirement plan Third-party sick pay
X
14 Employee's social security no.
WILLIAM E SLAYTON JR
1401 TEMPLEMORE DR
CANTONMENT FL 32533
Employee's name, address, and ZIP code
15 State ID number 16 State wages, tips, etc. 17 State income tax
FL
18 Local wages, tips, etc. 19 Local income tax 20 Locality name
Wage and Tax Statement Copy 2 Form W-2 2022
OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

38732.07 3240.32
1 Wages, tips, other comp. 2 Federal income tax withheld
40026.18 2481.61
3 Social security wages 4 Social security tax withheld
40026.18 580.42
5 Medicare wages and tips 6 Medicare tax withheld
Employer's name, address, and ZIP code
ESCAMBIA COUNTY SCHOOL DISTRICT
75 N PACE BLVD
PENSACOLA FL 32505-7965
7 Social security tips 8 Allocated tips
9 10 Dependent care benefits
11 Nonqualified plans
12a 12b 12c 12d
13 Statutory employee Retirement plan Third-party sick pay
X
14 Employee's social security no.
WILLIAM E SLAYTON JR
1401 TEMPLEMORE DR
CANTONMENT FL 32533
Employee's name, address, and ZIP code
15 State ID number 16 State wages, tips, etc. 17 State income tax
FL
18 Local wages, tips, etc. 19 Local income tax 20 Locality name
Wage and Tax Statement Copy 2 Form W-2 2022
OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

38732.07 3240.32
Wages, tips, other comp. 2 Federal income tax withheld
40026.18 2481.61
Social security wages 4 Social security tax withheld
40026.18 580.42
Medicare wages and tips 6 Medicare tax withheld
Employer's name, address, and ZIP code
ESCAMBIA COUNTY SCHOOL DISTRICT
75 N PACE BLVD
PENSACOLA FL 32505-7965
Social security tips 8 Allocated tips
9 10 Dependent care benefits
11 Nonqualified plans
12a 12b 12c 12d
13 Statutory employee Retirement plan Third-party sick pay
X
14 Employee's social security no.
WILLIAM E SLAYTON JR
1401 TEMPLEMORE DR
CANTONMENT FL 32533
Employee's name, address, and ZIP code
15 State ID number 16 State wages, tips, etc. 17 State income tax
FL
18 Local wages, tips, etc. 19 Local income tax 20 Locality name
Wage and Tax Statement Copy C - For EMPLOYEE'S RECORDS Form W-2 2022
OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

Instructions for Employee
1-Enter this amount on the wages line of your tax return.
2-Enter the amount on the federal income tax withheld line of your tax return.
3-You may be required to report this amount on Form 8859, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8859.
Box 3. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.
Box 4. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.
You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).
Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf including amounts from a section 125 (cafeteria) plan. Any amount over your employer's plan limit is also included in box 1. See Form 2441.
Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or non governmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year; your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.
Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return.
Designated Roth contributions (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.
However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,500 for section 401(a)(1) and 403(b) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals.
For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit are included in income. See the Form 1040 instructions.
Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.
A-Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.
B-Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.
C-Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)
D-Elective deferrals to a section 401(a) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(a) arrangement.
E-Elective deferrals under a section 403(b) salary reduction agreement.
F-Elective deferrals under a section 408(a)(6) salary reduction SEP.
G-Elective deferrals and employer contributions (including non-elective deferrals) to a section 457(b) deferred compensation plan.
H-Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.
J-Nonexcess sick pay (information only; not included in box 1, 3, or 5)
K-20% excise tax on excess golden parachute payments. See the Form 1040 instructions.
L-Substantiated employee business expense reimbursements (nontaxable).
M-Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.
N-Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.
P-Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)
Q-Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.
R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S-Employee salary reduction contributions under a section 408(b) SIMPLE plan (not included in box 1)
T-Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amount.
V-Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 526, Taxable and Nontaxable Income, for reporting requirements.
W-Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).
Y-Deferrals under a section 408A nonqualified deferred compensation plan
Z-Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.
AA-Designated Roth contributions under a section 401(a) plan
BB-Designated Roth contributions under a section 403(b) plan
DD-Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.
EE-Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.
FF-Permitted benefits under a qualified small employer health reimbursement arrangement
GG-Income from qualified equity grants under section 83
HH-Aggregate deferrals under section 83(b) elections as of the close of the calendar year
Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).
Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare tax. Include tips reported by the employer to the employer in railroad retirement (RRTA) compensation.
Notes: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.
Notice to Employee
Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount, or if you are eligible for any credit.
Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/eitc. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.
Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).
Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.
Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.
Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.
Credit for excess taxes. If you had more than one employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the instructions for Form 843.
NTF 2585266 2 W2PU

cannot take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/eitc. Also see Pub. 596, Earned Income Credit. ANY EIC THAT IS MORE

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code, and telephone no. FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 36,525.30		OMB No. 1545-0119 2022 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS.
			2a Taxable amount \$ 36,495.66			
			2b Taxable amount not determined ☐		Total distribution ☐	
PAYER'S TIN [REDACTED]		RECIPIENT'S TIN [REDACTED]		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 3,608.64
RECIPIENT'S name JUDITH P SLAYTON 1401 TEMPLEMORE DR CANTONMENT FL 32533-6829		5 Employee Contributions Designated Roth contributions or insurance premiums \$ 29.64		6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 7	IRA/SEP/SIMPLE ☐	8 Other \$ %		
		9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld \$	15 State/Payer's state no.	16 State distribution \$	
Account number (see instructions) [REDACTED]		13 Date of Payment	17 Local tax withheld \$	18 Name of locality	19 Local distribution \$	

Form 1099-R www.irs.gov/form1099R Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code, and telephone no. FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 36,525.30		OMB No. 1545-0119 2022 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C For Recipient's Records This information is being furnished to the IRS.
			2a Taxable amount \$ 36,495.66			
			2b Taxable amount not determined ☐		Total distribution ☐	
PAYER'S TIN [REDACTED]		RECIPIENT'S TIN [REDACTED]		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 3,608.64
RECIPIENT'S name JUDITH P SLAYTON 1401 TEMPLEMORE DR CANTONMENT FL 32533-6829		5 Employee Contributions Designated Roth contributions or insurance premiums \$ 29.64		6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 7	IRA/SEP/SIMPLE ☐	8 Other \$ %		
		9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld \$	15 State/Payer's state no.	16 State distribution \$	
Account number (see instructions) [REDACTED]		13 Date of Payment	17 Local tax withheld \$	18 Name of locality	19 Local distribution \$	

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code, and telephone no. FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 64,855.38		OMB No. 1545-0119 2022 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS.
			2a Taxable amount \$ 64,817.58			
			2b Taxable amount not determined ☐		Total distribution ☐	
PAYER'S TIN [REDACTED]		RECIPIENT'S TIN [REDACTED]		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 8,207.28
RECIPIENT'S name WILLIAM E SLAYTON 1401 TEMPLEMORE DR CANTONMENT FL 32533-6829		5 Employee Contributions Designated Roth contributions or insurance premiums \$ 37.80		6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 7	IRA/SEP/SIMPLE ☐	8 Other \$ %		
		9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld \$		15 State/Payer's state no.	16 State distribution \$
Account number (see instructions) [REDACTED]		13 Date of Payment	17 Local tax withheld \$		18 Name of locality	19 Local distribution \$
Form 1099-R			www.irs.gov/form 1099R			Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code, and telephone no. FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 64,855.38		OMB No. 1545-0119 2022 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C For Recipient's Records
			2a Taxable amount \$ 64,817.58			
			2b Taxable amount not determined ☐		Total distribution ☐	
PAYER'S TIN [REDACTED]		RECIPIENT'S TIN [REDACTED]		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 8,207.28
RECIPIENT'S name WILLIAM E SLAYTON 1401 TEMPLEMORE DR CANTONMENT FL 32533-6829		5 Employee Contributions Designated Roth contributions or insurance premiums \$ 37.80		6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 7	IRA/SEP/SIMPLE ☐	8 Other \$ %		
		9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld \$		15 State/Payer's state no.	16 State distribution \$
Account number (see instructions) [REDACTED]		13 Date of Payment	17 Local tax withheld \$		18 Name of locality	19 Local distribution \$

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

MERRILL LYNCH AS CUSTODIAN
P.O. BOX 2150
LAKEWOOD, NJ 08701-8150
1-800-738-1099



TX 020000 523 485 027707 #01 AB 0.507

WILLIAM E SLAYTON JR
1401 TEMPLEMORE DR
CANTONMENT FL 32533-6829

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

MERRILL LYNCH AS CUSTODIAN
P.O. BOX 2150
LAKEWOOD, NJ 08701-8150
1-800-738-1099

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

WILLIAM E SLAYTON JR
1401 TEMPLEMORE DR
CANTONMENT FL 32533-6829

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

MERRILL LYNCH AS CUSTODIAN
P.O. BOX 2150
LAKEWOOD, NJ 08701-8150
1-800-738-1099

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

WILLIAM E SLAYTON JR
1401 TEMPLEMORE DR
CANTONMENT FL 32533-6829

Account number (see instructions)		☐ CORRECTED		OMB No. 1545-0119	
1 Gross distribution		PAYER'S TIN		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
\$ 10,400.00		RECIPIENT'S TIN		2022	
2a Taxable amount				Form 1099-R	
\$ 10,400.00				Copy 1 For State, City, or Local Tax Department	
2b Taxable amount not determined ☒		Total distribution ☐		10 Amount allocable to IRR within 5 years	
3 Capital gain (included in box 2a)		4 Federal income tax withheld		11 1st year of desig. Roth contrib.	
\$		\$ 2,080.00			
5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		12 FATCA filing requirement ☐	
\$		\$		15 State/Payer's state no. FL	
7 Distribution code(s) 7		IRA/SEP/SIMPLE ☒		13 Date of payment	
				14 State tax withheld	
				\$	
16 State distribution		17 Local tax withheld		18 Name of locality	
\$		\$		\$	
				19 Local distribution	
				\$	
Form 1099-R www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service					

Account number (see instructions)		☐ CORRECTED		OMB No. 1545-0119	
1 Gross distribution		PAYER'S TIN		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
\$ 10,400.00		RECIPIENT'S TIN		2022	
2a Taxable amount				Form 1099-R	
\$ 10,400.00				Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.	
2b Taxable amount not determined ☒		Total distribution ☐		10 Amount allocable to IRR within 5 years	
3 Capital gain (included in box 2a)		4 Federal income tax withheld		11 1st year of desig. Roth contrib.	
\$		\$ 2,080.00			
5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		12 FATCA filing requirement ☐	
\$		\$		15 State/Payer's state no. FL	
7 Distribution code(s) 7		IRA/SEP/SIMPLE ☒		13 Date of payment	
				14 State tax withheld	
				\$	
16 State distribution		17 Local tax withheld		18 Name of locality	
\$		\$		\$	
				19 Local distribution	
				\$	
Form 1099-R www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service					

Account number (see instructions)		☐ CORRECTED		OMB No. 1545-0119	
1 Gross distribution		PAYER'S TIN		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
\$ 10,400.00		RECIPIENT'S TIN		2022	
2a Taxable amount				Form 1099-R	
\$ 10,400.00				Copy C For Recipient's Records	
2b Taxable amount not determined ☒		Total distribution ☐		10 Amount allocable to IRR within 5 years	
3 Capital gain (included in box 2a)		4 Federal income tax withheld		11 1st year of desig. Roth contrib.	
\$		\$ 2,080.00			
5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		12 FATCA filing requirement ☐	
\$		\$		15 State/Payer's state no. FL	
7 Distribution code(s) 7		IRA/SEP/SIMPLE ☒		13 Date of payment	
				14 State tax withheld	
				\$	
16 State distribution		17 Local tax withheld		18 Name of locality	
\$		\$		\$	
				19 Local distribution	
				\$	
Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury-Internal Revenue Service					

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

MERRILL LYNCH AS CUSTODIAN
P.O. BOX 2150
LAKEWOOD, NJ 08701-8150
1-800-738-1099

TX 020000 523 485 027704 #001 AB 0.507

JUDY P SLAYTON
1401 TEMPLEMORE DR
CANTONMENT FL 32533-6829

Account number (see instructions)		☐ CORRECTED	
1 Gross distribution	\$ 200.00	PAYER'S TIN	
2a Taxable amount	\$ 200.00	RECIPIENT'S TIN	
2b Taxable amount not determined ☒	Total distribution ☐	2022 Form 1099-R	
3 Capital gain (included in box 2a)	\$	4 Federal income tax withheld	\$ 40.00
5 Employee contributions /Designated Roth contributions or insurance premiums	\$	6 Net unrealized appreciation in employer's securities	\$
7 Distribution code(s) 7	IRA/SEP/SIMPLE ☒	8 Other	%
9a Your percentage of total distribution	%	9b Total employee contributions	\$
10 Amount allocable to IRR within 5 years	\$	11 1st year of desig. Roth contrib.	
12 FATCA filing requirement	☐	13 Date of payment	
14 State tax withheld	\$	15 State/Payer's state no.	FL
16 State distribution	\$	17 Local tax withheld	\$
18 Name of locality		19 Local distribution	\$

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

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

MERRILL LYNCH AS CUSTODIAN
P.O. BOX 2150
LAKEWOOD, NJ 08701-8150
1-800-738-1099

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

JUDY P SLAYTON
1401 TEMPLEMORE DR
CANTONMENT FL 32533-6829

Account number (see instructions)		☐ CORRECTED (if checked)	
1 Gross distribution	\$ 200.00	PAYER'S TIN	
2a Taxable amount	\$ 200.00	RECIPIENT'S TIN	
2b Taxable amount not determined ☒	Total distribution ☐	2022 Form 1099-R	
3 Capital gain (included in box 2a)	\$	4 Federal income tax withheld	\$ 40.00
5 Employee contributions /Designated Roth contributions or insurance premiums	\$	6 Net unrealized appreciation in employer's securities	\$
7 Distribution code(s) 7	IRA/SEP/SIMPLE ☒	8 Other	%
9a Your percentage of total distribution	%	9b Total employee contributions	\$
10 Amount allocable to IRR within 5 years	\$	11 1st year of desig. Roth contrib.	
12 FATCA filing requirement	☐	13 Date of payment	
14 State tax withheld	\$	15 State/Payer's state no.	FL
16 State distribution	\$	17 Local tax withheld	\$
18 Name of locality		19 Local distribution	\$

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

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

MERRILL LYNCH AS CUSTODIAN
P.O. BOX 2150
LAKEWOOD, NJ 08701-8150
1-800-738-1099

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

JUDY P SLAYTON
1401 TEMPLEMORE DR
CANTONMENT FL 32533-6829

Account number (see instructions)		☐ CORRECTED (if checked)	
1 Gross distribution	\$ 200.00	PAYER'S TIN	
2a Taxable amount	\$ 200.00	RECIPIENT'S TIN	
2b Taxable amount not determined ☒	Total distribution ☐	2022 Form 1099-R	
3 Capital gain (included in box 2a)	\$	4 Federal income tax withheld	\$ 40.00
5 Employee contributions /Designated Roth contributions or insurance premiums	\$	6 Net unrealized appreciation in employer's securities	\$
7 Distribution code(s) 7	IRA/SEP/SIMPLE ☒	8 Other	%
9a Your percentage of total distribution	%	9b Total employee contributions	\$
10 Amount allocable to IRR within 5 years	\$	11 1st year of desig. Roth contrib.	
12 FATCA filing requirement	☐	13 Date of payment	
14 State tax withheld	\$	15 State/Payer's state no.	FL
16 State distribution	\$	17 Local tax withheld	\$
18 Name of locality		19 Local distribution	\$

Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury-Internal Revenue Service

This information is being furnished to the IRS