

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/29/2023

General Information

Name: Mrs Linda Kay Prescott

Address: 3402 Amberjack Dr, Hernando Bch, FL 34607

PID 264607

County: Hernando

AGENCY INFORMATION

Organization	Suborganization	Title
School Board Of Hernando County	Elected Constitutional Officer	

Net Worth

My Net Worth as of December 31, 2022 was \$ 95,000.00.

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 \$ 100,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
3402 Amberjack Drive, Hernando Beach, FL 34607	\$ 814,000.00
IRA - LPL Financial P.O. Box 599, Indian Rocks Beach, FL 33785	\$ 89,364.36

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Suncoast Credit Union	3037 Commercial Way, Spring Hill, FL	\$ 6,218.83
Suncoast Credit Union	3037 Commercial Way, Spring Hill, FL	\$ 7,631.95

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
Mr. Cooper Home Mortgage	8950 Cypress Waters Blvd., Coppell, TX 75019	\$ 376,005.97

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.

Linda Kay Prescott

Digitally signed: 06/29/2023

Filed with COE: 06/29/2023

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 MICHAEL		Last name PRESCOTT	Your social security number ***-**-XXXX
If joint return, spouse's first name and middle initial LINDA K		Last name PRESCOTT	Spouse's social security number ***-**-XXXX
Home address (number and street). If you have a P.O. box, see instructions. 3402 AMBERJACK DRIVE			Apt. no.
City, town or post office. If you have a foreign address, also complete spaces below. HERNANDO BEACH		State FL	ZIP code 34607
Foreign country name		Foreign province/state/county	Foreign postal code
			☒ You ☒ Spouse

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ 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):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
(1) First name	Last name			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	59,848
	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	

Attach Sch. B2a If required.	z Add lines 1a through 1h	1z	59,848
	2a Tax-exempt interest	2b Taxable interest	
	3a Qualified dividends	3b Ordinary dividends	
	4a IRA distributions	4b Taxable amount	4,436

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.

5a Pensions and annuities	5a	21,034	5b Taxable amount	5b	20,514
6a Soc. sec. ben.	6a	62,593	6b Taxable amount	6b	53,204
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	9 138,002				
10 Adjustments to income from Schedule 1, line 26	10				
11 Subtract line 10 from line 9. This is your adjusted gross income	11 138,002				
12 Standard deduction or itemized deductions (from Schedule A)	12 33,984				
13 Qualified business income deduction from Form 8995 or Form 8995-A	13				
14 Add lines 12 and 13	14 33,984				
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15 104,018				

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972	16	14,118
3	☐	17	
17	Amount from Schedule 2, line 3	18	14,118
18	Add lines 16 and 17	19	
19	Child tax credit or credit for other dependents from Schedule 8812	20	
20	Amount from Schedule 3, line 8	21	
21	Add lines 19 and 20	22	14,118
22	Subtract line 21 from line 18. If zero or less, enter -0-	23	
23	Other taxes, including self-employment tax, from Schedule 2, line 21	24	14,118
24	Add lines 22 and 23. This is your total tax		

Payments

25	Federal income tax withheld from:	25d	9,919
a	Form(s) W-2	25a	3,905
b	Form(s) 1099	25b	6,014
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c		
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	5,465
32	Add lines 27, 28, 29 and 31. These are your total other payments and refundable credits	32	5,465
33	Add lines 25d, 26, and 32. These are your total payments	33	15,384

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,266
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐	35a	1,162
b	Routing number XXXXXXXXXX	c	Type: ☐ Checking ☐ Savings
d	Account number XXXXXXXXXXXXXXXXXXXX		
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	
38	Estimated tax penalty (see instructions)	38	104

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 JAMES M. WILHELM Phone no. 352-683-7365 Personal identification number (PIN) ****-**-****

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
IRS E-FILE		RETIRED	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)
		SCHOOL BOARD MEMBER	

Phone no.	Email address
Preparer's name	Preparer's signature
JAMES M. WILHELM	<i>[Signature]</i>
Firm's name	Date
CAMPBELL & COMPANY CPAS, PA	
7211 HIAWATHA PKWY	PTIN *****
SPRING HILL	Check if: ☐ Self-employed
FL 34606-2542	

Paid Preparer Use Only

Firm's name	Phone no.
CAMPBELL & COMPANY CPAS, PA	352-683-7365
Firm's address	Firm's EIN
7211 HIAWATHA PKWY	**-***7066
SPRING HILL	
FL 34606-2542	

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

Form 1040 (2022)

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.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2022

Attachment
Sequence No. **07**

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

MICHAEL & LINDA K PRESCOTT

Your social security number

-**-*

**Medical
and
Dental
Expenses**

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

- | | | | |
|---|---|---|---------|
| 1 | Medical and dental expenses (see instructions) | 1 | 22,420 |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 | 2 | 138,002 |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | 10,350 |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 12,070 |

**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 | 1,287 |
| b | State and local real estate taxes (see instructions) | 5b | 5,329 |
| c | State and local personal property taxes | 5c | |
| d | Add lines 5a through 5c | 5d | 6,616 |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 6,616 |
| 6 | Other taxes. List type and amount: | 6 | |
| 7 | Add lines 5e and 6 | 7 | 6,616 |

**Interest
You Paid**

Caution: Your mortgage interest deduction may be limited. See instructions.

- | | | | |
|----|---|----|--------|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐ | | |
| a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | 10,701 |
| 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 | 10,701 |
| 9 | Investment interest. Attach Form 4952 if required. See instructions | 9 | |
| 10 | Add lines 8e and 9 | 10 | 10,701 |

**Gifts to
Charity**

Caution: If you made a gift and got a benefit for it, see instructions.

- | | | | |
|----|---|----|-------|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | 4,097 |
| 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 | 500 |
| 13 | Carryover from prior year | 13 | |
| 14 | Add lines 11 through 13 | 14 | 4,597 |

**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 | 33,984 |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐ | | |

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

Schedule A (Form 1040) 2022

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	5,465
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b	
c	Reserved for future use	13c	
d	Credit for repayment of amounts included in income from earlier years	13d	
e	Reserved for future use	13e	
f	Deferred amount of net 965 tax liability (see instructions)	13f	
g	Reserved for future use	13g	
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h	
z	Other payments or refundable credits. List type and amount:	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	5,465

Schedule 3 (Form 1040) 2022

1099-R

☐ CORRECTED (if checked)

PAYER's name, street address, city, state, and ZIP code
1-800-228-5453
California State Teachers' Retirement System
P.O. Box 15275
Sacramento, CA 95851-0275

PAYER'S Federal Identification No. **XXX-XX-XXXX**

RECIPIENT'S Identification No. **XXX-XX-XXXX**

RECIPIENT'S name, address, and ZIP code
LINDA K PRESCOTT
3402 AMBERJACK DR
HERNANDO BEACH FL 34607-3601

Account number (optional)
XXX-XX-XXXX

Benefit Type
SERVICE RETIREMENT

1 Gross Distribution
\$ 21,033.90

2a Taxable Amount
\$ 20,514.06

2b Taxable Amount not determined ☐ Total Distribution ☐

3 Amount in Box 2a eligible for capital gain election **\$**

4 Federal income tax withheld
\$ 751.80

5 Nontaxable contributions
\$ 519.84

6 Net unrealized appreciation in employer's securities **\$**

7 Distribution Code
7

IRA/SEP ☐ Other ☐

8 Other **%**

9a Your percentage of total distribution **%**

9b Total Employee Contributions
\$ 5,500.97

14 State income tax withheld
\$ 0.00

15 State/Payer's State No.
CA XXX-XX-XXXX

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 Internal Revenue Service

Form 1099-R

Department of the Treasury - Internal Revenue Service

Copies of your 1099-R and additional information are available at CaSTRS' website at <http://www.calstrs.com>. Log in to myCaSTRS or call 1-800-228-5453.

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 Internal Revenue Service.

Date: 01/20/2023
 Account number: **XXX-XX-XXXX**

Document ID: **XXX-XX-XXXX**

RECIPIENT'S TIN:
 Recipient: PTC CUST ROLLOVER IRA FBO
LINDA K PRESCOTT
3402 AMBERJACK DR
HERNANDO BEACH, FL 34607-3601

PAYER'S TIN:
 Payer: LPL Financial
 1055 LPL Way
 Fort Mill, SC 29715

1 Gross distribution **\$4,435.57**

2a Taxable amount **\$4,435.57**

2b Taxable amount not determined (X)

3 Capital gain (included on line 2a) **\$887.11**

4 Federal income tax withheld **()**

5 Employee/Desig Roth Contribs or Insur Premiums **()**

6 Net unrealized appreciation in employer's securities **()**

7 Distribution code(s) **(X)**

IRA/SEP/SIMPLE **(X)**

Other amount **()**

8 Other amount percentage **%**

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 **()**

16 State distribution **()**

Form W-2 Wage and Tax Statement 2022

Copy C, for employee's records

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

c Employer's name, address, and ZIP code
DOBIES FUNERAL HOME INC
4910 BARTELT RD
HOLIDAY FL 34690

d Control number
0041-18034415
0000000289 -

e Employee's name, address, and ZIP code
MICHAEL E PRESCOTT
3402 AMBERJACK DR
HERNANDO BEACH FL 34607

f Employer's social security number
XXX-XX-XXXX

13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐

12 See instructions for box 12

14 Other ☐

15 State ☐

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

1 Wages, tips, other compensation **23568.62**

2 Federal income tax withheld **1552.32**

3 Social security wages **23568.62**

4 Social security tax withheld **1461.25**

5 Medicare wages and tips **23568.62**

6 Medicare tax withheld **341.74**

7 Social Security Tips

8 Allocated tips

10 Dependent care benefits

11 Nonqualified plans

12a DD **9166.32**

12b **12c**

12d **12e**

12f **12g**

12h **12i**

12j **12k**

12l **12m**

12n **12o**

12p **12q**

12r **12s**

12t **12u**

12v **12w**

12x **12y**

12z **12aa**

12ab **12ac**

12ad **12ae**

12af **12ag**

12ah **12ai**

12aj **12ak**

12al **12am**

12an **12ao**

12ap **12aq**

12ar **12as**

12at **12au**

12av **12aw**

12ax **12ay**

12az **12ba**

12bb **12bc**

12bd **12be**

12bf **12bg**

12bh **12bi**

12bj **12bk**

12bl **12bm**

12bn **12bo**

12bo **12bp**

12bp **12bq**

12bq **12br**

12br **12bs**

12bs **12bt**

12bt **12bu**

12bu **12bv**

12bv **12bw**

12bw **12bx**

12bx **12by**

12by **12bz**

12bz **12ca**

12ca **12cb**

12cb **12cc**

12cc **12cd**

12cd **12ce**

12ce **12cf**

12cf **12cg**

12cg **12ch**

12ch **12ci**

12ci **12cj**

12cj **12ck**

12ck **12cl**

12cl **12cm**

12cm **12cn**

12cn **12co**

12co **12cp**

12cp **12cq**

12cq **12cr**

12cr **12cs**

12cs **12ct**

12ct **12cu**

12cu **12cv**

12cv **12cw**

12cw **12cx**

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12el **12em**

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12en **12eo**

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12eq **12er**

12er **12es**

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12et **12eu**

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12ex **12ey**

12ey **12ez**

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12fl **12fm**

12fm **12fn**

12fn **12fo**

12fo **12fp**

12fp **12fq**

12fq **12fr**

12fr **12fs**

12fs **12ft**

12ft **12fu**

12fu **12fv**

12fv **12fw**

12fw **12fx**

12fx **12fy**

12fy **12fz**

12fz **12ga**

12ga **12gb**

12gb **12gc**

12gc **12gd**

12gd **12ge**

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12gf **12gg**

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12gj **12gk**

12gk **12gl**

12gl **12gm**

12gm **12gn**

12gn **12go**

12go **12gp**

12gp **12gq**

12gq **12gr**

12gr **12gs**

12gs **12gt**

12gt **12gu**

12gu **12gv**

12gv **12gw**

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12gx **12gy**

12gy **12gz**

12gz **12ha**

12ha **12hb**

12hb **12hc**

12hc **12hd**

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12ii **12ij**

12ij **12ik**

12ik **12il**

12il **12im**

12im **12in**

12in **12io**

12io **12ip**

12ip **12iq**

12iq **12ir**

12ir **12is**

12is **12it**

12it **12iu**

12iu **12iv**

12iv **12iw**

12iw **12ix**

12ix **12iy**

12iy **12iz**

12iz **12ja**

12ja **12jb**

12jb **12jc**

12jc **12jd**

12jd **12je**

12je **12jf**

12jf **12jg**

12jg **12jh**

12jh **12ji**

12ji **12jj**

12jj **12jk**

12jk **12jl**

12jl **12jm**

12jm **12jn**

12jn **12jo**

12jo **12jp**

12jp **12jq**

12jq **12jr**

12jr **12js**

12js **12jt**

12jt **12ju**

12ju **12jv**

12jv **12jw**

12jw **12jx**

12jx **12jy**

12jy **12jz**

12jz **12ka**

12ka **12kb**

12kb **12kc**

12kc **12kd**

12kd **12ke**

12ke **12kf**

12kf **12kg**

12kg **12kh**

12kh **12ki**

12ki **12kj**

12kj **12kl**

12kl **12km**

12km **12kn**

12kn **12ko**

12ko **12kp**

12kp **12kq**

12kq **12kr**

12kr **12ks**

12ks **12kt**

12kt **12ku**

12ku **12kv**

12kv **12kw**

12kw **12kx**

12kx **12ky**

12ky **12kz**

12kz **12la**

12la **12lb**

12lb **12lc**

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