

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/25/2024

General Information

Name: Ms Roxanne Horvath

PID 72261

AGENCY INFORMATION

Organization	Suborganization	Title
Northeast Florida Regional Council	Board of Directors	Board Member
St. Augustine	Mayor And City Commission	

Net Worth

My Net Worth as of December 31, 2023 was \$ 1,882,122.14.

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 25,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
25 South Street, St. Augustine, FL	\$ 677,322.00
46 Veronese Court, St. Augustine, FL	\$ 231,530.00
Merrill Lynch - Roxanne Horvath Trust	\$ 467,455.16
Merrill Lynch - Roxanne Horvath IRA	\$ 208,339.98
Merrill Lynch - Roxanne Horvath Roth IRA	\$ 9,816.75
Bank of America - Checking Account	\$ 7,048.42
AIG Deferred Compensation Plan (Sec 457)	\$ 240,609.83
2017 Mercedes GLA	\$ 15,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

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

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☒ I elect to file a copy of my 2023 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):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
See Attached			

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

N/A

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ 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.

CPA/Attorney Signature Only

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, **William Tebbs Abare III** prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

William Tebbs Abare III

Digitally signed: **04/24/2024**

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.

Roxanne Horvath

Digitally signed: **04/25/2024**

Filed with COE: 04/25/2024



ABARE, KRESGE
— & —
ASSOCIATES CPAS, LLC

Peter Rumpel & Roxanne Horvath

2023 Individual Income Tax Return
Form 1040

Terms of Engagement:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We have prepared your 2023 federal and requested state income tax returns from information that you provided. We have not audited or otherwise verified the data you have submitted

You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign and file them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist.

We have used our professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authority's interpretations of the law and other supportable positions. Unless otherwise instructed by you, we have resolved such questions in your favor.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such governmental tax examination, we will be available, upon request, to represent you under a separate engagement letter for that representation.

Our fees for these services are based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

We want to express our appreciation for this opportunity to work with you.

Corporate Transparency Act/Beneficial Ownership Reporting

Assisting you with your compliance with the Corporate Transparency Act ("CTA"), including beneficial ownership information ("BOI") reporting, is not within the scope of this engagement. You have sole responsibility for your compliance with the CTA, including its BOI reporting requirements and the collection of relevant ownership information. We shall have no liability resulting from your failure to comply with CTA. Information regarding the BOI reporting requirements can be found at <https://www.fincen.gov/boi>. Consider consulting with legal counsel if you have questions regarding the applicability of the CTA's reporting requirements and issues surrounding the collection of relevant ownership information.

Very Truly Yours,

Abare, Kresge & Associates CPAs

Tax Return Carryovers to 2024

NAME: PETER RUMPEL & ROXANNE HORVATH

ID Number: *** - ** -

[illegible]

Two-Year Comparison Worksheet

2023

Name(s) as shown on return

PETER RUMPEL & ROXANNE HORVATH

Social security number

*** - ** -

2022 Filing Status **MARRIED FILING JOINT**

2023 Filing Status **MARRIED FILING JOINT**

2022 Tax Bracket **24.0%**

2023 Tax Bracket **22.0%**

Description	Tax Year 2022	Tax Year 2023	Increase (Decrease)
WAGES, SALARIES, AND TIPS	4,052.	6,885.	2,833.
SCHEDULE B - TAXABLE INTEREST	2,344.	7,268.	4,924.
SCHEDULE B - QUALIFIED DIVIDENDS	8,693.	9,838.	1,145.
SCHEDULE B - ORDINARY DIVIDENDS	12,181.	18,828.	6,647.
TAXABLE IRA DISTRIBUTIONS	21,524.	20,177.	-1,347.
TAXABLE PENSIONS AND ANNUITIES	9,550.	9,824.	274.
TAXABLE SOCIAL SECURITY BENEFITS	54,678.	58,413.	3,735.
SCHEDULE D (CAPITAL GAIN/LOSS)	182,152.	6,693.	-175,459.
SCH. C (BUSINESS INCOME/LOSS)	0.	1,950.	1,950.
SCHEDULE E (RENTAL AND PASSTHROUGH)	3,018.	998.	-2,020.
TOTAL INCOME	289,499.	131,036.	-158,463.
DEDUCTIBLE PART OF SE TAX	0.	138.	138.
SELF-EMPLOYED HEALTH INS. DEDUCTION	0.	1,812.	1,812.
TOTAL ADJUSTMENTS	0.	1,950.	1,950.
ADJUSTED GROSS INCOME	289,499.	129,086.	-160,413.
STANDARD DEDUCTION	28,700.	30,700.	2,000.
QUALIFIED BUSINESS INCOME DEDUCTION	38.	27.	-11.
TOTAL DEDUCTIONS	28,738.	30,727.	1,989.
TAXABLE INCOME	260,761.	98,359.	-162,402.
TAX	36,720.	10,745.	-25,975.
TAX BEFORE CREDITS	36,720.	10,745.	-25,975.
FORM 1116 (FOREIGN TAX CREDIT)	133.	120.	-13.
TAX AFTER NON-REFUNDABLE CREDITS	36,587.	10,625.	-25,962.
SCHEDULE SE (SELF-EMPLOYMENT TAX)	0.	275.	275.
FORM 8960 (NET INVEST. INCOME TAX)	1,501.	0.	-1,501.
TOTAL TAX	38,088.	10,900.	-27,188.
FED. INCOME TAX WITHHELD, FORM W-2	0.	15.	15.
ESTIMATED TAX PAYMENTS	8,000.	8,800.	800.
TOTAL PAYMENTS	8,000.	8,815.	815.
FORM 2210/2210F (EST. TAX PENALTY)	0.	51.	51.
BALANCE DUE (INCLUDING 2210/2210F)	30,088.	2,136.	-27,952.

Abare, Kresge & Associates, CPAs
1200 Plantation Island Drive, Ste. 230
St. Augustine, FL 32080

April 15, 2024

Peter Rumpel & Roxanne Horvath
25 South Street
St. Augustine, FL 32084

Dear Peter & Roxanne:

Enclosed are your 2023 income tax return and 2024 estimated tax vouchers.

Specific filing instructions are as follows.

FEDERAL INCOME TAX RETURN:

This return has qualified for electronic filing and the practitioner PIN program has been elected. After reviewing the return for completeness and accuracy, please sign and return Form 8879 to our office. We will then transmit your return electronically to the IRS. Do not mail the paper copy of the return to the IRS.

Your check for \$2,136, payable to the United States Treasury, must be paid by April 15, 2024. Be sure to include your payment with Form 1040-V, Form 1040 Payment Voucher. Include your social security number, daytime phone number, and the words "2023 Form 1040" on your check.

Internal Revenue Service
P.O. Box 1214
Charlotte, NC 28201-1214

Your income tax return includes a penalty for underpayment of estimated tax from Form 2210 of \$51.

FEDERAL ESTIMATED TAX VOUCHERS:

Separately mail voucher 1 of Form 1040-ES by April 15, 2024.

Internal Revenue Service
P.O. Box 1300
Charlotte, NC 28201-1300

Enclose your check for \$2,300, payable to the United States Treasury. Include your social security number and the words "2024 Form 1040-ES" on your check.

Retain vouchers 2, 3 and 4 in your files and mail to the above address on or before the dates indicated.

For your reference we have listed all estimated tax payments and their original due dates below. Vouchers requiring no payment should not be filed.

Voucher no. 1 by 04/15/24 \$2,300

Voucher no. 2 by 06/17/24 \$2,300

Voucher no. 3 by 09/16/24 \$2,300

Voucher no. 4 by 01/15/25 \$2,300

Your copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

William T. Abare III, CPA

IRS e-file Signature Authorization

OMB No. 1545-0074

- ▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name

PETER RUMPEL

Social security number

*** **

Spouse's name

ROXANNE HORVATH

Spouse's social security number

*** **

Part I Tax Return Information - Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	129,086.
2	Total tax	2	10,900.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	15.
4	Amount you want refunded to you	4	
5	Amount you owe	5	2,136.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize **ABARE, KRESGE & ASSOCIATES CPAS** to enter or generate my PIN **Enter five digits, but don't enter all zeros** as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Date ▶ **04/15/2024**

Spouse's PIN: check one box only

☒ I authorize **ABARE, KRESGE & ASSOCIATES CPAS** to enter or generate my PIN **Enter five digits, but don't enter all zeros** as my signature on the income tax return (original or amended) I am now authorizing.

☐ will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ Date ▶ **04/15/2024**

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.**

ERO's signature ▶ Date ▶ **04/15/2024**

**Tax Year 2023 e-file Jurat/Disclosure
for Form 1040 or 1040NR
using Practitioner PIN method
(with or without Electronic Funds Withdrawal)**

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN

██████████

(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations

Perjury Statement

Perjury Statement (1040 and 1040NR)

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 the taxpayer) is based on all information of which the preparer has any knowledge.

Perjury Statement (104X)

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

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent

If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Taxpayer's PIN:

██████████

Date 04152024

Spouse's PIN:

██████████

2023

Form 1040-V

Department of the Treasury
Internal Revenue Service

Paperwork Reduction Act Notice.

We ask for the information on Form 1040-V to help us carry out the Internal Revenue laws of the United States. If you use Form 1040-V, you must provide the requested information. Your cooperation will help us ensure that we are collecting the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return. If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

05-01-23

LHA

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

▼ DETACH HERE ▼

Form **1040-V** (2023)

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

2023

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040
- ▶ Do not staple this voucher or your payment to Form 1040
- ▶ Make your check or money order payable to the "United States Treasury."
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ▶	Dollars	Cents
	2,136	

1019

PETER RUMPEL & ROXANNE HORVATH
25 SOUTH STREET
ST. AUGUSTINE, FL 32084

P.O. BOX 1214
CHARLOTTE, NC 28201-1214

***** ** **** * ***** **

2024 Estimated Tax Worksheet

Keep for Your Records

1	Adjusted gross income you expect in 2024 (see instructions)	1	129,086.
2a	Deductions	2a	32,300.
• If you plan to itemize deductions, enter the estimated total of your itemized deductions. • If you don't plan to itemize deductions, enter your standard deduction.			
b	If you can take the qualified business income deduction, enter the estimated amount of the deduction	2b	27.
c	Add lines 2a and 2b	2c	32,327.
3	Subtract line 2c from line 1	3	96,759.
4	Tax. Figure your tax on the amount on line 3 by using the 2024 Tax Rate Schedules . Caution: If you will have qualified dividends or a net capital gain, or expect to exclude or deduct foreign earned income or housing, see Worksheets 2-5 and 2-6 in Pub. 505 to figure the tax	4	9,569.
5	Alternative minimum tax from Form 6251	5	
6	Add lines 4 and 5. Add to this amount any other taxes you expect to include in the total on Form 1040 or 1040-SR, line 16	6	9,569.
7	Credits (see instructions). Do not include any income tax withholding on this line	7	120.
8	Subtract line 7 from line 6. If zero or less, enter -0-	8	9,449.
9	Self-employment tax (see instructions)	9	275.
10	Other taxes (see instructions)	10	
11a	Add lines 8 through 10	11a	9,724.
b	Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and section 1341 credit	11b	
c	Total 2024 estimated tax. Subtract line 11b from line 11a. If zero or less, enter -0-	11c	9,724.
12a	Multiply line 11c by 90% (66 2/3% for farmers and fishermen)	12a	9,724.
b	Required annual payment based on prior year's tax (see instructions)	12b	10,900.
c	Required annual payment to avoid a penalty. Enter the smaller of line 12a or 12b Caution: Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the amount on line 12c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimate on line 11c is as accurate as possible. Even if you pay the required annual payment, you may still owe tax when you file your return. If you prefer, you can pay the amount shown on line 11c. For details, see chapter 2 of Pub. 505.	12c	9,724.
13	Income tax withheld and estimated to be withheld during 2024 (including income tax withholding on pensions, annuities, certain deferred income, and Additional Medicare Tax withholding)	13	15.
14a	Subtract line 13 from line 12c ADJUSTED TO: Is the result zero or less? ☐ Yes. Stop here. You are not required to make estimated tax payments. ☒ No. Go to line 14b.	14a	10,000.
b	Subtract line 13 from line 11c Is the result less than \$1,000? ☐ Yes. Stop here. You are not required to make estimated tax payments. ☒ No. Go to line 15 to figure your required payment.	14b	9,709.
15	If the first payment you are required to make is due April 15, 2024, enter 1/4 of line 14a (minus any 2023 overpayment that you are applying to this installment) here, and on your estimated tax payment voucher(s) if you are paying by check or money order	15	

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2024 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due April 15, 2024

Amount of estimated tax you are paying
by check or
money order.

\$ 2,300.

Print or type	Your first name and middle initial	Your last name	Your social security number	
	PETER	RUMPEL	*** - ** -	
	If joint payment, complete for spouse			
	Spouse's first name and middle initial	Spouse's last name	Spouse's social security number	
	ROXANNE	HORVATH	*** - ** -	
	Address (number, street, and apt. no.)			
25 SOUTH STREET				
City, town, or post office. If you have a foreign address, also complete spaces below.				
ST. AUGUSTINE				
Foreign country name		Foreign province/county	State	ZIP code
			FL	32084
		Foreign postal code		

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

Form 1040-ES (2024)

CUT HERE

MAIL TO: INTERNAL REVENUE SERVICE
P.O. BOX 1300
CHARLOTTE, NC 28201-1300

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2024 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due June 17, 2024

Amount of estimated tax you are paying
by check or
money order.

\$ 2,300.

Pay online at
www.irs.gov/
etpay

Simple.
Fast.
Secure.

Print or type	Your first name and middle initial	Your last name	Your social security number	
	PETER	RUMPEL	*** - ** -	
	If joint payment, complete for spouse			
	Spouse's first name and middle initial	Spouse's last name	Spouse's social security number	
	ROXANNE	HORVATH	*** - ** -	
	Address (number, street, and apt. no.)			
25 SOUTH STREET		State	ZIP code	
City, town, or post office. If you have a foreign address, also complete spaces below.		FL	32084	
ST. AUGUSTINE				
Foreign country name		Foreign province/county	Foreign postal code	

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

Form 1040-ES (2024)

CUT HERE

MAIL TO: INTERNAL REVENUE SERVICE
P.O. BOX 1300
CHARLOTTE, NC 28201-1300

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2024 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due Sept. 16, 2024

Amount of estimated tax you are paying
by check or
money order.

\$ 2,300.

Pay online at
www.irs.gov/
etpay

Simple.
Fast.
Secure.

Print or type	Your first name and middle initial	Your last name	Your social security number	
	PETER	RUMPEL	*** - ** -	
	If joint payment, complete for spouse			
	Spouse's first name and middle initial	Spouse's last name	Spouse's social security number	
	ROXANNE	HORVATH	*** - ** -	
	Address (number, street, and apt. no.)			
25 SOUTH STREET		State	ZIP code	
City, town, or post office. If you have a foreign address, also complete spaces below.		FL	32084	
ST. AUGUSTINE				
Foreign country name		Foreign province/county		Foreign postal code

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

Form 1040-ES (2024)

CUT HERE

MAIL TO: INTERNAL REVENUE SERVICE
P.O. BOX 1300
CHARLOTTE, NC 28201-1300

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to **"United States Treasury."** Write your social security number and "2024 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due Jan. 15, 2025

Amount of estimated tax you are paying
by check or
money order.

\$ **2,300.**

Pay online at
www.irs.gov/etpay

**Simple.
Fast.
Secure.**

Print or type	Your first name and middle initial	Your last name	Your social security number	
	PETER	RUMPEL	*** - ** - [REDACTED]	
	If joint payment, complete for spouse			
	Spouse's first name and middle initial	Spouse's last name	Spouse's social security number	
	ROXANNE	HORVATH	*** - ** - [REDACTED]	
	Address (number, street, and apt. no.)			
	25 SOUTH STREET		State	ZIP code
	City, town, or post office. If you have a foreign address, also complete spaces below.		FL	32084
	ST. AUGUSTINE			
	Foreign country name	Foreign province/county	Foreign postal code	

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

Form 1040-ES (2024)

CUT HERE

MAIL TO: INTERNAL REVENUE SERVICE
P.O. BOX 1300
CHARLOTTE, NC 28201-1300

1040	Form 1040-ES - Self-Employment Tax Worksheet		
	Taxpayer	Spouse	
1. Estimated income and profits subject to self-employment tax	1,950.		
2. Multiply the amount on line 1 by .9235	1,801.		
3. Multiply the amount on line 2 by .029	52.		
4. Social security tax maximum income	168,600.		
5. Estimated wages subject to social security tax		22,087.	
6. Subtract line 5 from line 4	168,600.		
7. Enter the smaller of line 2 or line 6	1,801.		
8. Multiply the amount on line 7 by .124	223.		
9. Add line 3 and line 8	275.		
10. Total estimated self-employment tax	275.		
Adjusted Gross Income Worksheet			
	Year		
Adjusted gross income	2023		129,086.
Add back: deductible part of year self-employment tax	2023	138.	
Change in adjusted gross income			
Adjustment to capital gains/losses			
Minus: deductible part of year estimated self-employment tax	2024	138.	
Estimated year adjusted gross income	2024		129,086.

1040	Tax Computation Using Maximum Capital Gains Rates	
1. Enter your estimated taxable income		96,759.
2. Enter your qualified dividends		9,838.
3. Form 4952, line 4g		
4. Form 4952, line 4e		
5. Subtract line 4 from line 3		0.
6. Subtract line 5 from line 2		9,838.
7. Enter the smaller of Schedule D, line 15 or 16		6,693.
8. Enter the smaller of line 3 or 4		
9. Subtract line 8 from line 7		6,693.
10. Add lines 6 and 9		16,531.
11. Add lines 18 and 19 of Schedule D		
12. Enter the smaller of line 9 or line 11		
13. Subtract line 12 from line 10		16,531.
14. Subtract line 13 from line 1. If zero or less, enter -0-		80,228.
15. Enter: \$ 47,025. if single or married filing separately		
\$ 94,050. if married filing jointly or qualifying widower		
\$ 63,000. if head of household		94,050.
16. Enter the smaller of line 1 or line 15		94,050.
17. Enter the smaller of line 14 or line 16		80,228.
18. Subtract line 10 from line 1		80,228.
19. Enter smaller of line 1 or		
\$ 191,950. if single or married filing separately		
\$ 383,900. if married filing jointly or qualifying widower		
\$ 191,950. if head of household		96,759.
20. Enter the smaller of line 14 or line 19		80,228.
21. Enter the larger of line 18 or line 20		80,228.
22. Subtract line 17 from line 16		13,822.
23. Enter the smaller of line 1 or line 13		16,531.
24. Enter the amount from line 22		13,822.
25. Subtract line 24 from line 23. If zero or less, enter -0-		2,709.
26. Enter: \$ 518,900. if single		
\$ 583,750. if married filing jointly or qualifying widower		
\$ 291,850. if married filing separately		
\$ 551,350. if head of household		583,750.
27. Enter the smaller of line 1 or 26		96,759.
28. Add lines 21 and 22		94,050.
29. Subtract line 28 from line 27		2,709.
30. Enter the smaller of line 25 or line 29		2,709.
31. Multiply line 30 by 15% (.15)		406.
32. Add line 24 and line 30		16,531.
33. Subtract line 32 from line 23		0.
34. Multiply line 33 by 20% (.20)		
35. Enter the smaller of line 9 above or Schedule D, line 19		
36. Enter lines 10 and 21		
37. Enter the amount from line 1		
38. Subtract line 37 from line 36. If zero or less, enter -0-		
39. Subtract line 38 from line 35. If zero or less, enter -0-		
40. Multiply line 39 by 25% (.25)		
41. Add lines 21, 22, 30, 33, and 39		
42. Subtract line 41 from line 1		
43. Multiply line 42 by 28% (.28)		
44. Figure the tax on the amount on line 21		9,163.
45. Add lines 31, 34, 40, 43, and 44		9,569.
46. Figure the tax on the amount on line 1		11,393.
47. Tax. Enter the smaller of line 45 or line 46. Also enter this amount on line 4 of the estimated tax worksheet		9,569.

For the year Jan. 1 - Dec. 31, 2023, or other tax year beginning , ending

See separate instructions.

Your first name and middle initial
PETER

Last name
RUMPEL

Your social security number
*** **

If joint return, spouse's first name and middle initial
ROXANNE

Last name
HORVATH

Spouse's social security number
*** **

Home address (number and street). If you have a P.O. box, see instructions.
25 SOUTH STREET

Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below.
ST. AUGUSTINE

State ZIP code
FL 32084

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

Filing Status

☐ Single ☐ Head of household (HOH)

Check only one box. ☒ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

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

Digital Assets

At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, 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, 1959 ☐ Are blind Spouse: ☒ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instr.):	
If more than four dependents, see instr. and check here ☐				Child tax credit	Credit for other dependents
(1) First name	Last name				

Income

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

1a 6,885.

1b Household employee wages not reported on Form(s) W-2

1b

1c Tip income not reported on line 1a (see instructions)

1c

1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)

1d

1e Taxable dependent care benefits from Form 2441, line 26

1e

1f Employer-provided adoption benefits from Form 8839, line 29

1f

1g Wages from Form 8919, line 6

1g

1h Other earned income (see instructions)

1h

1i Nontaxable combat pay election (see instructions) ☐

1i

1z Add lines 1a through 1h

1z 6,885.

Attach Sch. B if required.

2a Tax-exempt interest

2a

2b Taxable interest

2b 7,268.

3a Qualified dividends

3a 9,838.

3b Ordinary dividends

3b 18,828.

4a IRA distributions

4a

4b Taxable amount

4b 20,177.

5a Pensions and annuities

5a

5b Taxable amount

5b 9,824.

6a Social security benefits

6a 69,978.

6b Taxable amount

6b 58,413.

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 6,693.

8 Additional income from Schedule 1, line 10

8 2,948.

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**

9 131,036.

10 Adjustments to income from Schedule 1, line 26

10 1,950.

11 Subtract line 10 from line 9. This is your **adjusted gross income**

11 129,086.

12 **Standard deduction or itemized deductions** (from Schedule A)

12 30,700.

13 Qualified business income deduction from Form 8995 or Form 8995-A

13 27.

14 Add lines 12 and 13

14 30,727.

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**

15 98,359.

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

Form 1040 (2023)

12-04-23

11

RUMPEL, PETER

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	10,745.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	10,745.
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	120.
21	Add lines 19 and 20	21	120.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	10,625.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	275.
24	Add lines 22 and 23. This is your total tax	24	10,900.

Payments

25	Federal income tax withheld from:		
a	Form(s) W-2 SEE STATEMENT 7	25a	15.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	15.
26	2023 estimated tax payments and amount applied from 2022 return STATEMENT 8	26	8,800.
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	8,815.

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	
b	Routing number	c	Type: ☐ Checking ☐ Savings
d	Account number		
36	Amount of line 34 you want applied to your 2024 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	2,136.
38	Estimated tax penalty (see instructions)	38	51.

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 **WILLIAM T. ABARE III, C** Phone no. **904-460-0747** Personal identification number (PIN) *********

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.

Sign Here

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		ARCHITECT/MANAGER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		ARCHITECT/MANAGER	
Phone no.	Email address DUOARCH@COMCAST.NET		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
WILLIAM T. ABARE III, CPA	<i>William T. Abare III</i>	04/15/24	P00120073	

Firm's name	ABARE, KRESGE & ASSOCIATES CPAS	Phone no.	904-460-0747
Firm's address	1200 PLANTATION ISLAND DRIVE ST. AUGUSTINE, FL 32080	Firm's EIN	32-0025877

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

Form **1040** (2023)

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

2023

Attachment
Sequence No. **01**

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

PETER RUMPEL & ROXANNE HORVATH

Your social security number

*** - ** - [REDACTED]

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	1,950.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	998.
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. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	2,948.

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

Schedule 1 (Form 1040) 2023

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	138.
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	1,812.
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 8i 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, 1040-SR, or 1040-NR, line 10	26	1,950.

Schedule 1 (Form 1040) 2023

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

2023
Attachment
Sequence No. **02**

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

PETER RUMPEL & ROXANNE HORVATH

Your social security number

*** - ** - [REDACTED]

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	275.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required If not required, check here ☐	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2023

Part II Other Taxes (continued)

17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount	17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
c	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
l	Tax on accumulation distribution of trusts	17l		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:	17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	275.

Schedule 2 (Form 1040) 2023

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

2023
Attachment
Sequence No. **03**

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

PETER RUMPEL & ROXANNE HORVATH

Your social security number

*** - ** - [REDACTED]

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	120.
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount:	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	120.

(continued on page 2)

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

Schedule 3 (Form 1040) 2023

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	
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 repayment of amounts included in income from earlier years	13b	
c	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
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	

Schedule 3 (Form 1040) 2023

**Underpayment of Estimated Tax by
Individuals, Estates, and Trusts**

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

Go to www.irs.gov/Form2210 for instructions and the latest information.

OMB No.1545-0140

2023Attachment
Sequence No. **06**

Name(s) shown on tax return

PETER RUMPEL & ROXANNE HORVATH

Identifying number

*** - ** - [REDACTED]

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 4 or line 7 less than \$1,000?	Yes	Don't file Form 2210. You don't owe a penalty.
No		
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	Yes	You don't owe a penalty. Don't file Form 2210 unless box E in Part II applies, then file page 1 of Form 2210.
No		
You may owe a penalty. Does any box in Part II below apply?	Yes	You must file Form 2210. Does box B, C, or D in Part II apply?
No		
	No	You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but don't file Form 2210.
	Yes	You must figure your penalty.
		You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210.

Part I Required Annual Payment

1	Enter your 2023 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	10,625.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	275.
3	Other payments and refundable credits (see instructions)	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	10,900.
5	Multiply line 4 by 90% (0.90)	5	9,810.
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	15.
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	10,885.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	41,897.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	9,810.

Next: Is line 9 more than line 6?

☐ **No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.☒ **Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.• If box **B, C, or D** applies, you must figure your penalty and file Form 2210.• If box **A or E** applies (but not **B, C, or D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.****Part II Reasons for Filing.** Check applicable boxes. If none apply, **don't** file Form 2210.

- A** ☐ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B** ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** ☐ You filed or are filing a joint return for either 2022 or 2023, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B, C, or D** applies).

For Paperwork Reduction Act Notice, see separate instructions.

Form **2210** (2023)

Part III Penalty Computation (See the instructions if you're filing Form 1040-NR.)

Section A - Figure Your Underpayment		Payment Due Dates				
		(a) 4/15/23	(b) 6/15/23	(c) 9/15/23	(d) 1/15/24	
10	Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions	10	2,453.	2,453.	2,453.	2,451.
11	Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II	11	2,204.	2,204.	2,204.	2,203.

Complete lines 12 through 18 of one column before going to line 12 of the next column.

12	Enter the amount, if any, from line 18 in the previous column	12				
13	Add lines 11 and 12	13		2,204.	2,204.	2,203.
14	Add the amounts on lines 16 and 17 in the previous column	14		249.	498.	747.
15	Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11	15	2,204.	1,955.	1,706.	1,456.
16	If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17	Underpayment. If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	249.	498.	747.	995.
18	Overpayment. If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column ...	18				

Section B - Figure the Penalty (Use the Worksheet for Form 2210, Part III, Section B - Figure the Penalty in the instructions.)

19	Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part III, Section B - Figure the Penalty. Include this amount on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. Don't file Form 2210 unless you checked a box in Part II	19	51.
-----------	--	-----------	-----

Form 2210 (2023)

SEE ATTACHED WORKSHEET

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) PETER RUMPEL & ROXANNE HORVATH				Identifying Number *** - ** - [REDACTED]	
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/23	2,453.	2,453.			
04/15/23	-4.	2,449.			
04/15/23	-2,200.	249.	61	.000191781	3.
06/15/23	2,453.	2,702.			
06/15/23	-4.	2,698.			
06/15/23	-2,200.	498.	92	.000191781	9.
09/15/23	2,453.	2,951.			
09/15/23	-4.	2,947.			
09/15/23	-2,200.	747.	15	.000191781	2.
09/30/23	0.	747.	92	.000219178	15.
12/31/23	0.	747.	15	.000218579	2.
01/15/24	2,451.	3,198.			
01/15/24	-3.	3,195.			
01/15/24	-2,200.	995.	91	.000218579	20.
Penalty Due (Sum of Column F).					51.

* Date of estimated tax payment, withholding credit date or installment due date.

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

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

2023
Attachment
Sequence No. **08**

Your social security number

Interest

- MERRILL LYNCH - [REDACTED]
MERRILL LYNCH - [REDACTED]
MERRILL LYNCH - [REDACTED]
FROM K-1 - THINK A MOVE, LTD.
FROM K-1 - THINK A MOVE, LTD.

SEE STATEMENT 9

- 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

Ordinary Dividends

- 5 List name of payer: BLACKSTONE PRIVATE CREDIT FUND
MERRILL LYNCH - [REDACTED]
MERRILL LYNCH - [REDACTED]

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

Note: If line 6 is over \$1,500, you must complete 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 instr. 327501 11-03-23

- 7a** At any time during 2023, 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 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) is (are) located

- 8** During 2023, 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.

No

X

X

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

Schedule B (Form 1040) 2023

Interest and Dividend Summary

Name: PETER RUMPEL & ROXANNE HORVATH

FEIN/SSN: ***-**-

Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A MERRILL LYNCH -	4,225.							
B MERRILL LYNCH -	1,507.							
C BLACKSTONE PRIVATE CREDIT FUND							6,571.	0.
D BLACKSTONE REAL ESTATE INCOME TRUST								
E JONES LANG LASALLE INCOME PROPERTY TRUST								
F MERRILL LYNCH -							5,990.	3,911.
G MERRILL LYNCH -							6,267.	5,927.
H MERRILL LYNCH -	1,539.							
I FROM K-1 - THINK A MOVE, LTD.	1.							
J FROM K-1 - THINK A MOVE, LTD.	1.							
K								
Totals	7,273.						18,828.	9,838.

Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 199A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
A								
B								
C								
D	199.	167.						
E	1,608.	734.						
F								
G	7.			133.				74.
H								
I								
J								
K								
Totals	1,814.	901.		133.				74.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name of proprietor

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **09**

PETER RUMPEL

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

ARCHITECT

C Business name. If no separate business name, leave blank.

ROXANNE HORVATH

E Business address (including suite or room no.) **25 SOUTH STREET**

City, town or post office, state, and ZIP code **ST. AUGUSTINE, FL 32084**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____

G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2023, check here ☐

I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions ☐ Yes ☐ No

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

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	3,027.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	3,027.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	3,027.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	3,027.

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

8 Advertising	8		18 Office expense	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	160.
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	250.	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27 a Other expenses (from line 48)	27a	667.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.			b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____.			31		1,950.
Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 30 from line 29.					
• If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 .					
• If a loss, you must go to line 32.					
32 If you have a loss, check the box that describes your investment in this activity. See instructions.					
• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 .					
• If you checked 32b, you must attach Form 6198 . Your loss may be limited.					

Schedule C (Form 1040) 2023

For Paperwork Reduction Act Notice, see the separate instructions.

10-25-23

Part III	Cost of Goods Sold (see instructions)
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33 Method(s) used to value closing inventory: **a** ☐ Cost **b** ☐ Lower of cost or market **c** ☐ Other (attach explanation)

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

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
-----------	---	-----------	--

36	Purchases less cost of items withdrawn for personal use	36	
-----------	--	-----------	--

37	Cost of labor. Do not include any amounts paid to yourself	37	
-----------	---	-----------	--

38	Materials and supplies	38	
-----------	-------------------------------------	-----------	--

39	Other costs	39	
-----------	--------------------------	-----------	--

40	Add lines 35 through 39	40	
----	-------------------------------	----	--

41	Inventory at end of year	41
----	--------------------------------	----

42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42
-----------	---	-----------

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

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

44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:

a Business _____ b Commuting _____ c Other _____

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

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

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

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

Part V	Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30.
---------------	---

DUES	667.
------	------

48	Total other expenses. Enter here and on line 27a	48	667.
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SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

PETER RUMPEL & ROXANNE HORVATH

*** **

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	71,635.	75,007.	126.	<3,246.>
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	35,000.	35,000.		0.
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 <3,246.>

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	92,622.	84,938.	441.	8,125.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	35,000.	35,000.		0.
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
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 STMT 10				13 1,814.
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 9,939.

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

Schedule D (Form 1040) 2023

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	6,693.
• 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 <u>SEE STATEMENT 11</u>	19	
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) } Note: When figuring which amount is smaller, treat both amounts as positive numbers.	21	()
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.		

Schedule D (Form 1040) 2023

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2023

Attachment Sequence No. **12A**

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

Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return

Social security number or taxpayer identification no.

*** _ ** _

PETER RUMPEL & ROXANNE HORVATH

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

[illegible]

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)

71,635.

75,007.

126.

<3,246.>

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 (a)* in the separate instructions for how to figure the amount of the adjustment.

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2023

Attachment Sequence No. **12A**

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

Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return

Social security number or taxpayer identification no.

*** _ ** _ [REDACTED]

PETER RUMPEL & ROXANNE HORVATH

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

[illegible]

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.

Social security number or taxpayer identification no.

*** _ ** _ [REDACTED]

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.

☐ (F) Long-term transactions not reported to you on Form 1099-B

[illegible]

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.

*** _ ** _

Before you check Box D, E, or F 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.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

☐ (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 (a)* in the separate instructions for how to figure the amount of the adjustment.

Qualified Dividends and Capital Gain Tax Worksheet - Line 16

Keep for Your Records

Name(s) shown on return PETER RUMPEL & ROXANNE HORVATH	Your SSN *** - ** -
--	------------------------

Before you begin:

- ✓ See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- ✓ If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

1. Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1. <u>98,359.</u>
2. Enter the amount from Form 1040 or 1040-SR, line 3a*	2. <u>9,838.</u>
3. Are you filing Schedule D?*	
☒ Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-.	3. <u>6,693.</u>
☐ No. Enter the amount from Form 1040 or 1040-SR, line 7.	
4. Add lines 2 and 3	4. <u>16,531.</u>
5. Subtract line 4 from line 1. If zero or less, enter -0-	5. <u>81,828.</u>
6. Enter:	
\$ 44,625 if single or married filing separately,	
\$ 89,250 if married filing jointly or qualifying surviving spouse,	
\$ 59,750 if head of household.	6. <u>89,250.</u>
7. Enter the smaller of line 1 or line 6	7. <u>89,250.</u>
8. Enter the smaller of line 5 or line 7	8. <u>81,828.</u>
9. Subtract line 8 from line 7. This amount is taxed at 0%	9. <u>7,422.</u>
10. Enter the smaller of line 1 or line 4	10. <u>16,531.</u>
11. Enter the amount from line 9	11. <u>7,422.</u>
12. Subtract line 11 from line 10	12. <u>9,109.</u>
13. Enter:	
\$ 492,300 if single,	
\$ 276,900 if married filing separately,	
\$ 553,850 if married filing jointly or qualifying surviving spouse,	
\$ 523,050 if head of household.	13. <u>553,850.</u>
14. Enter the smaller of line 1 or line 13	14. <u>98,359.</u>
15. Add lines 5 and 9	15. <u>89,250.</u>
16. Subtract line 15 from line 14. If zero or less, enter -0-	16. <u>9,109.</u>
17. Enter the smaller of line 12 or line 16	17. <u>9,109.</u>
18. Multiply line 17 by 15% (0.15)	18. <u>1,366.</u>
19. Add lines 9 and 17	19. <u>16,531.</u>
20. Subtract line 19 from line 10	20. <u>0.</u>
21. Multiply line 20 by 20% (0.20)	21. <u>0.</u>
22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet	22. <u>9,379.</u>
23. Add lines 18, 21, and 22	23. <u>10,745.</u>
24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24. <u>12,258.</u>
25. Tax on all taxable income. Enter the smaller of line 23 or line 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25. <u>10,745.</u>

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

PETER RUMPEL & ROXANNE HORVATH

*** - ** - [REDACTED]

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions ☐ Yes ☐ No
B If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No

1a Physical address of each property (street, city, state, ZIP code)

A 46 VERONESE COURT, ST. AUGUSTINE, FL 32086

B

C

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		A 365		☐
B			B		☐
C			C		☐

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

		Properties		
		A	B	C
Income:				
3 Rents received	3	17,082.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	950.		
8 Commissions	8			
9 Insurance	9	1,009.		
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	2,003.		
17 Utilities	17	1,200.		
18 Depreciation expense or depletion	18	3,764.		
19 Other (list) <u>STMT 12</u>	19	7,075.		
20 Total expenses. Add lines 5 through 19	20	16,001.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	1,081.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22			
23a Total of all amounts reported on line 3 for all rental properties	23a	17,082.		
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d	3,764.		
e Total of all amounts reported on line 20 for all properties	23e	16,001.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		1,081.	
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26		1,081.	

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023

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

Your social security number

PETER RUMPEL & ROXANNE HORVATH

*** - ** -

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	THINK A MOVE, LTD.	P		34-1905083		
B	THINK A MOVE, LTD.	P		34-1905083		
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
A 41.			
B 42.			
C			
D			
29a Totals			
b Totals 83.			

30	31	32
Add columns (h) and (k) of line 29a	30	
Add columns (g), (i), and (j) of line 29b	31	(83.)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31	32	- 83.

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	998.
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 AN; 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	

2023 Income from Passthroughs

THINK A MOVE, LTD.
I.D. NUMBER: 34-1905083
TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

THINK A MOVE, LTD.

OTHER PASSIVE ACTIVITY

ORDINARY INCOME (LOSS)	-41.
------------------------	------

TOTAL PASSIVE ACTIVITY INCOME (LOSS)	-41.
--------------------------------------	------

=====

OTHER K-1 INFORMATION:

INTEREST INCOME	1.
INVESTMENT INCOME	1.
SECTION 199A W-2 WAGES	36.
SECTION 199A UNADJUSTED BASIS	3.

2023 Income from Passthroughs

THINK A MOVE, LTD.
I.D. NUMBER: 34-1905083
TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

THINK A MOVE, LTD.

OTHER PASSIVE ACTIVITY

ORDINARY INCOME (LOSS)	-42.
------------------------	------

TOTAL PASSIVE ACTIVITY INCOME (LOSS)	-42.
--------------------------------------	------

=====

OTHER K-1 INFORMATION:

INTEREST INCOME	1.
INVESTMENT INCOME	1.
SECTION 199A W-2 WAGES	35.
SECTION 199A UNADJUSTED BASIS	3.

2023 Income from Passthroughs

SUMMARY OF K-1 INFORMATION FOR ALL PASSTHROUGHS

OTHER K-1 INFORMATION:

INTEREST INCOME	2.
SECTION 199A W-2 WAGES	71.
SECTION 199A UNADJUSTED BASIS	6.

INVESTMENT INTEREST EXPENSE:

INVESTMENT INCOME	2.
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2023 DEPRECIATION AND AMORTIZATION REPORT

RESIDENTIAL RENTAL - 46 VERONESE COURT

SCHEDULE E - 2

Asset No.	Description	Date Acquired	Method	Life	Convention	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
4	46 VERONESE COURT - BUILDING	04/29/16	SL	27.50	MM	17	103,500.				103,500.	25,250.		3,764.	29,014.
5	46 VERONESE COURT - LAND	04/29/16	L				11,500.				11,500.			0.	0.
6	NEW A/C UNIT	01/01/20	SL	15.00	HY	17	3,000.			3,000.	0.			0.	0.
	TOTAL SCH E DEPRECIATION						118,000.			3,000.	115,000.	25,250.		3,764.	29,014.

04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Schedule E - Two-Year Comparison Worksheet

2023

Property Name:

RESIDENTIAL RENTAL - 46 VERONESE COURT, ST. AUGUSTINE, FL 32

Description	Tax Year 2022	Tax Year 2023	Increase (Decrease)
INCOME			

RENTS RECEIVED	15,534.	17,082.	1,548.
EXPENSES			

ADVERTISING	424.	0.	-424.
CLEANING AND MAINTENANCE	371.	950.	579.
INSURANCE	981.	1,009.	28.
LEGAL AND OTHER PROFESSIONAL FEES	565.	0.	-565.
TAXES	2,003.	2,003.	0.
UTILITIES	1,129.	1,200.	71.
OTHER	7,764.	7,075.	-689.
SUBTOTAL	13,237.	12,237.	-1,000.
DEPRECIATION EXPENSE OR DEPLETION	3,764.	3,764.	0.
TOTAL EXPENSES	17,001.	16,001.	-1,000.
INCOME OR (LOSS)	-1,467.	1,081.	2,548.
DEDUCTIBLE RENTAL LOSS *	-1,467.	0.	1,467.
* INCLUDES PASSIVE ACTIVITY LOSS			

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

PETER RUMPEL

Social security number of person
with self-employment income

*** **

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Sch. F, line 34, and farm partnerships, Sch. K-1 (Form 1065), box 14, code A ... If you received social security retirement or disability benefits, enter the amount of Conservation Reserve	1a	
b Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ	1b	

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	1,950.
--	----------	--------

SEE STATEMENT 13

3 Combine lines 1a, 1b, and 2	3	1,950.
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	1,801.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue	4c	1,801.

5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
---	-----------	--

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	
6 Add lines 4c and 5b	6	1,801.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023	7	160,200
--	----------	---------

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11	8a	
---	-----------	--

b Unreported tips subject to social security tax from Form 4137, line 10	8b	
---	-----------	--

c Wages subject to social security tax from Form 8919, line 10	8c	
---	-----------	--

d Add lines 8a, 8b, and 8c	8d	
-----------------------------------	-----------	--

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	160,200.
---	----------	----------

10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	223.
--	-----------	------

11 Multiply line 6 by 2.9% (0.029)	11	52.
---	-----------	-----

12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3	12	275.
---	-----------	------

13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	138.
---	-----------	------

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

Schedule SE (Form 1040) 2023

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$9,840, **or** (b) your net farm profits² were less than \$7,103.

14 Maximum income for optional methods	14	6,560
15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$6,560. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$7,103 and also less than 72.189% of your gross nonfarm income,⁴ **and** (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Schedule SE (Form 1040) 2023

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.

OMB No. 1545-0121

2023
Attachment
Sequence No. **19**

Name **PETER RUMPEL & ROXANNE HORVATH** Identifying number as shown on page 1 of your tax return ***** - ** - [REDACTED]**

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)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. possession OTHER COUNTRIES				
1a Gross income from sources within country shown above and of the type checked above:	1,373.			1a 1,373.
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	30,700.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	30,700.			
d Gross foreign source income	1,373.			
e Gross income from all sources	151,787.			
f Divide line 3d by line 3e	.009045570			
g Multiply line 3c by line 3f	278.			
4 Pro rata share of interest expense:				
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	278.			6 278.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 1,095.

Part II Foreign Taxes Paid or Accrued

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	12/31/23					74.				74.
B										
C										
8 Add lines A through C, column (u). Enter the total here and on line 9, page 2										8 74.

For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2023)

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	74.	
10 Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions) STATEMENT 14 ☐ (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10	291.	
11 Add lines 9 and 10	11	365.	
12 Reduction in foreign taxes	12		
13 Taxes reclassified under high tax kickout	13		
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		365.
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	1,095.	
16 Adjustments to line 15	16		
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17	1,095.	
18 Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption	18	98,359.	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		.01113
20 Individuals: Enter the total of Form 1040, 1040-SR or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions. Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 9978, Partner's Additional Reporting Year Tax, see instructions.	20		10,745.
21 Multiply line 20 by line 19 (maximum amount of credit)	21		120.
22 Increase in limitation (section 960(c)) (see instructions)	22		
23 Add lines 21 and 22	23		120.
24 Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV	24		120.

Part IV Summary of Credits From Separate Parts III

25 Credit for taxes on section 951A category income	25		
26 Credit for taxes on foreign branch category income	26		
27 Credit for taxes on passive category income	27		
28 Credit for taxes on general category income	28		
29 Credit for taxes on section 901(j) income	29		
30 Credit for taxes on certain income re-sourced by treaty	30		
31 Credit for taxes on lump-sum distributions	31		
32 Add lines 25 through 31	32		
33 Enter the smaller of line 20 or line 32	33		120.
34 Reduction of credit for international boycott operations	34		
35 Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a	35		120.

Form **1116** (2023)

**SCHEDULE B
(Form 1116)**

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service

Name

PETER RUMPEL & ROXANNE HORVATH

Foreign Tax Carryover Reconciliation Schedule
For calendar year 2023, or other tax year beginning , and ending
See separate instructions. Attach to Form 1116.
Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

Identifying number as shown
on page 1 of your tax return
-**-*

Use a separate Schedule B (Form 1116) for each applicable category of income listed below. See instructions. Check only one box on each schedule.
Check the box for the same separate category code as that shown on the Form 1116 to which this Schedule B is attached.

- a** ☐ Reserved for future use **c** ☒ Passive category income **e** ☐ Section 901(f) income **g** ☐ Lump-sum distributions
b ☐ Foreign branch category income **d** ☐ General category income **f** ☐ Certain income re-sourced by treaty

h If box e is checked, enter the country code for the sanctioned country. See instructions
i If box f is checked, enter the country code for the treaty country. See instructions

Foreign Tax Carryover Reconciliation	(i) 10th Preceding Tax Year	(ii) 9th Preceding Tax Year	(iii) 8th Preceding Tax Year	(iv) 7th Preceding Tax Year	(v) 6th Preceding Tax Year	(vi) 5th Preceding Tax Year	(vii) Subtotal (add columns (i) through (vi))
1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B(see instructions))				80.			80.
2 Adjustments to line 1 (enter description - see instructions):							
a Carryback adjustment (see instructions)							
b Adjustments for section 905(c)							
c redeterminations (see instructions)							
d							
e							
f							
g							
3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2)				80.			80.
4 Foreign tax carryover used in current tax year (enter as a negative number)				-46.			-46.
5 Foreign tax carryover expired unused in current tax year (enter as a negative number)							
6 Foreign tax carryover generated in current tax year							
7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
8 Foreign tax carryover to the following tax year. Combine lines 3 through 7.	-0-			34.			34.

For Paperwork Reduction Act Notice, see the separate instructions.

Foreign Tax Carryover Reconciliation		(viii) Subtotal from page 1 (enter the amounts from column (vii) on page 1)	(ix) 4th Preceding Tax Year	(x) 3rd Preceding Tax Year	(xi) 2nd Preceding Tax Year	(xii) 1st Preceding Tax Year	(xiii) Current Tax Year	(xiv) Totals (add columns (viii) through (xiii))
1	Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions))	80.	147.	64.				291.
2	Adjustments to line 1 (enter description - see instructions):							
a	Carryback adjustment (see instructions)							
	Adjustments for section 905(c)							
b	redeterminations (see instructions)							
c								
d								
e								
f								
g								
3	Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2). Include the column (xiv) total on the current year Form 1116, Part III, line 10.	80.	147.	64.				291.
4	Foreign tax carryover used in current tax year (enter as a negative number)	-46.						-46.
5	Foreign tax carryover expired unused in current tax year (enter as a negative number)							
6	Foreign tax carryover generated in current tax year							
7	Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
8	Foreign tax carryover to the following tax year. Combine lines 3 through 7.	34.	147.	64.			0.	245.

ALTERNATIVE MINIMUM TAX Foreign Tax Credit

OMB No. 1545-0121

Form **1116**
Department of the Treasury
Internal Revenue Service

(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.

2023
Attachment
Sequence No. **19**

Name **PETER RUMPEL & ROXANNE HORVATH** Identifying number as shown on page 1 of your tax return ***** - ** - [REDACTED]**

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)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. possession OTHER COUNTRIES				
1a Gross income from sources within country shown above and of the type checked above:	1,373.			1a 1,373.
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				
b Other deductions (attach statement)				
c Add lines 3a and 3b				
d Gross foreign source income	1,373.			
e Gross income from all sources	151,787.			
f Divide line 3d by line 3e	.009045570			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
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 1,373.

Part II Foreign Taxes Paid or Accrued

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	12/31/23					74.				74.
B										
C										
8 Add lines A through C, column (u). Enter the total here and on line 9, page 2										8 74.

For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2023)

ALTERNATIVE MINIMUM TAX

Form 1116 (2023) **PETER RUMPEL & ROXANNE HORVATH**

*** - ** - XXXX Page **2**

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	74.		
10 Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions) STATEMENT 15 ☐ (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10	1,350.		
11 Add lines 9 and 10	11	1,424.		
12 Reduction in foreign taxes	12			
13 Taxes reclassified under high tax kickout	13			
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14	1,424.		
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	1,373.		
16 Adjustments to line 15	16			
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17	1,373.		
18 Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	129,059.		
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19	.01064		
20 Individuals: Enter the total of Form 1040, 1040-SR or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.	20			
21 Multiply line 20 by line 19 (maximum amount of credit)	21			
22 Increase in limitation (section 960(c)) (see instructions)	22			
23 Add lines 21 and 22	23			
24 Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV	24	0.		

Part IV Summary of Credits From Separate Parts III

25 Credit for taxes on section 951A category income	25			
26 Credit for taxes on foreign branch category income	26			
27 Credit for taxes on passive category income	27			
28 Credit for taxes on general category income	28			
29 Credit for taxes on section 901(j) income	29			
30 Credit for taxes on certain income re-sourced by treaty	30			
31 Credit for taxes on lump-sum distributions	31			
32 Add lines 25 through 31	32			
33 Enter the smaller of line 20 or line 32	33	0.		
34 Reduction of credit for international boycott operations	34			
35 Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a	35	0.		

Form **1116** (2023)

AMT
SCHEDULE B
(Form 1116)

(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

Foreign Tax Carryover Reconciliation Schedule
For calendar year 2023, or other tax year beginning , and ending
See separate instructions. **Attach to Form 1116.**
Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

Name PETER RUMPEL & ROXANNE HORVATH

Identifying number as shown
on page 1 of your tax return
-**-*

Use a separate Schedule B (Form 1116) for each applicable category of income listed below. See instructions. Check only one box on each schedule.
Check the box for the same separate category code as that shown on the Form 1116 to which this Schedule B is attached.

- a** ☐ Reserved for future use **c** ☒ Passive category income **e** ☐ Section 901(f) income **g** ☐ Lump-sum distributions
b ☐ Foreign branch category income **d** ☐ General category income **f** ☐ Certain income re-sourced by treaty

h If box e is checked, enter the country code for the sanctioned country. See instructions
i If box f is checked, enter the country code for the treaty country. See instructions

Foreign Tax Carryover Reconciliation		(i) 10th Preceding Tax Year	(ii) 9th Preceding Tax Year	(iii) 8th Preceding Tax Year	(iv) 7th Preceding Tax Year	(v) 6th Preceding Tax Year	(vi) 5th Preceding Tax Year	(vii) Subtotal (add columns (i) through (vi))
1	Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions))	170.			306.	271.	299.	1,046.
2	Adjustments to line 1 (enter description - see instructions):							
a	Carryback adjustment (see instructions)							
b	Adjustments for section 905(c)							
c	Redeterminations (see instructions)							
d								
e								
f								
g								
3	Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2)	170.			306.	271.	299.	1,046.
4	Foreign tax carryover used in current tax year (enter as a negative number)							
5	Foreign tax carryover expired unused in current tax year (enter as a negative number)	-170.						-170.
6	Foreign tax carryover generated in current tax year							
7	Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
8	Foreign tax carryover to the following tax year. Combine lines 3 through 7.	-0-			306.	271.	299.	876.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule B (Form 1116) (Rev. 12-2022)

Foreign Tax Carryover Reconciliation		(viii) Subtotal from page 1 (enter the amounts from column (vii) on page 1)	(ix) 4th Preceding Tax Year	(x) 3rd Preceding Tax Year	(xi) 2nd Preceding Tax Year	(xii) 1st Preceding Tax Year	(xiii) Current Tax Year	(xiv) Totals (add columns (viii) through (xiii))
1	Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions))	1,046.	210.	64.	30.			1,350.
2	Adjustments to line 1 (enter description - see instructions):							
a	Carryback adjustment (see instructions)							
	Adjustments for section 905(c)							
b	redeterminations (see instructions)							
c								
d								
e								
f								
g								
3	Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2). Include the column (xiv) total on the current year Form 1116, Part III, line 10.	1,046.	210.	64.	30.			1,350.
4	Foreign tax carryover used in current tax year (enter as a negative number)							
5	Foreign tax carryover expired unused in current tax year (enter as a negative number)	-170.						-170.
6	Foreign tax carryover generated in current tax year						74.	74.
7	Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
8	Foreign tax carryover to the following tax year. Combine lines 3 through 7.	876.	210.	64.	30.		74.	1,254.

Schedule B (Form 1116) (Rev. 12-2022)

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2023Attachment
Sequence No. **55**Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on return

Your taxpayer identification number

PETER RUMPEL & ROXANNE HORVATH

***-**-XXXX

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

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	THINK A MOVE, LTD.	**-*****	-41.
ii	THINK A MOVE, LTD.	**-*****	-42.
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	-83.	
3	Qualified business net (loss) carryforward from the prior year STATEMENT 17	3	(3,410.)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) SEE STATEMENT 16	6	133.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	133.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		27.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10		27.
11	Taxable income before qualified business income deduction (see instructions)	11	98,386.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	16,531.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	81,855.	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		16,371.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	15		27.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(3,493.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()	

Qualified Business Income After Deductions

Activity: **ROXANNE HORVATH**

1.	Qualified business income before deductions	1,950.
2.	Deductible part of self-employment income:	
a.	Net income subject to self-employment tax from this activity	1,950.
b.	Total income subject to self-employment tax	1,950.
c.	Line 2a divided by line 2b (not greater than 1.000)	1.000000000
d.	Amount from Schedule 1 (Form 1040), line 15	138.
e.	Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity	138.
3.	Self-employed SEP, SIMPLE and qualified plans:	
a.	Net income subject to self-employment tax from this activity	
b.	Net earnings from	
c.	Line 3a divided by line 3b (not greater than 1.000)	
d.	Amount from Schedule 1 (Form 1040), line 16	
e.	Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity	
4.	Self-employed health insurance deduction:	
a.	Health insurance payments from this activity	1,812.
b.	Health insurance limits for activity above	1,950.
c.	Lesser of line 4a or line 4b	1,812.
d.	Reserved	
e.	Reserved	
f.	Amount from line 4c. This is the allocated SE health insurance deduction for this activity	1,812.
5.	Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions	0.

Activity: _____

1.	Qualified business income before deductions	
2.	Deductible part of self-employment income:	
a.	Net income subject to self-employment tax from this activity	
b.	Total income subject to self-employment tax	
c.	Line 2a divided by line 2b (not greater than 1.000)	
d.	Amount from Schedule 1 (Form 1040), line 15	
e.	Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity	
3.	Self-employed SEP, SIMPLE and qualified plans:	
a.	Net income subject to self-employment tax from this activity	
b.	Net earnings from	
c.	Line 3a divided by line 3b (not greater than 1.000)	
d.	Amount from Schedule 1 (Form 1040), line 16	
e.	Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity	
4.	Self-employed health insurance deduction:	
a.	Health insurance payments from this activity	
b.	Health insurance limits for activity above	
c.	Lesser of line 4a or line 4b	
d.	Reserved	
e.	Reserved	
f.	Amount from line 4c. This is the allocated SE health insurance deduction for this activity	
5.	Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions	

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
	SEE ATTACHED STATEMENT FOR PART V				
Total. Enter on Part I, lines 2a, 2b, and 2c		- 83 .			

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					

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

Part VII. 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				

Self-Employed Health Insurance Deduction

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

Go to www.irs.gov/Form7206 for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number

PETER RUMPEL & ROXANNE HORVATH

*** - ** - [REDACTED]

Note: Use a separate Form 7206 for each trade or business under which an insurance plan is established.

1 Enter the total amount paid in 2023 for health insurance coverage established under your business (or the S corporation in which you were a more-than-2% shareholder) for 2023 for you, your spouse, and your dependents. But don't include the following. See instructions • Amounts for any month you were eligible to participate in a health plan subsidized by your employer or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2023. • Any amounts paid, not to exceed \$3,000, from retirement plan distributions that were nontaxable because you are a retired public safety officer. See instructions. • Any payments for qualified long-term care insurance (see line 2).	1	3,958.
2 For coverage under a qualified long-term care insurance contract, enter for each person covered the smaller of (a) or (b). (a) Total payments made for that person during the year. (b) The amount shown below. Use the person's age at the end of the tax year. \$480 - if that person is age 40 or younger \$890 - if age 41 to 50 \$1,790 - if age 51 to 60 \$4,770 - if age 61 to 70 \$5,960 - if age 71 or older Note: The amount of long-term care premiums that can be included as a medical expense is limited by the person's age. Don't include payments for any month you were eligible to participate in a long-term care insurance plan subsidized by your employer or your spouse's employer, or the employer of either your dependent or your child who was under the age of 27 at the end of 2023. If more than one person is covered, figure separately the amount to enter for each person. Then enter the total of those amounts	2	
3 Add lines 1 and 2	3	3,958.
4 Enter your net profit* and any other earned income** from the trade or business under which the insurance plan is established. Don't include Conservation Reserve Program payments exempt from self-employment tax. If the business is an S corporation, skip to line 11	4	1,950.
5 Enter the total of all net profits* from Schedule C (Form 1040), line 31; Schedule F (Form 1040), line 34; or Schedule K-1 (Form 1065), box 14, code A, plus any other income allocable to the profitable businesses. Don't include Conservation Reserve Program payments exempt from self-employment tax. See the Instructions for Schedule SE (Form 1040). Don't include any net losses shown on these schedules	5	1,950.
6 Divide line 4 by line 5	6	1.0000
7 Multiply Schedule 1 (Form 1040), line 15, deductible part of self-employment tax, by the percentage on line 6	7	138.
8 Subtract line 7 from line 4	8	1,812.
9 Enter the amount, if any, from Schedule 1 (Form 1040), line 16, self-employed SEP, SIMPLE, and qualified plans, attributable to the same trade or business in which the insurance plan is established	9	0.
10 Subtract line 9 from line 8	10	1,812.
11 Enter your Medicare wages (box 5 of Form W-2) from an S corporation in which you are a more-than-2% shareholder and in which the insurance plan is established	11	
12 Enter any amount from Form 2555, line 45, attributable to the amount entered on line 4 or 11 above	12	
13 Subtract line 12 from line 10 or 11, whichever applies	13	1,812.
14 Self-employed health insurance deduction. Enter the smaller of line 3 or line 13 here and on Schedule 1 (Form 1040), line 17. Don't include this amount when figuring any medical expense deduction on Schedule A (Form 1040)	14	1,812.

* If you used either optional method to figure your net earnings from self-employment from any business, don't enter your net profit from the business. Instead, enter the amount attributable to that business from Schedule SE (Form 1040), Part I, line 4b.

** **Earned income** includes net earnings and gains from the sale, transfer, or licensing of property you created. However, it doesn't include capital gain income.

Form 1116

U.S. and Foreign Source Income Summary

NAME

PETER RUMPEL & ROXANNE HORVATH

*** - ** -

INCOME TYPE	TOTAL	U.S.	FOREIGN PASSIVE
Compensation	6,885.	6,885.	
Dividends/Distributions SEE STATEMENT 21	18,828.	17,455.	1,373.
Interest	7,268.	7,268.	
Capital Gains	10,283.	10,283.	
Business/Profession	3,027.	3,027.	
Rent/Royalty	17,082.	17,082.	
State/Local Refunds			
Partnership/S Corporation			
Trust/Estate			
Other Income	88,414.	88,414.	
Gross Income	151,787.	150,414.	1,373.
Less:			
Section 911 Exclusion			
Capital Losses	3,590.	3,590.	
Capital Gains Tax Adjustment			
Total Income - Form 1116	148,197.	146,824.	1,373.
Deductions:			
Business/Profession Expenses	1,077.	1,077.	
Rent/Royalty Expenses	16,001.	16,001.	
Partnership/S Corporation Losses	83.	83.	
Trust/Estate Losses			
Capital Losses			
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction	138.	138.	
Self-employment Health Insurance	1,812.	1,812.	
Keogh Contributions			
Alimony			
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments			
Capital Gains Tax Adjustment			
Total Deductions	19,111.	19,111.	
Adjusted Gross Income	129,086.	127,713.	1,373.
Less Itemized Deductions:			
Specifically Allocated			
Home Mortgage Interest			
Other Interest			
Ratably Allocated	30,700.	30,422.	278.
Other Deductions	27.	27.	
Total Adjustments to Adjusted Gross Income	30,727.	30,449.	278.
Taxable Income	98,359.	97,264.	1,095.

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Peter Rumpel & Roxanne Horvath
25 South Street
St. Augustine, FL 32084

Taxpayer Identification Number: ***-**-

For the Year Ending December 31, 2023

Peter Rumpel & Roxanne Horvath are making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

Section 1.263(a)-3(h) Safe Harbor Election for Small Taxpayers

Peter Rumpel & Roxanne Horvath
25 South Street
St. Augustine, FL 32084

Taxpayer Identification Number: ***-**-

For the Year Ending December 31, 2023

Peter Rumpel & Roxanne Horvath are making the safe harbor election under Reg. Sec. 1.263(a)-3(h) for the following eligible building property(s).

Description of Eligible Property(s):

46 Veronese

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 1

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
S CITY OF ST. AUGUSTINE	6,885.	15.			1,369.	320.
TOTALS	6,885.	15.			1,369.	320.

FORM 1040

QUALIFIED DIVIDENDS

STATEMENT 2

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
MERRILL LYNCH -	5,990.	3,911.
MERRILL LYNCH -	6,267.	5,927.
TOTAL INCLUDED IN FORM 1040, LINE 3A		9,838.

FORM 1040

IRA DISTRIBUTIONS

STATEMENT 3

NAME OF PAYER	GROSS DISTRIBUTION	TAXABLE AMOUNT
MERRILL LYNCH	1,492.	1,492.
MERRILL LYNCH	18,685.	18,685.
TOTAL TO FORM 1040, LINES 4A AND 4B	20,177.	20,177.

FORM 1040

PENSIONS AND ANNUITIES

STATEMENT 4

FLORIDA RETIREMENT SYSTEM

AMOUNT RECEIVED THIS YEAR 9,400.

NONTAXABLE AMOUNT

CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

9,400.

NORTHWESTERN MUTUAL LIFE INS CO

AMOUNT RECEIVED THIS YEAR 424.

NONTAXABLE AMOUNT

CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

424.

TOTAL INCLUDED IN FORM 1040, LINE 5B

9,824.

FORM 1040

SOCIAL SECURITY BENEFITS WORKSHEET

STATEMENT 5

CHECK ONLY ONE BOX:

- X A. SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING SURVIVING SPOUSE
B. MARRIED FILING JOINTLY
C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE
AT ANY TIME DURING 2023
D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE
FOR ALL OF 2023

- | | | |
|-----|---|----------|
| 1. | ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON FORM 1040, LINE 6A | 69,978. |
| | IF YOU CHECKED BOX B: TAXPAYER AMOUNT | 33,323. |
| | SPOUSE AMOUNT | 36,655. |
| 2. | MULTIPLY LINE 1 BY 50% (0.50) | 34,989. |
| 3. | ADD THE AMOUNTS ON FORM 1040, LINES 1Z, 2A, 2B, 3B, 4B, 5B, 7 AND 8. IF FILING FORM 8815, DON'T INCLUDE THE AMOUNT FROM LINE 2B. INSTEAD, USE THE AMOUNT FROM SCHEDULE B, LINE 2. DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099 | 72,623. |
| 4. | ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS, OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF PUERTO RICO THAT YOU CLAIMED | |
| 5. | ADD LINES 2, 3, AND 4 | 107,612. |
| 6. | ADD THE AMOUNTS FROM SCHEDULE 1, LINES 11 THROUGH 20, AND 23 AND 25 | 1,950. |
| 7. | SUBTRACT LINE 6 FROM LINE 5 | 105,662. |
| 8. | ENTER: \$25000. IF YOU CHECKED BOX A OR D, OR
\$32000. IF YOU CHECKED BOX B, OR
\$-0- IF YOU CHECKED BOX C | 32,000. |
| 9. | IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7?
[] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0- ON FORM 1040, LINE 6B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2023, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 6A.
[X] YES. SUBTRACT LINE 8 FROM LINE 7 | 73,662. |
| 10. | ENTER \$9000. IF YOU CHECKED BOX A OR D,
\$12000. IF YOU CHECKED BOX B
\$-0- IF YOU CHECKED BOX C | 12,000. |
| 11. | SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- | 61,662. |
| 12. | ENTER THE SMALLER OF LINE 9 OR LINE 10 | 12,000. |
| 13. | ENTER ONE HALF OF LINE 12 | 6,000. |
| 14. | ENTER THE SMALLER OF LINE 2 OR LINE 13 | 6,000. |
| 15. | MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- | 52,413. |
| 16. | ADD LINES 14 AND 15 | 58,413. |
| 17. | MULTIPLY LINE 1 BY 85% (.85) | 59,481. |
| 18. | TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 | 58,413. |

* ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 6B

FORM 1040	TAX	STATEMENT 6
DESCRIPTION		AMOUNT
FROM QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET		10,745.
TOTAL TO FORM 1040, LINE 16		10,745.

FORM 1040	FEDERAL INCOME TAX WITHHELD - FORM(S) W-2	STATEMENT 7
T S DESCRIPTION		AMOUNT
S CITY OF ST. AUGUSTINE		15.
TOTAL TO FORM 1040, LINE 25A		15.

FORM 1040	CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT 8
DESCRIPTION		AMOUNT
1ST QTR ESTIMATE PAYMENT - JOINT		2,200.
2ND QTR ESTIMATE PAYMENT - JOINT		2,200.
3RD QTR ESTIMATE PAYMENT - JOINT		2,200.
4TH QTR ESTIMATE PAYMENT - JOINT		2,200.
TOTAL TO FORM 1040, LINE 26		8,800.

SCHEDULE B	AMORTIZABLE BOND PREMIUM ADJUSTMENT	STATEMENT 9
NAME OF PAYER		AMOUNT
MERRILL LYNCH - 34200		5.
TOTAL ABP ADJUSTMENT TO SCHEDULE B, LINE 1		5.

SCHEDULE D

CAPITAL GAIN DISTRIBUTIONS

STATEMENT 10

NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
BLACKSTONE REAL ESTATE INCOME TRUST	199.	
JONES LANG LASALLE INCOME PROPERTY TRUST	1,608.	
MERRILL LYNCH -	7.	
TOTALS TO SCHEDULE D, LINE 13	1,814.	

SCHEDULE D

UNRECAPTURED SECTION 1250 GAIN

STATEMENT 11

1. IF YOU HAVE A SECTION 1250 PROPERTY IN PART III OF FORM 4797 FOR WHICH YOU MADE AN ENTRY IN PART I OF FORM 4797, ENTER THE SMALLER OF LINE 22 OR LINE 24 OF FORM 4797 FOR THAT PROPERTY. IF YOU DID NOT HAVE ANY SUCH PROPERTY, GO TO LINE 4
2. ENTER THE AMOUNT FROM FORM 4797, LINE 26G, FOR THE PROPERTY FOR WHICH YOU MADE AN ENTRY ON LINE 1
3. SUBTRACT LINE 2 FROM LINE 1
4. ENTER THE TOTAL UNRECAPTURED SECTION 1250 GAIN INCLUDED ON LINE 26 OR LINE 37 OF FORM(S) 6252 FROM INSTALLMENT SALES OF TRADE OR BUSINESS PROPERTY HELD MORE THAN 1 YEAR
5. ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1 FROM A PARTNERSHIP OR AN S CORPORATION AS "UNRECAPTURED SECTION 1250 GAIN"
6. ADD LINES 3 THROUGH 5
7. ENTER THE SMALLER OF LINE 6 OR THE GAIN FROM FORM 4797, LINE 7
8. ENTER THE AMOUNT, IF ANY, FROM FORM 4797, LINE 8
9. SUBTRACT LINE 8 FROM LINE 7. IF ZERO OR LESS, ENTER -0-
10. ENTER THE AMOUNT OF ANY GAIN FROM THE SALE OR EXCHANGE OF AN INTEREST IN A PARTNERSHIP ATTRIBUTABLE TO UNRECAPTURED SECTION 1250 GAIN
11. ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1, FORMS 1099-DIV, OR FORM 2439 AS "UNRECAPTURED SECTION 1250 GAIN" FROM AN ESTATE, TRUST, REAL ESTATE INVESTMENT TRUST, OR MUTUAL FUND (OR OTHER REGULATED INVESTMENT COMPANY) OR IN CONNECTION WITH A FORM 1099-R 901.
12. ENTER THE TOTAL OF ANY UNRECAPTURED SECTION 1250 GAIN FROM SALES (INCLUDING INSTALLMENT SALES) OR OTHER DISPOSITIONS OF SECTION 1250 PROPERTY HELD MORE THAN 1 YEAR FOR WHICH YOU DID NOT MAKE AN ENTRY IN PART I OF FORM 4797 FOR THE YEAR OF SALE
13. ADD LINES 9 THROUGH 12 901.
14. IF YOU HAD ANY SECTION 1202 GAIN OR COLLECTIBLE GAIN OR (LOSS), ENTER THE TOTAL OF LINES 1 THROUGH 4 OF THE 28% RATE GAIN WORKSHEET
15. ENTER THE (LOSS), IF ANY, FROM SCH D, LINE 7. IF SCH D, LINE 7, IS ZERO OR A GAIN ENTER -0- -3,246.
16. ENTER YOUR LONG-TERM CAPITAL LOSS CARRYOVERS FROM SCHEDULE D, LINE 14, AND SCHEDULE K-1 (FORM 1041), BOX 11, CODE D
17. COMBINE LINES 14 THROUGH 16. IF THE RESULT IS A (LOSS), ENTER IT AS A POSITIVE AMOUNT. IF THE RESULT IS ZERO OR A GAIN, ENTER -0- 3,246.
18. SUBTRACT LINE 17 FROM LINE 13. IF ZERO OR LESS, ENTER -0-. IF MORE THAN ZERO, ENTER THE RESULT HERE AND ON SCHEDULE D, LINE 19 0.

SCHEDULE E	OTHER EXPENSES	STATEMENT 12
RESIDENTIAL RENTAL - 46 VERONESE COURT, ST. AUGUSTINE, FL 32086		
DESCRIPTION		AMOUNT
ASSOCIATION FEES		4,044.
INTERNET		480.
SALES TAX		840.
SHORES SERVICE FEE		382.
STOCKING FEE		600.
LISTING FEE		699.
LICENSE		30.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19		7,075.

SCHEDULE SE	NON-FARM INCOME	STATEMENT 13
DESCRIPTION		AMOUNT
ARCHITECT		1,950.
TOTAL TO SCHEDULE SE, LINE 2		1,950.

FORM 1116	FOREIGN TAX CREDIT CARRYOVER / CARRYBACK			STATEMENT 14
PASSIVE INCOME				
YEAR OF FOREIGN TAX CREDIT	TOTAL FOREIGN TAXES PAID	FOREIGN TAX CR CLAIMED	FOREIGN TAX ADJUSTMENTS	BALANCE AVAILABLE
2022	88.	88.	0.	0.
2021	30.	30.	0.	0.
2020	64.	0.	0.	64.
2019	210.	63.	0.	147.
2018	299.	299.	0.	0.
2017	271.	271.	0.	0.
2016	306.	-136.	0.	80.
2015	0.	0.	0.	0.
2014	0.	0.	0.	0.
2013	170.	-170.	0.	0.
FOREIGN TAX CR CARRYBACK TO 2023				0.
TOTAL TO FORM 1116, PART III, LINE 10				291.

FORM 1116	ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT CARRYOVER/CARRYBACK	STATEMENT 15
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PASSIVE INCOME

YEAR OF FOREIGN TAX CREDIT	TOTAL FOREIGN TAXES PAID	FOREIGN TAX CR CLAIMED	FOREIGN TAX ADJUSTMENTS	BALANCE AVAILABLE
2022	88.	88.	0.	0.
2021	30.	0.	0.	30.
2020	64.	0.	0.	64.
2019	210.	0.	0.	210.
2018	299.	0.	0.	299.
2017	271.	0.	0.	271.
2016	306.	-136.	0.	306.
2015	0.	0.	0.	0.
2014	0.	0.	0.	0.
2013	170.	-170.	0.	170.
FOREIGN TAX CR CARRYBACK TO 2023				0.
TOTAL TO FORM 1116 (AMT), PART III, LINE 10				1,350.

FORM 8995	QUALIFIED REIT DIVIDENDS AND PTP INCOME	STATEMENT 16
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NAME OF ENTITY/ACTIVITY	REIT DIVIDENDS	PTP INCOME
MERRILL LYNCH - ■■■■	133.	
TOTAL TO FORM 8995, LINE 6	133.	

FORM 8995	QUALIFIED BUSINESS NET LOSS CARRYOVER FROM PRIOR YEARS	STATEMENT 17
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TRADE OR BUSINESS NAME	AMOUNT
TOTAL QUALIFIED BUSINESS LOSS FROM PRIOR YEARS	3,410.
TOTAL TO FORM 8995, LINE 3	3,410.

FORM 8582

ACTIVE RENTAL OF REAL ESTATE - PART IV

STATEMENT 18

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
RESIDENTIAL RENTAL - 46 VERONESE COURT, ST. AUGUSTINE, FL 32086	1,081.	0.		1,081.	
TOTALS	1,081.	0.		1,081.	

FORM 8582

OTHER PASSIVE ACTIVITIES - PART V

STATEMENT 19

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
THINK A MOVE, LTD.	0.	-41.			-41.
THINK A MOVE, LTD.	0.	-42.			-42.
TOTALS	0.	-83.			-83.

FORM 8582

SUMMARY OF PASSIVE ACTIVITIES

STATEMENT 20

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
THINK A MOVE, LTD.	SCH E	-41.		-41.		41.
THINK A MOVE, LTD.	SCH E	-42.		-42.		42.
X RESIDENTIAL RENTAL - 46 VERONESE COURT, ST. AUGUSTINE, FL 32086	SCH E	1,081.		1,081.		
TOTALS		998.		998.		83.
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME						
TOTAL						83.

FORM 1116	U.S. AND FOREIGN SOURCE INCOME SUMMARY FOREIGN DIVIDEND INCOME	STATEMENT 21
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DESCRIPTION	AMOUNT
MERRILL LYNCH -	1,373.
TOTAL FOREIGN DIVIDEND INCOME	1,373.

FORM 1116	U.S. AND FOREIGN SOURCE INCOME SUMMARY TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS	STATEMENT 22
-----------	---	--------------

DESCRIPTION	INCOME	LOSS
THINK A MOVE, LTD.		-41.
THINK A MOVE, LTD.		-42.
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS		-83.

2023 DEPRECIATION AND AMORTIZATION REPORT
- CURRENT YEAR FEDERAL - PETER RUMPEL & ROXANNE HORVATH

Asset No.	Description	Date Acquired		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis *	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
46	VERONESE COURT - BUILDING	04	29	16	SL	27.50	103,500.			103,500.	25,250.		3,764.
46	VERONESE COURT - LAND	04	29	16	L		11,500.			11,500.			0.
6	NEW A/C UNIT	01	01	20	SL	15.00	3,000.		3,000.	0.			0.
	TOTAL SCH E DEPRECIATION						118,000.		3,000.	115,000.	25,250.		3,764.

Electronic Filing PDF Attachment

ROXANNE HORVATH & PETER LOYD

2023 TAX REPORTING STATEMENT

Form 1099-B 2023 PROCEEDS FROM BROKER & BARTER EXCHANGE TRANSACTIONS (OMB NO. 1545-0715)

1a. Description of Property 1b. Date Acquired 1c. Date Sold or Disposed 1d. Proceeds 1e. Cost Basis 1f. Accrued Market Discount 1g. Wash Sale Loss Disallowed Gain or Loss

NONCOVERED TRANSACTIONS - Cost basis not reported to IRS - Form 8949, Part I, (B)

CD TEXAS CAP BK CUSIP Number 88224PMT3
DALLAS, TX
02.200% JAN 17 2023
35000.0000 Redemption 07/07/22 01/17/23 35,000.00 35,000.00 0.00 0.00 0.00

Noncovered Short Term Capital Gains and Losses Subtotal 35,000.00 35,000.00 0.00 0.00 0.00

NET SHORT TERM CAPITAL GAINS AND LOSSES 35,774.81 35,771.86 0.00 0.00 2.95

LONG TERM CAPITAL GAINS AND LOSSES - 1099-B Line 2 - Box 6 Net Proceeds

COVERED TRANSACTIONS - Cost basis reported to IRS - Form 8949, Part II, (D)

ISHARES IBONDS DEC 2023 CUSIP Number 46434VAX8
TERM CORPORATE ETF

780.0000 Exchange	01/16/20	12/22/23	19,759.17	20,080.37	0.00	0.00	(321.20)
1.4203 Exchange	10/06/22	12/22/23	35.98	35.38	0.00	0.00	0.60
1.4582 Exchange	11/04/22	12/22/23	36.94	36.31	0.00	0.00	0.63
1.5669 Exchange	12/06/22	12/22/23	39.69	39.14	0.00	0.00	0.55
1.8477 Exchange	02/06/20	12/22/23	46.81	47.56	0.00	0.00	(0.75)
1.7781 Exchange	03/05/20	12/22/23	45.04	46.55	0.00	0.00	(1.51)
1.6118 Exchange	12/20/22	12/22/23	40.83	40.31	0.00	0.00	0.52
1.9169 Exchange	04/06/20	12/22/23	48.56	48.00	0.00	0.00	0.56
1.7867 Exchange	05/06/20	12/22/23	45.26	45.90	0.00	0.00	(0.64)
1.7220 Exchange	06/04/20	12/22/23	43.62	44.91	0.00	0.00	(1.29)
1.6395 Exchange	07/07/20	12/22/23	41.53	42.97	0.00	0.00	(1.44)
1.5691 Exchange	08/06/20	12/22/23	39.75	41.19	0.00	0.00	(1.44)
1.5708 Exchange	09/04/20	12/22/23	39.79	41.25	0.00	0.00	(1.46)
1.5227 Exchange	10/06/20	12/22/23	38.57	39.88	0.00	0.00	(1.31)
1.4624 Exchange	11/05/20	12/22/23	37.05	38.36	0.00	0.00	(1.31)
1.4356 Exchange	12/04/20	12/22/23	36.37	37.70	0.00	0.00	(1.33)
1.4007 Exchange	02/04/21	12/22/23	34.94	36.16	0.00	0.00	(1.22)
1.3791 Exchange	03/04/21	12/22/23	32.72	33.75	0.00	0.00	(1.03)
1.2916 Exchange	04/07/21	12/22/23	31.87	32.82	0.00	0.00	(0.95)
1.2580 Exchange	05/06/21	12/22/23	31.43	32.40	0.00	0.00	(0.97)
1.2409 Exchange	06/04/21	12/22/23	29.74	30.60	0.00	0.00	(0.86)
1.1738 Exchange	07/07/21	12/22/23	29.84	30.67	0.00	0.00	(0.83)
1.1778 Exchange	08/05/21	12/22/23	29.57	30.37	0.00	0.00	(0.80)

ROXANNE HORVATH & PETER LOYD

2023 TAX REPORTING STATEMENT

Account No.

Taxpayer No.

Page

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Form 1099-B 2023 PROCEEDS FROM BROKER & BARTER EXCHANGE TRANSACTIONS (OMB NO. 1545-0715)

1a. Description of Property 1b. Date Acquired 1c. Date Sold or Disposed 1d. Proceeds 1e. Cost Basis 1f. Accrued Market Discount 1g. Wash Sale Loss Disallowed Gain or Loss

LONG TERM CAPITAL GAINS AND LOSSES - 1099-B Line 2 - Box 6 Net Proceeds COVERED TRANSACTIONS - Cost basis reported to IRS - Form 8949, Part II, (D)

ISHARES IBONDS DEC 2023 TERM CORPORATE ETF CUSIP Number 46434VAX8									
1.1362	Exchange	09/07/21	12/22/23	28.78	29.53	0.00	0.00	0.00	(0.75)
1.1514	Exchange	10/06/21	12/22/23	29.17	29.88	0.00	0.00	0.00	(0.71)
1.0843	Exchange	11/04/21	12/22/23	27.47	28.05	0.00	0.00	0.00	(0.58)
1.1269	Exchange	12/06/21	12/22/23	28.55	28.95	0.00	0.00	0.00	(0.40)
1.9891	Exchange	12/06/21	12/22/23	50.39	51.10	0.00	0.00	0.00	(0.71)
1.1357	Exchange	12/21/21	12/22/23	28.77	29.13	0.00	0.00	0.00	(0.36)
1.0368	Exchange	02/04/22	12/22/23	26.26	26.45	0.00	0.00	0.00	(0.19)
1.1365	Exchange	03/04/22	12/22/23	28.79	28.80	0.00	0.00	0.00	(0.01)
1.0477	Exchange	04/06/22	12/22/23	26.54	26.36	0.00	0.00	0.00	0.18
1.1019	Exchange	05/05/22	12/22/23	27.91	27.68	0.00	0.00	0.00	0.23
1.0795	Exchange	06/06/22	12/22/23	27.35	27.16	0.00	0.00	0.00	0.19
1.2065	Exchange	07/07/22	12/22/23	30.56	30.26	0.00	0.00	0.00	0.30
1.2448	Exchange	08/04/22	12/22/23	31.53	31.22	0.00	0.00	0.00	0.31
1.2961	Exchange	09/07/22	12/22/23	32.83	32.48	0.00	0.00	0.00	0.35
Security Subtotal				21,055.45	21,396.34	0.00	0.00	0.00	(340.89)
Covered Long Term Capital Gains and Losses Subtotal				21,055.45	21,396.34	0.00	0.00	0.00	(340.89)

NONCOVERED TRANSACTIONS-Cost basis not reported to IRS - Form 8949, Part II, (E)

CD TEXAS CAP BK DALLAS, TX CUSIP Number 88224PMV8									
02.850% JUL 14 2023									
35000.0000	Redemption	07/07/22	07/14/23	35,000.00	35,000.00	0.00	0.00	0.00	0.00
Noncovered Long Term Capital Gains and Losses Subtotal				35,000.00	35,000.00	0.00	0.00	0.00	0.00
NET LONG TERM CAPITAL GAINS AND LOSSES				56,055.45	56,396.34	0.00	0.00	0.00	(340.89)
SALES PROCEEDS AND NET GAINS AND LOSSES				91,830.26	92,168.20	0.00	0.00	0.00	(337.94)
COVERED SHORT TERM GAINS/LOSSES									2.95
NONCOVERED SHORT TERM GAINS/LOSSES									0.00
COVERED LONG TERM GAINS/LOSSES									(340.89)

From: Edmunds <messages@email.edmunds.com>
Sent: Wednesday, April 24, 2024 10:47 AM
To: Bill Abare
Subject: Your 2017 Mercedes-Benz GLA-Class offers are ready!

1. *Journal of Management Studies*, 1996, 33, 1, 1-14.



Expires 5/1/24 Offer Code RP5V7X7R

VIN: [REDACTED]

Redeem this offer at any CarMax location.

1

Don't forget these items

Bring in this offer, your vehicle, and the following:

- Title or payoff information
(If it's not with the lien holder. All titleholders should be present)**
- Payoff information (If applicable):
Bring your account number and lender phone number. Have a co-signer? Their signature is needed to sell your car.
- Valid, current vehicle Registration
- Valid state-issued photo ID for all titleholders
- All keys, fobs, and remotes (if applicable)

You can see your other offer at the link below.

See All My
Offers

*The offer from CarMax is contingent on your providing accurate information on Edmunds.com. CarMax will conduct an in-person verification of your vehicle and evaluate other vehicle use and history information prior to finalizing the offer. Any differences between the information you provide about your vehicle and the vehicle's actual condition, use, and history may impact the offer you receive from CarMax.

**The title must be provided at the time of sale and all titleholders should be present. If a previously paid-off lien is listed on the title, you will need both the title and lien release from the lienholder before CarMax can purchase your car.



Your Edmunds Appraisal

We use data from a wide variety of sources to provide you with your Edmunds appraisal report. This is not a firm offer on your car.

2017 Mercedes-Benz GLA-Class GLA 250 4MATIC 4dr SUV AWD (2.0L 4cyl Turbo 7AM)

See your
dashboard

	rough	average	clean	outstanding
TRADE-IN	\$13,424	\$14,227	\$14,844	\$15,215
PRIVATE PARTY	\$16,359	\$17,362	\$18,134	\$18,597

True Market Value®

Trade-in	\$14,227
Dealer Retail	\$19,928
Private Party Sale	\$17,362

Customized True Market Value Prices®

	Trade-in
National Base Price	\$12,977
Optional Equipment	\$272
Color Adjustment - Cirrus White	\$58
Regional Adjustment (zip 32084)	\$-18
Mileage Adjustment - 45000 miles	\$938
Condition Adjustment - Average	\$0
Total	\$14,227

	Private Party
National Base Price	\$15,837
Optional Equipment	\$332
Color Adjustment - Cirrus White	\$71
Regional Adjustment (zip 32084)	\$-22
Mileage Adjustment - 45000 miles	\$1,145
Condition Adjustment - Average	\$0
Total	\$17,362

	Dealer Retail
National Base Price	\$18,177
Optional Equipment	\$381
Color Adjustment - Cirrus White	\$81
Regional Adjustment (zip 32084)	\$-25
Mileage Adjustment - 45000 miles	\$1,314
Condition Adjustment - Average	\$0
Total	\$19,928



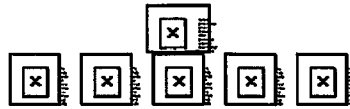
Terms Defined

=====

Trade-in: These True Market Value® prices are Edmunds' estimates of the average prices dealers are currently paying for this vehicle in your area.

Dealer Retail: These True Market Value® prices are Edmunds' estimates of the average prices consumers are currently paying dealers for this vehicle in your area.

Private Party: These True Market Value® prices are Edmunds' estimates of the average prices consumers are paying each other in private party transactions in your area. This is always a higher amount than the trade-in value, but it takes more work because you'll be dealing with offers from buyers.



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Account Number:

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ROXANNE HORVATH & PETER LOYD
RUMPEL TTEES UAD 08/04/2005
ROXANNE HORVATH TRUST
PLEDGED TO ML LENDER
25 SOUTH ST
ST AUGUSTINE FL 32084-5137

Net Portfolio Value: **\$467,455.16**

Your Financial Advisor:
THE CURRENT/SHERMAN GROUP
824 A1A NORTH SUITE 200
PONTE VEDRA FL 32082
1-800-937-0267

Roxanne Trust

December 01, 2023 - December 29, 2023

	<i>This Statement</i>	<i>Year to Date</i>
Opening Value (12/01)	\$472,514.51	
Total Credits	2,677.82	20,621.31
Total Debits	(10,000.00)	(60,000.00)
Securities You Transferred In/Out	-	6.78
Market Gains/(Losses)	2,262.83	(6,360.95)
Closing Value (12/29)	\$467,455.16	

This account is pledged as collateral to the LMA for ROXANNE HORVATH AND
LMA Closing Monthly Loan Balance (as of Dec 29, 2023) is \$.00*



This statement is eligible for online delivery. Go to ml.com/gopaperless or scan this code with your phone's camera to get started.

***NOTICE TO PLEDGORS:** If the Borrower does not pay the debt, your pledged assets may be liquidated and the proceeds used to pay the Borrower's debt.

Merrill Lynch, Pierce, Fenner & Smith Incorporated (also referred to as "MLPF&S" or "Merrill") makes available certain investment products sponsored, managed, distributed or provided by companies that are affiliates of Bank of America Corporation (BoFA Corp). MLPF&S is a registered broker-dealer, Member SIPC and a wholly owned subsidiary of BoFA Corp.

Investment products: **Are Not FDIC Insured** **Are Not Bank Guaranteed** **May Lose Value**

ASSETS	<i>December 29</i>	<i>November 30</i>
Cash/Money Accounts	52,989.83	40,362.91
Fixed Income	65,047.45	64,868.05
Equities	-	-
Mutual Funds	168,515.22	183,925.25
Options	-	-
Other	-	-
Alternative Investments ☆	179,571.85	182,301.20
Subtotal (Long Portfolio)	466,124.35	471,457.41
Estimated Accrued Interest	1,330.81	1,057.10
TOTAL ASSETS	\$467,455.16	\$472,514.51
LIABILITIES		
Debit Balance	-	-
Short Market Value	-	-
TOTAL LIABILITIES	-	-
NET PORTFOLIO VALUE	\$467,455.16	\$472,514.51

☆Amount includes alternative investments. Unless otherwise noted, alternative investments are not registered in the name of nor held by MLPF&S or its nominees and alternative investment amounts are provided for informational purposes only.

Roxanne Trust

Account Number:

24-Hour Assistance: (800) MERRILL

Roxanne Trust

December 01, 2023 - December 29, 2023

CASH FLOW

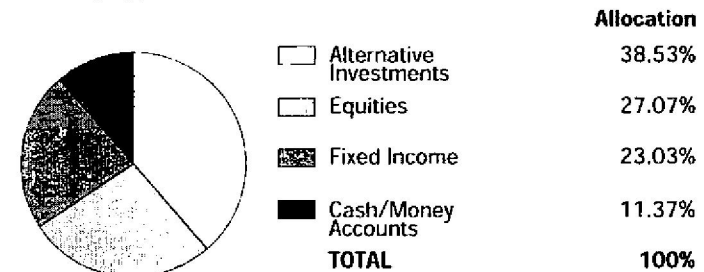
	<i>This Statement</i>	<i>Year to Date</i>
Opening Cash/Money Accounts	\$40,362.91	
CREDITS		
Funds Received	-	-
Electronic Transfers	-	-
Other Credits	-	-
<i>Subtotal</i>	-	-
DEBITS		
Electronic Transfers	(10,000.00)	(60,000.00)
Margin Interest Charged	-	-
Other Debits	-	-
Visa Purchases	-	-
ATM/Cash Advances	-	-
Checks Written/Bill Payment	-	-
Advisory and other fees	-	-
<i>Subtotal</i>	<i>(10,000.00)</i>	<i>(60,000.00)</i>
Net Cash Flow	(\$10,000.00)	(\$60,000.00)

OTHER TRANSACTIONS

Dividends/Interest Income	2,677.82	20,621.31
Dividend Reinvestments	(1,881.16)	(8,527.17)
Security Purchases/Debits	-	(65,000.00)
Security Sales/Credits	21,830.26	91,830.26
Closing Cash/Money Accounts	\$52,989.83	

ASSET ALLOCATION*

* Estimated Accrued Interest not included; may not reflect all holdings; does not include asset categories less than 1%; includes the categorical values for the underlying portfolio of individual mutual funds, closed end funds, and UITs.



Having an asset allocation that reflects your profile and goals is key to achieving the right outcome. Consult with your advisor to determine an appropriate allocation across all your holdings.

DOCUMENT PREFERENCES THIS PERIOD

	<i>Mail</i>	<i>Online Delivery</i>
Statements	X	
Performance Reports		X
Trade Confirms	X	
Shareholders Communication		X
Prospectus		X
Service Notices	X	
Tax Statements	X	

Roxanne Trust

Account Number:

ACCOUNT INVESTMENT OBJECTIVE

December 01, 2023 - December 29, 2023

TOTAL RETURN: Objective is to strike a balance between current income and growth. Despite the relatively balanced nature of the portfolio, the investor should be willing to assume the risk of price volatility and principal loss.

If you have changes to your investment objective, please contact your Financial Advisor(s).

YOUR CMA FOR TRUST BANK DEPOSIT INTEREST SUMMARY

Money Account Description	Opening Balance	Average Deposit Balance	Current Yield%	Interest on Deposits	Closing Balance
Bank of America, N.A.	7,703	6,543	.30	1.56	24,645
Bank of America CA, N.A.	9	9	.30	0.00	9
TOTAL ML Bank Deposit Program	7,712			1.56	24,654

Money Account Description	Opening Balance	Average Deposit Balance	Current Yield%	Interest on Deposits	Closing Balance
Bank of America, N.A.	32,650	31,098	5.02	121.26	27,771
TOTAL Preferred Deposit	32,650			121.26	27,771

YOUR CMA FOR TRUST ASSETS

CASH/MONEY ACCOUNTS Description	Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Estimated Annual Income	Est. Annual Yield%
CASH	564.83	564.83		564.83		
+ML BANK DEPOSIT PROGRAM	24,654.00	24,654.00	1.0000	24,654.00	74	.30
+FDIC INSURED NOT SIPC COVERED						
+PREFERRED DEPOSIT	27,771.00	27,771.00	1.0000	27,771.00	1,394	5.02
+FDIC INSURED NOT SIPC COVERED						
TOTAL		52,989.83		52,989.83	1,468	2.80

Roxanne Trust

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YOUR CMA FOR TRUST ASSETS

December 01, 2023 - December 29, 2023

CDs/EQUIVALENTS Description	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income
CD CHARLES SCHWAB BK SSB WESTLAKE, TX 05.300% AUG 08 2024 CUSIP: 15987UBW7 CURRENT YIELD 5.296%	08/07/23	65,000	65,000.00	100.0730	65,047.45	47.45	1,330.81	3,445
TOTAL YIELD 5.30%		65,000	65,000.00		65,047.45	47.45	1,330.81	3,445

PLEASE REFER TO NOTES BELOW FOR INFORMATION REGARDING CREDIT RATINGS.

MUTUAL FUNDS/CLOSED END FUNDS/UITs/ETPs Description	Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Total Client Investment	Cumulative Investment Return (\$)	Estimated Annual Income
ISHARES SELECT DIVIDEND ETF CURRENT YIELD 3.817% SYMBOL: DVY Initial Purchase: 01/16/20 Equity 100%	705.6656	75,537.57	117.2200	82,718.13	7,180.56	65,077	17,640	3,158
ISHARES IBONDS DEC 2025 TERM CORPORATE ETF CURRENT YIELD 3.267% SYMBOL: IBDQ Initial Purchase: 01/16/20 Fixed Income 100%	850.7766	22,210.68	24.7600	21,065.23	(1,145.45)	20,122	942	689
ISHARES IBONDS DEC 2024 TERM CORPORATE ETF CURRENT YIELD 3.010% SYMBOL: IBDP Initial Purchase: 01/16/20 Fixed Income 100%	852.9644	22,050.38	24.9100	21,247.32	(803.06)	20,098	1,149	640
PACER US CASH COWS100 CURRENT YIELD 1.921% SYMBOL: COWZ Initial Purchase: 07/01/22 Equity 100%	836.4022	36,122.29	51.9900	43,484.54	7,362.25	35,095	8,389	836
Subtotal (Fixed Income)				42,312.55				
Subtotal (Equities)				126,202.67				
TOTAL YIELD 3.16%		155,920.92		168,515.22	12,594.30		28,120	5,323

ALTERNATIVE INVESTMENTS (NOT HELD IN THE NAME OF MLPF&S ☆)

Description	Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Total Client Investment	Cumulative Investment Return (\$)	Estimated Annual Income
BLACKSTONE PRIVATE CREDIT FUND CLASS S CURRENT YIELD 9.599% EST MKT PRICE AS OF 11/30/23 Initial Purchase: 09/01/22	2,786.6240	70,000.00	25.2300	70,306.52	306.52	70,000	306	6,750
BLACKSTONE REAL ESTATE INCOME TRUST INC CLASS S BROKERAGE CLASS EST MKT PRICE AS OF 11/30/23 Initial Purchase: 02/01/22	2,447.4160	35,000.00	14.3199	35,046.75	46.75	35,000	46	
JLL INCOME PROPERTY TRUST, INC. CLASS A CURRENT YIELD 4.647% Initial Purchase: 08/19/15	5,946.5020	60,708.83	12.4800	74,212.36	13,503.53	42,520	31,691	3,449

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Roxanne Trust

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YOUR CMA FOR TRUST ASSETS

December 01, 2023 - December 29, 2023

ALTERNATIVE INVESTMENTS (NOT HELD IN THE NAME OF MLPF&S ☆) (continued)

Description	Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Total Client Investment	Cumulative Investment Return (\$)	Estimated Annual Income
	0.4980	N/A	12.4800	6.22	N/A			1
TOTAL YIELD 5.68%		165,708.83		179,571.85	13,856.80		32,043	10,200

LONG PORTFOLIO

	Adjusted/Total Cost Basis	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income
TOTAL YIELD 4.38%	439,619.58	466,124.35	26,498.55	1,330.81	20,436

Total Client Investment: Cost of shares directly purchased and still held. Does not include shares purchased through reinvestment.

Cumulative Investment Return: Estimated Market Value minus Total Client Investment. Cumulative Investment Return is the dollar value of the capital appreciation (depreciation) of all shares purchased and still held, including shares acquired through reinvestment of dividends and distributions, which may be greater or less than the actual income distributed.

Unrealized Gain or (Loss): Estimated Market Value minus Total Cost Basis (total cost of shares directly purchased and still held, as well as cost of shares acquired through reinvestment). Provided for Tax Planning purposes only and is not applicable to retirement accounts.

Initial Purchase: Date of your initial investment in this fund.

Market Timing: Merrill's policies prohibit mutual fund market timing, which involves the purchase and sale of mutual fund shares within short periods of time with the intention of capturing short-term profits resulting from market volatility. Market timing may result in lower returns for long-term fund shareholders because market timers capture short-term gains that would otherwise pass to all shareholders and due to increased transaction costs and fewer assets for investment due to the need to retain cash to satisfy redemptions.

Sales Charge Discounts or Waivers: Many funds offer various sales charge discounts or waivers depending on the terms of the prospectus and/or statement of additional information. You should consult a fund's prospectus and/or statement of additional information to determine whether you may qualify for a discount or waiver. Notify your Financial Advisor, Financial Solutions Advisor or Investment Center representative if you believe you qualify for any of these or any other discounts or waivers. Please contact your Financial Advisor, Financial Solutions Advisor or Investment Center representative for further information on available sales charge discounts and waivers.

Bank of America Merrill Lynch Global Research publishes research reports and ratings ("Research Ratings") regarding a select universe of ETFs and ETNs (collectively, "ETPs"). Research Ratings on ETPs are intended to assess the potential for outperformance of ETP peers in the same coverage category. Bank of America Merrill Lynch Global Research and other business areas, including CIO, apply different methodologies in their review of ETPs, and may arrive at different or inconsistent conclusions with respect to one or more ETPs. Neither the CIO review process nor the internal business review performed by product teams will rely on or otherwise use the Research Ratings on ETPs as an input or factor; and the CIO review process and product team's internal business review will determine an ETP's inclusion, status, and availability for solicitation through the Global Wealth & Investment Management area of MLPF&S and its affiliates.

Notes

☆ These alternative investments are provided for informational purposes only, and are not registered in the name of nor held by MLPF&S or its nominees.

Total values exclude N/A items

For Credit Ratings: S&P and Moody's provide credit ratings on the credit quality of certain bonds and preferred stocks. For a credit enhanced security, Moody's and S&P publish and provide third party vendors the higher of the rating on the credit enhancer (guarantor) or the stand alone rating on the underlying security.

Roxanne Trust

Account Number.

24-Hour Assistance: (800) MERRILL

YOUR CMA FOR TRUST TRANSACTIONS

December 01, 2023 - December 29, 2023

DIVIDENDS/INTEREST INCOME TRANSACTIONS

Date	Description	Transaction Type	Quantity	Reinvestment	Income	Income Year To Date
Taxable Interest						
12/29	BANK DEPOSIT INTEREST	Bank Interest			.56	
12/29	BANK DEPOSIT INTEREST	Bank Interest			.26	
	ML BANK DEPOSIT PROGRAM	Income Total			1.00	
	PREFERRED DEPOSIT	Income Total			121.00	
	Subtotal (Taxable Interest)				122.82	4,224.62
Taxable Dividends						
12/07	ISHARES IBONDS DEC 2025	* Dividend			63.63	
	TERM CORPORATE ETF HOLDING 845.6312 PAY DATE 12/07/2023					
12/07	ISHARES IBONDS DEC 2025	Reinvestment Program		(63.63)		
	TERM CORPORATE ETF					
12/07	ISHARES IBONDS DEC 2025	Reinvestment Share(s)	2.5845			
	TERM CORPORATE ETF PRINCIPAL REINV AMT \$63.63 REINV PRICE \$24.62000 REINV SHRS 2.5845					
12/07	ISHARES IBONDS DEC 2024	* Dividend			59.12	
	TERM CORPORATE ETF HOLDING 848.2315 PAY DATE 12/07/2023					
12/07	ISHARES IBONDS DEC 2024	Reinvestment Program		(59.12)		
	TERM CORPORATE ETF					
12/07	ISHARES IBONDS DEC 2024	Reinvestment Share(s)	2.3810			
	TERM CORPORATE ETF PRINCIPAL REINV AMT \$59.12 REINV PRICE \$24.83000 REINV SHRS 2.3810					
12/07	ISHARES IBONDS DEC 2023	* Dividend			94.86	
	TERM CORPORATE ETF HOLDING 858.0076 PAY DATE 12/07/2023					
12/07	ISHARES IBONDS DEC 2023	Reinvestment Program		(94.86)		
	TERM CORPORATE ETF					
12/07	ISHARES IBONDS DEC 2023	Reinvestment Share(s)	3.7494			
	TERM CORPORATE ETF PRINCIPAL REINV AMT \$94.86 REINV PRICE \$25.30000 REINV SHRS 3.7494					
12/20	ISHARES IBONDS DEC 2025	* Dividend			63.28	
	TERM CORPORATE ETF HOLDING 848.2157 PAY DATE 12/20/2023					
12/20	ISHARES IBONDS DEC 2025	Reinvestment Program		(63.28)		
	TERM CORPORATE ETF					

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Roxanne Trust

Account Number

YOUR CMA FOR TRUST TRANSACTIONS

December 01, 2023 - December 29, 2023

DIVIDENDS/INTEREST INCOME TRANSACTIONS (continued)							
Date	Description	Transaction Type	Quantity	Reinvestment	Income	Income	Year To Date
Taxable Dividends							
12/20	ISHARES IBONDS DEC 2025	Reinvestment Share(s)	2.5609				
	TERM CORPORATE ETF PRINCIPAL REINV AMT	\$63.28 REINV PRICE	\$24.71006 REINV SHRS	2.5609			
12/20	ISHARES IBONDS DEC 2024	* Dividend			58.42		
	TERM CORPORATE ETF HOLDING 850.6125	PAY DATE 12/20/2023					
12/20	ISHARES IBONDS DEC 2024	Reinvestment Program		(58.42)			
	TERM CORPORATE ETF						
12/20	ISHARES IBONDS DEC 2024	Reinvestment Share(s)	2.3519				
	TERM CORPORATE ETF PRINCIPAL REINV AMT	\$58.42 REINV PRICE	\$24.84000 REINV SHRS	2.3519			
12/20	BLACKSTONE REAL ESTATE	* Dividend			110.38		
	INCOME TRUST INC CLASS S BROKERAGE CLASS	PAY DATE 12/02/2023					
12/27	ISHARES SELECT	* Dividend			830.84		
	DIVIDEND ETF HOLDING 698.6018	PAY DATE 12/27/2023					
12/27	ISHARES SELECT	Reinvestment Program		(830.84)			
	DIVIDEND ETF						
12/27	ISHARES SELECT	Reinvestment Share(s)	7.0638				
	DIVIDEND ETF PRINCIPAL REINV AMT	\$830.84 REINV PRICE	\$117.62002 REINV SHRS	7.0638			
12/28	JLL INCOME PROPERTY	* Dividend			711.01		
	TRUST, INC. CLASS A	PAY DATE 12/27/2023					
12/28	JLL INCOME PROPERTY	Reinvestment Program		(711.01)			
	TRUST, INC. CLASS A						
12/28	JLL INCOME PROPERTY	Reinvestment Share(s)	56.7450				
	TRUST, INC. CLASS A AGENT REINV AMT	\$711.01 REINV PRICE	\$12.53000 REINV SHRS	56.7450 AS OF 12/26			
12/29	BLACKSTONE PRIVATE	* Dividend			563.46		
	CREDIT FUND CLASS S	PAY DATE 12/02/2023					
Subtotal (Taxable Dividends)						2,555.00	16,396.69
NET TOTAL				(1,881.16)		2,677.82	20,621.31

Roxanne Trust

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24-Hour Assistance: (800) MERRILL

YOUR CMA FOR TRUST TRANSACTIONS

December 01, 2023 - December 29, 2023

SECURITY TRANSACTIONS

Settlement Date	Description	Transaction Type	Quantity	Transaction Amount	Commissions/ Trading Fees	(Debit)/ Credit	Accrued Interest Earned/(Paid)
Other Security Transactions							
12/22	■ ISHARES IBONDS DEC 2023	Exchange	-861.7570			21,830.26	
	TERM CORPORATE ETF CASH MERGER PAY DATE 12/22/2023						
	Subtotal (Other Security Transactions)						21,830.26
TOTAL						21,830.26	
TOTAL SECURITY PURCHASES/(DEBITS)							
TOTAL SECURITY SALES/CREDITS						21,830.26	

REALIZED GAINS/(LOSSES)

Description	Quantity	Acquired		Liquidation Date	Sale Amount	Cost Basis	Gains/(Losses) ☺	
		Date	Date				This Statement	Year to Date
ISHARES IBONDS DEC 2023	780.0000	01/16/20	12/22/23		19,759.17	20,080.37	(321.20)	
ISHARES IBONDS DEC 2023	1.8477	02/06/20	12/22/23		46.81	47.56	(.75)	
ISHARES IBONDS DEC 2023	1.7781	03/05/20	12/22/23		45.04	46.55	(1.51)	
ISHARES IBONDS DEC 2023	1.9169	04/06/20	12/22/23		48.56	48.00	.56	
ISHARES IBONDS DEC 2023	1.7867	05/06/20	12/22/23		45.26	45.90	(.64)	
ISHARES IBONDS DEC 2023	1.7220	06/04/20	12/22/23		43.62	44.91	(1.29)	
ISHARES IBONDS DEC 2023	1.6395	07/07/20	12/22/23		41.53	42.97	(1.44)	
ISHARES IBONDS DEC 2023	1.5691	08/06/20	12/22/23		39.75	41.19	(1.44)	
ISHARES IBONDS DEC 2023	1.5708	09/04/20	12/22/23		39.79	41.25	(1.46)	
ISHARES IBONDS DEC 2023	1.5227	10/06/20	12/22/23		38.57	39.88	(1.31)	
ISHARES IBONDS DEC 2023	1.4624	11/05/20	12/22/23		37.05	38.36	(1.31)	
ISHARES IBONDS DEC 2023	1.4356	12/04/20	12/22/23		36.37	37.70	(1.33)	
ISHARES IBONDS DEC 2023	1.4007	12/22/20	12/22/23		35.48	36.74	(1.26)	
ISHARES IBONDS DEC 2023	1.3791	02/04/21	12/22/23		34.94	36.16	(1.22)	
ISHARES IBONDS DEC 2023	1.2916	03/04/21	12/22/23		32.72	33.75	(1.03)	
ISHARES IBONDS DEC 2023	1.2580	04/07/21	12/22/23		31.87	32.82	(.95)	
ISHARES IBONDS DEC 2023	1.2409	05/06/21	12/22/23		31.43	32.40	(.97)	
ISHARES IBONDS DEC 2023	1.1738	06/04/21	12/22/23		29.74	30.60	(.86)	

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Roxanne Trust

Account Number

YOUR CMA FOR TRUST TRANSACTIONS

December 01, 2023 - December 29, 2023

REALIZED GAINS/(LOSSES) (continued)

Description	Quantity	Acquired Date	Liquidation Date	Sale Amount	Cost Basis	Gains/(Losses) ☺	
						This Statement	Year to Date
ISHARES IBONDS DEC 2023	1.1778	07/07/21	12/22/23	29.84	30.67	(.83)	
ISHARES IBONDS DEC 2023	1.1672	08/05/21	12/22/23	29.57	30.37	(.80)	
ISHARES IBONDS DEC 2023	1.1362	09/07/21	12/22/23	28.78	29.53	(.75)	
ISHARES IBONDS DEC 2023	1.1514	10/06/21	12/22/23	29.17	29.88	(.71)	
ISHARES IBONDS DEC 2023	1.0843	11/04/21	12/22/23	27.47	28.05	(.58)	
ISHARES IBONDS DEC 2023	1.1269	12/06/21	12/22/23	28.55	28.95	(.40)	
ISHARES IBONDS DEC 2023	1.9891	12/06/21	12/22/23	50.39	51.10	(.71)	
ISHARES IBONDS DEC 2023	1.1357	12/21/21	12/22/23	28.77	29.13	(.36)	
ISHARES IBONDS DEC 2023	1.0368	02/04/22	12/22/23	26.26	26.45	(.19)	
ISHARES IBONDS DEC 2023	1.1365	03/04/22	12/22/23	28.79	28.80	(.01)	
ISHARES IBONDS DEC 2023	1.0477	04/06/22	12/22/23	26.54	26.36	.18	
ISHARES IBONDS DEC 2023	1.1019	05/05/22	12/22/23	27.91	27.68	.23	
ISHARES IBONDS DEC 2023	1.0795	06/06/22	12/22/23	27.35	27.16	.19	
ISHARES IBONDS DEC 2023	1.2065	07/07/22	12/22/23	30.56	30.26	.30	
ISHARES IBONDS DEC 2023	1.2448	08/04/22	12/22/23	31.53	31.22	.31	
ISHARES IBONDS DEC 2023	1.2961	09/07/22	12/22/23	32.83	32.48	.35	
ISHARES IBONDS DEC 2023	1.4203	10/06/22	12/22/23	35.98	35.38	.60	
ISHARES IBONDS DEC 2023	1.4582	11/04/22	12/22/23	36.94	36.31	.63	
ISHARES IBONDS DEC 2023	1.5669	12/06/22	12/22/23	39.69	39.14	.55	
ISHARES IBONDS DEC 2023	1.6118	12/20/22	12/22/23	40.83	40.31	.52	
Subtotal (Long-Term)						(340.89)	(340.89)
ISHARES IBONDS DEC 2023	1.8446	02/06/23	12/22/23	46.73	46.30	.43	
ISHARES IBONDS DEC 2023	2.0151	03/06/23	12/22/23	51.05	50.60	.45	
ISHARES IBONDS DEC 2023	2.2179	04/06/23	12/22/23	56.18	55.78	.40	
ISHARES IBONDS DEC 2023	2.4081	05/04/23	12/22/23	61.00	60.66	.34	
ISHARES IBONDS DEC 2023	2.6125	06/06/23	12/22/23	66.18	65.81	.37	
ISHARES IBONDS DEC 2023	2.9057	07/07/23	12/22/23	73.61	73.34	.27	
ISHARES IBONDS DEC 2023	2.9398	08/04/23	12/22/23	74.47	74.23	.24	
ISHARES IBONDS DEC 2023	3.0992	09/07/23	12/22/23	78.51	78.41	.10	
ISHARES IBONDS DEC 2023	3.1454	10/05/23	12/22/23	79.68	79.61	.07	

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Roxanne Trust

Account Number

24-Hour Assistance: (800) MERRILL

YOUR CMA FOR TRUST TRANSACTIONS

December 01, 2023 - December 29, 2023

REALIZED GAINS/(LOSSES) (continued)

Description	Quantity	Acquired		Liquidation		Sale Amount	Cost Basis	Gains/(Losses) ⓘ	
		Date		Date				This Statement	Year to Date
ISHARES IBONDS DEC 2023	3.6481	11/06/23		12/22/23		92.42	92.26	.16	
ISHARES IBONDS DEC 2023	3.7494	12/06/23		12/22/23		94.98	94.86	.12	
<i>Subtotal (Short-Term)</i>								2.95	2.95
TOTAL						21,830.26	22,168.20	(337.94)	(337.94)

ⓘ - Excludes transactions for which we have insufficient data

The capital gains and losses shown above may not reflect all transactions which must be reported on your 2023 tax return. These reportable transactions will appear on your January statement.

STANDING INSTRUCTIONS

Transaction	Frequency	Description	Amount
FTS TO	MONTHLY	BANK OF AMERICA FLORIDA	5,000.00

CASH/OTHER TRANSACTIONS

Date	Description	Transaction Type	Quantity	Debit	Credit
Electronic Transfers					
12/01	TO BAC# [REDACTED] ROXANNE HORVATH and OR P ETER RUMPEL	Withdrawal		5,000.00	
12/29	TO BAC# [REDACTED] ROXANNE HORVATH and OR P ETER RUMPEL	Withdrawal		5,000.00	
	Subtotal (Electronic Transfers)			10,000.00	
	NET TOTAL			10,000.00	

YOUR CMA FOR TRUST MONEY ACCOUNT TRANSACTIONS

Date	Description	Withdrawals	Deposits	Date	Description	Withdrawals	Deposits
12/01	ML BANK DEPOSIT PROGRAM	5,000.00		12/26	ML BANK DEPOSIT PROGRAM		21,830.00

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Roxanne Trust

Account Number:

YOUR CMA FOR TRUST MONEY ACCOUNT TRANSACTIONS *(continued)*

December 01, 2023 - December 29, 2023

<i>Date</i>	<i>Description</i>	<i>Withdrawals</i>	<i>Deposits</i>	<i>Date</i>	<i>Description</i>	<i>Withdrawals</i>	<i>Deposits</i>
12/20	PREFERRED DEPOSIT	5,000.00		12/29	ML BANK DEPOSIT PROGRAM	5,000.00	
12/21	ML BANK DEPOSIT PROGRAM		5,111.00				
NET TOTAL							11,941.00

If you own London Interbank Offered Rate (LIBOR) linked financial products, the cessation of LIBOR and the transition from LIBOR to alternative reference rates such as SOFR or BSBY, may have significant impacts to those financial products, including impacts to their liquidity, value and potential performance. Additional information is available at www.ml.com/articles/benchmark-interest-rate-reform.html

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Online at: www.mymerrill.com

Account Number:

24-Hour Assistance: (800) MERRILL

MLPF & S CUST FPO
ROXANNE HORVATH RRA
FBO ROXANNE HORVATH
25 SOUTH ST
ST AUGUSTINE FL 32084-5137

Net Portfolio Value: **\$9,816.75**

Your Financial Advisor:
THE CURRENT/SHERMAN GROUP
824 A1A NORTH SUITE 200
PONTE VEDRA FL 32082
1-800-937-0267

Roxanne Roth

This account is enrolled in the Merrill Lynch Investment Advisory Program

December 01, 2023 - December 29, 2023

	<i>This Statement</i>	<i>Year to Date</i>
Opening Value (12/01)	\$9,321.45	
Total Credits	68.75	186.07
Total Debits	(9.71)	(110.70)
Securities You Transferred In/Out	-	-
Market Gains/(Losses)	436.26	1,575.66
Closing Value (12/29)	\$9,816.75	

ASSETS	<i>December 29</i>	<i>November 30</i>
Cash/Money Accounts	216.19	157.15
Fixed Income	-	-
Equities	-	-
Mutual Funds	9,600.56	9,164.30
Options	-	-
Other/Annuities/Insurance	-	-
<i>Subtotal (Long Portfolio)</i>	9,816.75	9,321.45
TOTAL ASSETS	\$9,816.75	\$9,321.45
LIABILITIES		
Debit Balance	-	-
TOTAL LIABILITIES	-	-
NET PORTFOLIO VALUE	\$9,816.75	\$9,321.45



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Investment products: **Are Not FDIC Insured** **Are Not Bank Guaranteed** **May Lose Value**

Roxanne Roth

Account Number:

24-Hour Assistance: (800) MERRILL

Roxanne Roth

December 01, 2023 - December 29, 2023

CASH FLOW

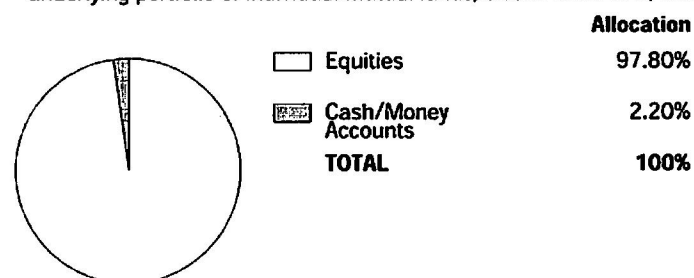
	<i>This Statement</i>	<i>Year to Date</i>
Opening Cash/Money Accounts	\$157.15	
CREDITS		
Funds Received	-	-
Electronic Transfers	-	-
Other Credits	-	-
<i>Subtotal</i>	-	-
DEBITS		
Electronic Transfers	-	-
Other Debits	-	-
Advisory and other fees	(9.71)	(110.70)
<i>Subtotal</i>	(9.71)	(110.70)
Net Cash Flow	(\$9.71)	(\$110.70)

OTHER TRANSACTIONS

Dividends/Interest Income	68.75	186.07
Security Purchases/Debits	-	(856.62)
Security Sales/Credits	-	818.13
Closing Cash/Money Accounts	\$216.19	
Fees Included in Transactions Above		
Commissions/Trading Fees	-	(0.04)

ASSET ALLOCATION*

* Estimated Accrued Interest not included; may not reflect all holdings; does not include asset categories less than 1%; includes the categorical values for the underlying portfolio of individual mutual funds, closed end funds, and UITs.



DOCUMENT PREFERENCES THIS PERIOD

	<i>Mail</i>	<i>Online Delivery</i>
Statements	X	
Performance Reports	X	
Trade Confirms	X	
Shareholders Communication	X	
Prospectus		X
Service Notices	X	
Tax Statements	X	

Roxanne Roth

Account Number:

ACCOUNT INVESTMENT OBJECTIVE

December 01, 2023 - December 29, 2023

GROWTH: Objective is to accumulate wealth over time through price appreciation rather than current income. The investor should be willing to accept the risk of price volatility and principal loss in seeking to achieve growth.

If you have changes to your investment objective, please contact your Financial Advisor(s).

MERRILL LYNCH INVESTMENT ADVISORY PROGRAM

YOUR INVESTMENT STRATEGY - CIO EQUITY ETF CORE 100.00% RATE: *

This Account is enrolled in the Merrill Lynch Investment Advisory Program (Program) and your Financial Advisor(s) is acting in a fiduciary capacity in providing you services under the Program.

The Program Fee for this Account is calculated as described in the Client Agreement and the Program ADV 2A Brochure (Brochure). For this Account, the Program Fee is comprised of the Merrill Lynch Fee and the Style Manager Fee.

- The Merrill Lynch Fee is the fee charged by Merrill for the Program services based on the fee rate determined as provided in the Brochure and set forth in your Program Report sent to you upon enrollment or as revised in any updated Program Report. The dollar amount of the Merrill Lynch Fee for this month is reflected in this statement.
- The Style Manager Fee is the fee charged by the Style Manager for the Style Manager Strategy or Strategies selected for the Account based on the assets invested and the fee rate or rates set by the Style Manager (Style Manager Rate). The Style Manager Rate can be either a specified rate or a rate determined by reference to a rate schedule. The Style Manager Rate schedules are set forth in the Style Manager Rate List document which is available at www.mymerrill.com/ADV/Materials.

The "RATE" listed above is the Style Manager Rate. If the Style Manager has implemented a Style Manager Rate schedule, the RATE listed above is the maximum rate that can be charged under such rate schedule and may not be the actual rate charged for this statement period.

There is no associated Style Manager Rate for a Style Manager Strategy noted with an asterisk (*). If Your Investment Strategy noted above consists of more than one Style Manager Strategy, each applicable Style Manager Rate will be applied proportionately to the value of the assets in your Account with each Strategy in accordance with the Client Agreement. If your Account is a Retirement Account and you have selected a Style Manager Strategy that is managed by Merrill or an affiliate of Merrill for which a Style Manager Rate is applicable, you will not be charged the Style Manager Fee for the Style Manager Strategy, notwithstanding the rate listed above.

For participating Trust Management Accounts (TMA), please refer to your Investment Services or Agency Agreement, Fee Schedule and TMA Brochure in addition to the Brochure for expense and fee information.

Upon request, and at no charge, we will provide more detailed information regarding the calculation of the Program Fee, including the Style Manager Rate, for the billing period indicated. Please contact your Financial Advisor(s) if you would like to request this detailed Account fee information.

Your Investment Strategy may consist of or include mutual funds (including money market funds) and exchange traded funds (Funds). For Fund investments noted with an asterisk (*) above, please see each Fund's prospectus or other disclosure documents for a description of the Fund's fees and expenses.

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Roxanne Roth

Account Number

24-Hour Assistance: (800) MERRILL

MERRILL LYNCH INVESTMENT ADVISORY PROGRAM

December 01, 2023 - December 29, 2023

YOUR INVESTMENT STRATEGY - CIO EQUITY ETF CORE 100.00% RATE: *

The percentage allocations listed above are based, as applicable, on target allocations for the Strategy selected or the allocations as of a particular point in time. Allocations for any particular account may be different from the allocations indicated above.

We encourage you to contact your Financial Advisor(s) if there have been any changes in your financial situation or investment objectives, or if you wish to impose any reasonable restrictions on the management of your Account or reasonably modify existing restrictions.

If you would like to receive a free copy of the Brochure, please ask your Financial Advisor(s). You may also access the Brochure at www.mymerrill.com/ADV/Materials or www.ml.com/relationships. You may also obtain a copy of the Brochure by accessing the SEC's website at www.adviserinfo.sec.gov.

YOUR RETIREMENT ACCOUNT ASSETS

CASH/MONEY ACCOUNTS									
Description	Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Estimated Annual Income	Est. Annual Yield%			
+BANK OF AMERICA, NA RASP	216.19	216.19	1.0000	216.19	2	1.06			
+FDIC INSURED NOT SIPC COVERED									
MUTUAL FUNDS/CLOSED END FUNDS/UITs/ETPs									
Description	Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Total Client Investment	Cumulative Investment Return (\$)	Estimated Annual Income	
ISHARES CORE S&P U.S.	27.0000	1,750.21	104.1000	2,810.70	1,060.49	1,750	1,060	32	
GROWTH ETF CURRENT YIELD 1.120% SYMBOL: IUSG Initial Purchase: 11/16/17 Equity 100%									
ISHARES CORE S&P	42.0000	2,315.24	84.3300	3,541.86	1,226.62	2,315	1,226	63	
US VALUE ETF CURRENT YIELD 1.753% SYMBOL: IUSV Initial Purchase: 11/16/17 Equity 100%									
VANGUARD FTSE EMERGING	22.0000	956.19	41.1000	904.20	(51.99)	956	(51)	32	
MARKETS ETF CURRENT YIELD 3.520% SYMBOL: VWO Initial Purchase: 11/16/17 Equity 100%									
VANGUARD FTSE DEVELOPED	32.0000	1,383.79	47.9000	1,532.80	149.01	1,383	149	49	
MARKETS ETF CURRENT YIELD 3.154% SYMBOL: VEA Initial Purchase: 11/16/17 Equity 100%									
VANGUARD RUSSELL 2000	10.0000	849.77	81.1000	811.00	(38.77)	849	(38)	12	
CURRENT YIELD 1.446% SYMBOL: VTWO Initial Purchase: 07/12/21 Equity 100%									
Subtotal (Equities)				9,600.56					
TOTAL YIELD 1.96%		7,255.20		9,600.56	2,345.36		2,346	188	

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Roxanne Roth

Account Number

YOUR RETIREMENT ACCOUNT ASSETS

December 01, 2023 - December 29, 2023

LONG PORTFOLIO		Adjusted/Total Cost Basis	Estimated Market/ Contract Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income
TOTAL	YIELD 1.94%	7,471.39	9,816.75	2,345.36		190

Total Client Investment: Cost of shares directly purchased and still held. Does not include shares purchased through reinvestment.

Cumulative Investment Return: Estimated Market Value minus Total Client Investment. Cumulative Investment Return is the dollar value of the capital appreciation (depreciation) of all shares purchased and still held, including shares acquired through reinvestment of dividends and distributions, which may be greater or less than the actual income distributed.

Unrealized Gain or (Loss): Estimated Market Value minus Total Cost Basis (total cost of shares directly purchased and still held, as well as cost of shares acquired through reinvestment). Provided for Tax Planning purposes only and is not applicable to retirement accounts.

Initial Purchase: Date of your initial investment in this fund.

Market Timing: Merrill's policies prohibit mutual fund market timing, which involves the purchase and sale of mutual fund shares within short periods of time with the intention of capturing short-term profits resulting from market volatility. Market timing may result in lower returns for long-term fund shareholders because market timers capture short-term gains that would otherwise pass to all shareholders and due to increased transaction costs and fewer assets for investment due to the need to retain cash to satisfy redemptions.

Sales Charge Discounts or Waivers: Many funds offer various sales charge discounts or waivers depending on the terms of the prospectus and/or statement of additional information. You should consult a fund's prospectus and/or statement of additional information to determine whether you may qualify for a discount or waiver. Notify your Financial Advisor, Financial Solutions Advisor or Investment Center representative if you believe you qualify for any of these or any other discounts or waivers. Please contact your Financial Advisor, Financial Solutions Advisor or Investment Center representative for further information on available sales charge discounts and waivers.

Bank of America Merrill Lynch Global Research publishes research reports and ratings ("Research Ratings") regarding a select universe of ETFs and ETNs (collectively, "ETPs"). Research Ratings on ETPs are intended to assess the potential for outperformance of ETP peers in the same coverage category. Bank of America Merrill Lynch Global Research and other business areas, including CIO, apply different methodologies in their review of ETPs, and may arrive at different or inconsistent conclusions with respect to one or more ETPs. Neither the CIO review process nor the internal business review performed by product teams will rely on or otherwise use the Research Ratings on ETPs as an input or factor; and the CIO review process and product team's internal business review will determine an ETP's inclusion, status, and availability for solicitation through the Global Wealth & Investment Management area of MLPF&S and its affiliates.

YOUR RETIREMENT ACCOUNT TRANSACTIONS

DIVIDENDS/INTEREST INCOME TRANSACTIONS				Income
Date	Description	Transaction Type	Quantity	Year To Date
Tax-Exempt Interest				
12/29	BANK OF AMERICA, NA RASP	Interest	.1400	
	0.14000 DIV/INT REINVEST PAY DATE 12/29/2023 FROM 11-30 THRU 12-29 CUSIP NUM: [REDACTED]			
	BANK OF AMERICA, NA RASP	Income Total		.14
	Subtotal (Tax-Exempt Interest)			.14
				1.73

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Roxanne Roth

Account Number:

24-Hour Assistance: (800) MERRILL

YOUR RETIREMENT ACCOUNT TRANSACTIONS

December 01, 2023 - December 29, 2023

DIVIDENDS/INTEREST INCOME TRANSACTIONS (continued)						
Date	Description	Transaction Type	Quantity	Income	Income	Year To Date
Tax-Exempt Dividends						
12/21	VANGUARD FTSE EMERGING MARKETS ETF HOLDING 22.0000 PAY DATE 12/21/2023	* Dividend		19.03		
12/21	VANGUARD FTSE DEVELOPED MARKETS ETF HOLDING 32.0000 PAY DATE 12/21/2023	* Dividend		19.51		
12/22	VANGUARD RUSSELL 2000 HOLDING 10.0000 PAY DATE 12/22/2023	* Dividend		4.01		
12/27	ISHARES CORE S&P U.S. GROWTH ETF HOLDING 27.0000 PAY DATE 12/27/2023	* Dividend		8.82		
12/27	ISHARES CORE S&P US VALUE ETF HOLDING 42.0000 PAY DATE 12/27/2023	* Dividend		17.24		
Subtotal (Tax-Exempt Dividends)				68.61		184.34
NET TOTAL				68.75		186.07

REALIZED GAINS/(LOSSES)

Description	Quantity	Acquired Date	Liquidation Date	Sale Amount	Cost Basis	This Statement	Gains/(Losses) ☺ Year to Date
Subtotal (Long-Term)							96.37
TOTAL							96.37

☺ - Excludes transactions for which we have insufficient data

The capital gains and losses shown above may not reflect all transactions which must be reported on your 2023 tax return. These reportable transactions will appear on your January statement.

ADVISORY AND OTHER FEES

Date	Description	Fee Type	Quantity	Debit	Credit
12/04	INV. ADVISORY FEE DEC	Advisory Program Fee		9.71	
NET TOTAL				9.71	

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Roxanne Roth

Account Number:

YOUR RETIREMENT ACCOUNT TRANSACTIONS

December 01, 2023 - December 29, 2023

SWEEP PROGRAM TRANSACTIONS

<i>Date</i>	<i>Transaction Type</i>	<i>Quantity</i>	<i>Description</i>	<i>Debit</i>	<i>Credit</i>
12/05	Withdrawal	-9.7100	BANK OF AMERICA, NA RASP FRAC SELL .71 @ 1.00		9.71
12/22	Deposit	38.5400	BANK OF AMERICA, NA RASP FRAC BUY .54 @ 1.00	38.54	
12/26	Deposit	4.0100	BANK OF AMERICA, NA RASP FRAC BUY .01 @ 1.00	4.01	
12/28	Deposit	26.0600	BANK OF AMERICA, NA RASP FRAC BUY .06 @ 1.00	26.06	
NET TOTAL				58.90	

YOUR RETIREMENT ACCOUNT CONTRIBUTIONS AND DISTRIBUTIONS

Year-End Plan Value as of December 31, 2023: \$9,816.75

Contributions after December 31, 2022 for 2022: \$.00

For IRA, IRRA, SEP/IRA, SIMPLE/IRA ROTH IRA and ESA accounts, the Year-End Plan Value represents the valuation we must furnish to you and the Internal Revenue Service as part of the IRS Form 5498 reporting requirements.

If you own London Interbank Offered Rate (LIBOR) linked financial products, the cessation of LIBOR and the transition from LIBOR to alternative reference rates such as SOFR or BSBY, may have significant impacts to those financial products, including impacts to their liquidity, value and potential performance. Additional information is available at www.ml.com/articles/benchmark-interest-rate-reform.html

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Apply for Exemptions[Apply for Exemptions](#)**Sales Questionnaire Form**

If you are a new owner of this property, please click here to submit a Sales Questionnaire

[Sales Questionnaire](#)**2022 TRIM Notice**[2022 TRIM Notice \(PDF\)](#)**Summary**

Parcel ID 1585850000
Location 25 SOUTH ST
Address SAINT AUGUSTINE 32084-0000
Neighborhood Alma de Carolina (624.02)
Tax 4 CITY OF ST AUG MARSH LANDS LYING S OF SOUTH ST E OF
Description* WASHINGTON ST AT MOUTH OF MARIA SANCHEZ CREEK 150FT
FRONT ON WASHINGTON ST OR 896/1910 & 1150/13 & 5496/508
*The Description above is not to be used on legal documents.
Property Use Code Single Family (0100)
Subdivision N/A
Sec/Twp/Rng 20-7-30
District City of St Augustine (District 452)
Millage Rate 18.872
Acreage 0.740
Homestead Y

[Click Here to Open Cyclomedia Viewer in a New Tab](#)**Owner Information**

Owner Name [Rumpel George Peter Loyd Trust D:02/08/22 Et AL 50%](#)
[Horvath Roxanne Trust D:02/08/22 50%](#)
[Horvath Roxanne Trustee 100%](#)
[Rumpel George Peter Loyd Trustee 100%](#)
Mailing Address 25 SOUTH ST
SAINT AUGUSTINE, FL 32084-0000

Exemption Information

Exemption Type	Status	Amount
Homestead		\$50,000

Map



Skip to

Valuation Information

St. Johns County, FL

	2024
Building Value	\$403,673
Extra Features Value	\$18,681
Total Land Value	\$254,968
Agricultural (Assessed) Value	\$0
Agricultural (Market) Value	\$0
Just (Market) Value	\$677,322
Total Deferred	\$292,740
Assessed Value	\$384,582
Total Exemptions	\$50,000
Taxable Value	\$334,582

Values listed are from our working tax roll and are subject to change.

Historical Assessment Information

Year	Building Value	Extra Feature Value	Total Land Value	Ag (Market) Value	Ag (Assessed) Value	Just (Market) Value	Assessed Value	Exempt Value	Taxable Value
2023	\$382,985	\$19,933	\$254,968	\$0	\$0	\$657,886	\$373,381	\$334,505	\$323,381
2022	\$328,586	\$17,834	\$242,228	\$0	\$0	\$588,648	\$362,506	\$276,142	\$312,506
2021	\$266,038	\$18,377	\$216,293	\$0	\$0	\$500,708	\$351,948	\$198,760	\$301,948
2020	\$269,096	\$19,527	\$216,293	\$0	\$0	\$504,916	\$347,089	\$207,827	\$297,089
2019	\$240,482	\$17,477	\$216,293	\$0	\$0	\$474,252	\$339,285	\$184,967	\$289,285
2018	\$243,215	\$18,448	\$216,293	\$0	\$0	\$477,956	\$332,959	\$194,997	\$282,959
2017	\$245,948	\$15,668	\$195,818	\$0	\$0	\$457,434	\$326,111	\$181,323	\$276,111
2016	\$248,680	\$16,611	\$150,318	\$0	\$0	\$415,609	\$319,404	\$146,205	\$269,404
2015	\$251,413	\$17,555	\$130,980	\$0	\$0	\$399,948	\$317,184	\$132,764	\$267,184
2014	\$200,134	\$18,500	\$113,918	\$0	\$0	\$332,552	\$314,667	\$67,885	\$264,667
2013	\$202,286	\$13,713	\$97,993	\$0	\$0	\$313,992	\$310,017	\$53,975	\$260,017

Building Information

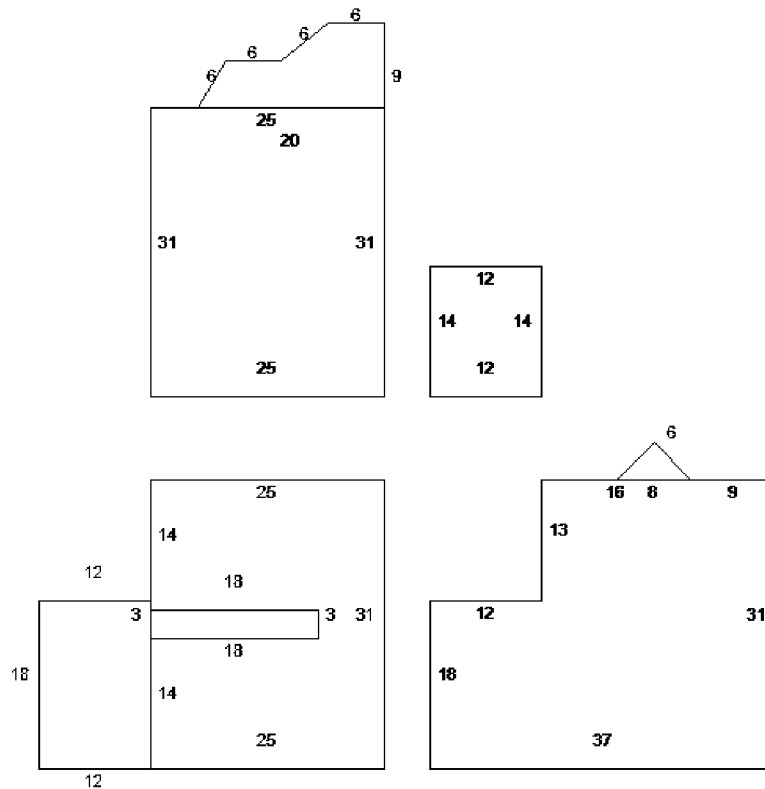
Building	1
Building Value	\$403,673
Year Built	2005
Actual Area	3068
Conditioned Area	1988
Use	Single Family Residence
Style	01
Exterior Wall	Concrete Block, Concrete Stucco

Roof Cover	Metal
Roof Structure	Gable Hip
Interior Flooring	Carpet, Ceramic Tile
Interior Wall	Drywall
Heating Type	Air Duct
Air Conditioning	Central
Bedrooms	2
Baths	2

Description	Square Footage
FINISHED UPPER STORY	775
FINISHED OPEN PORCH	216
FINISHED GARAGE	721
FINISHED UPPER STORY	991
BASE AREA	54
FINISHED DECK	16

Square Footage
127
168
3068

	Room Type
	BAL
	DECK
	Base
	FINISHED GARAGE
	FINISHED OPEN PORCH
	FINISHED UPPER STORY



Code Description	Status	Value
Bulkhead - Average (Mix)		3157
Masonry Wall (Mix)		2724
Pool - Low (RES)		12800

Use Description	Front	Depth	Total Land Units	Unit Type	Land Value
Single Family	50	100	50	EF	\$254,800
Marshes & Tidal Lands	0	0	0.67	AC	\$168

Recording Date	Sale Date	Sale Price	Instrument Type	Book	Page	Qualification	Vacant/Improved	Grantor	Grantee
2/17/2022	2/8/2022	\$100.00	WARRANTY DEED	<u>5496</u>	<u>508</u>	U	I	HORVATH ROXANNE ET AL	RUMPEL GEORGE PETER LOYD TRUST D:02/08/22 ET AL
	1/6/1996	\$18,000.00	WARRANTY DEED	<u>1150</u>	<u>13</u>	U	V	BLACKWELDER BENJAMIN	HORVATH ROXANNE ETAL
	6/1/1991	\$4,900.00		<u>896</u>	<u>1910</u>	Q	V		BLACKWELDER BENJAMIN
	12/1/1985	\$0.00		<u>692</u>	<u>1766</u>	U	V		
	11/1/1985	\$0.00		<u>689</u>	<u>1335</u>	U	V		

The St. Johns County Property Appraiser's Office makes every effort to produce the most accurate information possible. No warranties, expressed or implied, are provided for the data herein, its use or interpretation.

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2022 TRIM Notice
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Subdivision N/A
Sec/Twp/Rng 20-7-30
District City of St Augustine (District 452)
Millage Rate 18.872
Acreage 0.740
Homestead Y

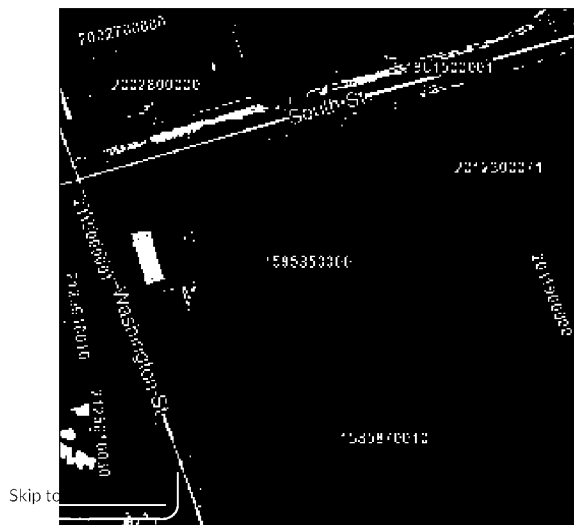
[Click Here to Open Cyclomedia Viewer in a New Tab](#)
**Owner Information**

Owner Name [Rumpel George Peter Loyd Trust D:02/08/22 Et AL 50%](#)
[Horvath Roxanne Trust D:02/08/22 50%](#)
[Horvath Roxanne Trustee 100%](#)
[Rumpel George Peter Loyd Trustee 100%](#)
Mailing Address 25 SOUTH ST
 SAINT AUGUSTINE, FL 32084-0000

Exemption Information

Exemption Type	Status	Amount
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Map



Skip to

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2015	\$251,413	\$17,555	\$130,980	\$0	\$0	\$399,948	\$317,184	\$132,764	\$267,184
2014	\$200,134	\$18,500	\$113,918	\$0	\$0	\$332,552	\$314,667	\$67,885	\$264,667
2013	\$202,286	\$13,713	\$97,993	\$0	\$0	\$313,992	\$310,017	\$53,975	\$260,017

Building Information

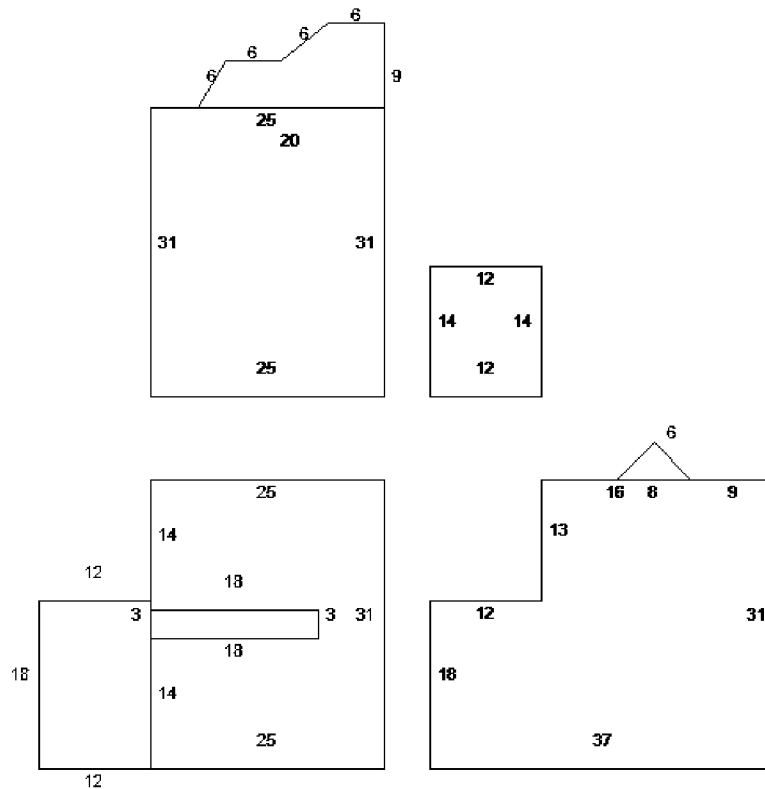
Building	1
Building Value	\$403,673
Year Built	2005
Actual Area	3068
Conditioned Area	1988
Use	Single Family Residence
Style	01
Exterior Wall	Concrete Block, Concrete Stucco

Roof Cover	Metal
Roof Structure	Gable Hip
Interior Flooring	Carpet, Ceramic Tile
Interior Wall	Drywall
Heating Type	Air Duct
Air Conditioning	Central
Bedrooms	2
Baths	2

Description	Square Footage
FINISHED UPPER STORY	775
FINISHED OPEN PORCH	216
FINISHED GARAGE	721
FINISHED UPPER STORY	991
BASE AREA	54
FINISHED DECK	16

Square Footage
127
168
3068

	Room Type
	BAL
	DECK
	Base
	FINISHED GARAGE
	FINISHED OPEN PORCH
	FINISHED UPPER STORY



Code Description	Status	Value
Bulkhead - Average (Mix)		3157
Masonry Wall (Mix)		2724
Pool - Low (RES)		12800

Use Description	Front	Depth	Total Land Units	Unit Type	Land Value
Single Family	50	100	50	EF	\$254,800
Marshes & Tidal Lands	0	0	0.67	AC	\$168

Recording Date	Sale Date	Sale Price	Instrument Type	Book	Page	Qualification	Vacant/Improved	Grantor	Grantee
2/17/2022	2/8/2022	\$100.00	WARRANTY DEED	<u>5496</u>	<u>508</u>	U	I	HORVATH ROXANNE ET AL	RUMPEL GEORGE PETER LOYD TRUST D:02/08/22 ET AL
	1/6/1996	\$18,000.00	WARRANTY DEED	<u>1150</u>	<u>13</u>	U	V	BLACKWELDER BENJAMIN	HORVATH ROXANNE ETAL
	6/1/1991	\$4,900.00		<u>896</u>	<u>1910</u>	Q	V		BLACKWELDER BENJAMIN
	12/1/1985	\$0.00		<u>692</u>	<u>1766</u>	U	V		
	11/1/1985	\$0.00		<u>689</u>	<u>1335</u>	U	V		

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Active and Flowing | Information as of 04/23/2024

EE DEFERRALS - DEF COMP (1) -

EE DEFERRALS - DEF COMP (1) - 



THE CITY OF ST. AUGUSTINE, FLORIDA (49463) - 457 Deferred Compensation Plan (001)
Plan Type: QUALIFIED DEFERRED COMP FUNDED | Base Product: UITG-PD2 | Sub Product: UTG19

Available hardship withdrawal 

Cash surrender value 

\$0.00
Contributions (YTD)
\$4,677.52

\$238,746.59
Distributions (YTD)
\$0.00

Capital Transfers (YTD)
\$0.00

Cash Value \$240,609.83

First contribution record date:

05/10/2013

Last contribution record date:

04/11/2024

Effective vesting date:

NOT APPLICABLE





100.00%
of total assets

Fund Selections

Showing 1 result(s)

Fund #	Ticker symbol	Name	Price	Quantity	Value
25	-	VANGUARD WELLINGTON FUND INC	\$7.00	34367.638996	\$240,609.83
Totals					\$240,609.83

Transaction History

All Transaction Types	▼
Custom	▼
MM/DD/YYYY 01/01/2023	
MM/DD/YYYY 12/31/2023	

Display transaction history for:

Process date	Effective date	Transaction	Transaction amount	Tran
01/05/2023	01/05/2023	CONTRIBUTION	\$584.69	\$0.00
01/23/2023	01/23/2023	CONTRIBUTION	\$584.69	\$0.00
02/02/2023	02/02/2023	CONTRIBUTION	\$584.69	\$0.00
02/16/2023	02/16/2023	CONTRIBUTION	\$584.69	\$0.00
03/03/2023	03/03/2023	CONTRIBUTION	\$584.69	\$0.00
03/16/2023	03/16/2023	CONTRIBUTION	\$584.69	\$0.00
03/30/2023	03/30/2023	CONTRIBUTION	\$584.69	\$0.00
04/14/2023	04/14/2023	CONTRIBUTION	\$584.69	\$0.00
04/27/2023	04/27/2023	CONTRIBUTION	\$584.69	\$0.00
05/17/2023	05/17/2023	CONTRIBUTION	\$584.69	\$0.00
05/25/2023	05/25/2023	CONTRIBUTION	\$584.69	\$0.00

Process date	Effective date	Transaction	Transaction amount	Tran
06/09/2023	06/09/2023	CONTRIBUTION	\$584.69	\$0.00
06/23/2023	06/23/2023	CONTRIBUTION	\$584.69	\$0.00
07/05/2023	07/05/2023	CONTRIBUTION	\$584.69	\$0.00
07/20/2023	07/20/2023	CONTRIBUTION	\$584.69	\$0.00
08/18/2023	08/18/2023	CONTRIBUTION	\$584.69	\$0.00
08/18/2023	08/18/2023	CONTRIBUTION	\$584.69	\$0.00
09/12/2023	09/01/2023	CONTRIBUTION	\$584.69	\$0.00
09/14/2023	09/14/2023	CONTRIBUTION	\$584.69	\$0.00
09/29/2023	09/29/2023	CONTRIBUTION	\$584.69	\$0.00
10/12/2023	10/12/2023	CONTRIBUTION	\$584.69	\$0.00
10/26/2023	10/26/2023	CONTRIBUTION	\$584.69	\$0.00
11/09/2023	11/09/2023	CONTRIBUTION	\$584.69	\$0.00

Process date	Effective date	Transaction	Transaction amount	Tran
11/22/2023	11/22/2023	CONTRIBUTION	\$584.69	\$0.00
12/08/2023	12/08/2023	CONTRIBUTION	\$584.69	\$0.00
12/21/2023	12/21/2023	CONTRIBUTION	\$584.69	\$0.00
 Show 10				

Beneficiaries

Showing 1 result(s)

Name	Type	Percent	Last Update
PETER L RUMPEL	PRIMARY	100%	04/30/2013

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Account number:

Your Adv Relationship Banking Preferred Rewards Diamond

ROXANNE HORVATH OR PETER RUMPEL

Account summary

Beginning balance on December 13, 2023	\$2,718.51
Deposits and other additions	9,405.68
ATM and debit card subtractions	-200.00
Other subtractions	-5,788.98
Checks	-1,748.52
Service fees	-0.00
Ending balance on January 12, 2024	\$4,386.69

Annual Percentage Yield Earned this statement period: 0.01%.

Interest Paid Year To Date: \$0.03.

Your account is enrolled in Balance Connect™ for overdraft protection. You can manage your overdraft protection preferences, including linked accounts, in Online and Mobile Banking.

Deposits and other additions

Date	Description	Amount
12/21/23	CITY OF ST AUGUS DES:PAYROLL ID: INDN:ROXANNE HORVATH CO ID: PPD	141.18
12/28/23	VRBO DES:PAYMENT ID: INDN:Roxanne Horvath CO ID: PPD PMT INFO:vrbo,890377,Saint Augustine,FL,32086,U S'	1,123.29
12/29/23	Agent Assisted transfer from BRK 4192 Confirmation#	5,000.00
01/04/24	CITY OF ST AUGUS DES:PAYROLL ID:954 INDN:ROXANNE HORVATH CO ID: PPD	141.18
01/08/24	BKOFAMERICA MOBILE 01/08 DEPOSIT *MOBILE FL	3,000.00
01/12/24	Interest Earned	0.03
Total deposits and other additions		\$9,405.68

ROXANNE HORVATH | Account #

December 13, 2023 to January 12, 2024

Withdrawals and other subtractions**ATM and debit card subtractions**

Date	Description	Amount
12/21/23	BKOFAMERICA ATM 12/21 # [REDACTED] WITHDRWL PONCE DE LEON MALL SAINT AUGUSTI FL	-200.00
Total ATM and debit card subtractions		-\$200.00

Other subtractions

Date	Description	Amount
12/21/23	Anatasia DES:Anatasia ID: INDN:Roxanne Horvath CO ID: [REDACTED] TEL	-540.00
01/05/24	Online Banking payment to CRD [REDACTED] Confirmation# [REDACTED]	-3,000.00
01/09/24	ADT SECURITY SER DES:CHECKPYMNT CHECK # [REDACTED] INDN: [REDACTED] CO ID: [REDACTED] ARC	-48.98
01/10/24	US TREASURY IRS DES:PAYMENT CHECK # [REDACTED] INDN: [REDACTED] CO ID: [REDACTED] ARC	-2,200.00
Total other subtractions		-\$5,788.98

Checks

Date	Check #	Amount
12/21/23		-150.00
01/10/24	1	-247.20
01/05/24	2	-32.32
01/08/24	3	-85.00
01/04/24	4	-32.64
01/05/24	6*	-31.80

Date	Check #	Amount
01/08/24	9*	-125.00
12/26/23	9989*	-32.50
12/26/23	9996*	-44.00
12/19/23	9997	-99.69
12/26/23	9998	-686.25
12/21/23	9999	-182.12
Total checks		-\$1,748.52
Total # of checks		12

* There is a gap in sequential check numbers

Service fees

Date	Transaction description	Amount
01/12/24	Preferred Rewards-Monthly Fee Waiver of \$25	-0.00
Total service fees		-\$0.00

Note your Ending Balance already reflects the subtraction of Service Fees.

Online at: www.merrill.com

Account Number:

24 Hour Assistance: (800) MERRILL

MLPF& S CUST FPO
 ROXANNE HORVATH IRA
 FBO ROXANNE HORVATH
 26 SYDNEY CT
 ST AUGUSTINE FL 32084-5137

Net Portfolio Value: **\$208,339.98**

Your Financial Advisor:
 THE CREDIT/SWEDMAN GROUP
 824 A1A NORTH SUITE 200
 PONTE VEDRA FL 32082
 1-800-937-0287

Roxanne IRA

This account is enrolled in the Merrill Lynch Investment Advisory Program

December 01, 2023 - December 29, 2023

	This Statement	Year to Date
Opening Value (12/01)	207,182.47	207,182.47
Total Credits	204.13	6,538.80
Total Debits	(187.63)	(1,972.57)
Spurities You Transferred In/Out Market Gains/Losses	5,806.59	7,166.57
Closing Value (12/29)	208,339.98	208,339.98

ASSETS	December 29	November 30
Cash/Money Market	6,401.84	3,425.12
Fixed Income	303,378.00	109,127.35
Equities	.	.
Mutual Funds	.	.
Options	.	.
Other/Annuities/Insurance	.	.
Subtotal (Long Position)	206,444.84	201,182.47
Estimated Pending Interest	1,895.14	1,544.40
TOTAL ASSETS	\$208,339.98	\$202,696.89

LIABILITIES

TOTAL LIABILITIES	.	.
NET PORTFOLIO VALUE	\$208,339.98	\$202,696.89



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Roxanne IRA

Account Number:

ACCOUNT INVESTMENT OBJECTIVE

December 01, 2023 - December 29, 2023

INCOME: Objective is to obtain a continuing stream of income from investments. In order to satisfy such objective, investments may be made in securities that are subject to credit and market risk.

If you have changes to your investment objective, please contact your Financial Advisor(s).

MERRILL LYNCH INVESTMENT ADVISORY PROGRAM

YOUR INVESTMENT STRATEGY - PARAMETRIC CORPORATE LADDER 1-10Y BBBMIN 100.00% RATE: 0.120%

This Account is enrolled in the Merrill Lynch Investment Advisory Program (Program) and your Financial Advisor(s) is acting in a fiduciary capacity in providing you services under the Program.

The Program Fee for this Account is calculated as described in the Client Agreement and the Program ADV 2A Brochure (Brochure). For this month, the program fee is comprised of the Merrill Lynch Fee and the Style Manager Fee.

- The Merrill Lynch Fee is the fee charged by Merrill for the Program services based on the fee rate determined as provided in the Brochure and set forth in your Program Report sent to you upon enrollment or as revised in any updated Program Report. The dollar amount of the Merrill Lynch Fee for this month is reflected in this statement.
- The Style Manager Fee is the fee charged by the Style Manager for the Style Manager Strategy or Strategies selected for this Account, based on the assets invested and the fee rate or rates set by the Style Manager (Style Manager Rate). The Style Manager Rate can be either a specified rate or a rate determined by reference to a rate schedule. The Style Manager Rate schedules are set forth in the Style Manager Rate List document which is available at www.mymerrill.com/ADV/Materials.

The "RATE" listed above is the Style Manager Rate. If the Style Manager has implemented a Style Manager Rate schedule, the RATE listed above is the maximum rate that can be charged under such rate schedule and may not be the actual rate charged for this statement period.

There is no associated Style Manager Rate for a Style Manager Strategy noted with an asterisk (*). If Your Investment Strategy noted above consists of more than one Style Manager Strategy, each applicable Style Manager Rate will be applied proportionately to the value of the assets in your Account with each Strategy in accordance with the Client Agreement. If your Account is a Retirement Account and you have selected a Style Manager Strategy that is managed by Merrill or an affiliate of Merrill for which a Style Manager Rate is applicable, you will not be charged the Style Manager Fee for the Style Manager Strategy, notwithstanding the rate listed above.

For participating Trust Management Accounts (TMA), please refer to your Investment Services or Agency Agreement, Fee Schedule and TMA Procedure in addition to the Brochure for expense and fee information.

Upon request, and at no charge, we will provide more detailed information regarding the calculation of the Program Fee, including the Style Manager Rate, for the billing period indicated. Please contact your Financial Advisor(s) if you would like to request this detailed Account Fee Information.

Your Investment Strategy may consist of or include mutual funds (including money market funds) and exchange traded funds (ETFs). For Fund Investments noted with an asterisk (*) above, please see each Fund's prospectus or other disclosure documents for a description of the Fund's fees and expenses.



Roth IRA

Account Number:

YOUR RETIREMENT ACCOUNT ASSETS

December 01, 2023 - December 29, 2023

INSTITUTIONAL (continued)	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income
GOLDMAN SACHS GROUP INC GLB 03.500% JAN 23 2025 MOODY'S: A2 S&P: BBB+ CUSIP: 36146LAC0 PAR CALL DATE: 10/23/24 PAR CALL PRICE: 100.00 CURRENT YIELD: 3.580%	11/24/21	5,000	5,276.05	98.0880	4,904.40	(371.65)	75.83	175
ENTERPRISE PRODUCTS OPER COMPANY GUARNT 03.750% FEB 15 2025 MOODY'S: A3 S&P: A- CUSIP: 28378VBE2 PAR CALL DATE: 11/15/24 PAR CALL PRICE: 100.00 CURRENT YIELD: 3.789%	11/24/21	5,100	5,331.25	98.8870	4,934.35	(396.90)	69.79	189
BANK OF MARYLAND CORP SER G 03.000% FEB 24 2025 MOODY'S: A1 S&P: A- CUSIP: 08466HDA4 PAR CALL DATE: 01/24/25 PAR CALL PRICE: 100.00 CURRENT YIELD: 3.000%	11/24/21	5,000	5,281.40	97.8230	4,891.15	(390.25)	52.08	150
ROYAL BANK OF CANADA SER GMTN GLB 03.500% JAN 20 2025 MOODY'S: A1 S&P: A- CUSIP: 100100000 CURRENT YIELD: 3.500%	11/24/21	5,000	4,847.35	92.7500	4,637.50	(209.85)	19.32	44
USD BANK NOVA SCOTIA 7.050% MAR 02 2026 MOODY'S: A2 S&P: A- CUSIP: 0841693U8 CURRENT YIELD: 1.139%	11/28/21	5,000	4,901.10	92.1310	4,606.55	(294.55)	17.08	53
FISERV INC GLB 03.200% JUL 01 2026 MOODY'S: BAA2 S&P: BBB CUSIP: 33773BATS PAR CALL DATE: 05/01/26 PAR CALL PRICE: 100.00 CURRENT YIELD: 3.329%	11/24/21	5,000	5,250.48	95.2940	4,814.70	(435.75)	79.11	180
SUMITOMO MITSUI FINL GRP N R 03.010% OCT 19 2026 MOODY'S: A1 S&P: A- CUSIP: 06592MAK6 CURRENT YIELD: 3.162%	01/18/22	5,000	5,187.45	95.1590	4,757.95	(429.50)	29.26	151
AMGEN INC GLB 02.200% FEB 21 2027 MOODY'S: BAA1 S&P: BBB CUSIP: 031182CTS PAR CALL DATE: 12/21/26 PAR CALL PRICE: 100.00 CURRENT YIELD: 2.364%	01/20/22	5,000	5,026.95	93.0460	4,652.30	(374.65)	39.11	110
AMGEN INC Subtotal	06/07/23	1,000 6,000	911.91 5,938.86	93.0460	930.46 5,582.76	18.55 (356.10)	7.82 46.93	22 132
BANK OF MONTREAL SER MTN 02.650% MAR 08 2027 MOODY'S: A2 S&P: A- CUSIP: 06368FAJ8 CURRENT YIELD: 2.813%	07/10/22	1,000	3,723.84	94.2000	3,768.00	44.16	32.68	108
BANK OF MONTREAL 07/21/22	1,000	935.22	94.2000	942.00	6.78	8.17	27	
BANK OF MONTREAL Subtotal	06/07/23	1,000 6,000	917.80 5,576.91	94.2000	942.00 5,652.00	24.10 75.09	0.17 49.02	37 160
DUKE ENERGY CORP GLB 03.150% AUG 15 2027 MOODY'S: BAA2 S&P: BBB CUSIP: 26441CAX3 PAR CALL DATE: 08/15/27 PAR CALL PRICE: 100.00 CURRENT YIELD: 3.330%	10/12/22	5,000	4,827.80	94.5900	4,729.50	201.60	58.63	158



Dowdette IDA

Account Number :

YOUR RETIREMENT ACCOUNT ASSETS

December 01, 2023 - December 29, 2023

CORPORATE BONDS (continued)	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/Loss	Estimated Accrued Interest	Estimated Annual Income
LYB INT FINANCE III COMPANY GUARNT CLD-03-280%-08/01/2030 MOODY'S: BAA2 S&P: BBB CUSIP: 803401ACB PAR CALL DATE: 07/01/30 PAR CALL PRICE: 100.00 CURRENT YIELD: 3.630%	08/14/23	6,000	4,848.18	85.4380	5,126.10	277.92	33.00	138
SIMON PROPERTY GROUP INC GLB 02.200% FEB 01 2031 MOODY'S: A3 S&P: A- CUSIP: 828807DM6 PAR CALL DATE: 11/01/30 PAR CALL PRICE: 100.00 CURRENT YIELD: 2.618%	08/14/23	6,000	4,779.54	84.0020	5,040.12	260.58	54.27	132
FELDEX CORP COMPANY GUARNT 02.400% MAY 15 2031 MOODY'S: BAA2 S&P: BBB CUSIP: 31428XCD6 PAR CALL DATE: 02/15/31 PAR CALL PRICE: 100.00 CURRENT YIELD: 2.783%	08/14/23	6,000	4,839.84	85.2000	5,172.04	232.00	11.50	144
GENERAL DYNAMICS CORP COMPANY GUARNT GLB 02.250% JUN 01 2031 MOODY'S: A3 S&P: A- CUSIP: 369580BP2 PAR CALL DATE: 03/01/31 PAR CALL PRICE: 100.00 CURRENT YIELD: 2.584%	08/22/23	6,000	4,939.50	87.0580	5,223.48	283.98	10.50	138
DOMINION ENERGY INC SER C GLB 02.250% AUG 15 2031 MOODY'S: BAA2 S&P: BBB CUSIP: 25746UDL0 PAR CALL DATE: 05/15/31 PAR CALL PRICE: 100.00 CURRENT YIELD: 2.713%	08/14/23	6,000	4,762.32	82.9330	4,974.98	212.66	50.25	135
EQUINIX INC 05.000% APR 15 2032 MOODY'S: BAA2 S&P: BBB CUSIP: 20994UBU0 PAR CALL DATE: 01/15/32 PAR CALL PRICE: 100.00 CURRENT YIELD: 4.192%	08/14/23	6,000	5,280.12	93.0190	5,581.14	301.02	48.10	234
MARRIOTT INTERNATIONAL SER GG GLB 03.500% OCT 15 2032 MOODY'S: BAA2 S&P: BBB CUSIP: 571903BF9 PAR CALL DATE: 07/15/32 PAR CALL PRICE: 100.00 CURRENT YIELD: 3.918%	08/14/23	6,000	5,077.88	89.3160	5,358.94	281.06	43.17	210
MARSH & MCLENNAN COS INC GLB 05.750% NOV 01 2032 MOODY'S: A3 S&P: A- CUSIP: 671748BR2 PAR CALL DATE: 08/01/32 PAR CALL PRICE: 100.00 CURRENT YIELD: 5.338%	08/14/23	6,000	5,174.14	107.7130	5,395.84	221.70	48.72	288
PHILIP MORRIS INTL INC GLB 05.750% NOV 17 2032 MOODY'S: A2 S&P: A- CUSIP: 718172CX5 PAR CALL DATE: 08/17/32 PAR CALL PRICE: 100.00 CURRENT YIELD: 5.470%	08/14/23	6,000	5,022.80	105.1070	5,295.14	272.34	33.64	208
GENERAL MOTORS FINL CO GLB 06.400% JAN 09 2033 MOODY'S: BAA2 S&P: BBB CUSIP: 37045XED4 PAR CALL DATE: 10/09/32 PAR CALL PRICE: 100.00 CURRENT YIELD: 6.002%	08/14/23	6,000	4,988.86	100.8260	5,351.40	362.54	151.11	320
RAYTHEONTECH CORP 01.000% FEB 27 2033 MOODY'S: BAA2 S&P: BBB CUSIP: 78511FCR0 PAR CALL DATE: 11/27/32 PAR CALL PRICE: 100.00 CURRENT YIELD: 4.645%	08/14/23	6,000	4,910.80	103.0640	5,103.93	193.13	87.38	238
AIR PRODUCTS & CHEMICALS GLB 04.800% MAR 03 2033 MOODY'S: A2 S&P: A- CUSIP: 009188BP2 PAR CALL DATE: 12/03/32 PAR CALL PRICE: 100.00 CURRENT YIELD: 4.840%	08/14/23	6,000	4,934.00	103.4270	5,171.35	237.35	77.33	240



Roxanna IRA

Account Number.

YOUR RETIREMENT ACCOUNT TRANSACTIONS

December 01, 2023 - December 29, 2023

DIVIDENDS/INTEREST INCOME TRANSACTIONS (continued)

Date	Description	Transaction Type	Quantity	Income	Income Year To Date
NET TOTAL				204.13	6,538.80

REALIZED GAINS/(LOSSES)

Description	Quantity	Acquired Date	Liquidation Date	Sale Amount	Cost Basis	Gains/(Losses) This Statement	Gains/(Losses) Year to Date
Subtotal (Long-Term)							(7,708.64)
Subtotal (Short-Term)							2,240.00
TOTAL							(7,683.89)

⓪ - Excludes transactions for which we have insufficient data

The capital gains and losses shown above may not reflect all transactions which must be reported on your 2023 tax return. These reportable transactions will appear on your January statement.

ADVISORY AND OTHER FEES

Date	Description	Fee Type	Quantity	Debit	Credit
12/04	INV. ADVISORY FEE DEC	Advisory Program Fee		167.63	
NET TOTAL				167.63	

SWEEP PROGRAM TRANSACTIONS

Date	Transaction Type	Quantity	Description	Debit	Credit
12/04	Deposit	165.0000	BANK OF AMERICA, NA RASP	165.00	
12/05	Withdrawal	167.6300	BANK OF AMERICA, NA RASP FRAC SELL .63 @ 1.00		167.63
12/18	Deposit	46.5000	BANK OF AMERICA, NA RASP FRAC BUY .50 @ 1.00	46.50	
NET TOTAL				33.87	

+