

**General Information**

Name: Mrs LAURIE LEHMANN

PID 312029

**AGENCY INFORMATION**

| Organization | Suborganization                | Title          |
|--------------|--------------------------------|----------------|
| Cape Coral   | City Commission                | Council Member |
| Cape Coral   | Community Redevelopment Agency | Commissioner   |

**Net Worth**My Net Worth as of December 31, 2023 was \$ 871,912.00.**Assets**

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

The aggregate value of my household goods and personal effect is \$ 272,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset           | Value of Asset |
|--------------------------------|----------------|
| 2409 SW 38TH TERRACE (MY HOME) | \$ 675,000.00  |
| See Attached                   |                |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor      | Address of Creditor                     | Amount of Liability |
|-----------------------|-----------------------------------------|---------------------|
| FLORIDA WINDOW & DOOR | 1125 N. DIXIE HWY, LAKE WORTH, FL 33460 | \$ 53,088.50        |
| ALL PHASE ELECTRIC    | 2340 BRUNER LANE, FORT MYERS            | \$ 21,012.54        |

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        |
|--------------------------------------------|------------------------------------|---------------|
| SOCIAL SECURITY BENEFITS                   | 4220 EXECUTIVE CIRCLE,FORT MYERS   | \$ 29,494.80  |
| NATIONAL AUTOMATIC SPRINKLER PENSION       | LANDOVER, MARYLAND                 | \$ 18,575.16  |
| ASSURED TITLE COMPANY                      | 26811 SOUTH BAY DR.,BONITA SPRINGS | \$ 490,000.00 |
| 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.

### 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.

***LAURIE LEHMANN***

Digitally signed: 06/17/2025

Filed with COE: 06/17/2025

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

, 2023, ending

, 20

See separate instructions.

Your first name and middle initial

Laurie

Last name

Lehmann

Your social security number

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

Last name

Spouse's social security number

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

2409 SW 38th Terrace

Apt. no.

Presidential Election Campaign

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

Cape Coral

State

FL

ZIP code

33914

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.

Foreign country name

Foreign province/state/county

Foreign postal code

☐ 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):

If more than four dependents, see instructions and check here ☐

| (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): |
|----------------|-----------|----------------------------|-------------------------|--------------------------------------------------------|
|                |           |                            |                         | Child tax credit                                       |
|                |           |                            |                         | Credit for other dependents                            |
|                |           |                            |                         | <input type="checkbox"/>                               |
|                |           |                            |                         | <input type="checkbox"/>                               |
|                |           |                            |                         | <input type="checkbox"/>                               |
|                |           |                            |                         | <input type="checkbox"/>                               |

**Income**

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

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

|           |                                                                                               |           |                          |
|-----------|-----------------------------------------------------------------------------------------------|-----------|--------------------------|
| <b>1a</b> | Total amount from Form(s) W-2, box 1 (see instructions)                                       | <b>1a</b> |                          |
| <b>b</b>  | Household employee wages not reported on Form(s) W-2                                          | <b>1b</b> |                          |
| <b>c</b>  | Tip income not reported on line 1a (see instructions)                                         | <b>1c</b> |                          |
| <b>d</b>  | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)                       | <b>1d</b> |                          |
| <b>e</b>  | Taxable dependent care benefits from Form 2441, line 26                                       | <b>1e</b> |                          |
| <b>f</b>  | Employer-provided adoption benefits from Form 8839, line 29                                   | <b>1f</b> |                          |
| <b>g</b>  | Wages from Form 8919, line 6                                                                  | <b>1g</b> |                          |
| <b>h</b>  | Other earned income (see instructions)                                                        | <b>1h</b> |                          |
| <b>i</b>  | Nontaxable combat pay election (see instructions)                                             | <b>1i</b> |                          |
| <b>z</b>  | Add lines 1a through 1h                                                                       | <b>1z</b> |                          |
| <b>2a</b> | Tax-exempt interest                                                                           | <b>2a</b> |                          |
| <b>3a</b> | Qualified dividends                                                                           | <b>3a</b> | 738.                     |
| <b>4a</b> | IRA distributions                                                                             | <b>4a</b> |                          |
| <b>5a</b> | Pensions and annuities                                                                        | <b>5a</b> |                          |
| <b>6a</b> | Social security benefits                                                                      | <b>6a</b> | 29,495.                  |
| <b>c</b>  | If you elect to use the lump-sum election method, check here (see instructions)               |           | <input type="checkbox"/> |
| <b>7</b>  | Capital gain or (loss). Attach Schedule D if required. If not required, check here            | <b>7</b>  | 2,941.                   |
| <b>8</b>  | Additional income from Schedule 1, line 10                                                    | <b>8</b>  | -10,331.                 |
| <b>9</b>  | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                  | <b>9</b>  | 20,419.                  |
| <b>10</b> | Adjustments to income from Schedule 1, line 26                                                | <b>10</b> |                          |
| <b>11</b> | Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                       | <b>11</b> | 20,419.                  |
| <b>12</b> | Standard deduction or itemized deductions (from Schedule A)                                   | <b>12</b> | 19,955.                  |
| <b>13</b> | Qualified business income deduction from Form 8995 or Form 8995-A                             | <b>13</b> |                          |
| <b>14</b> | Add lines 12 and 13                                                                           | <b>14</b> | 19,955.                  |
| <b>15</b> | Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> | <b>15</b> | 464.                     |

Attach Sch. B if required.

**Standard Deduction for—**

- Single or Married filing separately, \$13,850
- Married filing jointly or Qualifying surviving spouse, \$27,700
- Head of household, \$20,800
- If you checked any box under Standard Deduction, see instructions.

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

**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](http://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

Laurie Lehmann

Your social security number

**Part I Additional Income**

|           |                                                                                                                                                     |           |             |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                                                                      | <b>1</b>  |             |
| <b>2a</b> | Alimony received . . . . .                                                                                                                          | <b>2a</b> |             |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): . . . . .                                                                      |           |             |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .                                                                                              | <b>3</b>  |             |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .                                                                                                 | <b>4</b>  |             |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .                                               | <b>5</b>  |             |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .                                                                                                  | <b>6</b>  |             |
| <b>7</b>  | Unemployment compensation . . . . .                                                                                                                 | <b>7</b>  |             |
| <b>8</b>  | Other income:                                                                                                                                       |           |             |
| <b>a</b>  | Net operating loss . . . . .                                                                                                                        | <b>8a</b> | ( 10,331. ) |
| <b>b</b>  | Gambling . . . . .                                                                                                                                  | <b>8b</b> |             |
| <b>c</b>  | Cancellation of debt . . . . .                                                                                                                      | <b>8c</b> |             |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .                                                                                            | <b>8d</b> | ( )         |
| <b>e</b>  | Income from Form 8853 . . . . .                                                                                                                     | <b>8e</b> |             |
| <b>f</b>  | Income from Form 8889 . . . . .                                                                                                                     | <b>8f</b> |             |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .                                                                                                           | <b>8g</b> |             |
| <b>h</b>  | Jury duty pay . . . . .                                                                                                                             | <b>8h</b> |             |
| <b>i</b>  | Prizes and awards . . . . .                                                                                                                         | <b>8i</b> |             |
| <b>j</b>  | Activity not engaged in for profit income . . . . .                                                                                                 | <b>8j</b> |             |
| <b>k</b>  | Stock options . . . . .                                                                                                                             | <b>8k</b> |             |
| <b>l</b>  | 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 . . . . . | <b>8l</b> |             |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .                                                                     | <b>8m</b> |             |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .                                                                                               | <b>8n</b> |             |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .                                                                                              | <b>8o</b> |             |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .                                                                                            | <b>8p</b> |             |
| <b>q</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .                                                                             | <b>8q</b> |             |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .                                                                                | <b>8r</b> |             |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .                                                        | <b>8s</b> | ( )         |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b> |             |
| <b>u</b>  | Wages earned while incarcerated . . . . .                                                                                                           | <b>8u</b> |             |
| <b>z</b>  | Other income. List type and amount: . . . . .                                                                                                       | <b>8z</b> |             |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .                                                                                               | <b>9</b>  | -10,331.    |
| <b>10</b> | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .         | <b>10</b> | -10,331.    |

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

Schedule 1 (Form 1040) 2023

Name(s) shown on your income tax return

Laurie Lehmann

Identifying number

**Part II Partial Interests and Restricted Use Property (Other Than Qualified Conservation Contributions)**—

Complete lines 4a through 4e if you gave less than an entire interest in a property listed in Section B, Part I.  
Complete lines 5a through 5c if conditions were placed on a contribution listed in Section B, Part I; also  
attach the required statement. See instructions.

- 4a** Enter the letter from Section B, Part I that identifies the property for which you gave less than an entire interest \_\_\_\_\_  
If Section B, Part II applies to more than one property, attach a separate statement.
- b** Total amount claimed as a deduction for the property listed in Section B, Part I: **(1)** For this tax year \_\_\_\_\_  
**(2)** For any prior tax years \_\_\_\_\_
- c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization in Section B, Part V, below):  
Name of charitable organization (donee) \_\_\_\_\_  
Address (number, street, and room or suite no.) \_\_\_\_\_ City or town, state, and ZIP code \_\_\_\_\_
- d** For tangible property, enter the place where the property is located or kept \_\_\_\_\_
- e** Name of any person, other than the donee organization, having actual possession of the property \_\_\_\_\_

- 5a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? 

| Yes | No |
|-----|----|
|     |    |
|     |    |
|     |    |
|     |    |
- b** Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? \_\_\_\_\_
- c** Is there a restriction limiting the donated property for a particular use? \_\_\_\_\_

**Part III Taxpayer (Donor) Statement**—List each item included in Section B, Part I above that the appraisal identifies as having a value of \$500 or less. See instructions.

I declare that the following item(s) included in Section B, Part I above has to the best of my knowledge and belief an appraised value of not more than \$500 (per item). Enter identifying letter from Section B, Part I and describe the specific item. See instructions.

Signature of  
taxpayer (donor)

Date

**Part IV Declaration of Appraiser**—See instructions.

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). I understand that my appraisal will be used in connection with a return or claim for refund. I also understand that, if there is a substantial or gross valuation misstatement of the value of the property claimed on the return or claim for refund that is based on my appraisal, I may be subject to a penalty under section 6695A of the Internal Revenue Code, as well as other applicable penalties. I affirm that I have not been at any time in the three-year period ending on the date of the appraisal barred from presenting evidence or testimony before the Department of the Treasury or the Internal Revenue Service pursuant to 31 U.S.C. 330(c).

**Sign  
Here**

Appraiser signature

Date

Appraiser name

Title

Business address (including room or suite no.)

Identifying number

City or town, state, and ZIP code

**Part V Donee Acknowledgment**—See instructions.

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date \_\_\_\_\_

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file **Form 8282**, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use? ☐ Yes ☐ No

Name of charitable organization (donee)

Employer identification number

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

Authorized signature

Title

Date

## Noncash Charitable Contributions

Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over \$500 for all contributed property.

Go to [www.irs.gov/Form8283](http://www.irs.gov/Form8283) for instructions and the latest information.

OMB No. 1545-0074

Attachment  
Sequence No. **155**

Name(s) shown on your income tax return

Laurie Lehmann

Identifying number

Enter the entity name and identifying number from the tax return where the noncash charitable contribution was originally reported, if different from above.

Name: \_\_\_\_\_ Identifying number: \_\_\_\_\_

Check this box if a family pass-through entity made the noncash charitable contribution. See instructions ☐

**Note:** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

**Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities**—List in this section **only** an item (or a group of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities and certain other property even if the deduction is more than \$5,000. If you need more space, attach a statement. See instructions.

| 1 | (a) Name and address of the donee organization                     | (b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached). | (c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.) |
|---|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | Goodwill<br>5100 Tice Street<br>Fort Myers FL 33905                | <input type="checkbox"/>                                                                                                                               | Clothing, Kitchen Items, Accessories, Other                                                                                                                       |
| B | Kiwanis Thrift Store<br>708 SE 47th Terrace<br>Cape Coral FL 33904 | <input type="checkbox"/>                                                                                                                               | Furniture, Housewares, Accessories & Misc. Other                                                                                                                  |
| C | Hope Chest & Other<br>Surfside Blvd<br>Cape Coral FL 33914         | <input type="checkbox"/>                                                                                                                               | Furniture, Books, DVD's Other Misc.                                                                                                                               |
| D |                                                                    | <input type="checkbox"/>                                                                                                                               |                                                                                                                                                                   |

**Note:** If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

|   | (d) Date of the contribution | (e) Date acquired by donor (mo., yr.) | (f) How acquired by donor | (g) Donor's cost or adjusted basis | (h) Fair market value (see instructions) | (i) Method used to determine the fair market value |
|---|------------------------------|---------------------------------------|---------------------------|------------------------------------|------------------------------------------|----------------------------------------------------|
| A | 06/26/2023                   | various                               | Purchase                  | 2,500.                             | 410.                                     | Thrift shop value                                  |
| B | 07/21/2023                   | various                               | Purchase                  | 4,800.                             | 1,075.                                   | Thrift shop value                                  |
| C | 11/01/2023                   | various                               | Purchase                  | 2,500.                             | 850.                                     | Thrift shop value                                  |
| D |                              |                                       |                           |                                    |                                          |                                                    |

**Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities, Vehicles, Intellectual Property or Inventory Reportable in Section A)**—Complete this section for one item (or a group of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions reportable in Section A). Provide a separate form for each item donated unless it is part of a group of similar items. A qualified appraisal is required for items reportable in Section B and in certain cases must be attached. See instructions.

### Part I Information on Donated Property

2 Check the box that describes the type of property donated. See instructions for definitions.

- |                                                                           |                                                  |                                                         |
|---------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------|
| a <input type="checkbox"/> Art (contribution of \$20,000 or more)         | d <input type="checkbox"/> Other real estate     | i <input type="checkbox"/> Vehicles                     |
| b <input type="checkbox"/> Qualified conservation contribution            | e <input type="checkbox"/> Equipment             | j <input type="checkbox"/> Clothing and household items |
| b(1) <input type="checkbox"/> Certified historic structure<br>NPS # _____ | f <input type="checkbox"/> Securities            | k <input type="checkbox"/> Digital assets               |
| c <input type="checkbox"/> Art (contribution of less than \$20,000)       | g <input type="checkbox"/> Collectibles          | l <input type="checkbox"/> Other                        |
|                                                                           | h <input type="checkbox"/> Intellectual property |                                                         |

| 3 | (a) Description of donated property (if you need more space, attach a separate statement) |                           | (b) If any tangible personal property or real property was donated, give a brief summary of the overall physical condition of the property at the time of the gift. |                                              | (c) Appraised fair market value                                           |                                                      |
|---|-------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------|
| A |                                                                                           |                           |                                                                                                                                                                     |                                              |                                                                           |                                                      |
| B |                                                                                           |                           |                                                                                                                                                                     |                                              |                                                                           |                                                      |
| C |                                                                                           |                           |                                                                                                                                                                     |                                              |                                                                           |                                                      |
|   | (d) Date acquired by donor (mo., yr.)                                                     | (e) How acquired by donor | (f) Donor's cost or adjusted basis                                                                                                                                  | (g) For bargain sales, enter amount received | (h) Qualified conservation contribution relevant basis (see instructions) | (i) Amount claimed as a deduction (see instructions) |
| A |                                                                                           |                           |                                                                                                                                                                     |                                              |                                                                           |                                                      |
| B |                                                                                           |                           |                                                                                                                                                                     |                                              |                                                                           |                                                      |
| C |                                                                                           |                           |                                                                                                                                                                     |                                              |                                                                           |                                                      |

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

Laurie Lehmann

Your social security number

**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  |          |                                                  | <input type="checkbox"/>         |                                    | <input type="checkbox"/>                   | <input type="checkbox"/>               |
| B  |          |                                                  | <input type="checkbox"/>         |                                    | <input type="checkbox"/>                   | <input type="checkbox"/>               |
| C  |          |                                                  | <input type="checkbox"/>         |                                    | <input type="checkbox"/>                   | <input type="checkbox"/>               |
| D  |          |                                                  | <input type="checkbox"/>         |                                    | <input type="checkbox"/>                   | <input type="checkbox"/>               |

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

**Part III Income or Loss From Estates and Trusts**

| 33 | (a) Name              | (b) Employer identification number |
|----|-----------------------|------------------------------------|
| A  | Chiarell Family Trust |                                    |
| 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 |  |
| 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 |  |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Laurie Lehmann

Social security number or taxpayer identification number

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.

**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.

**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).

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

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

| 1                                                                                                                                                                                                                                                                                           | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below<br>and see <b>Column (e)</b><br>in the separate<br>instructions. | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br>See the separate instructions. |                                | (h)<br>Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                             |                                                              |                                         |                                                       |                                                        |                                                                                                                          | (f)<br>Code(s) from<br>instructions                                                                                                           | (g)<br>Amount of<br>adjustment |                                                                                                               |
|                                                                                                                                                                                                                                                                                             | Main Home Sale: 2805 Gleason Parkway                         | 10/28/04                                | 04/03/23                                              | 490,000.                                               | 268,276.                                                                                                                 | EH                                                                                                                                            | -221,724.                      | 0.                                                                                                            |
|                                                                                                                                                                                                                                                                                             |                                                              |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                                             |                                                              |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                                             |                                                              |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                                             |                                                              |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                                             |                                                              |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                                             |                                                              |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                                             |                                                              |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                                             |                                                              |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                                             |                                                              |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                                             |                                                              |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                                             |                                                              |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                                             |                                                              |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                                             |                                                              |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                                             |                                                              |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                                             |                                                              |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                                             |                                                              |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                                             |                                                              |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                                             |                                                              |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                               |                                |                                                                                                               |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if <b>Box D</b> above is checked), line 9 (if <b>Box E</b> above is checked), or line 10 (if <b>Box F</b> above is checked). |                                                              |                                         |                                                       | 490,000.                                               | 268,276.                                                                                                                 |                                                                                                                                               | -221,724.                      | 0.                                                                                                            |

**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.

**Sales and Other Dispositions of Capital Assets**

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](http://www.irs.gov/Form8949) for instructions and the latest information.

Name(s) shown on return

Laurie Lehmann

Social security number or taxpayer identification number

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

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

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

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

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

| 1                                                                                                                                                                                                                                                                     | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below<br>and see Column (e)<br>in the separate<br>instructions. | Adjustment, if any, to gain or loss<br>if you enter an amount in column (g),<br>enter a code in column (f).<br>See the separate instructions. |                                | (h)<br>Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                       |                                                              |                                         |                                                       |                                                        |                                                                                                                   | (f)<br>Code(s) from<br>instructions                                                                                                           | (g)<br>Amount of<br>adjustment |                                                                                                               |
|                                                                                                                                                                                                                                                                       | Santander Bk Natl Assn                                       | 09/14/23                                | 10/16/23                                              | 50,000.                                                | 50,000.                                                                                                           |                                                                                                                                               |                                | 0.                                                                                                            |
|                                                                                                                                                                                                                                                                       | UMPQUA Bk Roseburg Ore                                       | 07/20/23                                | 08/22/23                                              | 50,000.                                                | 49,994.                                                                                                           |                                                                                                                                               |                                | 6.                                                                                                            |
|                                                                                                                                                                                                                                                                       |                                                              |                                         |                                                       |                                                        |                                                                                                                   |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                       |                                                              |                                         |                                                       |                                                        |                                                                                                                   |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                       |                                                              |                                         |                                                       |                                                        |                                                                                                                   |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                       |                                                              |                                         |                                                       |                                                        |                                                                                                                   |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                       |                                                              |                                         |                                                       |                                                        |                                                                                                                   |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                       |                                                              |                                         |                                                       |                                                        |                                                                                                                   |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                       |                                                              |                                         |                                                       |                                                        |                                                                                                                   |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                       |                                                              |                                         |                                                       |                                                        |                                                                                                                   |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                       |                                                              |                                         |                                                       |                                                        |                                                                                                                   |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                       |                                                              |                                         |                                                       |                                                        |                                                                                                                   |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                       |                                                              |                                         |                                                       |                                                        |                                                                                                                   |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                       |                                                              |                                         |                                                       |                                                        |                                                                                                                   |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                       |                                                              |                                         |                                                       |                                                        |                                                                                                                   |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                       |                                                              |                                         |                                                       |                                                        |                                                                                                                   |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                       |                                                              |                                         |                                                       |                                                        |                                                                                                                   |                                                                                                                                               |                                |                                                                                                               |
|                                                                                                                                                                                                                                                                       |                                                              |                                         |                                                       |                                                        |                                                                                                                   |                                                                                                                                               |                                |                                                                                                               |
| <b>2 Totals.</b> 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). |                                                              |                                         |                                                       | 100,000.                                               | 99,994.                                                                                                           |                                                                                                                                               |                                | 6.                                                                                                            |

**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.

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/ScheduleD) for instructions and the latest information.

Name(s) shown on return

Laurie Lehmann

Your social security number

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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>1a</b> 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 . | 684.                             | 790.                            |                                                                                           | -106.                                                                                                     |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .                                                                                                                                                                                         |                                  |                                 |                                                                                           |                                                                                                           |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .                                                                                                                                                                                          | 100,000.                         | 99,994.                         |                                                                                           | 6.                                                                                                        |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .                                                                                                                                                                                          |                                  |                                 |                                                                                           |                                                                                                           |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .                                                                                                                                                                            |                                  |                                 | <b>4</b>                                                                                  |                                                                                                           |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .                                                                                                                                                               |                                  |                                 | <b>5</b>                                                                                  | 2,444.                                                                                                    |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .                                                                                                                            |                                  |                                 | <b>6</b>                                                                                  | ( )                                                                                                       |
| <b>7</b> <b>Net short-term capital gain or (loss).</b> 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 the back . . . . .                                                                   |                                  |                                 | <b>7</b>                                                                                  | 2,344.                                                                                                    |

**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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>8a</b> 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 . |                                  |                                 |                                                                                            |                                                                                                           |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .                                                                                                                                                                                        |                                  |                                 |                                                                                            |                                                                                                           |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .                                                                                                                                                                                         |                                  |                                 |                                                                                            |                                                                                                           |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .                                                                                                                                                                                        | 490,000.                         | 268,276.                        | -221,724.                                                                                  | 0.                                                                                                        |
| <b>11</b> 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 . . . . .                                                                                                                                    |                                  |                                 | <b>11</b>                                                                                  |                                                                                                           |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .                                                                                                                                                              |                                  |                                 | <b>12</b>                                                                                  |                                                                                                           |
| <b>13</b> Capital gain distributions. See the instructions . . . . .                                                                                                                                                                                                                      |                                  |                                 | <b>13</b>                                                                                  | 597.                                                                                                      |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .                                                                                                                          |                                  |                                 | <b>14</b>                                                                                  | ( )                                                                                                       |
| <b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .                                                                                                                                              |                                  |                                 | <b>15</b>                                                                                  | 597.                                                                                                      |

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

Schedule D (Form 1040) 2023

**SCHEDULE B  
(Form 1040)**Department of the Treasury  
Internal Revenue Service**Interest and Ordinary Dividends**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **08**

Name(s) shown on return

Laurie Lehmann

Your social security number

**Part I  
Interest**(See instructions  
and the  
Instructions for  
Form 1040,  
line 2b.)**Note:** If you  
received a  
Form 1099-INT,  
Form 1099-OID,  
or substitute  
statement from  
a brokerage firm,  
list the firm's  
name as the  
payer and enter  
the total interest  
shown on that  
form.

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

Wells Fargo Bank  
Edward Jones  
Chiarell Family Trust**Amount**

3,345.

962.

78.

**1**

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

4,385.

**3**

4,385.

**Note:** If line 4 is over \$1,500, you must complete Part III.**Amount****Part II  
Ordinary  
Dividends**(See instructions  
and the  
Instructions for  
Form 1040,  
line 3b.)**Note:** If you  
received a  
Form 1099-DIV  
or substitute  
statement from  
a brokerage firm,  
list the firm's  
name as the  
payer and enter  
the ordinary  
dividends shown  
on that form.

- 5**
- List name of payer: Edward Jones
- 
- Chiarell Family Trust

1,298.

162.

**5**

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

1,460.

**6****Note:** If line 6 is over \$1,500, you must complete Part III.**Part III  
Foreign  
Accounts  
and Trusts****Caution:** If  
required, failure to  
file FinCEN Form  
114 may result in  
substantial  
penalties.  
Additionally, you  
may be required  
to file Form 8938,  
Statement of  
Specified Foreign  
Financial Assets.  
See instructions.

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

- 7a**
- At any time during 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

| Yes | No |
|-----|----|
|     | X  |
|     |    |
|     | X  |

**SCHEDULE A**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **07**

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

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

Laurie Lehmann

Your social security number

|                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                 |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>Medical and Dental Expenses</b>                                                                                                                                                                                                                                  |                                                                       | Caution: Do not include expenses reimbursed or paid by others.                                                                                                                                  |         |
| 1                                                                                                                                                                                                                                                                   | Medical and dental expenses (see instructions)                        | 1                                                                                                                                                                                               | 4,313.  |
| 2                                                                                                                                                                                                                                                                   | Enter amount from Form 1040 or 1040-SR, line 11                       | 2                                                                                                                                                                                               | 20,419. |
| 3                                                                                                                                                                                                                                                                   | Multiply line 2 by 7.5% (0.075)                                       | 3                                                                                                                                                                                               | 1,531.  |
| 4                                                                                                                                                                                                                                                                   | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4                                                                                                                                                                                               | 2,782.  |
| <b>Taxes You Paid</b>                                                                                                                                                                                                                                               |                                                                       | 5 State and local taxes.                                                                                                                                                                        |         |
| a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input checked="" type="checkbox"/> |                                                                       | 5a                                                                                                                                                                                              | 833.    |
| b State and local real estate taxes (see instructions)                                                                                                                                                                                                              |                                                                       | 5b                                                                                                                                                                                              | 10,560. |
| c State and local personal property taxes                                                                                                                                                                                                                           |                                                                       | 5c                                                                                                                                                                                              |         |
| d Add lines 5a through 5c                                                                                                                                                                                                                                           |                                                                       | 5d                                                                                                                                                                                              | 11,393. |
| e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)                                                                                                                                                                                   |                                                                       | 5e                                                                                                                                                                                              | 10,000. |
| 6                                                                                                                                                                                                                                                                   | Other taxes. List type and amount:                                    | 6                                                                                                                                                                                               |         |
| 7                                                                                                                                                                                                                                                                   | Add lines 5e and 6                                                    | 7                                                                                                                                                                                               | 10,000. |
| <b>Interest You Paid</b>                                                                                                                                                                                                                                            |                                                                       | 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>      |         |
| Caution: Your mortgage interest deduction may be limited. See instructions.                                                                                                                                                                                         |                                                                       | 8a                                                                                                                                                                                              | 4,718.  |
| b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address.                                            |                                                                       | 8b                                                                                                                                                                                              |         |
| c Points not reported to you on Form 1098. See instructions for special rules                                                                                                                                                                                       |                                                                       | 8c                                                                                                                                                                                              |         |
| d Reserved for future use                                                                                                                                                                                                                                           |                                                                       | 8d                                                                                                                                                                                              |         |
| e Add lines 8a through 8c                                                                                                                                                                                                                                           |                                                                       | 8e                                                                                                                                                                                              | 4,718.  |
| 9                                                                                                                                                                                                                                                                   | Investment interest. Attach Form 4952 if required. See instructions   | 9                                                                                                                                                                                               |         |
| 10                                                                                                                                                                                                                                                                  | Add lines 8e and 9                                                    | 10                                                                                                                                                                                              | 4,718.  |
| <b>Gifts to Charity</b>                                                                                                                                                                                                                                             |                                                                       | 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions                                                                                                              |         |
| Caution: If you made a gift and got a benefit for it, see instructions.                                                                                                                                                                                             |                                                                       | 11                                                                                                                                                                                              | 120.    |
| 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500                                                                                                                                    |                                                                       | 12                                                                                                                                                                                              | 2,335.  |
| 13 Carryover from prior year                                                                                                                                                                                                                                        |                                                                       | 13                                                                                                                                                                                              |         |
| 14                                                                                                                                                                                                                                                                  | Add lines 11 through 13                                               | 14                                                                                                                                                                                              | 2,455.  |
| <b>Casualty and Theft Losses</b>                                                                                                                                                                                                                                    |                                                                       | 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions |         |
| 16 Other—from list in instructions. List type and amount:                                                                                                                                                                                                           |                                                                       | 16                                                                                                                                                                                              |         |
| <b>Total Itemized Deductions</b>                                                                                                                                                                                                                                    |                                                                       | 17                                                                                                                                                                                              | 19,955. |
| 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>                                                                                                                               |                                                                       | 18                                                                                                                                                                                              |         |

**Additional Information From 2023 Federal Tax Return****Schedule 1: Additional Income and Adjustments to Income****Line 8a****Explanation Statement****Net Operating Loss Carryforward**

Net Operating Loss Carryforward From the Year Ended 12/31/22 \$10,331

**Schedule A: Itemized Deductions****Ln 5b(a), RE tax main res****Itemization Statement**

| Description                            |  | Amount         |
|----------------------------------------|--|----------------|
| 2805 Gleason 2023 Per HUD (Final 2023) |  | 351.           |
| 2409 SW 38th Terrace 2022              |  | 2,877.         |
| 2409 SW 38th Terrace 2023              |  | 5,078.         |
| 2805 Gleason 2022 (Final 2023)         |  | 2,254.         |
| <b>Total</b>                           |  | <b>10,560.</b> |

## Form 1099-R

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  
NATIONAL AUTOMATIC SPRINKLER IND  
PENSION FUND  
8000 CORPORATE DRIVE  
LANDOVER MD 20785-2285 301-577-1700

PAYER'S TIN  
[REDACTED]

RECIPIENT'S TIN  
[REDACTED]

RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  
LAURIE LEHMANN  
2409 SW 38TH TER  
CAPE CORAL FL 33914-2411

10 Amount allocable to IRR within 5 years  
\$

11 1st year of desig.  
Roth contrib.

12 FATCA filing  
requirement  
☐

## Copy B

Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.  
This information is being furnished to the IRS.

1099R\_20240131085647978\_1310

1 Gross distribution  
\$ 18,575.16  
2a Taxable amount  
\$ 18,575.16  
2b Taxable amount  
not determined ☐

OMB No. 1545-0119

2023

Form 1099-R

Distributions From  
Pensions, Annuities,  
Retirement or  
Profit-Sharing  
Plans, IRAs,  
Insurance  
Contracts, etc.

3 Capital gain (included  
in box 2a)  
\$

4 Federal income tax withheld  
\$

5 Employee contributions/  
Designated Roth contributions or  
insurance premiums  
\$

6 Net unrealized appreciation  
in employer's securities  
\$

7 Distribution  
code(s)  
7

IRA/SEP/  
SIMPLE  
☐

8 Other  
\$

%

9a Your percentage of total distribution  
%

9b Total employee contributions  
\$

14 State tax withheld  
\$

15 State/Payer's state no.  
\$

16 State distribution  
\$

17 Local tax withheld  
\$

18 Name of locality  
\$

19 Local distribution  
\$

Department of the Treasury - Internal Revenue Service

## Form 1099-R

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PENSION FUND  
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LANDOVER MD 20785-2285 301-577-1700

PAYER'S TIN  
[REDACTED]

RECIPIENT'S TIN  
[REDACTED]

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CAPE CORAL FL 33914-2411

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1099R\_20240131085647978\_1310

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OMB No. 1545-0119

2023

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code(s)  
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IRA/SEP/  
SIMPLE  
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Department of the Treasury - Internal Revenue Service

## Form 1099-R

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LANDOVER MD 20785-2285 301-577-1700

PAYER'S TIN  
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CAPE CORAL FL 33914-2411

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\$

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Roth contrib.

12 FATCA filing  
requirement  
☐

## Copy C

## For Recipient's Records

This information is being furnished to  
the IRS.

1099R\_20240131085647978\_1310

13 Date of  
payment

Account number  
(see instructions)

(keep for your records)

1 Gross distribution  
\$ 18,575.16  
2a Taxable amount  
\$ 18,575.16  
2b Taxable amount  
not determined ☐

OMB No. 1545-0119

2023

Form 1099-R

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code(s)  
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IRA/SEP/  
SIMPLE  
☐

8 Other  
\$

%

9a Your percentage of total distribution  
%

9b Total employee contributions  
\$

14 State tax withheld  
\$

15 State/Payer's state no.  
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16 State distribution  
\$

17 Local tax withheld  
\$

18 Name of locality  
\$

19 Local distribution  
\$

Department of the Treasury - Internal Revenue Service

**FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT**

**2023**

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

|                                                                                                                                                                                                                                                         |                                                      |                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Box 1. Name<br><b>LAURIE LEHMANN</b>                                                                                                                                                                                                                    |                                                      | Box 2. Beneficiary's Social Security Number<br>                         |
| Box 3. Benefits Paid in 2023<br><b>\$29,494.80</b>                                                                                                                                                                                                      | Box 4. Benefits Repaid to SSA in 2023<br><b>NONE</b> | Box 5. Net Benefits for 2023 (Box 3 minus Box 4)<br><b>\$29,494.80</b>                                                                                     |
| <b>DESCRIPTION OF AMOUNT IN BOX 3</b><br><br>Paid by check or Direct deposit <b>\$27,516.00</b><br>Medicare Part B premiums deducted from your benefits <b>\$1,978.80</b><br>Total Additions <b>\$29,494.80</b><br>Benefits for 2023 <b>\$29,494.80</b> |                                                      | <b>DESCRIPTION OF AMOUNT IN BOX 4</b><br><br><b>NONE</b>                                                                                                   |
|                                                                                                                                                                                                                                                         |                                                      | Box 6. Voluntary Federal Income Tax Withheld<br><b>NONE</b>                                                                                                |
|                                                                                                                                                                                                                                                         |                                                      | Box 7. Address<br><b>LAURIE LEHMANN<br/>2409 SW 38TH TER<br/>CAPE CORAL FL 33914-2411</b>                                                                  |
|                                                                                                                                                                                                                                                         |                                                      | Box 8. Claim Number (Use this number if you need to contact SSA.)<br> |

Form SSA-1099-SM (1-2024)

**DO NOT RETURN THIS FORM TO SSA OR IRS**



deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.

3. You may also call your local office at **1-888-318-9114**.

SOCIAL SECURITY  
SUITE 25  
4220 EXECUTIVE CIRCLE  
FORT MYERS FL 33916

☐ CORRECTED

|                                                                                                                                                                                                                                                       |                                                  |                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------|
| FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number<br><b>Assured Title Services, LLC</b><br><br><b>26811 South Bay Drive, Suite 280</b><br><b>Bonita Springs, Florida 34134</b> | 1. Date of closing (MMDDYY)<br><b>04/03/2023</b> | OMB No. 1545-0097<br><b>2023</b><br><br><b>Form 1099-S</b> |
|                                                                                                                                                                                                                                                       | 2. Gross Proceeds<br><b>\$490,000.00</b>         |                                                            |

**Proceeds From Real Estate Transactions**

|                                                                                                                                                                                                                                                                                                                          |                                |                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILER'S TIN<br>[REDACTED]                                                                                                                                                                                                                                                                                                | TRANSFEROR'S TIN<br>[REDACTED] | 3. Address (including city, state, and ZIP code) or legal description<br><b>2805 Gleason Parkway, Cape Coral, Florida 33914</b>                                                                                                                                                                                           |
| TRANSFEROR'S name<br><b>Laurie Lehmann, as Trustee of the Laurie Lehmann Revocable Trust Agreement dated March 25, 2019</b><br><b>2409 SW 38th Terrace</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>Cape Coral, FL 33914</b><br>Account number (see instructions)<br>[REDACTED] |                                | 4. Transferor received or will receive property or services as part of the consideration (if checked) <input type="checkbox"/><br>5. If checked, transferor is a foreign person (nonresident alien, foreign partnership, foreign estate, or foreign trust) <input type="checkbox"/><br>6. Buyer's part of real estate tax |

**Copy B**  
**For Transferor**  
This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this item is required to be reported and the IRS determines that it has not been reported.

Form 1099-S

(keep for your records)

[www.irs.gov/form1099s](http://www.irs.gov/form1099s)

Department of the Treasury - Internal Revenue Service

Crystal Porcelli  
(239) 333-3550



**Laurie Lehmann, as Trustee of the Laurie Lehmann Revocable Trust Agreement dated March 25, 2019**

Purch 10/28/04 \*214,900  
+ Remvd 10/22

## Form 1099-R

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2b Taxable amount not determined ☐

OMB No. 1545-0119

2023

Form 1099-R

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Pensions, Annuities,  
Retirement or  
Profit-Sharing  
Plans, IRAs,  
Insurance  
Contracts, etc.

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RECIPIENT'S TIN

RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

LAURIE LEHMANN  
2409 SW 38TH TER  
CAPE CORAL FL 33914-2411

3 Capital gain (included in box 2a)

\$

4 Federal income tax withheld

\$

5 Employee contributions/ Designated Roth contributions or insurance premiums

\$

6 Net unrealized appreciation in employer's securities

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7 Distribution code(s)

7

IRA/SEP/SIMPLE

☐

8 Other

\$

%

9a Your percentage of total distribution

%

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9b Total employee contributions

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11 1st year of desig. Roth contrib.

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19 Local distribution

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This information is being furnished to the IRS.

13 Date of payment

Account number (see instructions)

Department of the Treasury - Internal Revenue Service

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OMB No. 1545-0119

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Account number (see instructions)

Department of the Treasury - Internal Revenue Service

## Form 1099-R

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OMB No. 1545-0119

2023

Form 1099-R

Distributions From  
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LAURIE LEHMANN  
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CAPE CORAL FL 33914-2411

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18 Name of locality

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19 Local distribution

\$

## Copy C

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13 Date of payment

Account number (see instructions)

(keep for your records)

Department of the Treasury - Internal Revenue Service

2  
FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

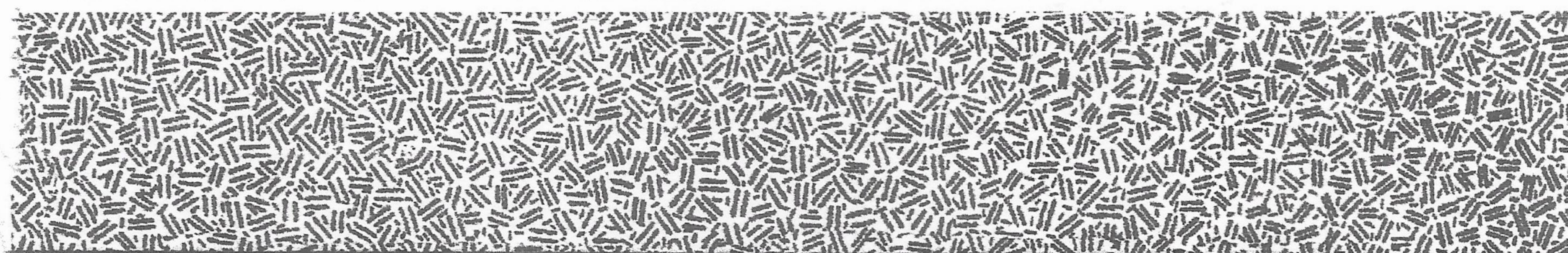
**2023**

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• SEE THE REVERSE FOR MORE INFORMATION.

|                                                                                                                                                                                                                                                                                                                                                     |                                               |                                                                                  |             |                                                      |            |                 |             |                   |             |                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------|-------------|------------------------------------------------------|------------|-----------------|-------------|-------------------|-------------|------------------------------------------------------|
| Box 1. Name<br>LAURIE LEHMANN                                                                                                                                                                                                                                                                                                                       |                                               | Box 2. Beneficiary's Social Security Number<br>[REDACTED]                        |             |                                                      |            |                 |             |                   |             |                                                      |
| Box 3. Benefits Paid in 2023<br>\$29,494.80                                                                                                                                                                                                                                                                                                         | Box 4. Benefits Repaid to SSA in 2023<br>NONE | Box 5. Net Benefits for 2023 (Box 3 minus Box 4)<br>\$29,494.80                  |             |                                                      |            |                 |             |                   |             |                                                      |
| <b>DESCRIPTION OF AMOUNT IN BOX 3</b><br><table> <tr> <td>Paid by check or Direct deposit</td> <td>\$27,516.00</td> </tr> <tr> <td>Medicare Part B premiums deducted from your benefits</td> <td>\$1,978.80</td> </tr> <tr> <td>Total Additions</td> <td>\$29,494.80</td> </tr> <tr> <td>Benefits for 2023</td> <td>\$29,494.80</td> </tr> </table> |                                               | Paid by check or Direct deposit                                                  | \$27,516.00 | Medicare Part B premiums deducted from your benefits | \$1,978.80 | Total Additions | \$29,494.80 | Benefits for 2023 | \$29,494.80 | <b>DESCRIPTION OF AMOUNT IN BOX 4</b><br><p>NONE</p> |
| Paid by check or Direct deposit                                                                                                                                                                                                                                                                                                                     | \$27,516.00                                   |                                                                                  |             |                                                      |            |                 |             |                   |             |                                                      |
| Medicare Part B premiums deducted from your benefits                                                                                                                                                                                                                                                                                                | \$1,978.80                                    |                                                                                  |             |                                                      |            |                 |             |                   |             |                                                      |
| Total Additions                                                                                                                                                                                                                                                                                                                                     | \$29,494.80                                   |                                                                                  |             |                                                      |            |                 |             |                   |             |                                                      |
| Benefits for 2023                                                                                                                                                                                                                                                                                                                                   | \$29,494.80                                   |                                                                                  |             |                                                      |            |                 |             |                   |             |                                                      |
|                                                                                                                                                                                                                                                                                                                                                     |                                               | Box 6. Voluntary Federal Income Tax Withheld<br>NONE                             |             |                                                      |            |                 |             |                   |             |                                                      |
|                                                                                                                                                                                                                                                                                                                                                     |                                               | Box 7. Address<br>LAURIE LEHMANN<br>2409 SW 38TH TER<br>CAPE CORAL FL 33914-2411 |             |                                                      |            |                 |             |                   |             |                                                      |
|                                                                                                                                                                                                                                                                                                                                                     |                                               | Box 8. Claim Number (Use this number if you need to contact SSA.)<br>[REDACTED]  |             |                                                      |            |                 |             |                   |             |                                                      |

Form SSA-1099-SM (1-2024)

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deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.

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SOCIAL SECURITY  
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FORT MYERS FL 33916