

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/24/2024

General Information

Name: Mr Robert Alan Shayman

PID 269019

AGENCY INFORMATION

Organization	Suborganization	Title
Hardee County School Board	Elected Constitutional Officer	

CANDIDATE FOR

Position	Agency Name	Position sought or held
Superintendent of Schools	Hardee County	Superintendent of Schools

Net Worth

My Net Worth as of May 15, 2024 was \$ 911,439.14.

Assets

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

The aggregate value of my household goods and personal effect is \$ 187,450.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Crews Bank & Trust	\$ 68,500.13
American Express Savings Accounts	\$ 47,479.33
Synchrony Bank	\$ 5,098.96
Mid-Florida Credit Union	\$ 3,201.68
Annuity, Corebridge Financial	\$ 396,721.59

Liabilities**LIABILITIES IN EXCESS OF \$1,000:**

Name of Creditor	Address of Creditor	Amount of Liability
Care Credit	P.O. Box 71715, Philadelphia, Pa. 19176-1715	\$ 9,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. 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
Hardee County School District	P.O. Drawer 1678, Wauchula, Fl. 33873	\$ 124,231.00
Florida Retirement System	P.O. Box 9000, Tallahassee, Fl. 32315	\$ 45,266.34
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.

Robert Alan Shayman

Digitally signed: 05/24/2024

Filed with COE: 05/24/2024

Download the CareCredit Mobile App today!

View your account balance

Pay your monthly bill

Find providers, partners and retailers

Pay for health expenses with your digital card



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CARECREDIT/SYNCHRONY BANK

ROBERT SHAYMAN
Account Number : XXXXXXXXXXXX
Statement Closing Date: 05/21/2024

synchrony

Summary of Account Activity		Payment Information		
Previous Balance	\$10,000.00	New Balance	\$9,000.00	
+ New Purchases	\$0.00	Total Minimum Payment Due	\$293.00	
- Payments	\$1,000.00	Payment Due Date	06/13/2024	
+/- Credits, Fees & Adjustments (net)	\$0.00	PAYMENT DUE BY 5 P.M. EASTERN ON THE DUE DATE.		
+/- Interest Charge (net)	\$0.00	We may convert your payment into an electronic debit. See reverse side.		
New Balance	\$9,000.00	Late Payment Warning: If we do not receive your Total Minimum Payment Due by the Payment Due Date listed above, you may have to pay a late fee up to \$38.00.		
Credit Limit	\$20,000.00	Minimum Payment Warning: Making only the Total Minimum Payment Due will increase the amount of interest you pay and the time it takes to repay your balance. For example:		
Available Credit	\$10,500.00			
Days in Billing Period	32	If you make no additional charges using this card and each month you pay ...	You will pay off the balance shown on this statement in about ...	And you will end up paying an estimated total of ...
Pay online for free at: mysynchrony.com For Synchrony Bank customer service or to report your card lost or stolen, call (1-866-893-7864). Best times to call are Wednesday - Friday.		Only the minimum payment	25 years	\$33,423.00
		\$407.00	3 years	\$14,644.00 (Savings = \$18,779.00)
		If you would like information about credit counseling services, call 1-877-302-8797.		

Promotional Expiration Notification
YOU MUST PAY EACH PROMOTIONAL BALANCE IN FULL BY ITS EXPIRATION DATE TO AVOID PAYING DEFERRED INTEREST CHARGES. PLEASE SEE THE PROMOTIONAL PURCHASE SUMMARY SECTION ON THIS STATEMENT FOR FURTHER DETAILS. YOU HAVE A PROMOTION(S) EXPIRING ON 06/20/25 AND 08/21/25.

* NOTICE: See reverse side and additional pages (if any) for important information concerning your account.

Pay online at mysynchrony.com or enclose this coupon with your check. Please use blue or black ink.



Total Minimum Payment Due	Payment Due Date	New Balance	Account Number
\$293.00	06/13/2024	\$9,000.00	XXXXXXXXXXXX

Payment Enclosed : \$

☐ **New address or e-mail?** If you only pay the Total Minimum Due it may not pay off the Promotional Purchase by the Expiration Date.
Check the box at left and print changes on back

ROBERT SHAYMAN
1668 DENA CIR
WAUCHULA FL 33873-8411

Make Payment to: SYNCHRONY BANK
PO BOX 71715
PHILADELPHIA, PA 19176-1715

Customer Service: For account information, call the number on the front of this statement. For Hearing or Speech disabilities, use a TRS. Unless your name is listed on this statement, your access to information on the account may be limited. You may also mail questions (but not payments) to: **P.O. Box 71754, Philadelphia, PA 19176-1754**. Please include your account number on any correspondence you send to us.

Payments: Send payments to the address listed on the remit coupon portion of this statement or pay online at www.mysynchrony.com.

Overnight Payments: Payments cannot be made in person; mail payments to Synchrony Bank, **400 White Clay Center Drive, Newark, NJ 19711**.

Notice: See below for your Billing Rights and other important information. Telephoning about billing errors will not preserve your rights under federal law. To preserve your rights, please write to our Billing Inquiries Address, P.O. Box 71756, Philadelphia, PA 19176-1756.

Purchases, returns, and payments made just prior to billing date may not appear until next month's statement. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution. **You may choose not to have your payment collected electronically by sending your payment (with the payment stub), in your own envelope – not the enclosed window envelope, addressed to: P.O. Box 669823, Dallas, TX 75266-0779 and not the Payment Address.**

What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, write to us at the Billing Inquiries Address of: Synchrony Bank, P.O. Box 71756, Philadelphia, PA 19176-1756 In your letter, give us the following information:

- **Account information:** Your name and account number.
- **Dollar amount:** The dollar amount of the suspected error.
- **Description of Problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.

To use this right, all of the following must be true:

1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than \$50. (**Note:** Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us *in writing* at: Synchrony Bank, P.O. Box 71756, Philadelphia, PA 19176-1756

While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

Information About Payments: You may at any time pay, in whole or in part, the total unpaid balance without any additional charge for prepayment.

Payments received after 5:00 p.m. (ET) on any day will be credited as of the next day. Credit to your Account may be delayed up to five days if payment (a) is not received at the Payment Address, (b) is not made in U.S. dollars drawn on a U.S. financial institution located in the U.S., (c) is not accompanied by the remittance coupon attached to your statement, (d) contains more than one payment or remittance coupon, or (e) includes staples, paper clips, tape, a folded check, or correspondence of any type. **Conditional Payments:** All written communications concerning disputed amounts, including any check or other payment instrument that: (i) indicates that the payment constitutes "payment in full" or is tendered as full satisfaction of a disputed amount; or (ii) is tendered with other conditions or limitations ("Disputed Payments"), must be mailed or delivered to us at P.O. Box 71756, Philadelphia, PA 19176-1756.

Credits To Your Account: An amount shown in parentheses or preceded by a minus (-) sign is a credit or credit balance unless otherwise indicated. Credits will be applied to your previous balance immediately upon receipt, but will not satisfy any required payment that may be due.

Credit Reports And Account Information: If you believe that we have reported inaccurate information about you to a consumer reporting agency, please contact us at P.O. Box 71757, Philadelphia, PA 19176-1757. In doing so, please identify the inaccurate information and tell us why you believe it is incorrect. If you have a copy of the credit report that includes the inaccurate information, please include a copy of that report. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

How We Calculate Interest

Daily Balance Method: We figure the interest charge on your account by applying the periodic rate to the "daily balance" of your account for each day in the billing cycle. We then add the interest to the daily balance. To get the "daily balance" we take the beginning balance of your account each day (which includes unpaid interest), add any new charges, and applicable fees, and subtract any payments or credits. This gives us the daily balance. Any daily balance of less than zero will be treated as zero. A separate daily balance will be calculated for each balance type on your account. The balance(s) shown in the Interest Charges section of this statement is the sum of the daily balances for each day in the billing cycle divided by the number of days in the billing cycle. We will not charge you any interest on non-promotional purchases if you pay your entire balance by the due date each month. Please refer to the due date shown on the front of your statement. We will begin charging interest on promotional purchases on the purchase date.

Your Account is owned and serviced by Synchrony Bank.

Use of Information About You and Your Account: Our Privacy Policy describes our collection and disclosure of information about you and your Account. If you would like another copy of the Privacy Policy, please call us at the customer service telephone number indicated on the front of this statement.

[WF6455521CU]

O1FS5302 - 03/06/23

Bankruptcy Notice: If you file bankruptcy, you must send us notice, including account number and all information related to the proceeding to the following address: Synchrony Bank, Attn: Bankruptcy Dept., P.O. Box 71783, Philadelphia, PA 19176-1783.

This is an attempt to collect a debt and any information obtained will be used for that purpose.

*By providing a telephone number on your account, you consent to Synchrony Bank and any other owner or servicer of your account contacting you about your account, including using any contact information or cell phone numbers you provide, and you consent to the use of any automatic telephone dialing system and/or an artificial or prerecorded voice when contacting you, even if you are charged for the call under your phone plan.

For changes of address, phone number and/or email, please check the box and print the changes below.

☐	Street Address City, State ZIP Phone # Email	_____	_____	_____	_____
		*Home Phone #	*Business Phone #	*Cell # or other phone # we can use to contact you	**Email Address

**Remember, you can update the above information as well as your email address online at www.mysynchrony.com.

Check out the Care Experts podcast.

From cosmetic to dental and vet to vision, hear directly from top specialists in the health & wellness industry.



Scan to listen!



carecredit.com/careexperts

Promotional Purchase Summary

Promotional Expiration Date	Promotional Balance	Deferred Interest Charge	Tran Date	Description	Initial Purchase Amount
06/20/2025	\$2,570.00	\$399.87	12/20/2023	Deferred Interest/No Interest If Paid In Full	\$3,360.00
08/21/2025	\$6,430.00	\$565.34	01/29/2024	Deferred Interest/No Interest If Paid In Full	\$6,430.00

A summary of your promotional purchase is provided above.
If you have a DEFERRED INTEREST/NO INTEREST IF PAID IN FULL promotion: To avoid paying Deferred Interest Charges on these promotion(s), you must pay the entire applicable Promotional Balance by the Promotional Expiration Date. On a Fixed Payment (Extended Payment Plan) promotional purchase, the Interest Charge is billed monthly and included as part of the Minimum Payment due.
To make more than one payment see Make Payment To address or pay online at mysynchrony.com.

Transaction Summary

Tran Date	Post Date	Reference Number	Description	Amount								
05/01/2024	05/01/2024		PAYMENT - THANK YOU	(\$500.00)								
05/20/2024	05/20/2024		PAYMENT - THANK YOU	(\$500.00)								
			FEES									
			TOTAL FEES FOR THIS PERIOD	\$0.00								
			INTEREST CHARGED									
05/21/2024	05/21/2024		INTEREST CHARGE ON PURCHASES	\$0.00								
			TOTAL INTEREST FOR THIS PERIOD	\$0.00								
<table><tr><th colspan="2">2024 Totals Year-to-Date</th></tr><tr><td>Total Fees Charged in 2024</td><td>\$0.00</td></tr><tr><td>Total Interest Charged in 2024</td><td>\$0.00</td></tr><tr><td>Total Interest Paid in 2024</td><td>\$0.00</td></tr></table>					2024 Totals Year-to-Date		Total Fees Charged in 2024	\$0.00	Total Interest Charged in 2024	\$0.00	Total Interest Paid in 2024	\$0.00
2024 Totals Year-to-Date												
Total Fees Charged in 2024	\$0.00											
Total Interest Charged in 2024	\$0.00											
Total Interest Paid in 2024	\$0.00											

Interest Charge Calculation

Type of Balance	Expiration Date	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	NA	26.99%	\$0.00	\$0.00
Deferred Interest/No Interest If Paid In Full	06/20/2025	26.99%	\$3,496.59	\$0.00
Deferred Interest/No Interest If Paid In Full	08/21/2025	26.99%	\$6,910.69	\$0.00

New Promotional Financing Plans

Eligible future card purchases may be billed under one of the following promotions: No Interest if Paid in Full within 6, 12, 18 or 24 months. Under each of these promotions, if the promotional balance is not paid in full within the applicable Promotional Period, interest will be imposed from the transaction date at an APR of 26.99%, except as provided below. If a (v) is shown after your APR in the Interest Charge Calculation section of this billing statement, the APR is a variable rate and will vary with the market based on the Prime Rate. You have been or will soon be provided a notice stating that your APR is increasing. For any purchase subject to one of the promotions above that is charged to your account on or after the effective date of the notice about the APR increase, if the promotional balance is not paid in full within the applicable Promotional Period, interest will be imposed from the transaction date at an APR of 32.99%. Regular account terms apply to non-promotional purchases and, after promotion ends, to promotional purchase. Minimum monthly payments are required. Minimum monthly payments are required. See promotional advertising for further details.

Cardholder News & Information

In order to protect your account privacy, we are unable to provide account information to anyone other than the cardholder(s) or an authorized party. If you wish to permit us to speak to an authorized party such as a spouse about your account, please send written authorization to the General Inquiries address.
If you need to contact Synchrony about the loss of a Synchrony cardholder, you can submit a deceased notification form located at www.syf.com under the 'Contact Us' page.
You can pay your bill online or over the phone. We noticed you've been enjoying our easy paperless payment options, so we will no longer be including return envelopes. You can make things even easier by selecting the paperless statement option on your account online.

Continued on next page

Cardholder News & Information (Continued)

Synchrony Bank may continue to obtain information, including employment and income information from others about you (including requesting reports from consumer reporting agencies and other sources) to review, maintain or collect your account.

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 Robert A	Last name Shayman	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial Linda J	Last name Shayman	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 1668 Dena Cir		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. Wauchula		State FL
Foreign country name		ZIP code 338738411
Foreign province/state/county		Foreign postal code
		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status ☐ Single ☒ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS)
☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

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

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	132,849.
	b Household employee wages not reported on Form(s) W-2	1b	
	c Tip income not reported on line 1a (see instructions)	1c	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e Taxable dependent care benefits from Form 2441, line 26	1e	
	f Employer-provided adoption benefits from Form 8839, line 29	1f	
	g Wages from Form 8919, line 6	1g	
	h Other earned income (see instructions)	1h	0.
	i Nontaxable combat pay election (see instructions)	1i	
	z Add lines 1a through 1h	1z	132,849.
Attach Schedule B if required.	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	6a Social security benefits	6a	
	c If you elect to use the lump-sum election method, check here (see instructions)		☐
	b Taxable interest	2b	1,771.
	b Ordinary dividends	3b	
	b Taxable amount	4b	
	b Taxable amount	5b	87,946.
	b Taxable amount	6b	

Standard Deduction See Standard Deduction Chart on the last page of this form.	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	7	
	8	Additional income from Schedule 1, line 10	8	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	222,566.
	10	Adjustments to income from Schedule 1, line 26	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income	11	222,566.
	12	Standard deduction or itemized deductions (from Schedule A)	12	30,700.
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12 and 13	14	30,700.
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	191,866.
Tax and Credits	16	Tax (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐ _____	16	32,848.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	32,848.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	32,848.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	32,848.
	Payments	25	Federal income tax withheld from:	
a		Form(s) W-2	25a	22,029.
b		Form(s) 1099	25b	8,854.
c		Other forms (see instructions)	25c	
d		Add lines 25a through 25c	25d	30,883.
26		2023 estimated tax payments and amount applied from 2022 return	26	
27		Earned income credit (EIC)	27	
28		Additional child tax credit from Schedule 8812	28	
29		American opportunity credit from Form 8863, line 8	29	
30		Reserved for future use	30	
31		Amount from Schedule 3, line 15	31	
32		Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
33		Add lines 25d, 26, and 32. These are your total payments	33	30,883.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34																			
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a																			
Direct deposit? See instructions.	b	Routing number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	c	Type: ☐ Checking ☐ Savings								
X	X	X	X	X	X	X	X	X	X													
	d	Account number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
	36	Amount of line 34 you want applied to your 2024 estimated tax	36																			
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	1,965.																		
	38	Estimated tax penalty (see instructions)	38																			

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes . Complete below. ☒ No	
Designee's name	Phone no.	Personal identification number (PIN)

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation School Superintendent	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation School Employee	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. (863) 205-2674	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
	Firm's name	Self-Prepared			Phone no.
	Firm's address				Firm's EIN

Department of the Treasury
Internal Revenue Service

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2023

Attachment
Sequence No. 08

Name(s) shown on return

Robert A & Linda J Shayman

Your social security number

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:

AMERICAN EXPRESS NATIONAL BANK

SYNCHRONY BANK

Crews Bank & Trust

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

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

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:

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

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

Foreign Accounts and Trusts

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

- 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

In observance of Memorial Day, Corebridge Financial and the New York Stock Exchange (NYSE) will be closed on Monday, May 27, 2024.



Great news! You can now securely send and receive sensitive information through the Message Center.

This new and safe enhancement will reduce the need to mail-in or fax documents and will allow you to communicate more easily with your financial professional.

CHECK IT OUT!

Welcome, Robert

| Your last login was: 5/21/2024 9:58 AM CST

Check out your retirement plan overview.

Total Current Balance ⓘ

\$395,475.79

[VIEW STATEMENTS](#)

Hardee County Property Appraiser

Homestead Exemption

[Apply for Homestead Exemption](#)

Parcel Summary

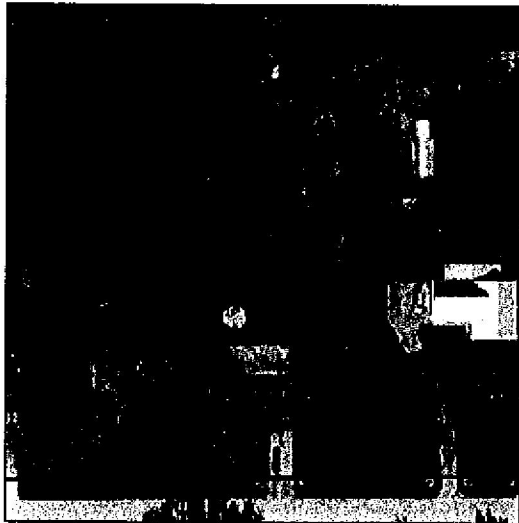
AlternateID [REDACTED]
Parcel ID 29-34-25-0846-00002-0020
Location Address 1668 DENA CR
WAUCHULA 33873
Brief Legal Description LOT 20 BLK 2 GOLFVIEW ESTATES SUBD 272P420 275P679 405P771
(Note: Not to be used on legal documents.)
Property Use Code SINGLE FAMILY (0100)
Sec/Twp/Rng 29-34-25
Tax District UNINC CO (900)
Millage Rate 14.4083
Acreage 0
Homestead Y

[View Map](#)

Owner Information

Primary Owner
SHAYMAN ROBERT A
SHAYMAN LINDA J
1668 DENA CIRCLE
WAUCHULA, FL 33873

Map



Certified Values

	2023 Certified Values
Building Value	\$211,843
Extra Features Value	\$1,983
Land Value	\$20,000
Land Agricultural Value	\$0
Agricultural (Market) Value	\$0
Just (Market) Value	\$233,826
Assessed Value	\$124,879
Exempt Value	\$50,000
Taxable Value	\$74,879
Maximum Save Our Homes Portability/Non-Homestead Cap	\$108,947

Historical Values

	2022 Certified Values	2021 Certified Values	2020 Certified Values
Building Value	\$196,438	\$174,744	\$145,627
Extra Features Value	\$2,005	\$2,026	\$2,048
Land Value	\$20,000	\$19,000	\$19,000
Land Agricultural Value	\$0	\$0	\$0
Agricultural (Market) Value	\$0	\$0	\$0
Just (Market) Value	\$218,443	\$195,770	\$166,675
Assessed Value	\$121,242	\$117,711	\$116,086
Exempt Value	\$50,000	\$50,000	\$50,000
Taxable Value	\$71,242	\$67,711	\$66,086
Maximum Save Our Homes Portability/Non-Homestead Cap	\$97,201	\$78,059	\$50,589

Land Information

Land Use	Number of Units	Unit Type	Frontage	Depth
0100 - RESIDENTIAL	1	LT	0	0

Zoning

Contact the City for Zoning within the City limits

Building Information

Type	SINGLE FAM	Heat	AIR DUCTED
Total Area	2,444	Air Conditioning	CENTRAL
Heated Area	2,372	Bathrooms	2
Exterior Walls	CB STUCCO	Bedrooms	3
Roof Cover	COMP SHNGL	Stories	1
Interior Walls	DRYWALL	Actual Year Built	1982
Frame Type	MASONRY	Effective Year Built	1982
Floor Cover	TILE; CARPET		

Extra Features

Code	Description	Length x Width x Height	Units	Unit Type
D/W 03	DRIVEWAY	51 x 16 x 0	816	SF
CLF 01	4' CHAIN LINK	0 x 0 x 0	180	LF
GAZ 03	GAZEBO	0 x 0 x 0	1	UT
PBN 03	POLE BARN	20 x 12 x 0	240	SF

Sales

Multi Parcel	Sale Date	Sale Price	Instrument	Book/Page	Instrument Number	Qualification	Reason	Vacant/Improved	Grantor	Grantee
N	3/1/1982	\$56,400	WD	<u>275/679</u>		Qualified	QUAL/CROSSES ONE OR MORE CO LI	Improved		SHAYMAN ROBERT A & LINDA J
N	11/1/1981	\$5,300	WD	<u>272/420</u>		Qualified	N/A	Vacant		

Permits

Permit Number	Type	Description	Issued	Amount
<u>2400263</u>	RR	RESIDENTIAL ROOFING	3/4/2024	\$15,390
<u>1700566</u>	RR	RESIDENTIAL ROOFING	7/10/2017	\$3,960
<u>0500639</u>	0014	REROOF	2/24/2005	\$5,000
<u>10363</u>	0060	SCREENPRCH	6/1/1989	\$3,400
<u>5709</u>	0001	S/F RES	11/1/1981	\$55,489

Sketches

LAST SOLD ON MAR 1, 1982 FOR \$56,400

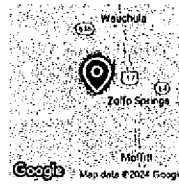
1668 Dena Cir, Wauchula, FL 33873

\$323,013
Redfin Estimate

4
Beds

3
Baths

2,372
Sq Ft



Is this your home?

View owner dashboard

About this home

1668 Dena Cir is a 2,372 square foot house on a 1.03 acre lot with 4 bedrooms and 3 bathrooms. This home is currently off market - it last sold on March 01, 1982 for \$56,400. Based on Redfin's Wauchula data, we estimate the home's value is \$323,013.

Single-family

\$136 Redfin Estimate per sq ft

Built in 1982

4 parking spaces

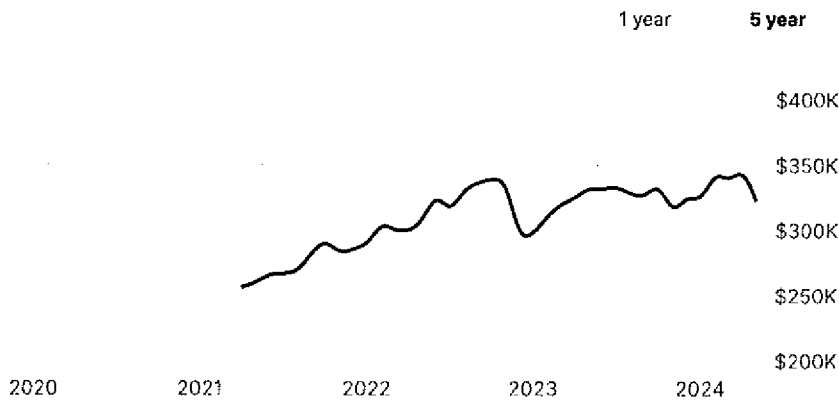
1.03 acres

Source: Public Records

Redfin Estimate for 1668 Dena Cir

The most accurate online home estimate. ⓘ

\$323,013 ▲ **\$267K** since sold in 1982



View Owner Dashboard

Nearby comparable homes

This home's Redfin Estimate uses 6 recent sales, priced between \$191K to \$420K.



American Express National Bank
P.O. Box 30384
Salt Lake City, UT 84130-0384



Savings

ROBERT ALAN SHAYMAN
1668 DENA CIRCLE
WAUCHULA, FL 33873

For questions please call: 1-800-446-6307

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. AMERICAN EXPRESS NATIONAL BANK P.O. BOX 30384 SALT LAKE CITY, UT 84130-0384 1-800-446-6307		Payer's RTN (optional)	OMB No. 1545-0112	
		1 Interest income \$1,651.09	2023 Form 1099-INT	
		2 Early withdrawal penalty		
PAYER'S TIN [REDACTED]	RECIPIENT'S TIN [REDACTED]	3 Interest on U.S. Savings Bonds and Treasury obligations		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code ROBERT ALAN SHAYMAN 1668 DENA CIRCLE WAUCHULA, FL 33873		4 Federal income tax withheld	5 Investment expenses	
		6 Foreign tax paid	7 Foreign country or U.S. possession	
		8 Tax-exempt interest	9 Specified private activity bond interest	
		10 Market discount	11 Bond premium	
		12 Bond premium on Treasury obligations	13 Bond premium on tax-exempt bond	
Account number (see instructions) See Details Below		14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification no.
			17 State tax withheld	

Interest Income

**Copy B
For Recipient**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form **1099-INT** (keep for your records) www.irs.gov/form1099int Department of the Treasury - Internal Revenue Service

See Details

ACCOUNT NUMBER	INTEREST INCOME	EARLY WITHDRAWAL PENALTY	FEDERAL INCOME TAX WITHHELD
XXXXXXX	\$400.75		
XXXXXXX	\$311.21		
XXXXXXX	\$307.18		
XXXXXXX	\$283.00		
XXXXXXX	\$288.97		
XXXXXXX	\$29.71		
XXXXXXX	\$30.27		
Total	\$1,651.09		