

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/13/2024

General Information

Name: Hon Aaron Joseph Peacock

CONFIDENTIAL

PID 211824

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (18Th)	Elected Constitutional Officer	County Judge

Net Worth

My Net Worth as of May 1, 2024 was \$ 661,885.00.

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 \$ 50,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Marital Home	\$ 600,000.00
Davis Funds Roth IRA	\$ 40,314.95
Nationwide Deferred Compensation Account	\$ 31,195.60
Truist Checking Account	\$ 16,598.13
Truist Checking Account	\$ 7,792.76
Truist Savings Account	\$ 2,212.07
Space Coast Credit Union Checking Account	\$ 20,738.28

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Space Coast Credit Union	8025 N Wickham Rd Melbourne FL 32940	\$ 56,966.70

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

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

☒ I elect to file a copy of my 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

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

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

N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you 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.

Aaron Joseph Peacock

Digitally signed: 05/13/2024

Filed with COE: 05/13/2024

Form CT-1040NR/PY - 2023

Connecticut Nonresident and Part-Year
Resident Income Tax Return (Rev. 12/23)

Page 1 of 4

Other taxable year, beginning:

and ending:

N S Y FJ

N MFS

N HOH N QSS

AARON J PEACOCK
PEACOCK

N Dec. N P
N Dec. Y N

N CT-8379 NCT-2210 CT-19IT

N CT-1040 CRC NFederal Form 1310

MELBOURNE

FL 32940 -

1. Federal adjusted gross income (from federal Form 1040, Line 11, or federal Form 1040-SR, Line 11)	1.	223615
2. Additions to federal adjusted gross income (from Schedule 1, Line 40)	2.	0
3. Add Line 1 and Line 2	3.	223615
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 52)	4.	0
5. Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5.	223615
6. Income from Connecticut sources (from Schedule CT-SI, Line 30)	6.	6798
7. Greater of Line 5 or Line 6. If less than zero, "0" is entered on Line 12.	7.	223615
8. Income tax	8.	11917
9. Line 6 divided by Line 5. If Line 6 is equal to or greater than Line 5, 1.0000 is entered.	9.	0.0304
10. Line 9 multiplied by Line 8	10.	362
11. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 61)	11.	0
12. Line 11 subtracted from Line 10. If Line 11 is greater than Line 10, "0" is entered.	12.	362
13. Connecticut alternative minimum tax (from Form CT-6251)	13.	0
14. Add Line 12 and Line 13.	14.	362
15. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	15.	0
16. Connecticut income tax: Line 15 subtracted from Line 14. If less than zero, "0" is entered.	16.	362
17. Individual use tax (from Schedule 3, Line 62) If no tax is due, "0" is entered.	17.	0
18. Total tax: Add Line 16 and Line 17.	18.	362

Clip check here. Do not use staples.
Do not send Forms W-2 or 1099, or Schedules CT K-1.



19. Amount from Line 18

19. 362

Forms W-2, W-2G, 1099, and Schedule CT K-1 Information

Col. A - Employer's Federal ID #	Col. B - CT Wages, Tips, etc.	Sch. CT K-1	Col. C - CT Income Tax Withheld
20a. 06 - 1620619	8009	X	478
20b. -	0		0
20c. -	0		0
20d. -	0		0
20e. -	0		0
20f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3)			0

20. Total Connecticut income tax withheld: Amounts in Column C.	20.	478
21. All 2023 estimated tax payments and any overpayments applied from a prior year	21.	0
22. Payments made with Form CT-1040 EXT	22.	0
22a. Claim of right credit (from Form CT-1040 CRC, Line 6)	22a.	0
22b. Pass-through entity tax credit (from Schedule CT-PE, Line 1). Schedule must be attached.	22b.	0
23. Total payments and refundable credits: Add Lines 20, 21, 22, 22a and 22b.	23.	478
24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23.	24.	116
25. Amount of Line 24 you want applied to your 2024 estimated tax	25.	0
26. Amount of Line 24 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4)	26.	0
26a. Total contributions of refund to designated charities (from Schedule 4, Line 63)	26a.	0

27. **Refund:** Lines 25, 26, and 26a subtracted from Line 24. **27.** 116
If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

27a. Acct. type Y Ck. N Sv. 27b. Rout. # 27c. Acct. #

27d. Refund going to a bank account outside the U.S. 27d. N

28. Tax due: If Line 19 is more than Line 23, Line 23 subtracted from Line 19.	28.	0
29. If late: Penalty entered. Line 28 multiplied by 10% (.10).	29.	0
30. If late: Interest entered.		
Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01).	30.	0
31. Interest on underpayment of estimated tax (from Form CT-2210.)	31.	0
32. Total amount due: Add Lines 28 through 31.	32.	0 .00

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information which the preparer has any knowledge.

Your signature 	Date 04-03-2024	Home/cell telephone number
Spouse's signature (if joint return) 	Date 	Daytime telephone number
Paid preparer's signature 	Date 04-03-2024	Telephone number 561-685-5420
Paid preparer's name DEBRA KNOX	Paid Preparer's PTIN P00645655	FEIN
Firm's name, address and ZIP code DEBRA KNOX 4237 ONEGA CIRCLE WEST PA	Self-employed 	

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name: DEBRA KNOX
 Telephone number: 561-685-5420
 Personal identification number (PIN): 05249

Schedule 1 - Modifications to Federal Adjusted Gross Income

33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	35.	0
36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	36.	0
37. Loss on sale of Connecticut state and local government bonds	37.	0
38. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year.	38.	0
38a. 80% of Section 179 federal deduction.	38a.	0
39. Other-specify •	39.	0
40. Total additions: Add Lines 33 through 39.	40.	0
41. Interest on U.S. government obligations	41.	0
42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	42.	0
43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	43.	0
44. Refunds of state and local income taxes	44.	0
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	45.	0
46. Military retirement pay	46.	0
47. 50% of income received from Connecticut Teachers' Retirement System	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions made in 2023 or an excess carried forward from a prior year Acct. #:	50.	0
50a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years.	50a.	0
50b. 100% of pension or annuity income	50b.	0
50c. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that are not claimed for federal income tax purposes	50c.	0
51. Other-specify •	51.	0
52. Total subtractions: Add Lines 41 through 51.	52.	0
Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions		
53. Connecticut AGI during residency portion of taxable year	53.	0

	Col. A	Col. B
54. Qualifying jurisdiction's name and two-letter code 54. •		
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet) 55.	0	0
56. Line 55 divided by Line 53. May not exceed 1.0000. 56.	0.0000	0.0000
57. Apportioned income tax 57.	0	0
58. Line 56 multiplied by Line 57 58.	0	0
59. Allowable income tax paid to a qualifying jurisdiction 59.	0	0
60. Lesser of Line 58 or Line 59 60.	0	0
61. Total credit: Add Line 60, all columns. 61.		0

Schedule 3 - Individual Use Tax

62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	62a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	62b.	0
62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	62c.	0
62d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	62d.	0
62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d.	62.	0

Schedule 4 - Contributions to Designated Charities

63a. AR	63a.	0
63b. OT	63b.	0
63c. ES/W	63c.	0
63d. BCR	63d.	0
63e. SNS	63e.	0
63f. MR	63f.	0
63g. CBS	63g.	0
63h. MHCIA	63h.	0
63. Total Contributions: Add Lines 63a through 63h.	63.	0

Taxpayer email

Form CT-1040NR/PY Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

1. **Document Identification Numbers** - Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number on Page 4 and Quick Reference (QR) Code, on Page 5.)
2. **Social Security Number** - The Social Security Number must appear at the top of Form CT-1040NR/PY, Pages 2, 3, and 4; Schedule CT-CHET; Supplemental Schedule CT-1040WH; Schedule CT-IT Credit, Pages 1 and 2; Schedule CT-PE; and Form CT-6251, Pages 1 and 2.
3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

Checklist for filing your Connecticut income tax return:

1. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
4. **Do not attach or send copies of forms W-2 or 1099.**
5. Verify that the address lines on the return are correct and proper abbreviations are used.
6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
9. Send **all** completed pages of CT-1040NR/PY, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed Schedule CT-CHET, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2023 Form CT-1040NRPY" on your check.
12. To mail your return, use the following addresses:
For all tax returns with payment:
Department of Revenue Services
PO Box 2977
Hartford CT 06104-2977
For refunds and tax returns without payment:
Department of Revenue Services
PO Box 2976
Hartford CT 06104-2976
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040NR/PY.

Do not send this sheet with your return.

Schedule CT-SI
Nonresident or Part-Year Resident
Schedule of Income From Connecticut Sources

2023

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form must be submitted to the Department of Revenue Services (DRS).

Your first name and middle initial AARON J PEACOCK	Last name PEACOCK	Your Social Security Number [REDACTED]
If joint return, spouse's first name and middle initial [REDACTED] PEACOCK	Last name PEACOCK	Spouse's Social Security Number [REDACTED]

Visit portal.ct.gov/DRS/Individuals/Individual-Income-Tax before completing this schedule.

Part 1 - Connecticut Income - Part-Year Residents: Complete **Schedule CT-1040AW, Part-Year Resident Income Allocation**. Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.

Nonresidents: Enter the income received from Connecticut sources.

1. Wages, salaries, tips, etc.	1.		
2. Taxable interest	2.	26	
3. Ordinary dividends	3.		
4. Alimony received	4.		
5. Business income or (loss)	5.		
6. Capital gain or (loss)	6.		
7. Other gains or (losses)	7.		
8. Taxable amount of IRA distributions	8.		
9. Taxable amounts of pension and annuities	9.		
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	10.	6,772	
11. Farm income or (loss)	11.		
12. Unemployment compensation	12.		
13. Taxable amount of social security benefits	13.		
14. Other income: See instructions	14.		
15. Gross income from Connecticut sources: Add Lines 1 through 14	15.	6,798	00

Part 2 - Adjustments to Connecticut Income - Enter adjustments **directly** related to income reported above.

16. Educator expenses	16.		
17. Certain business expenses of reservists, performing artists, and fee-basis government officials	17.		
18. Health savings account deduction	18.		
19. Moving expenses for members of the armed forces	19.		
20. Deductible part of self-employment tax	20.		
21. Self-employed SEP, SIMPLE, and qualified plans	21.		
22. Self-employed health insurance deduction	22.		
23. Penalty on early withdrawal of savings	23.		
24. Alimony paid. Recipient's last name ▶ _____ SSN ▶ _____	24.		
25. IRA deduction	25.		
26. Student loan interest deduction	26.		
27. Archer MSA deduction	27.		
28. Other adjustments	28.		
29. Total adjustments: Add Lines 16 through 28	29.		
30. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT-1040NR/PY , Line 6	30.	6,798	00

Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.**

A. Working days (or other basis) outside Connecticut	A	
B. Working days (or other basis) inside Connecticut	B	
C. Total working days: Add Line A and Line B	C	
D. Nonworking days (Holidays, weekends, etc.)	D	
E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places	E	
F. Total income being apportioned	F	
G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1 Basis, if other than working days: _____	G	

Form CT-1040 TCS

2023 Tax Calculation Schedule

Name(s)

Aaron J & [REDACTED] Peacock

Social Security No.

[REDACTED]

Tax Calculation Schedule

Complete Lines 2, 4, 5, 6, and 8, using *Tables A through E*.

1. Enter Connecticut adjusted gross income (AGI) from Form CT-1040 , Line 5, or Form CT-1040NR/PY , Line 7. Form CT-1040NR/PY filers must enter income from Connecticut sources if it exceeds Connecticut AGI.	1.	223,615	00
2. Enter the exemption amount from <i>Table A, Personal Exemptions</i> . If zero, enter "0."	2.	0	00
3. Connecticut Taxable Income: Subtract Line 2 from Line 1. If less than zero, enter "0."	3.	223,615	00
4. Enter amount from <i>Table B, Initial Tax Calculation</i> .	4.	11,517	00
5. Enter amount from <i>Table C, 3% Tax Rate Phase-Out Add-Back</i> . If zero, enter "0."	5.	400	00
6. Enter amount from <i>Table D, Tax Recapture</i> . If zero, enter "0."	6.	0	00
7. Add Lines 4, 5, and 6.	7.	11,917	00
8. Enter the decimal amount from <i>Table E, Personal Tax Credits</i> . If zero, enter "0."	8.	0.00	
9. Multiply the amount on Line 7 by the decimal amount on Line 8.	9.	0	00
10. Connecticut Income Tax: Subtract Line 9 from Line 7. Enter here and on Form CT-1040 , Line 6, or Form CT-1040NR/PY , Line 8.	10.	11,917	00

CTWK_D	For your records only. Capital Gains and Losses Worksheet	2023 FEDERAL D Summary
Name(s) as shown on state return Aaron J & [REDACTED] Peacock		Social Security Number [REDACTED]

Part I Short-Term Capital Gains and Losses

Part I Short-Term Capital Gains and Losses		Taxpayer	Spouse	Total
Line 1a	Totals for all ST 1099-B transactions reported to the IRS			
Line 1b	Transactions reported on 8949 with Box A checked	(4,545)		(4,545)
Line 2	Transactions reported on 8949 with Box B checked			
Line 3	Transactions reported on 8949 with Box C checked			
Line 4	Federal 6252 Short Term			
	Federal 4684 Short Term			
	Federal 6781 Short Term			
	Federal 8824 Short Term			
	Fed D2 ST Ln 4 (6252,4684,6781& 8824)			
Line 5	Partnership, S-Corporation, Fiduciary			
	Fiduciary Final Year Deductions			
Line 6	Federal Schedule D ST carryover amounts			

Subtotal:

(4, 545)		(4, 545)
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Part II Long-Term Capital Gains and Losses

Part II Long-Term Capital Gains and Losses		Taxpayer	Spouse
Line 8a	Totals for all LT 1099-B transactions reported to the IRS		
Line 8b	Transactions reported on 8949 with Box D checked	(155)	(155)
Line 9	Transactions reported on 8949 with Box E checked		
Line 10	Transactions reported on 8949 with Box F checked		
Line 11	Federal 4797 Long Term		
	Federal 4797 Prior Year Unallowed Passive		
	Federal 4797 Sec 1231 from 6252		
	Federal 4797 Sec 1231 from 8824		
	Federal 2439 Long Term		
	Federal 6252 Long Term		
	Federal 4684 Long Term		
	Federal 6781 Long Term		
	Federal 8824 Long Term		
Line 12	Partnership, S-Corporation, Fiduciary		
	Final Year Deductions from Fiduciary		
Line 13	Capital Gain Distributions		
Line 14	Federal Schedule D LT carryover amounts		

Subtotal:

(155)		(155)
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State's Computation

Total Capital Gain or Loss	(4,700)	(4,700)
Limited Capital Gain or Loss (Amount carrying to the State)	(3,000)	(3,000)

Special Note 1

When multiple Federal 6252s & 8824s are entered for business **and** personal properties, Overrides **will** be required.

You may enter individual Overrides on state Sch D screen. Please review the following lines to determine if an Override is necessary.

- * Line 4 - Federal 6252 Short Term
- * Line 4 - Federal 8824 Short Term
- * Line 11 - Federal 4797 Sec 1231 from 6252
- * Line 11 - Federal 4797 Sec 1231 from 8824
- * Line 11 - Federal 6252 Long Term
- * Line 11 - Federal 8824 Long Term

CT-COMP

Three-year State Tax Return Comparison

2023

Name(s) as shown on return

Aaron J & [REDACTED] Peacock

Taxpayer ID Number

[REDACTED]

[State] Income Tax Return	2021	2022	2023	Difference 2022-2023
Filing Status	J	J	MFJ	
Gross Income	197,618	218,442	223,615	5,173
Additions				
Subtractions		70		(70)
Exemptions				
Standard Deduction				
Itemized Deduction				
Deductions		70		(70)
Taxable Income	197,618	218,372	223,615	5,243
Actual State Income	7,928	23,304	6,798	(16,506)
State Income Tax	416	1,238	362	(876)
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld	486	1,574	478	(1,096)
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund	70	336	116	(220)
Balance Due				
Marginal tax rate	5.500000	6.000000	6.000000	
Effective tax rate	0.210000	0.570000	0.160000	(0.410000)

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	33,145
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	33,145
19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	2,000
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	31,145
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	31,145

Payments

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	32,940
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	32,940
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	0
33	Add lines 25d, 26, and 32. These are your total payments	33	32,940

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,795
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	1,795
b	Routing number [REDACTED]	c Type:	☒ Checking ☐ Savings
d	Account number [REDACTED]		
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	0
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	Debra Knox	Phone no.	561-685-5420	Personal identification number (PIN)	05249

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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
[REDACTED]	04-03-2024	Judge	[REDACTED]
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
[REDACTED]	04-03-2024	Social Worker	
Phone no.	Email address		

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if: ☒ Self-employed
Preparer's name	04-03-2024	P00645655	
Firm's name	Debra Knox	Phone no.	561-685-5420
Firm's address	4237 Onega Circle		
	West Palm Beach, FL 33409	Firm's EIN	

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

Form 1040 (2023)

EEA

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

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

Your social security number

Aaron J & [REDACTED] Peacock

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):	3	
3	Business income or (loss). Attach Schedule C	4	
4	Other gains or (losses). Attach Form 4797	5	7,984
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	6	
6	Farm income or (loss). Attach Schedule F	7	
7	Unemployment compensation		
8	Other income:	8a	()
a	Net operating loss	8b	
b	Gambling	8c	
c	Cancellation of debt	8d	()
d	Foreign earned income exclusion from Form 2555	8e	
e	Income from Form 8853	8f	
f	Income from Form 8889	8g	
g	Alaska Permanent Fund dividends	8h	
h	Jury duty pay	8i	
i	Prizes and awards	8j	
j	Activity not engaged in for profit income	8k	
k	Stock options	8l	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8m	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8n	
n	Section 951(a) inclusion (see instructions)	8o	
o	Section 951A(a) inclusion (see instructions)	8p	
p	Section 461(l) excess business loss adjustment	8q	
q	Taxable distributions from an ABLE account (see instructions)	8r	
r	Scholarship and fellowship grants not reported on Form W-2	8s	()
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8t	
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8u	
u	Wages earned while incarcerated	8z	
z	Other income. List type and amount:		
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	7,984

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

EEA

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount:	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10.		26	0

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 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 08

Name(s) shown on return

Aaron J & Peacock

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:

Charles Schwab 5407

HB Nitkn Real Estate Fund

HBN Front Street District

INTEREST SUBTOTAL

33

- 2 Add the amounts on line 1 2 33
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.
Attach Form 8815 3
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b . . . 4 33

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

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:

Charles Schwab 5407

DIVIDEND SUBTOTAL

7,218

- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b . . . 6 7,218

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) 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 D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Capital Gains and Losses

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **12**

Your social security number

Aaron J & [REDACTED] Peacock

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	80,644	85,189		(4,545)
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2			7	(4,545)

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	4,789	4,944		(155)
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instructions			13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on page 2			15	(155)

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

Schedule D (Form 1040) 2023

Part III Summary

16 Combine lines 7 and 15 and enter the result • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ Yes. Go to line 18. ☐ No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. 21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } Note: When figuring which amount is smaller, treat both amounts as positive numbers. 22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☒ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. ☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	16 18 19 21	(4,700) (3,000)
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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 for instructions and the latest information.

Name(s) shown on return

Social security number or taxpayer identification number

Aaron J & [REDACTED] Peacock

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) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Charles Schwab 5407	VARIOUS	12-31-2023	80,644	85,189			(4,545)
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)			80,644	85,189			(4,545)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Social security number or taxpayer identification number

Number of taxpayer identification

Part I **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) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
					(f) Code(s) from instructions	(g) Amount of adjustment	
Charles Schwab 5407	VARIOUS	12-31-2023	4,789	4,944			(155)
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)			4,789	4,944			(155)

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.

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

Your social security number

Aaron J & [REDACTED] Peacock

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part I 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	HB Nitkn Real Estate Fund II, LLC	P	☐	06-1620619	☐	☐
B	HBN Front Street District, Inc	S	☐	20-8350777	☐	☐
C			☐		☐	☐
D			☐		☐	☐

Passive Income and Loss**Nonpassive Income and Loss**

	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A		7,984			
B	0				
C					
D					

29a	Totals	7,984			
b	Totals	0			
30	Add columns (h) and (k) of line 29a			30	7,984
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	7,984

Part II Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss**Nonpassive Income and Loss**

	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a	Totals			
b	Totals			

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	()
37	Total estate and trust income or (loss). Combine lines 35 and 36	37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

- 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below

39

Part V Summary

40	Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	7,984
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	

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

**Credits for Qualifying Children
and Other Dependents**

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **47**

Name(s) shown on return

Aaron J & [REDACTED] Peacock

Your social security number

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	223,615
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	223,615
4	Number of qualifying children under age 17 with the required social security number	4	1
5	Multiply line 4 by \$2,000	5	2,000
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	2,000
9	Enter the amount shown below for your filing status. • Married filing jointly-\$400,000 • All other filing statuses-\$200,000	9	400,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0
11	Multiply line 10 by 5% (0.05)	11	
12	Is the amount on line 8 more than the amount on line 11? ☐ No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. ☒ Yes. Subtract line 11 from line 8. Enter the result.	12	2,000
13	Enter the amount from the Credit Limit Worksheet A	13	33,145
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.	14	2,000

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

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

Schedule 8812 (Form 1040) 2023

Part II-A Additional Child Tax Credit for All Filers**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27				
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27		16a		0
b	Number of qualifying children under 17 with the required social security number: _____ x \$1,600. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27		16b		
TIP: The number of children you use for this line is the same as the number of children you used for line 4.					
17	Enter the smaller of line 16a or line 16b		17		
18a	Earned income (see instructions)		18a		
b	Nontaxable combat pay (see instructions)	18b			
19	Is the amount on line 18a more than \$2,500? ☐ No. Leave line 19 blank and enter -0- on line 20. ☐ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result		19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result		20		
Next. On line 16b, is the amount \$4,800 or more? ☐ No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. ☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.					

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions		21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13		22		
23	Add lines 21 and 22		23		
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		24		
25	Subtract line 24 from line 23. If zero or less, enter -0-		25		
26	Enter the larger of line 20 or line 25		26		
Next, enter the smaller of line 17 or line 26 on line 27.					

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	0
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Form **8867**

(Rev. November 2023)

Department of the Treasury
Internal Revenue Service**Paid Preparer's Due Diligence Checklist**

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*
To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

2023Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

Aaron J & [REDACTED] Peacock

Preparer's name

Debra Knox

Taxpayer identification number

Preparer tax identification number

P00645655**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	☒	☐	☐
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	☐
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	☐	☒	☐
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	☐
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	☐
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	☒	☐	☐
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	☐
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	☒	☐	☐
a Did you complete the required recertification Form 8862?	☐	☐	☒
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☐	☐	☐

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (Rev. 11-2023)

EEA

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	☐	☐	☐
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	☐	☐	☐
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	☐	☐	☐

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	☒	☐	☐
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	☒	☐	☐
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	☒	☐	☐

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☐	☐

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; **and**
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	☒	☐

1040

Overflow Statement

(This page is not filed with the return. It is for your records only.)

2023

Page 1

Name(s) as shown on return

Aaron J & [REDACTED] Peacock

Tax Identification Number

[REDACTED]

Schedule A, Line 16 - Cash ContributionsDescriptionAmount

St John Catholic Church

\$ 1,200

Cash Contributions

1,345

Total:

\$ 2,545

TAX RETURN COMPARISON

2021 / 2022 / 2023

2023

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return	Aaron J & [REDACTED] Peacock			Identifying number
	2021	2022	2023	Difference 2022-2023
Filing Status	Married Joint	Married Joint	Married Joint	
Number of Dependents	1	1	1	
Income				
Wages, salaries, tips, etc.	185,910	194,579	211,380	16,801
Taxable interest and dividends	3,822	5,832	7,251	1,419
Taxable state and local refunds		70		(70)
Alimony				
Business income (loss)				
Gains (losses)	(36)	25,445	(3,000)	(28,445)
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss) . . .	7,922	(7,484)	7,984	15,468
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income	197,618	218,442	223,615	5,173
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction				
Other adjustments				
Total Adjusted Gross Income	197,618	218,442	223,615	5,173
Deductions				
Medical deductions				
State and local taxes			2,016	2,016
Interest			1,994	1,994
Contributions	600		3,045	3,045
Other deductions				
Total itemized deductions	600		7,055	7,055
Standard deduction	25,100	25,900	27,700	1,800
Total deductions claimed	25,700	25,900	27,700	1,800
Qualified Business Income Deduction .	1,588		762	762
Tax and Credits				
Taxable Income	170,330	192,542	195,153	2,611
Tax	28,819	32,181	33,145	964
Credits		2,000	2,000	
Self-employment tax				
Other taxes				
Total Tax	28,819	30,181	31,145	964
Payments				
Withholdings	28,400	29,997	32,940	2,943
Estimated tax payments				
Earned income credit				
Other payments and credits	2,000			
Estimated tax penalty				
Overpayment	1,581		1,795	1,795
Overpayment applied				
Refund	1,581		1,795	1,795
Balance Due		184		(184)
Marginal tax rate	22.00	24.00	24.00	
Effective tax rate	16.92	16.71	16.98	0.27

a Employee's social security number [REDACTED]		Payroll organization code 22-25-18-05-110		Intradepartment number 0000000000	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 168,689.52		2 Federal income tax withheld 30,546.61	
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 160,200.00		4 Social security tax withheld 9,932.40	
		5 Medicare wages and tips 176,439.28		6 Medicare tax withheld 2,558.37	
		7 Social security tips		10 Dependent care benefits	
d Control number 018388 01/05		11 Nonqualified plans		12a See instructions for box 12 G 2,400.00	
e Employee's first name, mi, and last name AARON J PEACOCK [REDACTED]		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐		12b DD 10,986.48	
		14 Other 125 OPS 680.00 60.28		12c	
				12d	
				12e	
f Employee's address and ZIP code		15 State Employer's state ID number		16 State wages, tips, etc.	
		17 State income tax		18 Local wages, tips, etc.	
		19 Local income tax		20 Locality name	

FORM **W-2** **WAGE AND TAX STATEMENT** **2023**

OMB No. 1545-0008

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

Department of the Treasury - Internal Revenue Service

a Employee's social security number [REDACTED]		Payroll organization code 22-25-18-05-110		Intradepartment number 0000000000	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 168,689.52		2 Federal income tax withheld 30,546.61	
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 160,200.00		4 Social security tax withheld 9,932.40	
		5 Medicare wages and tips 176,439.28		6 Medicare tax withheld 2,558.37	
		7 Social security tips		10 Dependent care benefits	
d Control number 018388 01/05		11 Nonqualified plans		12a See instructions for box 12 G 2,400.00	
e Employee's first name, mi, and last name AARON J PEACOCK [REDACTED]		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐		12b DD 10,986.48	
		14 Other 125 OPS 680.00 60.28		12c	
				12d	
				12e	
f Employee's address and ZIP code		15 State Employer's state ID number		16 State wages, tips, etc.	
		17 State income tax		18 Local wages, tips, etc.	
		19 Local income tax		20 Locality name	

FORM **W-2** **WAGE AND TAX STATEMENT** **2023**

OMB No. 1545-0008

Copy C - For EMPLOYEE'S RECORDS
AA327W Rev. 06/09/2023

Department of the Treasury - Internal Revenue Service

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

OMB No. 1545-0008		Organization Code: 22251805110		03/11/2024	
a Employer's name, address, and ZIP code State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		c Tax year/Form corrected 2023 /W2		d Employee's correct SSN [REDACTED]	
		e Corrected SSN and/or name (Check this box and complete box f if incorrect on form previously filed.)		☐	
		Complete boxes f and g only if incorrect on form previously filed. ▶			
b Employer's Federal EIN 59-6001874		f Employee's previously reported SSN			
		g Employee's previously reported name			
h Employee's first name, initial, and last name AARON J PEACOCK [REDACTED]					
i Employee's address and ZIP code					
Note: Only money fields presented are being corrected.					
Previously reported		Correct information		Previously reported	
1 Wages, tips, other compensation		1 Wages, tips, other compensation		2 Federal income tax withheld	
3 Social security wages		3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		5 Medicare wages and tips		6 Medicare tax withheld	
14 OTHER OPS 60.28		14 OTHER OPS 0.00			
13 Statutory Retirement Third-party employee plan sick pay		13 Statutory Retirement Third-party employee plan sick pay			
☐ ☐ ☐		☐ ☐ ☐			

Form W-2c (Rev. 08-2014)

Corrected Wage and Tax Statement

Copy B - To Be Filed With Employee's FEDERAL Tax Return
Department of the Treasury
Internal Revenue Service

OMB No. 1545-0008		Organization Code: 22251805110		03/11/2024	
a Employer's name, address, and ZIP code State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		c Tax year/Form corrected 2023 /W2		d Employee's correct SSN [REDACTED]	
		e Corrected SSN and/or name (Check this box and complete box f if incorrect on form previously filed.)		☐	
		Complete boxes f and g only if incorrect on form previously filed. ▶			
b Employer's Federal EIN 59-6001874		f Employee's previously reported SSN			
		g Employee's previously reported name			
h Employee's first name, initial, and last name AARON J PEACOCK [REDACTED]					
i Employee's address and ZIP code					
Note: Only money fields presented are being corrected.					
Previously reported		Correct information		Previously reported	
1 Wages, tips, other compensation		1 Wages, tips, other compensation		2 Federal income tax withheld	
3 Social security wages		3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		5 Medicare wages and tips		6 Medicare tax withheld	
14 OTHER OPS 60.28		14 OTHER OPS 0.00			
13 Statutory Retirement Third-party employee plan sick pay		13 Statutory Retirement Third-party employee plan sick pay			
☐ ☐ ☐		☐ ☐ ☐			

AA322 (Rev. 06/09/2023)

Form W-2c (Rev. 08-2014)

Corrected Wage and Tax Statement

Copy C - For EMPLOYEE'S RECORDS
Department of the Treasury
Internal Revenue Service

Important Information about Your Fidelity IRA(s)

Beneficiary Reminder

The IRA Beneficiary Summary Section of your Form 5498 provides a detailed list of the beneficiaries on file for your Fidelity IRA(s) as of December 31, 2023. **It is important to periodically check your beneficiary information and make necessary updates.** IRA assets generally pass to beneficiaries outside the instructions of a will. Your designated beneficiaries will receive your IRA assets after your death, according to the Fidelity IRA or Fidelity Roth IRA Custodial Agreement. To update your beneficiaries, please visit Fidelity.com/beneficiary.

Withholding Information on Distributions from Your Retirement Accounts

Federal Tax Withholding

IRS regulations require us to withhold federal income tax at the rate of 10% from your total IRA distribution (excluding Roth IRAs). For payments made to locations within the U.S., you may opt out of federal tax withholding (if you are a U.S. citizen or other U.S. person), or elect a different rate of withholding. Federal income tax will not be withheld from distributions from a Roth IRA unless you elect to have such tax withheld or are otherwise subject to withholding because you are a nonresident alien. Your election will remain in effect on checkwriting or periodic distributions taken under an automatic withdrawal plan from your IRA until revoked by you. To change this election for future distributions, please visit Fidelity.com/autowithd.

State Tax Withholding

If federal income tax is withheld from your distribution, state income taxes may also be withheld. Your state of residence will determine your state income tax withholding requirements, if any. Please refer to the list below. Your state of residence is determined by your legal address of record provided for your IRA. The information provided is general in nature and should not be considered legal or tax advice. Please contact your investment representative, tax advisor, or state taxing authority for assistance.

For residents of IA, KS, MA, ME, OK, and VT: If federal income tax is withheld, state income tax of at least your state's minimum requirements must be withheld in addition to federal income tax withholding at the time of your distribution. If you elect out of federal income tax withholding, state income tax will not be withheld unless you indicate otherwise.

For residents of AR, CA, DE, MN, NC, and OR: If federal income tax is withheld, state income tax of at least your state's minimum requirements must be withheld in addition to federal income tax withholding at the time of your distribution unless you elect not to have state income taxes withheld.

For residents of DC: If you take a distribution of your entire account balance and do not directly roll that amount over to another eligible retirement account, the District of Columbia requires that a minimum amount be withheld from the taxable portion of the distribution, whether or not federal income tax is withheld.

For residents of MS: State income tax of at least your state's minimum requirements must be withheld regardless of whether or not federal income tax is withheld unless you elect not to have state income taxes withheld.

For residents of CT and MI: State income tax applies regardless of whether or not federal income tax withholding is applied to your distribution. Tax withholding is not required if you meet certain state requirements governing pension and retirement benefits. Please reference the CT or MI W-4P Form for additional information about calculating the amount to withhold from your distributions.

For residents of AK, FL, HI, NH, NV, SD, TN, TX, WA, and WY: State income tax withholding is not available on your IRA distributions.

For residents of all other states and residents of DC taking periodic distributions: You are not subject to mandatory state income tax withholding; however, you may elect voluntary state income tax withholding in a percentage. If you elect to have state income taxes withheld and your state provides a minimum amount or percentage for withholding, you must elect a percentage that is not less than your state's minimum withholding requirements. If the percentage you elect for withholding is less than your state's minimum withholding requirements, your state's minimum amount or percentage will be withheld. For more information, contact a tax advisor or your state taxing authority.

Armed Forces Tax Benefits

If you are serving in, or serving in support of, the U.S. Armed Forces in a designated combat zone or hazardous duty area, you may be eligible for an extension of your IRA contribution deadlines. Visit the IRS online at irs.gov, or call them at **800-829-1040** for more information.

As always, we appreciate you investing with us. If you have any further questions, please call **800-343-3548**.

STATE OF FLORIDA

ORG: 21-50-18-00-000
ID#: 0000006532

DEPARTMENT OF FINANCIAL SERVICES - BUREAU OF STATE PAYROLLS
ANNUAL EARNINGS AND BENEFITS STATEMENT FOR 2023

ORIGINAL

PEACOCK

DATE OF BIRTH

SOCIAL SECURITY NUMBER

Please carefully check the above information. If you find an error, you must make the correction to the W-4 form in the People First system or through your agency personnel office.

Below is a recap of your income from the State of Florida. Contributions made by the state on your behalf are shown. Mandatory deductions, payroll deductions chosen by you, reductions of taxable income chosen by you, and general information which may be of interest to you are presented to aid in evaluating your tax liability. This statement is intended as an informational aid only.

YOUR TOTAL STATE INCOME AND NONTAXABLE GROSS:

STATE CONTRIBUTIONS ON YOUR BEHALF (INFORMATIONAL):

WAGE AMOUNT:	
SALARY/WAGES	51,907.17
TOTAL WAGE AMOUNT	51,907.17
TOTAL STATE INCOME	51,907.17
LESS:	
TAX SHELTERED GROSS:	
STATE TRES-DEFERRED COMP	3,600.00
PTB MEDICAL REIMBURSEMENT A	2,000.00
PRETAX DENTAL INSURANCE	1,662.24
PTB STATE ENDORSED VISION P	217.92
PTB STATE HEL INS-FT EMP'E	180.00
FLA RET SYSTEM-EMPLOYEE	1,557.20
TOTAL TAX SHELTERED	
AND GROSS NOT REPORTED	9,217.36
REPORTABLE COMPENSATION:	
W-2 EARNINGS	42,689.81
TOTAL REPORTABLE	
COMPENSATION	42,689.81
LESS:	
MANDATORY TAX DEDUCTIONS:	
SOCIAL SECURITY TAX	2,966.51
MEDICARE TAX	693.78
FEDERAL INCOME TAX	2,393.36
OTHER MISC. DED. SUBTL.	95.28
NET PAID BY SALARY WARRANT	36,540.88

STATE HEALTH INS-EMPLOYER CONTRIB	10,806.48
STATE LIFE INS-EMPLOYER CONTRIB	42.96
FLA RET SYSTEM-EMPLOYER CONTRIB	6,628.81
FICA EMPLOYER CONTRIBUTIONS	2,966.52
MEDICARE EMPLOYER CONTRIBUTIONS	693.78
PRETAX ADMINISTRATION ASSESSMENT	310.54
TOTAL STATE CONTRIBUTIONS	21,449.09

SUMMARY OF MISCELLANEOUS DEDUCTIONS PROCESSED FOR YOU DURING THE CALENDAR YEAR. **NOTE:** IF YOU ARE NOT SURE ABOUT THE POSSIBLE TAX IMPACT OF A DEDUCTION, ASK THE IRS OR YOUR TAX RETURN PREPARER.

CODE	DEDUCTION	ANNUAL TOTAL
1 771	ST OPTIONAL LIFE 1 MULTIPLE	95.28
	TOTAL OTHER MISC. DEDUCTIONS	95.28

FLEX SPENDING ACCT REWARD	.00
LTD PURPOSE FLEX SPENDING REWARD	.00
HEALTH SAVING ACCOUNT REWARD	.00

Account Statement
October 01, 2023 - December 31, 2023

corebridge
financial

THE STATE OF FLORIDA C/O DEPARTMENT OF FINANCIAL SERVICES
PENSION PLAN 414(H)
EMPLOYEE ASSETS

Account Number: XXXXXXXXXX

>01789 4200867 001 008120 M
PEACOCK AARON J

YOUR CURRENT VALUE
\$63.29



A Description of Terms is provided at the end of this statement.

This statement may not reflect all fees and expenses for your investments. Your account opening documents and any applicable prospectuses include a description about fees and expenses that you pay for the investments in your account. If you are invested in a VALIC variable annuity, a description of fees and expenses attributable to your contract and the underlying funds are included in your product and underlying fund prospectuses available at <https://www.corebridgefinancial.com/rs/prospectus-and-reports/annuities>.

**Important
Information**

At Corebridge Financial, we believe great things happen when people take action for their future. Now is an ideal time to put your plan in motion by considering increasing how much you contribute to your retirement account. With the recent contribution limit increase, you can now save even more! Just log in to your Corebridge account to get started.

It's a new year and a great time to connect with your Corebridge financial professional to discuss and review things like your savings goals, tax-efficient strategy, individual investments or beneficiary plans. Contact your financial professional to get started on your annual review today.



Value Summary		For the period	Since inception
	Beginning Value	\$0.00	
	Your contributions	\$60.28	\$60.28
	Net change in value	\$3.01	
	Ending Value	\$63.29	
	Vested Value	\$63.29	

Asset Allocation Summary	Asset class	Ending value	% of total
	Hybrid	\$63.29	100%
	Total	\$63.29	100%

Visit your financial representative:
VALIC FLORIDA
(800) 448-2542

Speak with a Client Service Professional:
7AM to 8PM (CST), Monday - Friday
(800) 448-2542

Click
aigrs.com/opslf

01789 4200867 003578 007154 00001/00002 cM

Account Statement
October 01, 2023 - December 31, 2023
PEACOCK, AARON J



► Important Information

Investors should carefully consider the investment objectives, risks, fees, charges and expenses before investing. This and other important information is contained in the prospectus, which can be obtained from your financial professional or at corebridgefinancial.com/rs/eprint. Enter your Group ID in the Login field and click Continue. You can also request a copy by calling 1.800.428.2542. Read the prospectuses carefully before investing.

Please review this account statement in its entirety and notify us immediately if you find any errors or omissions. To the extent that you believe there are errors or omissions, you should provide notice to us in writing to protect your rights. If you contact us by telephone concerning an error or omission, you should re-confirm the conversation in writing to protect your rights. After 30 days from the date of the statement, it will be deemed correct.

Net Change in Value reflects realized transactions and unrealized gains and losses on investments and any administrative charges imposed on the plan. Fees and charges imposed by each mutual fund are described in each fund's prospectus. For further information about these charges, call us to speak with a Client Service Professional.

To help achieve long term retirement security, you should give careful consideration to the benefits of a well balanced and diversified investment portfolio. If you invest more than 20% of your retirement savings in any one company stock or industry sector, your savings may not be properly diversified. Spreading your assets among different types of investments can help reduce the potential risk of your overall portfolio in changing market or economic conditions that may cause one category of assets or particular security to perform very well while causing another category of assets or security to perform poorly. Diversification does not ensure a profit or protect against market loss. However it is an effective strategy to help you manage investment risk. For further assistance you may visit the Department of Labor website at www.dol.gov/agencies/ebsa/laws-and-regulations/laws/pension-protection-act/investing-and-diversification

The Variable Annuity Life Insurance Company (VALIC) provides prospectuses and related financial reports for the mutual funds available in your plans electronically. To view or print a prospectus or related financial reports, visit corebridgefinancial.com/retirementservices and click on ePrint under Quick links. Enter the account number in the Login field and click go. Click on "Funds" in Quick Links and funds available in this plan are displayed.

VALIC receives 12b-1 fees from several mutual funds for service, marketing and distribution and may also receive recordkeeping fees from fund families. These fees are not used to pay financial advisors either as compensation or incentives for recommending certain funds. These fees may offset your plan administration costs. For more information about VALIC's revenue-sharing policy, please visit corebridgefinancial.com/retirementservices. Additional information regarding payments that have been or will be received by VALIC may also be found on the applicable fund's prospectus and statement of additional information of the variable contract prospectus.

Annuities are issued by The Variable Annuity Life Insurance Company, Houston, TX. Variable annuities are distributed by AIG Capital Services, Inc., member FINRA. Securities and investment advisory services offered through VALIC Financial Advisors, Inc., member FINRA, SIPC and an SEC-registered investment adviser. VALIC Retirement Services Company provides retirement plan recordkeeping and related services and is the transfer agent for certain affiliated variable investment options. All companies above are wholly owned subsidiaries of Corebridge Financial, Inc.

Corebridge Retirement Services, Corebridge Financial and Corebridge are marketing names used by these companies.

a Employee's social security number [REDACTED]		Payroll organization code 21-50-18-00-000		Intradepartment number 0000006532	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 42,689.81		2 Federal income tax withheld 2,393.36	
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 47,847.01		4 Social security tax withheld 2,966.51	
		5 Medicare wages and tips 47,847.01		6 Medicare tax withheld 693.78	
		7 Social security tips		10 Dependent care benefits	
d Control number 008758 01/05		11 Nonqualified plans		12a See instructions for box 12 G 3,600.00	
e Employee's first name, mi, and last name [REDACTED] PEACOCK [REDACTED]		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐		12b DD 10,986.48	
		14 Other 125 4,060.16		12c	
				12d	
				12e	
f Employee's address and ZIP code		15 State Employer's state ID number		16 State wages, tips, etc.	
				17 State income tax	
				18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

FORM **W-2** WAGE AND TAX STATEMENT **2023**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

a Employee's social security number [REDACTED]		Payroll organization code 21-50-18-00-000		Intradepartment number 0000006532	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 42,689.81		2 Federal income tax withheld 2,393.36	
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 47,847.01		4 Social security tax withheld 2,966.51	
		5 Medicare wages and tips 47,847.01		6 Medicare tax withheld 693.78	
		7 Social security tips		10 Dependent care benefits	
d Control number 008758 01/05		11 Nonqualified plans		12a See instructions for box 12 G 3,600.00	
e Employee's first name, mi, and last name [REDACTED] PEACOCK [REDACTED]		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐		12b DD 10,986.48	
		14 Other 125 4,060.16		12c	
				12d	
				12e	
f Employee's address and ZIP code		15 State Employer's state ID number		16 State wages, tips, etc.	
				17 State income tax	
				18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

FORM **W-2** WAGE AND TAX STATEMENT **2023**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
4A327W Rev. 06/09/2023

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

STATE OF FL JUSTICE ADMINISTRATIVE COMM
227 N. BRONOUGH STREET, SUITE 2100
Tallahassee, FL 32302 US

PEACOCK

Form **1095-C**

Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

☐ VOID

☐ CORRECTED

OMB No. 1545-2251

2023

Part I Employee

1 Name of employee (first name, middle initial, last name)

K PEACOCK

2 Social security number (SSN)

3 Street address (including apartment no.)

4 City or town

5 State or province

6 Country and ZIP or foreign postal code

MELBOURNE FL US 32940

Applicable Large Employer Member (Employer)

7 Name of employer

STATE OF FL JUSTICE ADMINISTRATIVE COMM

8 Employer identification number (EIN)

59-3751857

9 Street address (including room or suite no.)

227 N. BRONOUGH STREET, SUITE 2100

10 Contact telephone number

850-488-2415

11 City or town

Tallahassee

12 State or province

FL

13 Country and ZIP or foreign postal code

US 32302

Part II Employee Offer of Coverage

Employee's Age on January 1

Plan Start Month (enter 2-digit number): 01

All 12 Months

Jan

Feb

Mar

Apr

May

June

July

Aug

Sept

Oct

Nov

Dec

14 Offer of Coverage (enter required code)

1E

15 Employee Required Contribution (see instructions)

\$ 15.00

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)

2G

17 ZIP Code

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

Cat. No. 60705M

Form **1095-C** (2023)

Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the health insurance coverage offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer, it is not required to furnish you a Form 1095-C providing information about the health coverage it offered.

In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Part III, provides information about you and your family members who had certain health coverage (referred to as "minimum essential coverage") for some or all months during the year. If you or your family members are eligible for certain types of minimum essential coverage, you may not be eligible for the premium tax credit.

If your employer provided you or a family member health coverage through an insured health plan or in another manner, you may receive information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, you may receive information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.

TIP

Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in Part III if they request it for their records.

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), the premium tax credit, and the employer shared responsibility provisions, visit www.irs.gov/aca or call the IRS Healthcare Hotline for ACA questions (800-919-0452).

Part I. Employee

Lines 1-6. Part I, lines 1 through 6, reports information about you, the employee.

Line 2. This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.

Part I. Applicable Large Employer Member (Employer)

Lines 7-13. Part I, lines 7 through 13, reports information about your employer.

Line 10. This line includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

Part II. Employer Offer of Coverage, Lines 14-17

Line 14. The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. (If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

- 1A.** Minimum essential coverage providing minimum value offered to you with an employee required : single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a calendar year. For information on the adjustment of the 9.5%, visit irs.gov.
- 1B.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).
- 1C.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.
- 1D.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).
- 1E.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.
- 1F.** Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).
- 1G.** You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the *All 12 Months* box or in the separate monthly boxes for all 12 calendar months on line 14.
- 1H.** No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).
- 1I.** Reserved for future use.
- 1J.** Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse, and minimum essential coverage NOT offered to your dependent(s).
- 1K.** Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse, and minimum essential coverage offered to your dependent(s).
- 1L.** Individual coverage health reimbursement arrangement (HRA) offered to you only with affordability determined by using employee's primary residence ZIP code.
- 1M.** Individual coverage HRA offered to you and dependent(s) (not spouse) with affordability determined by using employee's primary residence ZIP code.
- 1N.** Individual coverage HRA offered to you, spouse, and dependent(s) with affordability determined by using employee's primary residence ZIP code.
- 1O.** Individual coverage HRA offered to you only using the employee's primary employment site ZIP code affordability safe harbor.
- 1P.** Individual coverage HRA offered to you and dependent(s) (not spouse) using the employee's primary employment site ZIP code affordability safe harbor.
- 1Q.** Individual coverage HRA offered to you, spouse, and dependent(s) using the employee's primary employment site ZIP code affordability safe harbor.
- 1R.** Individual coverage HRA that is NOT affordable offered to you; employee and spouse or dependent(s), or employee, spouse, and dependents.
- 1S.** Individual coverage HRA offered to an individual who was not a full-time employee.
- 1T.** Individual coverage HRA offered to employee and spouse (no dependents) with affordability determined using employee's primary residence ZIP code.
- 1U.** Individual coverage HRA offered to employee and spouse (no dependents) using employee's primary employment site ZIP code affordability safe harbor.
- 1V.** Reserved for future use.
- 1W.** Reserved for future use.
- 1X.** Reserved for future use.
- 1Y.** Reserved for future use.
- 1Z.** Reserved for future use.

(continued on page 4)

Pano 3:

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1.

[illegible]

Instructions for Recipient (continued)

Line 15. This line reports the employee required contribution, which is the monthly cost to you for the lowest cost self-only minimum essential coverage providing minimum value that your employer offered you. For an individual coverage HRA, the employee required contribution is the excess of the monthly premium based on the employee's applicable age for the applicable lowest cost silver plan over the monthly individual coverage HRA amount (generally, the annual individual coverage HRA amount divided by 12). See the instructions for Forms 1094-C and 1095-C for more details. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in more expensive coverage such as family coverage. Line 15 will show an amount only if code 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q, 1T, or 1U is entered on line 14. If you were offered coverage but there is no cost to you for the coverage, this line will report "0.00" for the amount. For more information, including on how your eligibility for other healthcare arrangements might affect the amount reported on line 15, visit [IRS.gov](https://www.irs.gov).

Line 16. This code provides the IRS information to administer the employer shared responsibility provisions. Other than a code 2C, which reflects your enrollment in your employer's coverage, none of this information affects your eligibility for the premium tax credit. For more information about the employer shared responsibility provisions, visit [IRS.gov](https://www.irs.gov).

Line 17. This line reports the applicable ZIP code your employer used for determining affordability if you were offered an individual coverage HRA. If code 1L, 1M, 1N, or 1T was used on line 14, this will be your primary residence location. If code 1O, 1P, 1Q, or 1U was used on line 14, this will be your primary employment site. For more information about individual coverage HRAs, visit [IRS.gov](https://www.irs.gov).

Part III. Covered Individuals, Lines 18–30

Part III reports the name, SSN (or TIN for covered individuals other than the employee listed in Part I), and coverage information about each individual (including any full-time employee and non-full-time employee, and any employee's family members) covered under the employer's health plan, if the plan is "self-insured." A date of birth will be entered in column (c) only if an SSN (or TIN for covered individuals other than the employee listed in Part I) is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than 13 covered individuals, additional copies of page 3 may be used.

FLORIDA STATE COURTS
500 S. DUVAL ST.
Tallahassee, FL 32399 US

AARON J PEACOCK

A thick, black, horizontal redaction bar obscuring the text below the name.

Form **1095-C**

Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

☐ VOID
☐ CORRECTED

OMB No. 1545-2251

2023

Part I Employee

Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name) **AARON** 2 Social security number (SSN) [REDACTED]

3 Street address (including apartment no.) [REDACTED] 7 Name of employer **FLORIDA STATE COURTS** 8 Employer identification number (EIN) **35-2419664**

4 City or town [REDACTED] 5 State or province **FL** 6 Country and ZIP or foreign postal code **US 32940** 9 Street address (including room or suite no.) **500 S. DUVAL ST.** 10 Contact telephone number **850-487-0778**

Part II Employee Offer of Coverage 11 City or town **Tallahassee** 12 State or province **FL** 13 Country and ZIP or foreign postal code **US 32399**

Employee's Age on January 1		Plan Start Month (enter 2-digit number): 01											
All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)	1E												
15 Employee Required Contribution (see instructions)	\$ 15.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												
17 ZIP Code													

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

Cat. No. 60705M

Form **1095-C** (2023)

Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C includes information about the health insurance coverage offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer, it is not required to furnish you a Form 1095-C providing information about the health coverage it offered.

In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Part III, provides information about you and your family members who had certain health coverage (referred to as "minimum essential coverage") for some or all months during the year. If you or your family members are eligible for certain types of minimum essential coverage, you may not be eligible for the premium tax credit.

If your employer provided you or a family member health coverage through an insured health plan or in another manner, you may receive information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, you may receive information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.



Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in Part III if they request it for their records.

Additional Information. For additional information about the tax provisions of the Affordable Care Act (ACA), the premium tax credit, and the employer shared responsibility provisions, visit www.irs.gov/aca or call the IRS Healthcare Hotline for ACA questions (800-919-0452).

Part I. Employee

Lines 1-6, Part I, lines 1 through 6, reports information about you, the employee.

Line 2. This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.

Part I. Applicable Large Employer Member (Employer)

Lines 7-13, Part I, lines 7 through 13, reports information about your employer.

Line 10. This line includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

Part II. Employer Offer of Coverage, Lines 14-17

Line 14. The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. (If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

1A. Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9.5% (as adjusted) of the 48 contiguous states single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment of the 9.5%, visit irs.gov.

1B. Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).

1C. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.

1D. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).

1E. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.

1F. Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).

1G. You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the *All 12 Months* box or in the separate monthly boxes for all 12 calendar months on line 14.

1H. No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).

1I. Reserved for future use.

1J. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage NOT offered to your dependent(s).

1K. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s).

1L. Individual coverage health reimbursement arrangement (HRA) offered to you only with affordability determined by using employee's primary residence ZIP code.

1M. Individual coverage HRA offered to you and dependent(s) (not spouse) with affordability determined by using employee's primary residence ZIP code.

1N. Individual coverage HRA offered to you, spouse, and dependent(s) with affordability determined by using employee's primary residence ZIP code.

1O. Individual coverage HRA offered to you only using the employee's primary employment site ZIP code affordability safe harbor.

1P. Individual coverage HRA offered to you and dependent(s) (not spouse) using the employee's primary employment site ZIP code affordability safe harbor.

1Q. Individual coverage HRA offered to you, spouse, and dependent(s) using the employee's primary employment site ZIP code affordability safe harbor.

1R. Individual coverage HRA that is NOT affordable offered to you; employee and spouse or dependent(s); or employee, spouse, and dependents.

1S. Individual coverage HRA offered to an individual who was not a full-time employee.

1T. Individual coverage HRA offered to employee and spouse (no dependents) with affordability determined using employee's primary residence ZIP code.

1U. Individual coverage HRA offered to employee and spouse (no dependents) using employee's primary employment site ZIP code affordability safe harbor.

1V. Reserved for future use.

1W. Reserved for future use.

1X. Reserved for future use.

1Y. Reserved for future use.

1Z. Reserved for future use.

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☒

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage													
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
18	AARON J	PEACOCK	[REDACTED]	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19	[REDACTED]	PEACOCK	[REDACTED]	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20	[REDACTED] K	Peacock	[REDACTED]	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
29				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
30				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Instructions for Recipient (continued)

Line 15. This line reports the employee required contribution, which is the monthly cost to you for the lowest cost self-only minimum essential coverage providing minimum value that your employer offered you. For an individual coverage HRA, the employee required contribution is the excess of the monthly premium based on the employee's applicable age for the applicable lowest cost silver plan over the monthly individual coverage HRA amount (generally, the annual individual coverage HRA amount divided by 12). See the instructions for Forms 1094-C and 1095-C for more details. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in more expensive coverage such as family coverage. Line 15 will show an amount only if code 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q, 1T, or 1U is entered on line 14. If you were offered coverage but there is no cost to you for the coverage, this line will report "0.00" for the amount. For more information, including on how your eligibility for other healthcare arrangements might affect the amount reported on line 15, visit IRS.gov.

Line 16. This code provides the IRS information to administer the employer shared responsibility provisions. Other than a code 2C, which reflects your enrollment in your employer's coverage, none of this information affects your eligibility for the premium tax credit. For more information about the employer shared responsibility provisions, visit IRS.gov.

Line 17. This line reports the applicable ZIP code your employer used for determining affordability if you were offered an individual coverage HRA. If code 1L, 1M, 1N, or 1T was used on line 14, this will be your primary residence location. If code 1O, 1P, 1Q, or 1U was used on line 14, this will be your primary employment site. For more information about individual coverage HRAs, visit IRS.gov.

Part III. Covered Individuals, Lines 18–30

Part III reports the name, SSN (or TIN for covered individuals other than the employee listed in Part I), and coverage information about each individual (including any full-time employee and non-full-time employee, and any employee's family members) covered under the employer's health plan, if the plan is "self-insured." A date of birth will be entered in column (c) only if an SSN (or TIN for covered individuals other than the employee listed in Part I) is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than 13 covered individuals, additional copies of page 3 may be used.



NATIONAL FINANCIAL SERVICES LLC
Agent for Fidelity Management Trust Company
P.O. Box 28019
Albuquerque, NM 87125-8019

2023 Form 5498 IRA Contribution Information

Account No. Participant TIN Page

1 of 4

TRUSTEE'S or ISSUER'S TIN: 04-3523567

Envelope 5315 374146 01

PEACOCK

Customer Service: 800-544-6666
Visit Us Online: [Fidelity.com](https://www.fidelity.com)

Form 5498

2023 IRA Contribution Information

OMB No. 1545-0747

This information is being furnished to the Internal Revenue Service.

Account Number

5. Fair market value of account.....\$41,972.77
7. IRA Type.....ROTH IRA
11. Required Minimum Distribution for 2024.....☐
15a. FMV of certain specified assets.....\$665.18
15b. Code(s).....A

FMV of certain specified assets as of December 31, 2023 (not reported to IRS)

Account Type Security	Account Number	CUSIP	Quantity	Price	Market Value	15b code
ROTH IRA†						
CRESCO LABS INC SUB VTG SHS ISIN		22587M106	490.00000	1.357500	\$665.18	A

For a complete list of account positions see your year-end investment report on Fidelity.com

† According to the IRS, Roth IRA assets should not be included when calculating Required Minimum Distributions during your (a.k.a. the original depositor's) lifetime.

IRA Beneficiary Summary Statement as of December 31, 2023 (not reported to IRS)

Account Type Primary or Contingent	Account Number	Share Percent	Date of Birth/Trust	Relationship	Legal Heir Option
ROTH IRA					
Primary	AARON J PEACOCK	100.00		Spouse	
Contingent	No contingent beneficiary information on record.				

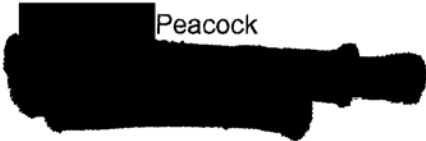
To add or update your beneficiary information, go to [Fidelity.com/beneficiary](https://www.fidelity.com/beneficiary).

HB NITKIN REAL ESTATE FUND II, LLC
C/O THE HB NITKIN GROUP
230 MASON STREET
GREENWICH, CT 06830

 PEACOCK



HB Nitkin Real Estate Fund II, LLC
C/O The HB Nitkin Group
230 Mason Street
Greenwich, CT 06830
203-861-9000

 Peacock

Dear  Peacock:

Attached is your copy of the 2023 Partnership Form 1065 Schedule K-1 package. This summarizes your information from the partnership. This information has been provided to the Internal Revenue Service with the U.S. Partnership Return of Income, Form 1065.

The information provided on this schedule should be entered on your tax return in accordance with the Schedule K-1 instructions. If your return will be prepared by your accountant or attorney, you should provide a copy of this schedule to the preparer with your other tax information.

We thank you for the opportunity to serve you.

Sincerely,

HB Nitkin Real Estate Fund II, LLC

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service**2023**

For calendar year 2023, or tax year

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

beginning

ending

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership**A** Partnership's employer identification number
06-1620619**B** Partnership's name, address, city, state, and ZIP code
HB NITKIN REAL ESTATE FUND II, LLC
C/O THE HB NITKIN GROUP
230 MASON STREET
GREENWICH, CT 06830**C** IRS center where partnership filed return:
E-FILE**D** ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner****E** Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.

PEACOCK

G ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member**H1** ☒ Domestic partner ☐ Foreign partner**H2** ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN _____ Name _____

I1 What type of entity is this partner? **INDIVIDUAL****I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐**J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	0.8599400 %	0.8599400 %
Loss	0.8599400 %	0.8599400 %
Capital	0.8599400 %	0.8599400 %

Check if decrease is due to:

☐ Sale or ☐ Exchange of partnership interest. See instructions.**K1** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$ 9,694.
Qualified nonrecourse financing	\$ 433,325.	\$ 425,412.
Recourse	\$ 0.	\$ 0.

K2 Check this box if Item K-1 includes liability amounts from lower-tier partnerships ☐**K3** Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions ☐**Partner's Capital Account Analysis**

Beginning capital account	\$ -246,339.
Capital contributed during the year	\$
Current year net income (loss)	\$ 7,991.
Other increase (decrease) (attach explanation)	\$
Withdrawals and distributions	\$ (6,020.)
Ending capital account	\$ -244,368.

M Did the partner contribute property with a built-in gain (loss)?☐ Yes ☒ No If "Yes," attach statement. See instructions.**N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**

Beginning	\$
Ending	\$

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss)	0.	14 Self-employment earnings (loss)	A 0.
2 Net rental real estate income (loss)	7,984.	15 Credits	
3 Other net rental income (loss)		16 Schedule K-3 is attached if checked ☒	
4a Guaranteed payments for services		17 Alternative min tax (AMT) items	
4b Guaranteed payments for capital		18 Tax-exempt income and nondeductible expenses	C* STMT
4c Total guaranteed payments		19 Distributions	A 6,020.
5 Interest income	25.	20 Other information	A 25.
6a Ordinary dividends		8 Net short-term capital gain (loss)	N * 21,529.
6b Qualified dividends			Z * STMT
6c Dividend equivalents		9a Net long-term capital gain (loss)	AG * 56,909.
7 Royalties		9b Collectibles (28%) gain (loss)	
8 Net short-term capital gain (loss)		9c Unrecaptured section 1250 gain	
9a Net long-term capital gain (loss)		10 Net section 1231 gain (loss)	
9b Collectibles (28%) gain (loss)		11 Other income (loss)	
9c Unrecaptured section 1250 gain		12 Section 179 deduction	
10 Net section 1231 gain (loss)		21 Foreign taxes paid or accrued	
11 Other income (loss)		13 Other deductions	
12 Section 179 deduction		22 ☐ More than one activity for at-risk purposes*	
13 Other deductions		23 ☐ More than one activity for passive activity purposes*	

*See attached statement for additional information.

For IRS Use Only

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
ENTERTAINMENT EXPENSE		8.
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	NONDEDUCTIBLE PORTION	10.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		18.

SCHEDULE K-1 BUSINESS INTEREST EXPENSE, BOX 20, CODE N

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
BUSINESS INTEREST EXPENSE - (INCLUDED IN RENTAL REAL ESTATE INCOME (LOSS))	SEE PARTNERS INSTRUCTIONS	21,529.
TOTAL TO SCHEDULE K-1, BOX 20, CODE N		21,529.

SCHEDULE K-1 SECTION 199A INFORMATION, BOX 20, CODE Z

DESCRIPTION	AMOUNT
RENT - GFC, LLC COMML PROP EIN #06-1620618	
RENTAL INCOME (LOSS)	-956.
UNADJUSTED BASIS OF ASSETS	13,086.
RENT - GFC FAWCETT, LLC EIN# 20-0120306	
RENTAL INCOME (LOSS)	10,728.
UNADJUSTED BASIS OF ASSETS	183,420.
RENT - HB NITKIN REAL ESTATE FUND II, LLC	
RENTAL INCOME (LOSS)	-1,788.

SCHEDULE K-1 SECTION 199A ADDITIONAL INFORMATION

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODE Z. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 GROSS RECEIPTS FOR SECTION 448(C), BOX 20, CODE AG

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
GROSS RECEIPTS - CURRENT YEAR	SEE IRS SCH. K-1 INSTRUCTIONS	56,909.
TOTAL TO SCHEDULE K-1, LINE 20 AG		56,909.

SCHEDULE K-1 CURRENT YEAR NET INCOME (LOSS) AND
OTHER INCREASES(DECREASES)

DESCRIPTION	AMOUNT	TOTALS
RENTAL REAL ESTATE INCOME (LOSS)	7,984.	
INTEREST INCOME	25.	
SCHEDULE K-1 INCOME SUBTOTAL		8,009.
NONDEDUCTIBLE EXPENSES	-18.	
SCHEDULE K-1 DEDUCTIONS SUBTOTAL		-18.
NET INCOME (LOSS) PER SCHEDULE K-1		7,991.

SCHEDULE K-1

FOOTNOTES

THIS PASS THROUGH ENTITY IS A REAL ESTATE TRADE OR BUSINESS THAT HAS ELECTED TO BE TREATED AS AN ELECTING REAL PROPERTY TRADE OR BUSINESS UNDER SECTION 163(J)(7)(B).

THE FOLLOWING INFORMATION REPRESENTS THE COMPANY'S AMOUNT OF GROSS RECEIPTS FOR THE PAST THREE YEARS, WHICH MAY BE REQUIRED FOR THE COMPUTATION OF YOUR OWN SECTION 163(J) LIMITATION:

ANNUAL GROSS RECEIPTS FOR 2020:	5,916,692.
ANNUAL GROSS RECEIPTS FOR 2021:	6,599,866.
ANNUAL GROSS RECEIPTS FOR 2022:	6,322,835.

PLEASE CONSULT YOUR TAX ADVISOR FOR THE APPLICATION OF SECTION 163(J) TO YOU.

List of Codes and References Used in Schedule K-1 (Form 1065)

Box Number / Item	Where to report or where to find further reporting information. Page numbers refer to these instructions.
1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows.	
Passive loss	See page 15
Passive income	Schedule E (Form 1040), line 28, column (h)
Nonpassive loss	See page 15
Nonpassive income	Schedule E (Form 1040), line 28, column (k)
2. Net rental real estate income (loss)	See page 15
3. Other net rental income (loss)	
Net income	Schedule E (Form 1040), line 28, column (h)
Net loss	See Instructions for Form 8582
4a. Guaranteed payment services	See Instructions for Schedule E (Form 1040)
4b. Guaranteed payment capital	See Instructions for Schedule E (Form 1040)
4c. Guaranteed payment total	See page 16
5. Interest income	Form 1040 or 1040-SR, line 2b
6a. Ordinary dividends	Form 1040 or 1040-SR, line 3b
6b. Qualified dividends	Form 1040 or 1040-SR, line 3a
6c. Dividend equivalents	See page 16
7. Royalties	Schedule E (Form 1040), line 4
8. Net short-term capital gain (loss)	Schedule D (Form 1040), line 5
9a. Net long-term capital gain (loss)	Schedule D (Form 1040), line 12
9b. Collectibles (28%) gain (loss)	28% Rate Gain Worksheet, line 4 (Schedule D inst)
9c. Unrecaptured section 1250 gain	See page 16
10. Net section 1231 gain (loss)	See page 17
11. Other income (loss)	
Code A. Other portfolio income (loss)	See page 17
Code B. Involuntary conversions	See page 17
Code C. Section 1256 contracts & straddles	Form 6781, line 1
Code D. Mining exploration costs recapture	See 2022 Pub. 535
Code E. Cancellation of debt	See page 17
Code F. Section 743(b) positive adjustments	See page 17
Code G. Reserved for future use	
Code H. Section 951(a) income inclusions	See page 17
Code I. Gain (loss) from disposition of oil, gas, geothermal, or mineral properties (section 59(e))	See page 18
Code J. Recoveries of tax benefit items	See page 18
Code K. Gambling gains and losses	See page 18
Code L. Any income, gain, or loss to the partnership from a distribution under section 751(b) (certain distributions treated as sales or exchanges)	See page 18
Code M. Gain eligible for section 1045 rollover (replacement stock purchased by partnership)	See page 18
Code N. Gain eligible for section 1045 rollover (replacement stock not purchased by the partnership)	See page 18
Code O. Sale or exchange of QSB stock with section 1202 exclusion	See page 19
Code P. Gain or loss on disposition of farm recapture property and other items to which section 1252 applies	See page 19
Code Q. Gain or loss on Fannie Mae or Freddie Mac qualified preferred stock	See page 19
Code R. Specially allocated ordinary gain (loss)	See page 19
Code S. Non-portfolio capital gain (loss)	See page 19
Codes T through X. Reserved for future use	
Code ZZ. Other	See page 19
12. Section 179 deduction	See page 19
13. Other deductions	
Code A. Cash contributions (60%)	See page 19
Code B. Cash contributions (30%)	See page 19
Code C. Noncash contributions (50%)	See page 20

Box Number / Item	Where to report or where to find further reporting information. Page numbers refer to these instructions.
Code D. Noncash contributions (30%)	See page 20
Code E. Capital gain property to a 50% organization (30%)	See page 20
Code F. Capital gain property (20%)	See page 20
Code G. Contributions (100%)	See page 20
Code H. Investment interest expense	Form 4952, line 1
Code I. Deductions-royalty income	Schedule E (Form 1040), line 19
Code J. Section 59(e)(2) expenditures	See page 20
Code K. Excess business interest expense	See page 21
Code L. Deductions-portfolio income (other)	Schedule A (Form 1040), line 16
Code M. Amounts paid for medical insurance	Sch A (Form 1040), line 1; or Sch 1 (Form 1040), line 17
Code N. Educational assistance benefits	See page 21
Code O. Dependent care benefits	Form 2441, line 12
Code P. Preproductive period expenses	See page 21
Code Q. Reserved for future use	
Code R. Pensions and IRAs	See page 21
Code S. Reforestation expense deduction	See page 21
Codes T through U. Reserved for future use	
Code V. Section 743(b) negative adjustments	See page 21
Code W. Soil and water conservation	See page 21
Code X. Film, television, and theatrical production expenditures	See page 21
Code Y. Expenditures for removal of barriers	See page 22
Code Z. Itemized deductions	See page 22
Code AA. Contributions to a capital construction fund (CCF)	See page 22
Code AB. Penalty on early withdrawal of savings	See page 22
Code AC. Interest expense allocated to debt-financed distributions	See page 22
Code AD. Interest expense on working interest in oil or gas	See page 22
Code AE. Deductions-portfolio income	See page 22
Codes AF through AJ. Reserved for future use	
Code ZZ. Other	See page 22
14. Self-employment earnings (loss)	
Note. If you have a section 179 deduction or any partner-level deductions, see	page 22 before completing Schedule SE (Form 1040).
Code A. Net earnings (loss) from self-employment	Schedule SE (Form 1040)
Code B. Gross farming or fishing income	See page 22
Code C. Gross nonfarm income	See page 22
15. Credits	
Code A. Zero-emission nuclear power production	See page 23
Code B. Production from advanced nuclear power facilities credit	See page 23
Code C. Low-income housing credit (section 42(j)(5)) from post-2007 buildings	See page 23
Code D. Low-income housing credit (other) from post-2007 buildings	See page 23
Code E. Qualified rehabilitation expenditures (rental real estate)	See page 23
Code F. Other rental real estate credits	See page 23
Code G. Other rental credits	See page 23
Code H. Undistributed capital gains credit	Schedule 3 (Form 1040), line 13a
Code I. Biofuel producer credit	See page 23
Code J. Work opportunity credit	See page 23
Code K. Disabled access credit	See page 23
Code L. Empowerment zone employment credit	See page 23
Code M. Credit for increasing research activities	See page 23
Code N. Credit for employer social security and Medicare taxes	See page 23
Code O. Backup withholding	See page 23
Code P. Unused investment credit from the qualifying advanced coal project credit or qualifying gasification project credit allocated from cooperatives	See page 23
Code Q. Unused investment credit from the qualifying advanced energy project credit allocated from cooperatives	See page 23
Code R. Unused investment credit from the advanced manufacturing investment credit allocated from cooperatives	See page 23
Code S. Reserved for future use	

Box Number / Item	Where to report or where to find further reporting information. Page numbers refer to these instructions.
Code T. Unused investment credit from the energy credit allocated from cooperatives	See page 23
Code U. Unused investment credit from the rehabilitation credit allocated from cooperatives	See page 24
Code V. Advanced manufacturing production credit	See page 24
Codes W and X. Reserved for future use	
Code Y. Clean hydrogen production credit	See page 24
Code Z. Orphan drug credit	See page 24
Code AA. Enhanced oil recovery credit	See page 24
Code AB. Renewable electricity production credit	See page 24
Code AC. Biodiesel, renewable diesel, or sustainable aviation fuels credit	See page 24
Code AD. New markets credit	See page 24
Code AE. Credit for small employer pension plan startup costs	See page 24
Code AF. Credit for small employer auto-enrollment	See page 24
Code AG. Credit for small employer military spouse retirement plan eligibility	See page 24
Code AH. Credit for employer-provided childcare facilities and services	See page 24
Code AI. Low sulfur diesel fuel production credit	See page 24
Code AJ. Qualified railroad track maintenance credit	See page 24
Code AK. Credit for oil and gas production from marginal wells	See page 24
Code AL. Distilled spirits credit	See page 24
Code AM. Energy efficient home credit	See page 24
Code AN. Alternative motor vehicle credit	See page 24
Code AO. Alternative fuel vehicle refueling property credit	See page 24
Code AP. Clean renewable energy bond credit	See page 24
Code AQ. New clean renewable energy bond credit	See page 24
Code AR. Qualified energy conservation bond credit	See page 24
Code AS. Qualified zone academy bond credit	See page 24
Code AT. Qualified school construction bond credit	See page 24
Code AU. Build America bond credit	See page 24
Code AV. Credit for employer differential wage payments	See page 24
Code AW. Carbon oxide sequestration credit	See page 24
Code AX. Carbon oxide sequestration credit recapture	See page 24
Code AY. New clean vehicles credit	See page 24
Code AZ. Qualified commercial clean vehicle credit	See page 24
Code BA. Credit for small employer health insurance premiums	See page 24
Code BB. Employer credit for paid family and medical leave	See page 24
Code BC. Eligible credits from transferor(s) under section 6418	See page 24
Codes BD through BG. Reserved for future use	
Code ZZ. Other	See page 24
17. Alternative minimum tax (AMT) items	
Code A. Post-1986 depreciation adjustment	See Instructions for Form 6251
Code B. Adjusted gain or loss	See Instructions for Form 6251
Code C. Depletion (other than oil & gas)	See Instructions for Form 6251
Code D. Oil, gas, and geothermal-gross income	See Instructions for Form 6251
Code E. Oil, gas, and geothermal-deductions	See Instructions for Form 6251
Code F. Other AMT items	See Instructions for Form 6251
18. Tax-exempt income and nondeductible expenses	
Code A. Tax-exempt interest income	Form 1040 or 1040-SR, line 2a
Code B. Other tax-exempt income	See page 25
Code C. Nondeductible expenses	See page 25
19. Distributions	
Code A. Cash and marketable securities	See page 25
Code B. Distribution subject to section 737	See page 25
Code C. Other property	See page 26
20. Other information	
Code A. Investment income	Form 4952, line 4a
Code B. Investment expenses	Form 4952, line 5

Box Number / Item	Where to report or where to find further reporting information. Page numbers refer to these instructions.
Code C. Fuel tax credit information	Form 4136
Code D. Qualified rehabilitation expenditures (other than rental real estate)	See page 26
Code E. Basis of energy property	See page 26
Code F. Recapture of low-income housing credit for section 42(j)(5) partnerships	See page 26
Code G. Recapture of low-income housing credit for other partnerships	See page 26
Code H. Recapture of investment credit	See Form 4255
Code I. Recapture of other credits	See page 27
Code J. Look-back interest-completed long-term contracts	See Form 8697
Code K. Look-back interest-income forecast method	See Form 8866
Code L. Dispositions of property with section 179 deductions	See page 27
Code M. Recapture of section 179 deduction	See page 27
Code N. Business interest expense (information item)	See page 27
Code O. Section 453(j)(3) information	Schedule 2 (Form 1040), line 14
Code P. Section 453A(c) information	Schedule 2 (Form 1040), line 15
Code Q. Section 1260(b) information	Schedule 2 (Form 1040), line 17z
Code R. Interest allocable to production expenditures	See Regulations sections 1.263A-8 through -15
Code S. Capital construction fund (CCF) nonqualified withdrawals	Schedule 2 (Form 1040), line 17z
Code T. Depletion deduction	See 2022 Pub. 535
Code U. Section 743(b) basis adjustment	See page 28
Code V. Unrelated business taxable income	See page 28
Code W. Precontribution gain (loss)	Form 8949 and/or Schedule D (Form 1040); or Form 4797
Code X. Payment obligations including guarantees and deficit obligations (DROs)	See page 28
Code Y. Net investment income	See Instructions for Form 8960
Code Z. Section 199A information	Form 8995 or Form 8995-A
Code AA. Section 704(c) information	See page 29
Code AB. Section 751 gain (loss)	See page 29
Code AC. Section 1(h)(5) gain (loss)	See page 29
Code AD. Deemed section 1250 unrecaptured gain	See page 29
Code AE. Excess taxable income	See Instructions for Form 8990
Code AF. Excess business interest income	See page 30
Code AG. Gross receipts for section 448(c)	See page 30
Code AH. Noncash charitable contributions	See page 30
Code AI. Interest and tax on deferred compensation to partners	See page 30
Code AJ. Excess business loss limitation	See page 30
Code AK. Gain from mark-to-market election	See page 30
Code AL. Section 721(c) partnership	See page 30
Code AM. Section 1061 information	See page 30
Code AN. Farming and fishing business	See page 30
Code AO. PTP information	See page 30
Code AP. Inversion gain	See page 30
Code AQ. Conservation reserve program payments	See page 31
Code AR. IRA disclosure	See page 31
Code AS. Qualifying advanced coal project property and qualifying gasification project property	See page 31
Code AT. Qualifying advanced energy project property	See page 31
Code AU. Advanced manufacturing investment property	See page 31
Code AV. Reserved for future use	
Code AW. Reportable transactions	See page 31
Code AX. Reserved for future use	
Code AY. Foreign partners, Form 8990, Schedule A	See page 31
Codes AZ through BD. Reserved for future use	
Code ZZ. Other	See page 31
21. Foreign taxes paid or accrued	See page 31

Schedule K-3
(Form 1065)

Department of the Treasury
Internal Revenue Service

Partner's Share of Income, Deductions,
Credits, etc.-International

☐ Final K-3

☐ Amended K-3

OMB No. 1545-0123

For calendar year 2023, or tax year beginning _____, ending _____

See separate instructions.

2023

Information About the Partnership

A Partnership's employer identification number (EIN)

06-1620619

B Partnership's name, address, city, state, and ZIP code
HB NITKIN REAL ESTATE FUND II, LLC
C/O THE HB NITKIN GROUP
230 MASON STREET
GREENWICH, CT 06830

Information About the Partner

C Partner's social security number (SSN) or taxpayer identification number (TIN)
(Do not use TIN of a disregarded entity. See instructions.)

D Name, address, city, state, and ZIP code for partner entered in C. See instr.

PEACOCK

E Check to indicate the parts of Schedule K-3 that apply.

- 1 Does Part I apply? If "Yes," complete and attach Part I
- 2 Does Part II apply? If "Yes," complete and attach Part II
- 3 Does Part III apply? If "Yes," complete and attach Part III
- 4 Does Part IV apply? If "Yes," complete and attach Part IV
- 5 Does Part V apply? If "Yes," complete and attach Part V
- 6 Does Part VI apply? If "Yes," complete and attach Part VI
- 7 Does Part VII apply? If "Yes," complete and attach Part VII
- 8 Does Part VIII apply? If "Yes," complete and attach Part VIII
- 9 Does Part IX apply? If "Yes," complete and attach Part IX
- 10 Does Part X apply? If "Yes," complete and attach Part X
- 11 Does Part XI apply? If "Yes," complete and attach Part XI
- 12 Reserved for future use
- 13 Does Part XIII apply? If "Yes," complete and attach Part XIII

	Yes	No
1		X
2	X	
3	X	
4		X
5		X
6		X
7		X
8		X
9		X
10		X
11		X
12		
13		X

For IRS Use Only

Name of partnership

HB NITKIN REAL ESTATE FUND II, L.L.

EIN

06-1620619

Name of partner

PEACOCK

SSN or TIN

Part I Partner's Share of Partnership's Other Current Year International Information

Check box(es) for additional specified attachments. See instructions.

- | | | | |
|--|---|--|--|
| ☐ 1. Gain on personal property sale | ☐ 5. High-taxed income | ☐ 8. Form 5471 information | ☐ 11. Dual consolidated loss |
| ☐ 2. Foreign oil and gas taxes | ☐ 6. Section 267A disallowed deduction | ☐ 9. Other forms | ☐ 12. Form 8865 information |
| ☐ 3. Splitter arrangements | ☐ 7. Reserved for future use | ☐ 10. Partner loan transactions | ☐ 13. Other international items |
| ☐ 4. Foreign tax translation | | | (attach description and statement) |

Part II Foreign Tax Credit Limitation**Section 1 - Gross Income**

Description	(a) U.S. source	Foreign Source				(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other category code		
1 Sales							
A							
B							
C							
2 Gross income from performance of services							
A							
B							
C							
3 Gross rental real estate income							
A US	56,885.	0.	0.	0.	0.	0.	56,885.
B							
C							
4 Other gross rental income							
A							
B							
C							
5 Guaranteed payments							
6 Interest income							
A US	25.	0.	0.	0.	0.	0.	25.
B							
C							
7 Ordinary dividends (exclude amount on line 8)							
A							
B							
C							

Name of partnership

HB NITKIN REAL ESTATE FUND II, L.L.

EIN

06-1620619

Name of partner

PEACOCK

SSN or TIN

Part II Foreign Tax Credit Limitation (continued)**Section 1 - Gross Income** (continued)

Description	(a) U.S. source	Foreign Source				(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)		
8 Qualified dividends							
A							
B							
C							
9 Reserved for future use							
10 Royalties and license fees							
A							
B							
C							
11 Net short-term capital gain							
A							
B							
C							
12 Net long-term capital gain							
A							
B							
C							
13 Collectibles (28%) gain							
A							
B							
C							
14 Unrecaptured section 1250 gain							
A							
B							
C							
15 Net section 1231 gain							
A							
B							
C							

Name of partnership

HB NITKIN REAL ESTATE FUND II, L.L.

EIN

06-1620619

Name of partner

PEACOCK

SSN or TIN

Part II Foreign Tax Credit Limitation (continued)**Section 1 - Gross Income** (continued)

Description	(a) U.S. source	Foreign Source				(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other category code		
16 Section 986(c) gain							
17 Section 987 gain							
18 Section 988 gain							
19 Section 951(a) inclusions							
A							
B							
C							
20 Other income (see instructions)							
A							
B							
C							
21 Reserved for future use							
A							
B							
C							
22 Reserved for future use							
A							
B							
C							
23 Reserved for future use							
A							
B							
C							
24 Total gross income (combine lines 1 through 23)	56,910.						
A US	56,910.	0.	0.	0.	0.	0.	56,910.
B							
C							

Name of partnership

HB NITKIN REAL ESTATE FUND II, L.L.

EIN

06-1620619

Name of partner

PEACOCK

SSN or TIN

Part II Foreign Tax Credit Limitation (continued)**Section 2 - Deductions**

Description	(a) U.S. source	Foreign Source				(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)		
25 Expenses allocable to sales income							
26 Expenses allocable to gross income from performance of services							
27 Net short-term capital loss							
28 Net long-term capital loss							
29 Collectibles loss							
30 Net section 1231 loss							
31 Other losses							
32 Research & experimental (R&E) expenses							
A SIC code:							
B SIC code:							
C SIC code:							
33 Allocable rental expenses - depreciation, depletion, and amortization	7,856.						7,856.
34 Allocable rental expenses - other than depreciation, depletion, and amortization	41,045.						41,045.
35 Allocable royalty and licensing expenses - depreciation, depletion, and amortization							
36 Allocable royalty and licensing expenses - other than depreciation, depletion, and amortization							
37 Depreciation not included on line 33 or line 35							
38 Charitable contributions							
39 Interest expense specifically allocable under Regulations section 1.861-10(e)							
40 Other interest expense specifically allocable under Regulations section 1.861-10T							
41 Other interest expense - business							
42 Other interest expense - investment							
43 Other interest expense - passive activity							
44 Section 59(e)(2) expenditures, excluding R&E expenses on line 32							
45 Foreign taxes not creditable but deductible							

Name of partnership

HB NITKIN REAL ESTATE FUND II, L.L.

EIN

06-1620619

Name of partner

PEACOCK

SSN or TIN

Part II Foreign Tax Credit Limitation (continued)**Section 2 - Deductions** (continued)

Description	(a) U.S. source	Foreign Source					(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code _____)			
46 Section 986(c) loss								
47 Section 987 loss								
48 Section 988 loss								
49 Other allocable deductions (see instructions)								
50 Other apportioned share of deductions (see instructions)								
51 Reserved for future use								
52 Reserved for future use								
53 Reserved for future use								
54 Total deductions (combine lines 25 through 53)		48,901.						48,901.
55 Net income (loss) (subtract line 54 from line 24)		8,009.						8,009.

Part III Other Information for Preparation of Form 1116 or 1118**Section 1 - R&E Expenses Apportionment Factors**

Description	(a) U.S. source	Foreign Source					(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code _____)			
1 Gross receipts by SIC code								
A SIC code:								
B SIC code:								
C SIC code:								
E SIC code:								
E SIC code:								
F SIC code:								
2 Exclusive apportionment with respect to total R&E expenses entered on Part II, line 32.								
A R&E expense with respect to activity performed in the United States								
(i) SIC code:							2A(i)	
(ii) SIC code:							2A(ii)	
(iii) SIC code:							2A(iii)	
B R&E expense with respect to activity performed outside the United States								
(i) SIC code:							2B(i)	
(ii) SIC code:							2B(ii)	
(iii) SIC code:							2B(iii)	

Name of partnership

HB NITKIN REAL ESTATE FUND II, L.L.

EIN

06-1620619

Name of partner

PEACOCK

SSN or TIN

Part II Other Information for Preparation of Form 1116 or 1118 (continued)

Section 2 - Interest Expense Apportionment Factors

Description	(a) U.S. source	Foreign Source				(f) Sourced by partner	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other category code _____ (country code _____)		
1 Total average value of assets	180,081.						180,081.
2 Sections 734(b) and 743(b) adjustment to assets - average value							
3 Assets attracting directly allocable interest expense under Regulations section 1.861-10(e)							
4 Other assets attracting directly allocable interest expense under Regulations section 1.861-10T							
5 Assets excluded from apportionment formula							
6a Total assets used for apportionment (subtract the sum of lines 3, 4, and 5 from the sum of lines 1 and 2)	180,081.						180,081.
b Assets attracting business interest expense							
c Assets attracting investment interest expense							
d Assets attracting passive activity interest expense							
7 Basis in stock of 10%-owned noncontrolled foreign corporations (see attachment)							
8 Basis in stock of CFCs (see attachment)							

Section 3 - Foreign-Derived Intangible Income (FDII) Deduction Apportionment Factors

Description	(a) U.S. source	Foreign Source				(e) Sourced by partner	(f) Total
		(b) Passive category income	(c) General category income	(d) Other category code _____ (country code _____)			
1 Foreign-derived gross receipts							
2 Cost of goods sold (COGS)							
3 Partnership deductions allocable to foreign-derived gross receipts							
4 Other partnership deductions apportioned to foreign-derived gross receipts							

Schedule of Activities

For calendar year 2023, or tax year beginning

, 2023, and ending

HB NITKIN REAL ESTATE FUND II, LLC

Name: C/O THE HB NITKIN GROUP

06-1620619

For: PEACOCK

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code	Description
	3				4	GFC, LLC COMML PROP EIN #06-1620618
	1				4	GFC FAWCETT, LLC EIN# 20-0120306
	4				4	HB NITKIN REAL ESTATE FUND II, LLC

	Activity - 3	Activity - 1	Activity - 4
Ordinary business income (loss)			
Net rental real estate income (loss)	-956.	10,728.	-1,788.
Other net rental income (loss)			
Interest income		25.	
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
Net short-term capital gain (loss)			
Net long-term capital gain (loss)			
- Collectibles (28%) gain (loss)			
- Unrecaptured Section 1250 gain			
Net section 1231 gain (loss)			
Other portfolio income			
Section 1256 contracts and straddles			
Other income			
Section 179 deduction			
Charitable contributions			
Portfolio deductions			
Investment interest expense			
Section 59(e)(2) expenditures			
Excess business interest expense			
Other deductions			
Net earnings from self-employment			
Gross farming or fishing income			
Gross nonfarm income			
LIH credit - Section 42(j)(5) partnerships			
- Other			
Qualified rehabilitation expenditures related to rental real estate			
Other rental credits			
Credits related to other rental activities			
Recapture of LIH credit - Section 42(j)(5) partnerships			
- Other			
Other credits			
Post-1986 depreciation adjustment			
Adjusted gain or loss			
Portion of adjusted gain/loss allocable to short-term gain/loss			
Portion of adjusted gain/loss allocable to long-term gain/loss			
Portion of adjusted gain/loss allocable to section 1231 gain/loss			
Depletion (other than oil and gas)			
Oil, gas and geothermal properties - gross income			
Oil, gas and geothermal properties - deductions			
Other AMT items			
Investment income		25.	
Investment expenses			
Section 199A - W-2 wages			
- Unadjusted basis of assets	13,086.	183,420.	
- REIT dividends			
- Cooperative qualified business income			
- Cooperative W-2 wages			

Schedule CT K-1
Member's Share of Certain Connecticut Items

Complete in blue or black ink only.

For calendar year 2023 or other taxable year beginning _____, 2023, and ending _____.

Pass-through entity (PE) information			Member information	
Federal Employer ID Number (FEIN) 06-1620619	CT Tax Registration Number 1182591-000	Member's Social Security Number (SSN) or FEIN [REDACTED] ☒ SSN [REDACTED] FEIN		
Name HB NITKIN REAL ESTATE FUND II, LLC C/O THE HB NITKIN GROUP		Name [REDACTED] PEACOCK		
Number and street address 230 MASON STREET		Number and street address [REDACTED]		
City or town GREENWICH, CT State 06830 ZIP code		City or town [REDACTED] State [REDACTED] ZIP code [REDACTED]		
Check the box if this is an amended or a final Schedule CT K-1. ☐ Amended Schedule CT K-1 ☐ Final Schedule CT K-1 ☐ PE filed as part of a combined PE Tax return. ☐ PE filed Schedule CT-NR, Elective Composite Income Tax <i>Remittance Calculation.</i>		Type of member (check one): ☐ RI ☐ RE ☐ RT ☐ PE ☒ NI ☐ NE ☐ NT ☐ CM		
If either box is checked, see instructions.				

Part 1 - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part V

Additions Enter all amounts as positive numbers.

1. Interest on state and local obligations other than Connecticut	1.	00
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2.	00
3. Certain deductions relating to income exempt from Connecticut income tax	3.	00
4. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year	4.	00
5. 80% of Section 179 federal deduction	5.	00
6. Other - specify	6.	00

Subtractions Enter all amounts as positive numbers.

7. Interest on U.S. government obligations	7.	00
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	8.	00
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	9.	00
10. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years	10.	00
11. 25% of Section 179 federal deduction added back in preceding four years	11.	00
11a. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that are not claimed for federal income tax purposes	11a.	00
12. Other - specify	12.	00

Part 2 - Total Connecticut Source Income/(Loss)

	Column A From Federal Schedule K-1		Column B From Form CT-1065/CT-1120SI, Part 6	
1. Ordinary business income (loss)	1.	00		00
2. Net rental real estate income (loss)	2.	7,984 00		7,984 00
3. Other net rental income (loss)	3.	00		00
4. Guaranteed payments	4.	00		00
5. Interest income	5.	25 00		25 00
6a. Ordinary dividends	6a.	00		00
7. Royalties	7.	00		00
8. Net short-term capital gain (loss)	8.	00		00
9a. Net long-term capital gain (loss)	9a.	00		00
10. Net section 1231 gain (loss)	10.	00		00
11. Other income (loss): Attach statement	11.	00		00
12. Section 179 deduction	12.	00		00
13. Other deductions: Attach statement	13.	00		00

Part 3 - Connecticut PE Tax Credit Information

1. Member's Connecticut PE Tax Credit	1.	478	00
---	----	-----	----

Individuals, trusts, and estates: Report this amount on **Schedule CT-PE, Pass-Through Entity Tax Credit**.

C corporations: Report this amount on **Form CT-1120PE, Pass-Through Entity Tax Credit**.

Parent PE members: Report this amount on Form CT-1065/CT-1120SI, Part 1, *Schedule D*, Column C. Do not claim this as a payment on Form CT-1065/CT-1120SI, Part 1, *Schedule A*.

Part 4 - Elective Composite Income Tax Information

1. Composite Income Tax payment made by PE on behalf of nonresident individual (NI) member	1.		00
--	----	--	----

Nonresident individuals: Report this amount on **Form CT-1040NR/PY, Connecticut Nonresident and Part-Year Resident Income Tax Return**, on one of the lines for income tax withheld (Lines 20a through 20e). See instructions.

Part 5 - Connecticut Income Tax Credit Summary

		2023 Total credit earned by member in 2023 (from Form CT-1065/CT-1120SI, Part 7)	
1. Reserved for future use.	1.		
2. Reserved for future use.	2.		
3. Angel investor tax credit	3.		00
4. Reserved for future use.	4.		
5. Total credits: Add Lines 1 through 4.	5.		00

Part 6 - Additional Information Required to be Reported to Nonresident, Noncorporate Members and PE Members

1. Member's portion of Connecticut PE Tax payments deducted in calculating income/(loss) for federal purposes	1.		00
---	----	--	----

Part 6 is for informational purposes. This is not your PE Tax Credit. Your PE Tax Credit is reported in Part 3.



Department of Taxation and Finance
New York Partner's Schedule K-1
Tax Law - Article 22 (Personal Income Tax)

388851 11-08-23

IT-204-IP

☐ Final K-1

21

☐ Amended K-1

For calendar year 2023 or tax year beginning and ending

Partners: Before completing your income tax return, see Form IT-204-IP-1, *Partner's Instructions for Form IT-204-IP* (available at www.tax.ny.gov).

Partnership's information (see instructions)

Partnership's name (as shown on Form IT-204) HB NITKIN REAL ESTATE FUND II LLC CO THE HB NITKIN		Partnership's EIN 061620619
A Mark an X in the box if either applies to your entity ☐ Publicly traded partnership ☐ Portfolio investment partnership		
B Tax shelter registration number, if any		B
C Business allocation percentage		C %

Partner's information (see instructions)

Partner's name PEACOCK		Partner's identifying number [REDACTED]	
Partner's address [REDACTED]			
City [REDACTED]	State FL	ZIP code [REDACTED]	
D The partner is a (mark an X in the appropriate box) ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member			
E What is the tax filing status of the partner? (Mark an X in the appropriate box, if known.) ☒ Individual ☐ Estate/trust ☐ Partnership			
F If the partner is a disregarded entity or grantor trust, enter the tax ID of the entity or individual reporting the income, if known		F	
G Did the partner sell its entire interest during the tax year? ☐ Yes ☒ No		G Yes ☐ No ☒	
H Partner's share of profit, loss, and capital			
1) Profit	H1	Beginning 0.8599%	Ending 0.8599%
2) Loss	H2	0.8599%	0.8599%
3) Capital	H3	0.8599%	0.8599%
I Partner's share of liabilities at the end of the year			
1) Nonrecourse	I1	9694	
2) Qualified nonrecourse financing	I2	425412	
3) Recourse	I3		
J Partner's capital account analysis			
1) Beginning capital account	J1	-246339	
2) Capital contributed during the year - cash	J2		
3) Capital contributed during the year - property	J3		
4) Current year increase (decrease)	J4	7991	
5) Withdrawals and distributions - cash	J5	6020	
6) Withdrawals and distributions - property	J6		
7) Ending capital account	J7	-244368	
8) Method of accounting (mark an X in the appropriate box) ☒ Tax basis ☐ GAAP ☐ Book ☐ Other (submit explanation)			
K Resident status (mark an X in all boxes that apply; see instructions)			
☐ NYS full-year resident	☐ Yonkers full-year resident	☐ NYC full-year resident	
☐ NYS part-year resident	☐ Yonkers part-year resident	☐ NYC part-year resident	
☒ NYS nonresident	☐ Yonkers nonresident		
L If the partner was included in a group return, enter the special NYS identification number, if known		L	

NO HANDWRITTEN ENTRIES ON THIS FORM

M Was Form IT-2658-E filed with the partnership? **M** Yes ☐ No ☒

N NYS estimated tax paid on behalf of partner (from Form IT-2658-NYS)

	Date	Amount
1) First installment	N1	
2) Second installment	N2	
3) Third installment	N3	
4) Fourth installment	N4	
Total NYS estimated tax paid on behalf of partner (add lines N1 through N4)	N	

O Estimated MCTMT paid on behalf of partner (from Form IT-2658-MTA)

	Date	Amount
1) First installment	O1	
2) Second installment	O2	
3) Third installment	O3	
4) Fourth installment	O4	
Total estimated MCTMT paid on behalf of partner (add lines O1 through O4)	O	

P Did the partnership elect to pay the pass-through entity tax (PTET) for the current tax year? **P** Yes ☐ No ☒

If Yes, what residency status was assigned to this partner for purposes of computing the pass-through entity taxable income (PTE taxable income)? (Mark an X in the appropriate box; see instructions)

Resident ☐ Nonresident ☐

Partner's share of income, deductions, etc.

A - Partner's distributive share items	B - Federal K-1 amount	C - New York State amount
1 Ordinary business income (loss)	1	1
2 Net rental real estate income (loss)	2 7984	2
3 Other net rental income (loss)	3	3
4 Guaranteed payments	4	4
5 Interest income	5 25	5
6 Ordinary dividends	6	6
7 Royalties	7	7
8 Net short-term capital gain (loss)	8	8
9 Net long-term capital gain (loss)	9	9
10 Net section 1231 gain (loss)	10	10
11 Other income (loss) <i>Identify:</i>	11	11
12 Section 179 deduction	12	12
13 Other deductions <i>Identify:</i>	13	13
14 This line intentionally left blank	14	14
15 Net earnings (loss) from self-employment	15	15
16 Tax-exempt income and nondeductible expenses	16 18	16
17 Distributions - cash and marketable securities	17 6020	17
18 Distributions - other property	18	18
19 Other items not included above that are required to be reported separately to partners	19 282953	19
<i>Identify:</i> SEE STATEMENT		

NO HANDWRITTEN ENTRIES ON THIS FORM

Partner's share of New York modifications (see instructions)**20 New York State additions**

Number		A - Total amount	B - New York State allocated amount
20a	EA-		
20b	EA-		
20c	EA-		
20d	EA-		
20e	EA-		
20f	EA-		

21 Total addition modifications (total of column A, lines 20a through 20f) **21** **22 New York State subtractions**

Number		A - Total amount	B - New York State allocated amount
22a	ES-		
22b	ES-		
22c	ES-		
22d	ES-		
22e	ES-		
22f	ES-		

23 Total subtraction modifications (total of column A, lines 22a through 22f) **23** **24 Additions to itemized deductions**

Letter	Amount
24a	
24b	
24c	
24d	
24e	
24f	

25 Total additions to itemized deductions (add lines 24a through 24f) **25** **26 Subtractions from itemized deductions**

Letter	Amount
26a	
26b	
26c	
26d	
26e	
26f	

27 Total subtractions from itemized deductions (add lines 26a through 26f) **27** **28** This line intentionally left blank **28**

NO HANDWRITTEN ENTRIES ON THIS FORM



Partner's other information

29a	Partner's share of New York source gross income	29a	
29b	MCTD Zone 1 allocation percentage (see instructions)	29b	%
29c	MCTD Zone 2 allocation percentage (see instructions)	29c	%
29d	Partner's share of receipts from the sale of goods by manufacturing	29d	
29e	Partner's share of New York adjusted basis of qualified manufacturing property	29e	

Partner's credit information**Part 1 - Flow-through credit bases and information**

Brownfield redevelopment tax credit (Form IT-611, IT-611.1, or IT-611.2)

		A - Form IT-611	B - Form IT-611.1	C - Form IT-611.2
30	Site preparation credit component	30		
31	Tangible property credit component	31		
32	On-site groundwater remediation credit component	32		

33	This line intentionally left blank	33	
34	This line intentionally left blank	34	
35	This line intentionally left blank	35	

QEZE tax reduction credit (Form IT-604)

36	QEZE employment increase factor	36	
37	QEZE zone allocation factor	37	
38	QEZE benefit period factor	38	

Excelsior jobs program tax credit (Form IT-607)

39	Excelsior jobs tax credit component	39	
40	Excelsior investment tax credit component	40	
41	Excelsior research and development tax credit component	41	
42	Excelsior real property tax credit component	42	
42a	Excelsior child care services tax credit component	42a	

Farmers' school tax credit (Form IT-217)

43	Acres of qualified agricultural property	43	
44	Acres of qualified conservation property	44	
45	Eligible school district property taxes paid	45	
46	Acres of qualified agricultural property converted to nonqualified use	46	

Other flow-through credit bases and information

Credit bases

Code	Amount	Code	Amount
47a		47d	
47b		47e	
47c		47f	

Credit information

Code	Information	Code	Information
47g		47j	
47h		47k	
47i		47l	

NO HANDWRITTEN ENTRIES ON THIS FORM

Partner's credit information *(continued)***Part 2 - Flow-through credits, addbacks, and recaptures**

- 48 Long-term care insurance credit *(Form IT-249)*
- 49 Investment credit *(including employment incentive credit and historic barn rehabilitation credit; Form IT-212)*
- 50 Research and development - investment credit *(Form IT-212)*
- 50a Investment credit using eligible farmer's rate *(Form IT-212)*
- 51 Other flow-through credits

48	
49	
50	
50a	

	Code	Amount
51a		
51b		
51c		
51d		

	Code	Amount
51e		
51f		
51g		
51h		

52 Addbacks of credits and recaptures

	Code	Amount
52a		
52b		
52c		

	Code	Amount
52d		
52e		
52f		

Part 3 - START-UP NY tax elimination credit information *(Form IT-638)*

- 53 START-UP NY business certificate number *(Form DTF-74)*
- 54 Year of START-UP NY business tax benefit period
- 55 START-UP NY area allocation factor

53	
54	
55	

NO HANDWRITTEN ENTRIES ON THIS FORM

NY IT-204-IP OTHER ITEMS REQUIRED TO BE REPORTED SEPARATELY

DESCRIPTION	AMOUNT FROM FEDERAL SCHEDULE K-1	NEW YORK STATE AMOUNT
INVESTMENT INCOME	25.	0.
BUSINESS INTEREST EXPENSE	21,529.	0.
GROSS RECEIPTS FOR SECTION 448(C)	56,909.	0.
SECTION 199A UNADJUSTED BASIS OF ASSETS	196,506.	0.
SECTION 199A RENTAL INCOME/LOSS	7,984.	0.
TOTAL TO FORM IT-204-IP, PAGE 2, LINE 19	282,953.	0.

HBN FRONT STREET DISTRICT, INC.
C/O THE HB NITKIN GROUP
230 MASON STREET
GREENWICH, CT 06830

[REDACTED] PEACOCK
C/O [REDACTED]
[REDACTED]
[REDACTED]

HBN Front Street District, Inc.

Schedule K-1
(Form 1120-S)

 Department of the Treasury
 Internal Revenue Service

2023
☐ Final K-1

☐ Amended K-1

OMB No. 1545-0123

 For calendar year 2023, or tax
 year beginning _____
 ending _____

**Shareholder's Share of Income, Deductions,
 Credits, etc.** See separate instructions.

Part I Information About the Corporation
A Corporation's employer identification number
 20-8350777

B Corporation's name, address, city, state, and ZIP code
 HBN FRONT STREET DISTRICT, INC.
 C/O THE HB NITKIN GROUP
 230 MASON STREET
 GREENWICH, CT 06830

C IRS Center where corporation filed return
 E-FILE

D Corporation's total number of shares
 Beginning of tax year 1,134.00
 End of tax year 1,134.00

Part II Information About the Shareholder
E Shareholder's identifying number

F Shareholder's name, address, city, state, and ZIP code
 PEACOCK
 C/O

G Current year allocation percentage .176367%

H Shareholder's number of shares
 Beginning of tax year 2.00
 End of tax year 2.00

I Loans from shareholder
 Beginning of tax year \$
 End of tax year \$

**Part III Shareholder's Share of Current Year Income,
 Deductions, Credits, and Other Items**

1	Ordinary business income (loss)	13	Credits
2	Net rental real estate inc (loss) -1,212.		
3	Other net rental income (loss)		
4	Interest income 1.		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked ☒
6	Royalties	15	Alternative min tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured sec 1250 gain		
9	Net section 1231 gain (loss)	16 C*	Items affecting shareholder basis 3.
10	Other income (loss)		
		17 A	Other information 1.
11	Section 179 deduction	V	* STMT
12 A	Other deductions 24.	AC	* STMT
18	☐ More than one activity for at-risk purposes*		
19	☐ More than one activity for passive activity purposes*		

*See attached statement for additional information.

For IRS Use Only

SCHEDULE K-1

FOOTNOTES

THIS PASS THROUGH ENTITY IS A REAL ESTATE TRADE OR BUSINESS THAT HAS ELECTED TO BE TREATED AS AN ELECTING REAL PROPERTY TRADE OR BUSINESS UNDER SECTION 163(J)(7)(B).

THE FOLLOWING INFORMATION REPRESENTS THE COMPANY'S AMOUNT OF GROSS RECEIPTS FOR THE PAST THREE YEARS, WHICH MAY BE REQUIRED FOR THE COMPUTATION OF YOUR OWN SECTION 163(J) LIMITATION:

ANNUAL GROSS RECEIPTS FOR 2020:	5,447,217.
ANNUAL GROSS RECEIPTS FOR 2021:	4,846,961.
ANNUAL GROSS RECEIPTS FOR 2022:	2,861,467.

PLEASE CONSULT YOUR TAX ADVISOR FOR THE APPLICATION OF SECTION 163(J) TO YOU.

SCHEDULE K-1

NONDEDUCTIBLE EXPENSES, BOX 16, CODE C

DESCRIPTION	AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
EXCLUDED MEALS EXPENSES		3. SEE SHAREHOLDERS INSTRUCTIONS
TOTAL	3.	

SCHEDULE K-1

SECTION 199A ADDITIONAL INFORMATION

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 17, UNDER CODE V. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1

SECTION 199A ITEMS, BOX 17
CODE V

DESCRIPTION	AMOUNT
RENT - FRONT STREET	
RENTAL INCOME(LOSS)	-515.
UNADJUSTED BASIS	32,435.
RENT - FSD UNIVERSITY, LLC	
RENTAL INCOME(LOSS)	-57.
UNADJUSTED BASIS	355.
RENT - FSD ARCH STREET	
RENTAL INCOME(LOSS)	-640.
UNADJUSTED BASIS	27,589.

SCHEDULE K-1 GROSS RECEIPTS FOR SECTION 448(C), BOX 17, CODE AC

DESCRIPTION	AMOUNT
GROSS RECEIPTS - CURRENT YEAR	4,658.

List of Codes

This list identifies the codes used on Schedule K-1 for all shareholders.

For detailed reporting and filing information, see the specific line instructions, earlier, and the instructions for your income tax return.

Box 10. Other income (loss)

Code

<u>A</u>	Other portfolio income (loss)
<u>B</u>	Involuntary conversions
<u>C</u>	Section 1256 contracts and straddles
<u>D</u>	Mining exploration costs recapture
<u>E</u>	Section 951A(a) income inclusions
<u>F</u>	Inclusions of subpart F income
<u>G</u>	Section 951(a)(1)(B) inclusions
<u>H</u>	Reserved for future use
<u>I</u>	Gain (loss) from disposition of oil, gas, geothermal, or other mineral properties
<u>J</u>	Recoveries of tax benefit items
<u>K</u>	Gambling gains and losses
<u>L</u>	Reserved for future use
<u>M</u>	Gain eligible for section 1045 rollover (replacement stock purchased by the corporation)
<u>N</u>	Gain eligible for section 1045 rollover (replacement stock not purchased by the corporation)
<u>O</u>	Sale or exchange of QSB stock with section 1202 exclusion
<u>P-R</u>	Reserved for future use
<u>S</u>	Non-portfolio capital gain (loss)
<u>T-X</u>	Reserved for future use
<u>ZZ</u>	Other income (loss)

Box 12. Other deductions

<u>A</u>	Cash contributions (60%)
<u>B</u>	Cash contributions (30%)
<u>C</u>	Noncash contributions (50%)
<u>D</u>	Noncash contributions (30%)
<u>E</u>	Capital gain property to a 50% limit organization (30%)
<u>F</u>	Capital gain property (20%)
<u>G</u>	Contributions (100%)
<u>H</u>	Investment interest expense
<u>I</u>	Deductions - Royalty income
<u>J</u>	Section 59(e)(2) expenditures
<u>K</u>	Reserved for future use

<u>L</u>	Deductions - Portfolio income (other)
<u>M</u>	Preproductive period expenses
<u>N</u>	Reserved for future use
<u>O</u>	Reforestation expense deduction
<u>P-V</u>	Reserved for future use
<u>W</u>	Soil and water conservation
<u>X</u>	Film, television, and theatrical production expenditures
<u>Y</u>	Expenditures for removal of barriers
<u>Z</u>	Itemized deductions
<u>AA</u>	Contributions to a capital construction fund (CCF)
<u>AB</u>	Penalty on early withdrawal of savings
<u>AC</u>	Interest expense allocated to debt financed distributions
<u>AD-AJ</u>	Reserved for future use
<u>ZZ</u>	Other deductions

Box 13. Credits

<u>A</u>	Zero-emission nuclear power production credit
<u>B</u>	Production from advanced nuclear power facilities credit
<u>C</u>	Low-income housing credit (section 42(j)(5)) from post-2007 buildings
<u>D</u>	Low-income housing credit (other) from post-2007 buildings
<u>E</u>	Qualified rehabilitation expenditures (rental real estate)
<u>F</u>	Other rental real estate credits
<u>G</u>	Other rental credits
<u>H</u>	Undistributed capital gains credit
<u>I</u>	Biofuel producer credit
<u>J</u>	Work opportunity credit
<u>K</u>	Disabled access credit
<u>L</u>	Empowerment zone employment credit
<u>M</u>	Credit for increasing research activities
<u>N</u>	Credit for employer social security and Medicare taxes
<u>O</u>	Backup withholding
<u>P</u>	Unused investment credit from the qualifying advanced coal project credit or qualifying gasification project credit allocated from cooperatives
<u>Q</u>	Unused investment credit from the qualifying advanced energy project credit allocated from cooperatives
<u>R</u>	Unused investment credit from the advanced manufacturing investment credit allocated from cooperatives
<u>S</u>	Reserved for future use
<u>T</u>	Unused investment credit from the energy credit allocated from cooperatives
<u>U</u>	Unused investment credit from the rehabilitation credit allocated from cooperatives
<u>V</u>	Advanced manufacturing production credit
<u>W-X</u>	Reserved for future use
<u>Y</u>	Clean hydrogen production credit
<u>Z</u>	Orphan drug credit
<u>AA</u>	Enhanced oil recovery credit
<u>AB</u>	Renewable electricity production credit
<u>AC</u>	Biodiesel, renewable diesel, or sustainable aviation fuels credit
<u>AD</u>	New markets credit
<u>AE</u>	Credit for small employer pension plan startup costs
<u>AF</u>	Credit for small employer auto-enrollment
<u>AG</u>	Credit for military spouse participation
<u>AH</u>	Credit for employer-provided childcare facilities and services
<u>AI</u>	Low sulfur diesel fuel production credit
<u>AJ</u>	Qualified railroad track maintenance credit
<u>AK</u>	Credit for oil and gas production from marginal wells
<u>AL</u>	Distilled spirits credit
<u>AM</u>	Energy efficient home credit
<u>AN</u>	Alternative motor vehicle credit
<u>AO</u>	Alternative fuel vehicle refueling property credit
<u>AP</u>	Clean renewable energy bond credit
<u>AQ</u>	New clean renewable energy bond credit
<u>AR</u>	Qualified energy conservation bond credit
<u>AS</u>	Qualified zone academy bond credit
<u>AT</u>	Qualified school construction bond credit
<u>AU</u>	Build America bond credit

<u>AV</u>	Credit for employer differential wage payments
<u>AW</u>	Carbon oxide sequestration credit
<u>AX</u>	Carbon oxide sequestration credit recapture
<u>AY</u>	New clean vehicle credit
<u>AZ</u>	Qualified commercial clean vehicle credit
<u>BA</u>	Credit for small employer health insurance premiums
<u>BB</u>	Employer credit for paid family and medical leave
<u>BC</u>	Eligible credits from transferor(s) under section 6418
<u>BD-BG</u>	Reserved for future use
<u>ZZ</u>	Other credits

Box 15. Alternative minimum tax (AMT) items

<u>A</u>	Post-1986 depreciation adjustment
<u>B</u>	Adjusted gain or loss
<u>C</u>	Depletion (other than oil & gas)
<u>D</u>	Oil, gas, & geothermal-Gross income
<u>E</u>	Oil, gas, & geothermal-Deductions
<u>F</u>	Other AMT items

Box 16. Items affecting shareholder basis

<u>A</u>	Tax-exempt interest income
-----------------	----------------------------

<u>B</u>	Other tax-exempt income
<u>C</u>	Nondeductible expenses
<u>D</u>	Distributions
<u>E</u>	Repayment of loans from shareholders
<u>F</u>	Foreign taxes paid or accrued

Box 17. Other information

<u>A</u>	Investment income
<u>B</u>	Investment expenses
<u>C</u>	Qualified rehabilitation expenditures (other than rental real estate)
<u>D</u>	Basis of energy property
<u>E</u>	Recapture of low-income housing credit (section 42(j)(5))
<u>F</u>	Recapture of low-income housing credit (other)
<u>G</u>	Recapture of investment credit
<u>H</u>	Recapture of other credits
<u>I</u>	Look-back interest-Completed long-term contracts
<u>J</u>	Look-back interest-income forecast method
<u>K</u>	Dispositions of property with section 179 deductions
<u>L</u>	Recapture of section 179 deduction
<u>M</u>	Section 453(l)(3) information
<u>N</u>	Section 453A(c) information
<u>O</u>	Section 1260(b) information

<u>P</u>	Interest allocable to production expenditures
<u>Q</u>	Capital construction fund (CCF) nonqualified withdrawals
<u>R</u>	Depletion information-Oil and gas
<u>S-T</u>	Reserved for future use
<u>U</u>	Net investment income
<u>V</u>	Section 199A information
<u>W-Z</u>	Reserved for future use
<u>AA</u>	Excess taxable income
<u>AB</u>	Excess business interest income
<u>AC</u>	Gross receipts for section 448(c)
<u>AD-AI</u>	Reserved for future use
<u>AJ</u>	Excess business loss limitation
<u>AK-AM</u>	Reserved for future use
<u>AN</u>	Farming and fishing income
<u>AO</u>	Reserved for future use
<u>AP</u>	Inversion gain
<u>AQ-AR</u>	Reserved for future use
<u>AS</u>	Qualifying advanced coal project property and qualifying gasification project property
<u>AT</u>	Qualifying advanced energy project property
<u>AU</u>	Advanced manufacturing investment property
<u>AV</u>	Reserved for future use
<u>AW</u>	Reportable transactions
<u>AX-BD</u>	Reserved for future use
<u>ZZ</u>	Other information

Schedule K-3
(Form 1120-S)

Department of the Treasury
Internal Revenue Service

Shareholder's Share of Income, Deductions,
Credits, etc.-International

☐ Final K-3

☐ Amended K-3

OMB No. 1545-0123

2023

For calendar year 2023, or tax year beginning _____, ending _____

See separate instructions.

Information About the Corporation

A Corporation's employer identification number (EIN)

20-8350777

B Corporation's name, address, city, state, and ZIP code
HBN FRONT STREET DISTRICT, INC.
C/O THE HB NITKIN GROUP
230 MASON STREET
GREENWICH, CT 06830

Information About the Shareholder

C Shareholder's identifying number

[REDACTED]

D Shareholder's name, address, city, state, and ZIP code

[REDACTED] PEACOCK
C/O [REDACTED]

E Check to indicate the parts of Schedule K-3 that apply.

- 1 Does Part I apply? If "Yes," complete and attach Part I
- 2 Does Part II apply? If "Yes," complete and attach Part II
- 3 Does Part III apply? If "Yes," complete and attach Part III
- 4 Does Part IV apply? If "Yes," complete and attach Part IV
- 5 Does Part V apply? If "Yes," complete and attach Part V
- 6 Does Part VI apply? If "Yes," complete and attach Part VI
- 7 Does Part VII apply? If "Yes," complete and attach Part VII

Yes No

1		X
2	X	
3	X	
4		X
5		X
6		X
7		X

For IRS Use Only

Corporation's name

HBN FRONT STREET DISTRICT, INC. C

EIN

20-8350777

Shareholder's name

PEACOCK C/O

Shareholder's identifying number

Part I Shareholder's Share of Corporation's Other Current Year International Information

Check box(es) for additional specified attachments. See instructions.

- ☐ 1. Gain on personal property sale
☐ 2. Foreign oil and gas taxes
☐ 3. Splitter arrangements
☐ 4. Foreign tax translation
☐ 5. High-taxed income
☐ 6. Section 267A disallowed deduction
☐ 7. Form 8858 information
☐ 8. Form 5471 information
☐ 9. Other forms
☐ 10. Shareholder loan transactions
☐ 11. Entity treatment for certain S corporations
☐ 12. Form 8865 information
☐ 13. Other international items
 (attach description and statement)

Part II Foreign Tax Credit Limitation**Section 1 - Gross Income**

Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)		
1 Sales							
A							
B							
C							
2 Gross income from performance of services							
A							
B							
C							
3 Gross rental real estate income							
A US	4,658.	0.	0.	0.	0.	0.	4,658.
B							
C							
4 Other gross rental income							
A							
B							
C							
5 Reserved for future use							
6 Interest income							
A							
B							
C							
7 Ordinary dividends (exclude amount on line 8)							
A							
B							
C							

Corporation's name

HBN FRONT STREET DISTRICT, INC. C

EIN

20-8350777

Shareholder's name

PEACOCK C/O

Shareholder's identification number

Part II

Foreign Tax Credit Limitation (continued)

Section 1 - Gross Income (continued)

Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)		
8 Qualified dividends							
A							
B							
C							
9 Reserved for future use							
10 Royalties and license fees							
A							
B							
C							
11 Net short-term capital gain							
A							
B							
C							
12 Net long-term capital gain							
A							
B							
C							
13 Collectibles (28%) gain							
A							
B							
C							
14 Unrecaptured section 1250 gain							
A							
B							
C							
15 Net section 1231 gain							
A							
B							
C							

Corporation's name

HBN FRONT STREET DISTRICT, INC. C

EIN

20-8350777

Shareholder's name

PEACOCK C/O

Shareholder's identification number

Part I**Foreign Tax Credit Limitation** (continued)**Section 1 - Gross Income** (continued)

Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)		
16 Section 986(c) gain							
17 Section 987 gain							
18 Section 988 gain							
19 Section 951(a) inclusions							
A							
B							
C							
20 Other income							
A							
B							
C							
21 Section 951A(e) inclusions							
22 Reserved for future use							
A							
B							
C							
23 Reserved for future use							
A							
B							
C							
24 Total gross income (combine lines 1 through 23)	4,658.						4,658.
A US	4,658.	0.	0.	0.	0.	0.	4,658.
B							
C							

Schedule K-3 (Form 1120-S) 2023

Corporation's name

HBN FRONT STREET DISTRICT, INC. C

EIN

20-8350777

Shareholder's name

PEACOCK C/O

Part I Foreign Tax Credit Limitation (continued)**Section 2 - Deductions**

Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code)		
25 Expenses allocable to sales income							
26 Expenses allocable to gross income from performance of services							
27 Net short-term capital loss							
28 Net long-term capital loss							
29 Collectibles loss							
30 Net section 1231 loss							
31 Other losses							
32 Research & experimental (R&E) expenses							
A SIC code:							
B SIC code:							
C SIC code:							
33 Allocable rental expenses - depreciation, depletion, and amortization	1,817.						1,817.
34 Allocable rental expenses - other than depreciation, depletion, and amortization	4,053.						4,053.
35 Allocable royalty and licensing expenses - depreciation, depletion, and amortization							
36 Allocable royalty and licensing expenses - other than depreciation, depletion, and amortization							
37 Depreciation not included on line 33 or line 35							
38 Charitable contributions	24.						24.
39 Interest expense specifically allocable under Regulations section 1.861-10(e)							
40 Other interest expense specifically allocable under Regulations section 1.861-10T							
41 Other interest expense - business							
42 Other interest expense - investment							
43 Other interest expense - passive activity							
44 Section 59(e)(2) expenditures, excluding R&E expenses on line 32							
45 Foreign taxes not creditable but deductible							

Corporation's name

HBN FRONT STREET DISTRICT, INC. C

EIN

20-8350777

Shareholder's name

MEREDITH K. PEACOCK C/O

Shareholder's name

Part II Foreign Tax Credit Limitation (continued)**Section 2 - Deductions** (continued)

Description	(a) U.S. source	Foreign Source					(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code _____)			
46 Section 986(c) loss								
47 Section 987 loss								
48 Section 988 loss								
49 Other allocable deductions								
50 Other apportioned share of deductions								
51 Reserved for future use								
52 Reserved for future use								
53 Reserved for future use								
54 Total deductions (combine lines 25 through 53)	5,894.							
55 Net income (loss) (subtract line 54 from line 24)	-1,236.							-1,236.

Part III Other Information for Preparation of Form 1116**Section 1 - R&E Expenses Apportionment Factors**

Description	(a) U.S. source	Foreign Source					(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code _____)			
1 Gross receipts by SIC code								
A SIC code: _____							2A(i)	
B SIC code: _____							2A(ii)	
C SIC code: _____							2A(iii)	
D SIC code: _____								
E SIC code: _____								
F SIC code: _____								
2 Exclusive apportionment with respect to total R&E expenses entered on Part II, line 32.								
A R&E expense with respect to activity performed in the United States								
(i) SIC code: _____							2A(i)	
(ii) SIC code: _____							2A(ii)	
(iii) SIC code: _____							2A(iii)	
B R&E expense with respect to activity performed outside the United States								
(i) SIC code: _____							2B(i)	
(ii) SIC code: _____							2B(ii)	
(iii) SIC code: _____							2B(iii)	

Corporation's name

HBN FRONT STREET DISTRICT, INC. C

EIN

20-8350777

Shareholder's name

PEACOCK C/O

Shareholder's identification number

Part II Other Information for Preparation of Form 1116 (continued)

Section 2 - Interest Expense Apportionment Factors

Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other category code _____ (country code _____)		
1 Total average value of assets	42,536.						42,536.
2 Reserved for future use							
3 Assets attracting directly allocable interest expense under Regulations section 1.861-10(e)							
4 Other assets attracting directly allocable interest expense under Regulations section 1.861-10T							
5 Assets excluded from apportionment formula							
6a Total assets used for apportionment (subtract the sum of lines 3, 4, and 5 from the sum of lines 1 and 2)	42,536.						42,536.
b Assets attracting business interest expense							
c Assets attracting investment interest expense							
d Assets attracting passive activity interest expense							
7 Basis in stock of 10%-owned noncontrolled foreign corporations (see attachment)							
8 Basis in stock of CFCs (see attachment)							

Schedule K-3 (Form 1120-S) 2023

Schedule of Activities

For calendar year 2023, or tax year beginning

, 2023, and ending

HBN FRONT STREET DISTRICT, INC. C/O THE

20-8350777

Name: PEACOCK C/O

For:

Description of Activity	Activity Number	100% Disposed	PTP	P/T 199A	Type Code *	Description
	1				4	FRONT STREET
	3				4	FSD UNIVERSITY, LLC
	5				2	FSD ARCH STREET

	Activity - 1	Activity - 3	Activity - 5
Ordinary business income (loss)			
Net rental real estate income (loss)	-515.	-57.	-640.
Other net rental income (loss)			
Interest income	1.		
Dividends - Ordinary dividends			
- Qualified dividends			
- Dividend equivalents (1065 only)			
Royalties			
Net short-term capital gain (loss)			
Net long-term capital gain (loss)			
- Collectibles (28%) gain (loss)			
- Unrecaptured Section 1250 gain			
Net section 1231 gain (loss)			
Other portfolio income			
Section 1256 contracts and straddles			
Other income			
Section 179 deduction			
Charitable contributions			
Portfolio deductions			
Investment interest expense			
Section 59(e)(2) expenditures			
Excess business interest expense			
Other deductions			
Net earnings from self-employment			
Gross farming or fishing income			
Gross nonfarm income			
LIH credit - Section 42(j)(5) partnerships			
- Other			
Qualified rehabilitation expenditures related to rental real estate			
Other rental credits			
Credits related to other rental activities			
Recapture of LIH credit - Section 42(j)(5) partnerships			
- Other			
Other credits			
Post-1986 depreciation adjustment			
Adjusted gain or loss			
Portion of adjusted gain/loss allocable to short-term gain/loss			
Portion of adjusted gain/loss allocable to long-term gain/loss			
Portion of adjusted gain/loss allocable to section 1231 gain/loss			
Depletion (other than oil and gas)			
Oil, gas and geothermal properties - gross income			
Oil, gas and geothermal properties - deductions			
Other AMT items			
Investment income	1.		
Investment expenses			
Section 199A - W-2 wages			
- Unadjusted basis of assets	32,435.	355.	27,589.
- REIT dividends			
- Cooperative qualified business income			
- Cooperative W-2 wages			

**S Corporation Shareholder Stock and
Debt Basis Limitations**

OMB No. 1545-2302

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.Attachment
Sequence No. **203**

Name of shareholder

PEACOCK C/O

Identifying number

A Name of S corporation

HBN FRONT STREET DISTRICT, INC.

B Employer identification number

20-8350777

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:

(1) ☒ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gift (5) ☐ Other:E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐**Part I Shareholder Stock Basis**

1	Stock basis at the beginning of the corporation's tax year	1	
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	1.
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	1.
5	Stock basis before distributions. Add lines 1, 2, and 4	5	1.
6	Distributions (excluding dividend distributions)	6	
Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.			
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	1.
8a	Nondeductible expenses	8a	3.
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	3.
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	0.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	0.

Part II Shareholder Debt Basis**Section A - Amount of Debt** (If more than three debts, see instructions.)

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	☐ Formal note ☐ Open account	☐ Formal note ☐ Open account	☐ Formal note ☐ Open account	
16 Loan balance at the beginning of the corporation's tax year				
17 Additional loans (see instructions)				
18 Loan balance before repayment. Add lines 16 and 17				
19 Principal portion of debt repayment (this line doesn't include interest)	()	()	()	()
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18				

Part II Shareholder Debt Basis (continued)**Section B - Adjustments to Debt Basis**

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year				
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Add lines 21, 22, and 23				
25 Divide line 24 by line 18				
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-				0.

Section C - Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 Reportable gain. Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss					
36 Net rental real estate loss	1,212.	6,661.			7,873.
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions	24.	38.			62.
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	1,236.	6,699.			7,935.

Form **7203** (12-2022)

Department of Revenue Services
State of Connecticut
(Rev. 12/23)

Schedule CT K-1
Member's Share of Certain Connecticut Items

Complete in blue or black ink only.

For calendar year 2023 or other taxable year beginning _____, 2023, and ending _____.

Pass-through entity (PE) information			Member information	
Federal Employer ID Number (FEIN) 20-8350777	CT Tax Registration Number 44303295-000		Member's Social Security Number (SSN) or FEIN ☒ SSN ☐ FEIN	
Name HBN FRONT STREET DISTRICT, INC. C/O THE HB NITKIN GROUP		Name PEACOCK C/O		
Number and street address PO Box 230 MASON STREET		Number and street address PO Box		
City or town State ZIP code GREENWICH, CT 06830		City or town State ZIP code FL		
Check the box if this is an amended or a final Schedule CT K-1. ☐ Amended Schedule CT K-1 ☐ Final Schedule CT K-1 ☐ PE filed as part of a combined PE Tax return. ☐ PE filed Schedule CT-NR, Elective Composite Income Tax <i>Remittance Calculation.</i>		Type of member (check one): ☐ RI ☐ RE ☐ RT ☐ PE ☒ NI ☐ NE ☐ NT ☐ CM		
If either box is checked, see instructions.				

Part 1 - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part V

Additions Enter all amounts as positive numbers.

1. Interest on state and local obligations other than Connecticut	1.	00
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2.	00
3. Certain deductions relating to income exempt from Connecticut income tax	3.	00
4. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year	4.	00
5. 80% of Section 179 federal deduction	5.	00
6. Other - specify	6.	00

Subtractions Enter all amounts as positive numbers.

7. Interest on U.S. government obligations	7.	00
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	8.	00
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	9.	00
10. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years	10.	00
11. 25% of Section 179 federal deduction added back in preceding four years	11.	00
11a. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that are not claimed for federal income tax purposes	11a.	00
12. Other - specify SEE STATEMENT	12.	45 00

Part 2 - Total Connecticut Source Income/(Loss)

Column A

Column B

From Federal Schedule K-1

From Form CT-1065/CT-1120SI, Part 6

1. Ordinary business income (loss)	1.	00	00
2. Net rental real estate income (loss)	2.	-1,212 00	-1,212 00
3. Other net rental income (loss)	3.	00	00
4. Guaranteed payments	4.	00	00
5. Interest income	5.	1 00	1 00
6a. Ordinary dividends	6a.	00	00
7. Royalties	7.	00	00
8. Net short-term capital gain (loss)	8.	00	00
9a. Net long-term capital gain (loss)	9a.	00	00
10. Net section 1231 gain (loss)	10.	00	00
11. Other income (loss): Attach statement	11.	00	00
12. Section 179 deduction	12.	00	00
13. Other deductions: Attach statement	13.	24 00	24 00

Part 3 - Connecticut PE Tax Credit Information

1. Member's Connecticut PE Tax Credit	1.	00
---------------------------------------	----	----

Individuals, trusts, and estates: Report this amount on **Schedule CT-PE, Pass-Through Entity Tax Credit**.

C corporations: Report this amount on **Form CT-1120PE, Pass-Through Entity Tax Credit**.

Parent PE members: Report this amount on Form CT-1065/CT-1120SI, Part 1, *Schedule D*, Column C. Do not claim this as a payment on Form CT-1065/CT-1120SI, Part 1, *Schedule A*.

Part 4 - Elective Composite Income Tax Information

1. Composite Income Tax payment made by PE on behalf of nonresident individual (NI) member	1.	00
--	----	----

Nonresident individuals: Report this amount on **Form CT-1040NR/PY, Connecticut Nonresident and Part-Year Resident Income Tax Return**, on one of the lines for income tax withheld (Lines 20a through 20e). See instructions.

Part 5 - Connecticut Income Tax Credit Summary

		2023 Total credit earned by member in 2023 (from Form CT-1065/CT-1120SI, Part 7)
1. Reserved for future use.	1.	
2. Reserved for future use.	2.	
3. Angel investor tax credit	3.	00
4. Reserved for future use.	4.	
5. Total credits: Add Lines 1 through 4.	5.	00

Part 6 - Additional Information Required to be Reported to Nonresident, Noncorporate Members and PE Members

1. Member's portion of Connecticut PE Tax payments deducted in calculating income/(loss) for federal purposes	1.	00
---	----	----

Part 6 is for informational purposes. This is not your PE Tax Credit. Your PE Tax Credit is reported in Part 3.

SCHEDULE CT K-1

OTHER SUBTRACTIONS

DESCRIPTION

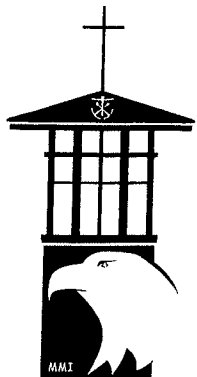
AMOUNT

CT PTET REFUND

45.

TOTAL TO SCHEDULE CT K-1, PART I, LINE 12

45.



SAINT JOHN THE EVANGELIST CATHOLIC COMMUNITY

A Roman Catholic Church of the Diocese of Orlando
staffed by the Congregation of Holy Cross

January 19, 2024

Mr. & Mrs. Aaron Peacock

Dear Mr. & Mrs. Peacock,

A very warm greeting to you from St. John the Evangelist Church!

I am so grateful to you for faithfully continuing your loving financial support to the parish. Without your support we would not be able to sustain our ministries. Because of you, we are able to continue to live stream our 11:00 a.m. Mass on Sunday so that our homebound members can still stay in touch with our parish. Our liturgies are full, our faith formation classes are full, and our social gatherings continue to draw more and more participants. Our calendar is busy and continues to get busier.

Our records show that you have contributed the following amounts:

Weekly Offertory Fund:	Amount Paid
	<u>\$1,200.00</u>
Total amount paid:	<u>\$1,200.00</u>
Total tax deductible amount:	<u>\$1,200.00</u>

On behalf of St. John The Evangelist Catholic Church I wish to thank you most sincerely. What a privilege it is for me to serve a community that is so wonderfully blessed with people like you. You remain, as always, in my mind and heart and most especially in my prayers.

In the Peace of Christ,

A. John Britto

Rev. John Britto Antony, C.S.C., Pastor

***No goods or services were exchanged, in full or partial consideration, for these contributions. Please examine your statement carefully. If it does not agree with your records, please contact the office.

St. Francis
REFLECTIONS®
Foundation

January 16, 2024

Mrs. [REDACTED] Peacock
[REDACTED]

Dear Mrs. Peacock,

The New Year has begun and I want to take this opportunity to say **thank you** again for your generosity to St. Francis during 2023. It is because of you and others like you that we have been able to provide care for patients all over Brevard County. I would like to take this opportunity to share just a few of the many wonderful things that happened thanks to you:

- ♥ **Because of you** our Te-Kisha Legacy Fund has been able to provide electric, food, a portable air conditioning unit, specialized chairs that allow two children who are unable to hold themselves up to interact safely with their family, and a specialized shower chair to allow a loved one to bathe safely and with dignity, to patients on our service that did not have the means to pay for them.
- ♥ **Because of you** our What Matters Most program was able to fulfill some of our patients' wishes for a birthday celebration with cake, a night at the movies, a special birthday lunch of fried chicken, collard greens and an oatmeal cookie and a special dinner of lasagna and breadsticks.
- ♥ **Because of you** our We Honor Veterans Program has been able to provide personalized Veteran pinning ceremonies to patients throughout Brevard, as well as community Veteran recognition ceremonies.
- ♥ **Because of you** our Pet Pledge Program was able to provide multiple cats and dogs with veterinarian visits and all the supplies needed when they went to their new forever home because their pet parent could no longer care for them.
- ♥ **Because of you** almost two hundred children and their families were educated and cared for through our North Star program for grieving children.
- ♥ **Because of you** everyone in Brevard has free access to grief support

As you can see **your donations make a huge impact** in the lives of the patients and families we serve. I know that tax season is upon us and you would have received letters for your gifts when they were made, but to make it more convenient for you I have included your total donations for 2023 below. If you have any questions about this list please contact our office at 321-360-3456 or email foundation@reflectionsllsc.org.

Thank you for uplifting our community in such a special way!

Wishing you a healthy, happy and prosperous 2024,


Angela Dunn, CFRE

Director of Development

Thank you for your 2023 donations totaling \$100.00.

St. Francis
REFLECTIONSSM
Foundation

May 5, 2023

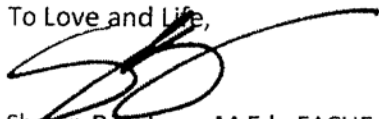
Ms. [REDACTED] Peacock
[REDACTED]

Dear Ms. Peacock,

As a friend of St. Francis Reflections Lifestage Care, our Board of Directors, volunteers, staff, patients and their families are filled with appreciation for your generosity. As one of our supporters, you help us to uplift the lives of others. So much good happens at St. Francis every day, with wonderful programs like "What Matters Most", that allows us to make the hopes, dreams and wishes of our patients come true, to our Veterans Pinning Ceremonies that honor and show appreciation for our Veterans and their families. We live in the world of *"how do we do best"* and your kind and thoughtful gift of \$50.00 in memory of Ann Hunt and benefitting our Bereavement Program will help care for those we serve and the people who love them.

Our reflections are *of Life, of Love, and of Compassion*. We thank you for joining us in our mission and are grateful for your generosity; together we can profoundly uplift each life and offer comfort and support to people in their most vulnerable times. Without you this would not be possible; we hope you take great pride in the important difference your gift makes.

To Love and Life,



Shawn Bassham, M.Ed., FACHE, CFRE
Chief Philanthropy Officer

PS. We will notify Mrs. Hunt's family of your generosity.

This letter serves as your receipt for your donation of \$50.00 on 5/4/2023. No goods or services were provided in exchange for your donation.

St. Francis
REFLECTIONS®
Foundation

November 22, 2023

Ms. [REDACTED] Peacock
[REDACTED]

Dear Ms. Peacock,

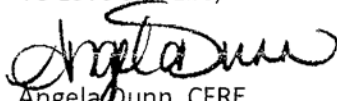
You are a very special part of our Uplifting team! On behalf of our Board of Directors, volunteers, staff, patients and their families, I would like to thank you for your generous gift of \$50.00 in memory of Jane Perrin.

When we care for a patient and the family who loves them with respect, dignity, and most of all compassion, we have in many small ways extended the moments and the memories as the days wane. It is through the generosity of donors like you that we can do even more such as care for the patient's special wishes, meet an urgent financial needs, ensure that their pets are cared for when they can no longer do it, and provide a special honor to our Veterans and so much more.

Our mission is ***Uplifting lives. Uplifting each other. Uplifting our community.*** It is what each of our team members do every day and we thank you for sharing in our mission. We are grateful for your generosity. Life is a short journey but love lives on. We consider it an honor, a privilege and a sacred trust to be a part of that journey.

Thank you so much for your care and concern for your neighbors. What a wonderful way to play a key role in improving the quality of life in our community, without you this would not be possible. We hope you take great pride in the important difference your gift makes.

To Love and Life,


Angela Dunn, CFRE
Director of Operations

PS. We will notify Mrs. Perrin's family of your generosity.

This letter serves as your receipt for your donation of \$50.00 on 11/21/2023. No goods or services were provided in exchange for your donation.



Peacock

Your Facebook fundraiser donation receipt

1 message

Facebook <notification@facebookmail.com>

Sun, Mar 12, 2023 at 9:25 PM

Reply-To: noreply <noreply@facebookmail.com>

To: Peacock

**Your donation receipt**

Hi Peacock,

Thanks for your donation to benefit Always & Furever Midwest Animal Sanctuary Inc. You can help raise even more money by sharing this fundraiser with friends.

**Always & Furever Midwest Animal Sanctuary Inc**

EIN 81-5468682

Amount paid**\$75.00****Date received**

March 12, 2023 at 9:25:06 PM

Donor name

Peacock

Paid to

Always & Furever Midwest Animal Sanctuary Inc

Tax ID number

EIN 81-5468682

Payment method**Payment ID**

5912403832206261

Status

COMPLETED

Your donation is being sent to Network for Good, a nonprofit, tax-exempt organization that holds donor advised funds (tax ID 68-0480736), and that receives certain donations made through Facebook's fundraising programs and distributes them to your recommended charity. All donations are final and may not be refunded. As required by the Internal Revenue Service ("IRS"), Network for Good has exclusive legal control over the donation. In the rare event that a charity you have

recommended does not satisfy Network for Good's criteria for receiving donations (e.g., it has been classified by the IRS as a disqualified supporting organization, it cannot or does not accept donations, is not recognized by the IRS as a public charity, or is not in good standing with federal and state regulators), or if the nonprofit returns its donation to Network for Good for any reason, Network for Good may at its sole discretion select an alternate charity to receive the donation or have the donation allocated to the Generosity Fund maintained by Network for Good (the "Generosity Fund") and used solely for charitable purposes including, but not limited to, mission based activities and grants. Your contribution to Network for Good is tax-deductible to the extent allowed by law. You may save or print this receipt for your records. This email certifies that you have made this donation as a charitable contribution and that Network for Good does not provide goods or services in whole or partial consideration for any contributions made to Network for Good. Details of your donation are listed in the Donation Record below.

You may print this receipt for your records. This receipt confirms that you have made this donation as a charitable contribution and you are not receiving any goods or services in return. As the tax laws vary by state and by country, please consult a tax professional regarding the deductibility of this donation.

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The Catholic Foundation of Central Florida

Inspire Giving. Fund God's Work.

Blessed are they who seek Him with all their heart (Psalm 119:2).

Mr. and Mrs. Aaron Peacock

3661
29
17

March 31, 2023

Dear Mr. and Mrs. Peacock,

Grace and Peace of our Lord Jesus Christ be with you! Thank you for your gift of 75 to fund the ministries of the Diocese of Orlando supported by *Our Catholic Appeal*.

In our naming, God bestows upon us His divine love. He gives His very heart to us through His Son, Jesus Christ. He joins with us as part of salvation history. Salvation is not something that happened, but is happening, is alive through our bringing Christ to everyone we meet. You receive Jesus The Eucharist and bring God's love to the people served by the ministries supported by *Our Catholic Appeal*.

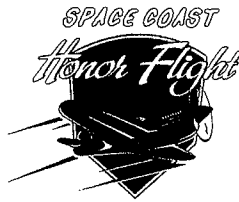
Our Catholic Appeal is managed by The Catholic Foundation of Central Florida. The Foundation's staff works with generous pastors and donors like you to inspire giving and steward gifts that bless every parish and school throughout our diocese. Our faith family prospers because you offer your gifts from God for God.

Seek Him with all your heart that His presence is known through all the ages.

Sincerely yours in Christ,

Most Reverend John Noonan
Bishop of Orlando

Kimberlee Riley
President, The Catholic Foundation of Central Florida



SPACE COAST HONOR FLIGHT

President

Jim Hart

President Emeritus

Bill Welser

Treasurer

Teri Eno

Operations

Phil Weiler

Tony Therrien

Programs

Rob Christman

Horace Edwards

Eddy Merlet

Judy Sharpe

Volunteer**Coordinator**

Kim Conn

Fundraising

Christine Tate

Veteran**Coordinator**

Paula Suzor

Ted Suzor

Guardian**Coordinator**

Lorena Dugan

Videographer

Lou Seiler

Bugler

Duke Scales

Veteran Liaison

Steve Snyder

August 21, 2023

Aaron Peacock

Dear Aaron,

On behalf of the entire Board of Directors and all of the Veterans who have and will benefit from Space Coast Honor Flight's (SCHF) mission, thank you for your generous \$200.00 donation to support our Stars & Stripes Fundraiser scheduled October 28, 2023. We appreciate your help in making Stars & Stripes a success and can't wait to see you at the American Muscle Car Museum.

Your generosity will make it possible for SCHF to honor Veterans from World War II, Korean War, and Vietnam conflicts with an all-expense paid trip to Washington D.C. By sharing experiences and visiting the Memorials with fellow Vets, these American Heroes are able to enjoy camaraderie and receive well-deserved recognition with others who have served.

As stewards of funds donated we are proud that 97 percent of every dollar goes directly to SCHF program support. We work hard to make you proud to be part of our SCHF Family that honors those who made possible the freedoms we enjoy each day!

Sincerely,

Teri Eno
Treasurer

P.O. Box 560975 Rockledge, FL 32956
321 456-7031

www.spacecoasthonorflight.org

Email: info@spacecoasthonorflight.org

SCHF is a 501(c)3 Non-Profit Corporation - Federal ID 27-4628283



May 10, 2023

Mr. Aaron Peacock
[REDACTED]

Dear Aaron,

Our 2nd Annual Homes of Hope Breakfast was a great success and we wish to thank you for your donation to Saint Stephen's Way fundraising event, via credit card in the amount of \$154.50, on March 26, 2023. Your generosity is appreciated as it will assist us in providing affordable housing to homeless families with children in Brevard County Florida.

Saint Stephen's Way is a 501(c)(3) nonprofit organization, EIN #45-5390085. Your contribution is tax deductible to the extent allowed by law. No goods or services were provided in exchange for your generous financial donation. Please save this letter for income tax purposes.

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Gratefully yours,

John Farrell
Executive Director

Ed Struttman
President

SAINT STEPHEN'S WAY, INC.
2310 Lipscomb Street, Melbourne, FL 32901
321 306-8873 www.ssway.org



Aaron Peacock <[REDACTED]>

Connect Sports Funding ALERT: your contribution to Rockledge Raiders Volleyball Program

1 message

noreply@connectsportsfundingsupporters.com

Wed, Aug 30, 2023 at 6:13 PM

<noreply@connectsportsfundingsupporters.com>

To: [REDACTED]

CONNECT
SPORTS FUNDRAISING

Rockledge Raiders Volleyball Program

We are grateful!

Aaron

Thanks for your generous contribution of \$75 to Rockledge Raiders Volleyball Program.

Your contribution will make a big impact and is greatly appreciated by Abigail Park and everyone on the team!

Your transaction was securely processed by Authorize.net at the direction of Rockledge Raiders Volleyball Program.

The charge will appear on your credit or debit card statement as **"Reaching Our Goal"**.

If you have any questions regarding this transaction, please reply to this email immediately.

Thanks again for your support!

Terrence Chapple, Head Coach
Rockledge Raiders Volleyball Program

Copyright © 2023 Funding for Teams, LLC

connectsportsconsulting@gmail.com | www.connectsportsfunding.com



Aaron Peacock [REDACTED]

St. Andre 2023 Golf Tournament Registration Form (Players)

1 message

office@st.johnviera.org <submission@ministryforms.net>

Sat, Aug 19, 2023 at 5:41 PM

Reply-To: office@st.johnviera.org

To: [REDACTED]

St John the
Evangelist

THANK YOU!



We received your **One-Time gift of \$120.00!**

Congratulations! You are now registered for this year's Annual St. Andre Golf Tournament.

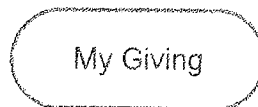
Best of Luck! See you on the course!

With Love,

Fr. John

One-Time gift details

Fund	Amount
St. Andre 2023 Golf Tournament Registration	\$120.00
Total	\$120.00



Print and save for your records >

© WeShare



Aaron Peacock [REDACTED]

Receipt for your donation to Seminole County Bar Association Legal Aid Society, Inc.

1 message

service@paypal.com <service@paypal.com>
To: Aaron Peacock [REDACTED]

Thu, Dec 14, 2023 at 10:58 AM

Hello, Aaron Peacock



You donated \$25.00 USD to Seminole County Bar Association Legal Aid Society, Inc.

Thank you for using PayPal

Donation Details

Date

December 14, 2023

Transaction ID

5C621868Y7052735C

Purpose

Donation to

Seminole County Bar Association Legal Aid Society, Inc.

Donation from

Donation amount

\$25.00 USD

Total amount of this transaction**\$25.00 USD**

Funding Sources Used (Total)

VISA x- [REDACTED]

\$25.00 USD

The transaction will appear on your credit card statement as **PAYPAL *SEMINOLECOU**.

Please note it may take a little while for this donation to appear in the Activity section of your account.

This is a record of your generosity, but it's not an official tax donation receipt.

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PayPal RT000445:en_US(en-US):1.1.0:f41706472f54f



Aaron Peacock [REDACTED]

Thank you for registering for 8th Annual Rescuing Veterans Lost in America Dinner

2 messages

Kasey Corson <kasey@nvhs.org>

Sat, Aug 19, 2023 at 1:10 PM

Reply-To: kasey@nvhs.org

To: [REDACTED]

8th Annual Rescuing Veterans Lost in America Dinner**Friday, October 6, 2023 from 5:30 PM to 9:00 PM EDT****Radisson Resort at the Port**8701 Astronaut Blvd
Cape Canaveral, FL 32920

Thank you again for registering for our event. This email is confirmation of your successful registration. If any of the information displayed below is incorrect, please contact us as soon as possible.

Guest Information

First Name: Aaron
Last Name: Peacock
Email Address: [REDACTED]
Address 1: 2825 Judge Fran Jamieson Way
City: Viera
State: Florida
ZIP Code: 32940

First Name: [REDACTED]
Last Name: Peacock

Gold Star Families

Are you or a guest at your table
apart of a Gold Star Family? No

Payment Method: PayPal**Payment Summary**

Additional Items	Option	Quantity	Price	Total
Single Dinner Ticket	-	2	\$100.00	\$200.00
Subtotal:				\$200.00
Total				\$200.00

Contact

Kasey Corson
NVHS
321-208-7562
kasey@nvhs.org

2/11/24, 8:03 PM

Gmail - Thank you for registering for 8th Annual Rescuing Veterans Lost in America Dinner

[Add to Calendar](#)
[Go to event page](#)

This email was sent to peacock.aaron@gmail.com by kasey@nvhs.org because you registered for 8th Annual Rescuing Veterans Lost in America Dinner. Click here if you no longer wish to receive emails about this event.

NVHS | 1436 W King St | Cocoa | Florida | 32922

Aaron Peacock <[REDACTED]>

To: [REDACTED] Peacock [REDACTED]

Sun, Aug 20, 2023 at 12:33 PM

[Quoted text hidden]



You donated \$50.00 USD to Humane Society of Lake County

Thank you for using PayPal

Donation Details

Date

March 5, 2023

Transaction ID

62P04830Y4414141E

Purpose

Humane Society of Lake County

Donation to

Humane Society of Lake County

Donation from**Donation amount**

\$50.00 USD

Total amount of this transaction

\$50.00 USD

Funding Sources Used (Total)



\$50.00 USD

The transaction will appear on your credit card statement as PAYPAL *HUMANESOCIE.

Please note it may take a little while for this donation to appear in the Activity section of your account.



Aaron Peacock [REDACTED]

Your Payment Submitted to Florida K of C Charities, Inc

1 message

eCatholic [NO-REPLY] <noreply@ecatholicnotifications.com>

Mon, Feb 6, 2023 at 1:58 PM

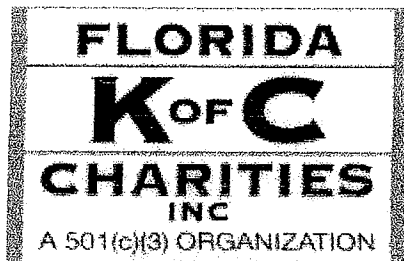
To [REDACTED]

DO NOT REPLY TO THIS E-MAIL. This e-mail was automatically generated from the
Florida K of C Charities, Inc website (powered by [eCatholic](#)).

Aaron Peacock,

Your payment of \$25.00 has been submitted.

Thank you for your donation to the Holy Angels Fund for Vocations!





Aaron Peacock [REDACTED]

St. Andre 2023 Golf Tournament Registration Form (Players)

1 message

office@st.johnviera.org <submission@ministryforms.net>

Sat, Aug 19, 2023 at 5:41 PM

Reply-To: office@st.johnviera.org

To: [REDACTED]

St John the
Evangelist

THANK YOU!



We received your **One-Time gift of \$120.00!**

Congratulations! You are now registered for this year's Annual St. Andre Golf Tournament.

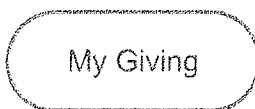
Best of Luck! See you on the course!

With Love,

Fr. John

One-Time gift details

Fund	Amount
St. Andre 2023 Golf Tournament Registration	\$120.00
Total	\$120.00



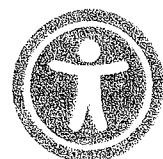
Print and save for your records >

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Rockin The Sunset 2023
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DONATE



All of us want to make life better, for ourselves and for others. We want to do meaningful things. When you donate to St. Francis Reflections you provide a very special gift, you help patients, their families and friends to say goodbye.

 **DONATE TODAY**

Without individual gifts, we could not provide the necessary services to our patients and their families. Your gift to St. Francis Reflections Lifestage Care makes a difference and **makes it possible for us to continue to serve all those in need.** Your generosity provides quality care for patients and families facing end-of-life issues and will **be used to support our mission and programs.**

Thank you for your generous support! An email receipt was sent to the email address you provided.

Don't forget to Like us on Facebook at <https://www.facebook.com/stfrancisreflections>

You have made this gift In Honor of Ann Hunt. A letter of acknowledgement will be sent on your behalf to Michael Hunt at the following address: 2575 Judge Fran Jamieson Way, Building D, Viera FL 32940.

Your gift details:

Amount: \$50.00

Payment Method: 

Date: 5/4/2023

Designation: Bereavement

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Your gift stays close to home...

You
can
mak
e a



difference in your community by making a donation to St. Francis Reflections.

When you shop at AmazonSmile, Amazon donates .5% of the purchase price to R. Bookmark the link and support us every time you shop!

Services are provided based solely on need, regardless of the ability to pay.

St. Francis Reflections is a non-sectarian, independent freestanding agency. St. Francis Reflections is registered with the State of Florida as a 501 (c) 3, non-profit, charitable organization.

A copy of the official registration (sc-05368) and financial information may be obtained from the division of consumer services by calling toll-free within the state (1-800-435-7352). Registration does not imply endorsement, approval, or recommendation by the state. 100% of contributions are received by St. Francis Reflections; no professional solicitors are utilized.

Contact Us Today at 321-269-4240



For more information about St. Francis Reflections Lifestage Care, give us a call at 321-269-4240.



St. Francis Reflections is a Community Health
Accreditation Program (CHAP) Certified Organization

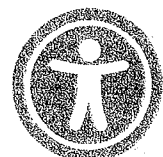


(866) 269-4240

(321) 269-4240

Fax (321) 269-5428

Contact Us



Titusville Headquarters

1250-B Grumman Place
Titusville, FL 32780

Melbourne Office

6905 N Wickham Rd., Suite 403
Melbourne, FL 32940

Edward M. Poe Care Center for Patients and Families

1240 Grumman Place
Titusville, FL 32780

St. Francis Reflections Melbourne Care Center

250 N Wickham Rd,
Melbourne, FL 32935



National Partnership for Healthcare and Hospice Innovation

Toll Free Hot-Line to find a Provider
844-GET-NPHI (438-6744)

Notice of Privacy

TEAM St. Francis Reflections

Non-Discrimination Policy

Equal Opportunity and Commitment to Diversity

Visitation Policy

Site Map

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☐ CORRECTED (if checked)

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

SPACE COAST CREDIT UNION
8045 N WICKHAM ROAD
MELBOURNE, FL 32940-7920

***Caution:** The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

OMB No. 1545-1380

Form **1098**

(Rev. January 2022)

For calendar year
2023

Mortgage Interest Statement

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

AARON J PEACOCK
PEACOCK

1 Mortgage interest received from payer(s)/borrower(s)*

\$ 1,993.95

2 Outstanding mortgage principal

\$ 70,876.76

3 Mortgage origination date

02/01/2015

4 Refund of overpaid interest

\$ 0.00

5 Mortgage insurance premiums

\$ 0.00

6 Points paid on purchase of principal residence

\$ 0.00

7 If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.



8 Address or description of property securing mortgage

9 Number of properties securing the mortgage

10 Other

11 Mortgage acquisition date

Account number (see instructions)

RECIPIENT'S/LENDER'S TIN

590746906

PAYER'S/BORROWER'S TIN

Copy B For Payer/ Borrower

The information in boxes 1 through 9 and 11 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 the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.





Date Prepared: February 9, 2024

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Charles
Schwab

Schwab One® Account of
PEACOCK

Account Number

**TAX YEAR 2023
FORM 1099 COMPOSITE
& YEAR-END SUMMARY**

Date Prepared: February 9, 2024

**TERMS AND CONDITIONS
GENERAL INFORMATION**

Form 1099-Composite

For U.S. taxpayers, the information reported to you on Form 1099 is given to the Internal Revenue Service (IRS). Form 1099-Composite is comprised of the following substitute forms: 1099-DIV, 1099-INT, 1099-MISC, 1099-CID, and 1099-B. The form(s) you receive in Form 1099 Composite depends on the income reportable to the IRS.

Year-End Summary

The information in the Year-End Summary is provided to you as a courtesy, should you need additional information when completing your tax return. When relevant, IRS box numbers are referenced to indicate individual items that make up the totals appearing on your Form(s) 1099. With the exception of the totals reported in the IRS box numbers referenced, Charles Schwab does not provide the details of the Year-End Summary to the IRS.

We recommend that all customers consult their investment and tax advisors prior to using this information.

Corrected Form 1099 and Year-End Summary

We are required to send you a corrected form with the revisions clearly marked when we receive updates or revisions to information contained in the form. This generally occurs if one or more of the issuers of the securities in your account reallocated certain income distribution (e.g., dividends or capital gains) after we mailed your original Form 1099. As a result, the supplemental information in Year-End Summary may be updated.

Upon receiving a corrected form, you may want to consider filing an amended return based on the changes in your taxable income as reported on your corrected Form 1099. We suggest that you consult with a qualified tax advisor, CPA, financial planner, or investment manager before you proceed.

Duplicate Form 1099 and Year-End Summary

If you request a duplicate Form 1099, please be aware that Schwab uses the most up-to-date information available at the time of the production. Thus, your duplicate Form 1099 and Year-End Summary may have more up-to-date information than the original Form 1099.

Realized Gain or (Loss) in Year-End Summary

The Realized Gain or (Loss) section provides information for all your realized gain or (loss) transactions during the tax year. It contains all transactions included in the Form 1099-B as well as transactions that are not reported on Form 1099-B (for example, sales and expirations of noncovered option activities, cash in lieu under \$20, bankruptcy, and worthless securities). This supplemental information is believed to be accurate as of the date the data was compiled but they may not be updated for any corrections after the data was initially compiled.

IN CASE OF QUESTIONS: If you have questions about this report or about specific Schwab accounts or Schwab One transactions (other than wire transfers or check transactions), contact Schwab at 1-800-435-4000. If you have a complaint regarding your Schwab statement or our products and services, please write to the Client Advocacy Team at Charles Schwab & Co., Inc., Attention: Client Advocacy Team, 211 Main St., San Francisco, CA 94105. Outside of the U.S., call +1-415-667-5009.

Date Prepared: February 9, 2024

COST BASIS DISCLOSURE (continued)

Tax Lot Optimizer™: Lots are selected and sold with the objective of taking losses first (short-term then long-term) and gains last (long-term then short-term). Lots are sold in this order:

Short Term Losses

Lots that reflect a short term loss are sold first, beginning with lots that generate the greatest short term loss down to the least short term loss

Long Term Losses

Lots that reflect a long term loss are sold, beginning with lots that generate the greatest long term loss down to the least long term loss

Short Term No Gains or Losses

Short term lots that reflect no gain or loss

Long Term No Gains or Losses

Long term lots that reflect no gain or loss

Long Term Gains

Lots that reflect a long term gain, beginning with lots that generate the least long term gain up to the greatest long term gain

Short Term Gains

Lots that reflect a short term gain, beginning with lots that generate the least short term gain up to the greatest short term gain

The cost basis method used to determine the gain/loss of a trade cannot be changed after the trade settles. If Schwab does not receive a specific instruction by the end of settlement date, we will use the current cost basis method you have selected for your account or the default cost basis method if you have made no alternate selection to calculate the gain/loss that is reported to you and the IRS at the end of year.

The Internal Revenue Service does not recognize LIFO, HCOST, LOOST and Tax Lot Optimizer as accounting methods, but it does recognize standing instructions to sell lots as adequate identification for reporting gains/losses.

Cost Basis Adjustments

Cost basis is generally based on your purchase price plus commissions and any fees; however the original cost basis may be subject to adjustments that increase or decrease your basis.

Schwab will adjust the cost basis of securities in your brokerage account in the following circumstances:

Wash Sales: If you sell shares at a loss and buy additional shares in the same security 30 days before or after that date (61-day range), you may not claim the loss on your tax return until you sell the new shares. If a wash sale occurs, the loss is disallowed for federal income tax purposes but may be added to the cost basis of the purchased shares. Schwab will adjust the cost basis and holding period of shares when a wash sale occurs within an account as a result of a purchase of an identical security with the same CUSIP. Schwab will not take into account the impact of options purchases or sales in determining disallowed losses on sales of the underlying securities. It's important to note that the wash reporting requirements for you as a taxpayer are different and broader than the reporting requirements for Schwab. For more details on your wash sale reporting requirements, please see IRS publication 550 or speak with your tax professional.

Corporate Actions: In some instances corporate actions can affect cost basis of your securities. Regulations require issuers to provide statements describing the effects of a corporate action on the cost basis of a security. Schwab will adjust cost basis for corporate actions based on the information provided in the issuer statement.

Return of Capital Payments: Cost basis will be reduced for any return of capital (principal) distributions.

Option Adjustments: Schwab will adjust the cost basis or realized gain/loss (proceeds) of the underlying security for option assignments and exercises (by factoring the premium paid or received).

Inheritance: Schwab will adjust the cost basis of securities that have been inherited based on the fair market value on the date of death unless alternate instructions are received from an authorized representative of the estate.

Gifts: Shares will be gifted based on your default cost basis method unless otherwise specified with a given purchase date and cost prior to the gift transfer. Schwab will track the fair market value and gift date in addition to the donor's adjusted cost basis and will apply IRS gift rules at the time of sale to determine gain or loss.

You will still be required to track and make adjustments to your securities as it is possible that you could have other situations that require cost basis adjustments that Schwab is not required to report.

Restricted Stock Awards: If you filed an election pursuant to IRC Section 83(b) on a Restricted Stock Award issued by your employer, a different cost basis may apply to shares vested from that award than the cost basis reported on this statement. Please consult with your personal tax advisor to understand the tax implications.

Acquisition date: If cost basis is missing or not provided, a short-term holding period may have applied for position that may have been held long term.

Please Note: This information is not intended to be a substitute for specific individualized tax, legal or investment planning advice. Where specific advice is necessary or appropriate, Schwab recommends consulting with a qualified tax advisor, CPA, financial planner or investment manager. Except as noted in the Terms and Conditions, your Investment Advisors are not affiliated with, or supervised by Schwab.

Foreign Investors should note that the information provided is from a U.S. tax perspective. The information provided may or may not have relevance in other jurisdictions.

Contact Us

If you have any questions or need more information about the cost basis methods or terminology in this Disclosure Statement, please call us at 1-800-435-4000. If your account is managed by an investment advisor, please call Schwab Alliance at 1-800-515-2157.



Schwab One® Account of
PEACOCK



**TAX YEAR 2023
FORM 1099 COMPOSITE
& YEAR-END SUMMARY**

Date Prepared: February 9, 2024

COST BASIS DISCLOSURE

Changes to Cost Basis Reporting Requirements

Starting with the 2011 tax year, Charles Schwab & Co. began reporting adjusted cost basis to you and the IRS on your Form 1099-B for covered securities in your taxable brokerage accounts that you sell and are covered by the Emergency Stabilization Act regulations. In the event of transfers of securities, we are also required to report adjusted cost basis information to other custodians for covered securities transferred to them.

Schwab will treat securities as covered when they are acquired on or after the following effective dates:

- January 1, 2011 for stocks and other equities
- January 1, 2012 for mutual funds, ETFs, and Dividend Reinvestment Plan ("DRIP") shares
- January 1, 2014 for less complex fixed income and options, rights and warrants
- January 1, 2016 for more complex fixed income

Because these new reporting requirements could impact the cost basis used to compute your taxable gains and losses, it's important to understand when and how they will apply to you. The information in this document is intended as informational only and is not individualized tax advice. Schwab does not provide tax advice and encourages you to consult with your tax professional to understand how the new reporting requirements will affect you and your tax situation.

What Does This Mean for You

- When you sell covered securities, as described above, Schwab will be required to report details about your cost basis to you and the IRS on Form 1099-B. You will continue to be responsible for reporting all cost basis information for both covered and uncovered securities to the IRS on your tax returns.
- Unless you've indicated otherwise, Schwab will calculate your gains and losses using the IRS default cost basis method of Average Cost for mutual funds and FIFO (First In, First Out) for all other securities. It is your responsibility to choose the cost basis method appropriate to your tax situation. See "Cost Basis Methods" for the methods offered by Schwab.
- When you sell a security, the cost basis method used to calculate your gain or loss cannot be changed after your trade settles. So it's important to consider the tax implications at the time of trade.

What is Cost Basis?

Cost basis is the original purchase price you paid for a security plus commissions and any fees. Adjusted cost basis includes any other adjustments to the price. Adjusted cost basis also includes any adjustments due to wash sales, amortization, accretion and corporate actions. Your realized gain/loss on a security is determined by subtracting the adjusted cost basis from the sale proceeds in an account less commissions and fees.

For covered securities that were not both purchased and sold at Schwab, Schwab calculates cost basis using data that you have provided to us or that we have obtained from third-party sources

such as your prior custodian or another third-party source. Because the accuracy of cost basis data depends upon these third-party inputs, we are not able to guarantee the availability, accuracy, or completeness of such cost basis data on transactions that did not occur at Schwab. If we are not provided with adequate information to report cost basis data for covered securities that were not both purchased and sold at Schwab, those securities will be considered uncovered and the cost basis will not be reported to the IRS even if acquired after the effective date.

Cost Basis Methods

It is your responsibility to choose the cost basis method appropriate for your tax situation. Failure to select the proper cost basis method may cause you to pay more tax than necessary. Schwab does not provide tax advice and encourages you to consult with your tax professional regarding this decision.

To view and change your default cost basis method on your brokerage account, go to the Service tab on schwab.com, then the Cost Basis Method page in Account Settings. You can also make a change by calling 800-435-4000. If your account is managed by an investment advisor, please call your advisor to make a change.

Default Cost Basis Methods

We apply the IRS default method of Average Cost for your mutual funds and the default method of FIFO (First In, First Out) to all other securities unless you inform us of a preferred method.

FIFO
Average Cost
Shares you acquired first are sold first
Cost is derived by dividing the total dollar amount invested in a particular fund position by the number of shares held prior to the trade date. Shares are removed in FIFO order.

Cost Basis Methods Offered by Schwab:

You may select a different cost basis method for your brokerage account other than the default methods described above. The following cost basis methods are offered by Schwab:

FIFO (First In, First Out)
LIFO (Last In, First Out)
HCOST (High Cost)
LCOST (Low Cost)
Average Cost
(mutual funds only)

Shares you acquired first are sold first
Shares you acquired last are sold first
Shares with the highest cost are sold first
Shares with lowest cost are sold first
Cost is derived by dividing the total dollar amount invested in a particular fund position by the number of shares held prior to the trade date. Shares are removed in FIFO order.
The IRS allows taxpayers to identify specific lots to be sold. Such identification must be made with the broker at the time of trade and no later than close of business on the day the trade settles.

Specific Identification



Schwab One® Account of
PEACOCK

Account Number

TAX YEAR 2023
YEAR-END SUMMARY

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: February 9, 2024

SUMMARY OF FEES & EXPENSES

The information in the following sections may be helpful for, but not limited to, calculating your itemized deductions for Schedule A. The summary is limited to fees paid out of this account. Please consult with your tax advisor regarding specific questions.

ADR (American Depositary Receipt) Fees

Description	CUSIP Number	Amount
BRIT AMER TOBACCO F	110448107	\$ (1.85)
Total ADR Fees		\$ (1.85)

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: February 9, 2024

Notes for Your Realized Gain or (Loss)

Schwab has provided realized gain and loss information whenever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. See Terms and Conditions.

When value for the report is unavailable, it is noted as follows: "Missing" or "Not Provided"

Not Provided Schwab is not providing Cost Basis on this security type.

Missing Cost Basis may be missing due to one of the following reasons:

- Cost basis data may not be available for a number of reasons (for example, the security was purchased outside of Schwab and we did not receive cost basis from the transferring firm).
- The security was purchased more than 10 years ago.

Date Acquired If the cost basis is missing or not provided, a short-term holding period may have been applied for a position that may have been held long term.

Total Proceeds The amount displayed in this column has been adjusted for option premiums, if applicable.

Cost Basis The amount displayed in this column may differ from your original cost basis as adjustments may have been made to reflect applicable option premiums, corporate actions and/or wash sales.

Wash Sale Loss Disallowed The disallowed amount displayed in this column has been added to the cost basis of other share lots with the same CUSIP owned in the same account at the time the loss was disallowed.

Realized Gain or (Loss) The calculation for gain or (loss) displayed in this column is Total Proceeds - Cost Basis + Wash Sale Loss Disallowed - Market Discount = Realized Gain or (Loss)

For sales of short-term debt issued after January 1, 2014, talk to your tax advisor as to how to report the income.

Endnotes for Your Realized Gain or (Loss)

Symbol	Endnote Legend
b	When available, Adjusted Cost Basis values are used in Gain or (Loss) calculations.

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: February 9, 2024

Realized Gain or (Loss) Summary

Total Realized Gain or (Loss)

Description	Total Proceeds	(-)Cost Basis Adjusted	(+)Wash Sale Loss Disallowed (-)Market Discount	(=)Realized Gain or (Loss) Adjusted
Total Short-Term Realized Gain or (Loss) (Cost basis is reported to the IRS. Report on Form 8949, Part I, with Box A checked.)	\$ 80,643.72	\$ 85,188.98	--	\$ (4,545.26)
Total Short-Term Realized Gain or (Loss) (Transactions are not reported on Form 1099-B or to the IRS. Report on Form 8949, in either Part I with Box C checked or Part II with Box F checked, as appropriate.)	\$ 29,492.28	\$ 29,392.58	--	\$ 99.70 ^b
Total Short-Term Realized Gain or (Loss)	\$ 110,136.00	\$ 114,581.56	--	\$ (4,445.56) ^b
Total Long-Term Realized Gain or (Loss) (Cost basis is reported to the IRS. Report on Form 8949, Part II, with Box D checked.)	\$ 4,789.97	\$ 4,944.10	--	\$ (154.13)
Total Long-Term Realized Gain or (Loss)	\$ 4,789.97	\$ 4,944.10	--	\$ (154.13)
TOTAL REALIZED GAIN OR (LOSS)	\$ 114,925.97	\$ 119,525.66	--	\$ (4,599.69) ^b



Schwab One® Account of
MEREDITH K PEACOCK

Account Number

TAX YEAR 2023
YEAR-END SUMMARY

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: February 9, 2024

Short-Term Realized Gain or (Loss) (continued)

The transactions in this section are not reported on Form 1099-B or to the IRS. Report on Form 8949, in either Part I with Box C checked or Part II with Box F checked, as appropriate.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Acquired	Date Sold	Total Proceeds	(-)Cost Basis Adjusted	(+)Wash Sale Loss Disallowed (-)Market Discount	(=)Realized Gain or (Loss) Adjusted
US TREASURY BILXXX**MATURED**	912797FT9	15,000.00	06/08/23	07/13/23	\$ 14,682.75	\$ 14,611.19	-- \$	71.56 ^b
Security Subtotal					\$ 14,682.75	\$ 14,611.19	-- \$	71.56 ^b

Total Short-Term (Transactions are not reported on Form 1099-B or to the IRS) \$ 29,492.28 \$ 29,392.58 -- \$ 99.70

Total Short-Term \$ 110,136.00 \$ 114,581.56 -- \$ (4,445.56)^b

Long-Term Realized Gain or (Loss)

This section is for covered securities and corresponds to transactions reported on your 1099-B as "cost basis is reported to the IRS." Report on Form 8949, Part II, with Box D checked.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Acquired	Date Sold	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
BRIT AMER TOBACCO FUNSPONSORED ADR	110448107	140.00	11/12/21	05/11/23	\$ 4,789.97	\$ 4,944.10	-- \$	(154.13)
Security Subtotal					\$ 4,789.97	\$ 4,944.10	-- \$	(154.13)

Total Long-Term (Cost basis is reported to the IRS) \$ 4,789.97 \$ 4,944.10 -- \$ (154.13)

Total Long-Term \$ 4,789.97 \$ 4,944.10 -- \$ (154.13)



Schwab One® Account of
PEACOCK

Account Number

TAX YEAR 2023
YEAR-END SUMMARY

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: February 9, 2024

Short-Term Realized Gain or (Loss) (continued)

This section is for covered securities and corresponds to transactions reported on your 1099-B as "cost basis is reported to the IRS." Report on Form 8949, Part I, with Box A checked.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Acquired Date	Sold Date	Total Proceeds	(-)Cost Basis Adjusted	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
VECTOR GROUP LTD	92240M108	425.00	08/03/23	11/16/23	\$ 4,504.90	\$ 5,575.79	--	(1,070.89)
Security Subtotal					\$ 4,504.90	\$ 5,575.79	--	(1,070.89)
Total Short-Term (Cost basis is reported to the IRS)					\$ 80,643.72	\$ 85,188.98	--	(4,545.26)

Short-Term Realized Gain or (Loss)

The transactions in this section are not reported on Form 1099-B or to the IRS. Report on Form 8949, in either Part I with Box C checked or Part II with Box F checked, as appropriate.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Acquired Date	Sold Date	Total Proceeds	(-)Cost Basis Adjusted	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
US TREASURY BILXXX**MATURED**	912797G18	15,000.00	06/08/23	06/20/23	\$ 14,809.53	\$ 14,781.39	--	\$ 28.14
Security Subtotal					\$ 14,809.53	\$ 14,781.39	--	\$ 28.14

Please see the "Endnotes for Your Realized Gain or (Loss)" for an explanation of the codes and symbols in this Realized Gain or (Loss) section.

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: February 9, 2024

Short-Term Realized Gain or (Loss) (continued)

This section is for covered securities and corresponds to transactions reported on your 1099-B as "cost basis is reported to the IRS." Report on Form 8949, Part I, with Box A checked.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Date Acquired	Date Sold	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
FRANKLIN U S LW VLT HGH DVD ETF 52468L406 IV		100.00	09/14/22	05/05/23	3,692.12 \$	3,746.29	-- \$	(54.17)
FRANKLIN U S LW VLT HGH DVD ETF 52468L406 IV		30.00	10/19/22	05/05/23	1,107.64 \$	1,041.56	-- \$	66.08
FRANKLIN U S LW VLT HGH DVD ETF 52468L406 IV		194.00	10/31/22	05/05/23	7,162.72 \$	7,178.00	-- \$	(15.28)
FRANKLIN U S LW VLT HGH DVD ETF 52468L406 IV		1.00	11/07/22	05/05/23	36.92 \$	36.42	-- \$	0.50
Security Subtotal					21,229.70 \$	21,504.77	-- \$	(275.07)
INVSC BULTSH 2025 HG YLDCRP BND46138J817 ETF		85.00	07/13/23	08/24/23	1,918.00 \$	1,931.63	-- \$	(13.63)
INVSC BULTSH 2025 HG YLDCRP BND46138J817 ETF		200.00	07/13/23	10/11/23	4,498.93 \$	4,545.00	-- \$	(46.07)
Security Subtotal					6,416.93 \$	6,476.63	-- \$	(59.70)
NVIDIA CORP	67066G104	16.00	08/24/23	10/18/23	6,799.47 \$	7,758.56	-- \$	(959.09)
Security Subtotal					6,799.47 \$	7,758.56	-- \$	(959.09)
OCCIDENTAL PETROL CO	674599105	29.00	05/11/23	07/13/23	1,782.90 \$	1,675.62	-- \$	107.28
OCCIDENTAL PETROL CO	674599105	69.00	05/11/23	07/13/23	4,242.08 \$	3,979.92	-- \$	262.16
OCCIDENTAL PETROL CO	674599105	12.00	06/08/23	07/13/23	737.75 \$	715.62	-- \$	22.13
Security Subtotal					6,762.73 \$	6,371.16	-- \$	391.57

Please see the "Endnotes for Your Realized Gain or (Loss)" for an explanation of the codes and symbols in this Realized Gain or (Loss) section.

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: February 9, 2024

Short-Term Realized Gain or (Loss) (continued)

This section is for covered securities and corresponds to transactions reported on your 1099-B as "cost basis is reported to the IRS." Report on Form 8949, Part I, with Box A checked.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Acquired Date	Sold Date	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
CIVITAS RES INC	17888H103	43.00	07/13/23	08/03/23	3,108.44 \$	3,172.11	-- \$	(63.67)
CIVITAS RES INC	17888H103	57.00	07/13/23	08/03/23	4,120.49 \$	4,204.89	-- \$	(84.40)
Security Subtotal					7,228.93 \$	7,377.00	-- \$	(148.07)
COLUMBIA SELIGMAN PRM TE	19842X109	175.00	06/15/23	08/03/23	5,218.20 \$	5,463.50	-- \$	(245.30)
Security Subtotal					5,218.20 \$	5,463.50	-- \$	(245.30)
CUBESMART TRS INC. REIT	229663109	140.00	10/11/23	11/10/23	5,102.94 \$	5,372.22	-- \$	(269.28)
Security Subtotal					5,102.94 \$	5,372.22	-- \$	(269.28)
CVR ENERGY INC	12662P108	200.00	08/03/23	08/24/23	6,413.92 \$	7,364.00	-- \$	(950.08)
Security Subtotal					6,413.92 \$	7,364.00	-- \$	(950.08)
CYTEK BIOSCIENCES INC	23285D109	24.00	10/19/22	05/01/23	282.47 \$	346.56	-- \$	(64.09)
CYTEK BIOSCIENCES INC	23285D109	76.00	10/19/22	05/01/23	894.48 \$	1,097.44	-- \$	(202.96)
CYTEK BIOSCIENCES INC	23285D109	42.00	10/31/22	05/01/23	494.32 \$	650.58	-- \$	(156.26)
CYTEK BIOSCIENCES INC	23285D109	58.00	10/31/22	05/01/23	682.63 \$	899.58	-- \$	(216.95)
CYTEK BIOSCIENCES INC	23285D109	1.00	12/01/22	05/01/23	11.77 \$	12.95	-- \$	(1.18)
CYTEK BIOSCIENCES INC	23285D109	4.00	12/01/22	05/01/23	47.08 \$	51.80	-- \$	(4.72)
CYTEK BIOSCIENCES INC	23285D109	95.00	12/01/22	05/01/23	1,118.09 \$	1,230.25	-- \$	(112.16)
Security Subtotal					3,530.84 \$	4,289.16	-- \$	(758.32)
FRANKLIN U S LW VLT HGH DVD ETF	52468L406	250.00	07/08/22	05/05/23	9,230.30 \$	9,502.50	-- \$	(272.20)

Please see the "Endnotes for Your Realized Gain or (Loss)" for an explanation of the codes and symbols in this Realized Gain or (Loss) section.

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: February 9, 2024

Detail Information of Interest Income

Description	CUSIP Number	Paid in 2023	Paid/Adjusted in 2024 for 2023	Amount
Interest Income				
DEPOSIT INTEREST		\$ 7.01	\$ 0.00	\$ 7.01
Total Interest Income (Included in Box 1)		\$ 7.01	\$ 0.00	\$ 7.01
Total Interest Income (Box 1)		\$ 7.01	\$ 0.00	\$ 7.01

REALIZED GAIN OR (LOSS)

The information in the following sections include all your realized gain or (loss) transactions during the tax year. They may be helpful for, but not limited to, Schedule D. Please consult with your tax advisor or financial advisor regarding specific questions.

Short-Term Realized Gain or (Loss)

This section is for covered securities and corresponds to transactions reported on your 1099-B as "cost basis is reported to the IRS." Report on Form 8949, Part I, with Box A checked.

Description OR Option Symbol	CUSIP Number	Quantity/Par	Acquired Date	Sold Date	Total Proceeds	(-)Cost Basis	(+)Wash Sale Loss Disallowed	(=)Realized Gain or (Loss)
BANK MONTREAL QUE	F 063671101	60.00	05/11/23	06/15/23	\$ 5,382.31	\$ 5,256.00	-- \$	126.31
Security Subtotal					\$ 5,382.31	\$ 5,256.00	-- \$	126.31
BRIT AMER TOBACCO FUNSPONSORED ADR	110448107	30.00	12/01/22	05/11/23	\$ 1,026.42	\$ 1,250.99	-- \$	(224.57)
BRIT AMER TOBACCO FUNSPONSORED ADR	110448107	30.00	02/13/23	05/11/23	\$ 1,026.43	\$ 1,129.20	-- \$	(102.77)
Security Subtotal					\$ 2,052.85	\$ 2,380.19	-- \$	(327.34)

Please see the "Endnotes for Your Realized Gain or (Loss)" for an explanation of the codes and symbols in this Realized Gain or (Loss) section.

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: February 9, 2024

Detail Information of Dividends and Distributions (continued)

Description	Symbol	CUSIP Number	Paid in 2023	Paid/Adjusted in 2024 for 2023	Amount
Qualified Dividends (continued)					
NVIDIA CORP	NVDA	67066G104	\$ 0.64	\$ 0.00	\$ 0.64
OCCIDENTAL PETROL CO	OXY	674599105	\$ 17.64	\$ 0.00	\$ 17.64
VANGUARD MEGA CAP ETF	MGC	921910873	\$ 0.00	\$ 973.00	\$ 973.00
VECTOR GROUP LTD	VGR	92240M108	\$ 85.00	\$ 0.00	\$ 85.00
Total Qualified Dividends (Box 1b and included in Box 1a)			\$ 3,409.31	\$ 2,359.17	\$ 5,768.48

Total Ordinary Dividends (Box 1a)	\$ 6,869.58	\$ 347.92	\$ 7,217.50
(Total Non-Qualified Dividends, Short-Term Capital Gains and Qualified Dividends)			

Nondividend Distributions (Return of Capital)						
ENLINK MIDSTREAM LLC	ENLC	29336T100	\$	1,050.00	\$	1,050.00
PLAINS GP HLDGS L P	PAGP	72651A207	\$	111.55	\$	111.55
Total Nondividend Distributions (Box 3)			\$	1,161.55	\$	1,161.55

Section 199A Dividends					
Dollar amounts already included in total for Box 1a.					
FRANKLIN U S LW VLT HGH	LVHD	52468L406	\$ 0.00	\$ 16.71	\$ 16.71
ISHARES CORE S&P 500	IVV	464287200	\$ 0.00	\$ 3.19	\$ 3.19
NEW MOUNTAIN FIN CO	NMFC	647551100	\$ 0.00	\$ 5.98	\$ 5.98
Total Section 199A Dividends (Box 5 and included in Box 1a)			\$ 0.00	\$ 25.88	\$ 25.88

YEAR-END SUMMARY INFORMATION IS NOT PROVIDED TO THE IRS.

The information in this and all subsequent sections is not provided to the IRS by Charles Schwab. It is provided to you as additional tax reporting information you may need to complete your tax return.

Date Prepared: February 9, 2024

INTEREST & DIVIDENDS

The information in the following sections may be helpful for, but not limited to, Schedule B. Please consult with your tax advisor or financial advisor regarding specific questions.

Detail Information of Dividends and Distributions

Description	Symbol	CUSIP Number	Paid in 2023	Paid/Adjusted in 2024 for 2023	Amount
Ordinary Dividends					
Non-Qualified Dividends					
FRANKLIN U S LW VLT HGH	LVHD	52468L406	\$ 188.93	(172.22)	\$ 16.71
FS CREDIT OPPORTUNIT	FSCO	30290Y101	\$ 117.30	(0.10)	\$ 117.20
INVSC BUL TSH 2025 HG YLD	BSUP	46138J817	\$ 286.90	0.00	\$ 286.90
INVSC QQQ TRUST SRS 1	QQQ	46090E103	\$ 1,160.01	(1,160.01)	\$ 0.00
ISHARES CORE S&P 500	IVV	464287200	\$ 413.93	(399.86)	\$ 14.07
NEW MOUNTAIN FIN CO	NMFC	647551100	\$ 0.00	693.94	\$ 693.94
SCHWAB TREASURY OBLIG MO	SNOXX	808515621	\$ 320.20	0.00	\$ 320.20
VANGUARD MEGA CAP ETF	MGC	921910873	\$ 973.00	(973.00)	\$ 0.00
Total Non-Qualified Dividends (Included in Box 1a)			\$ 3,460.27	(2,011.25)	\$ 1,449.02

Qualified Dividends

APPLE INC	AAPL	037833100	\$ 285.00	0.00	\$ 285.00
BLUE OWL CAP CORP	OBDG	69121K104	\$ 271.25	0.00	\$ 271.25
BRIT AMER TOBACCO F	BTI	110448107	\$ 258.53	0.00	\$ 258.53
BROADCOM INC	AVGO	11135F101	\$ 26.25	0.00	\$ 26.25
CVR ENERGY INC	CVI	12662P108	\$ 300.00	0.00	\$ 300.00
FRANKLIN U S LW VLT HGH	LVHD	52468L406	\$ 0.00	172.22	\$ 172.22
FS CREDIT OPPORTUNIT	FSCO	30290Y101	\$ 0.00	0.10	\$ 0.10
INFRACAP MLP ETF	AMZA	26923G772	\$ 1,420.00	240.00	\$ 1,660.00
INVSC QQQ TRUST SRS 1	QQQ	46090E103	\$ 0.00	1,267.93	\$ 1,267.93
ISHARES CORE S&P 500	IVV	464287200	\$ 0.00	399.86	\$ 399.86
NEW MOUNTAIN FIN CO	NMFC	647551100	\$ 745.00	(693.94)	\$ 51.06



Schwab One® Account of
PEACOCK

Account Number

TAX YEAR 2023
FORM 1099 COMPOSITE

Date Prepared: February 9, 2024

Notes for Your Form 1099-B

Box 1b-Date acquired: If there is more than one lot in a sell transaction, the acquisition date for the individual lot in the transaction can be found in the Realized Gain or (Loss) section of the Year-End Summary.

- (1) If **Box 1b-Date acquired** displays as VARIOUS, your sell transaction included multiple tax lots purchased on different acquisition dates within the same holding period and covered/non-covered status. The lots in the transaction are rolled up into a single sell transaction.
- (2) If the cost basis is missing or not provided, a short-term holding period may have been applied for a position that may have been held long term.

Box 1d-Proceeds/Box 6-Reported to IRS: Gross proceeds (except where indicated):

- (1) Gross proceeds from each of your security transactions are reported individually to the IRS.
- (2) Gross proceeds in aggregate are not reported to the IRS and should not be reported on your tax return.
- (3) Net proceeds will only be displayed if the proceeds on a trade have been adjusted for an option premium.

Box 1e-Cost or other basis: Schwab has provided cost basis information whenever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. When value for the report is unavailable, it is noted as follows:

Not Provided Schwab is not providing Cost Basis on this security type.

- Missing**
- (1) Cost Basis data may not be available for a number of reasons (for example, the security was purchased outside of Schwab and we did not receive cost basis from the transferring firm).
- (2) The security was purchased more than 10 years ago.

Realized Gain or (Loss): Realized Gain or (Loss) is not reported to the IRS.

Box 2-Short-term gain or loss, Long-term gain or loss, or Ordinary: Only if you have both long-term and short-term transactions will you receive both long-term and short-term sections of the 1099-B:

Long-term gain or loss has a holding period greater than one year.

Short-term gain or loss has a holding period of one year or less.

Other Cost Basis Notes:

- (1) The cost basis and basis adjustments for covered securities are reported to the IRS.
- (2) If "BASIS IS REPORTED TO THE IRS" appears in the section heading, this indicates **Box 12-If checked, basis reported to IRS** is checked. If "BASIS IS AVAILABLE BUT NOT REPORTED" or "BASIS IS MISSING AND NOT REPORTED" appears, this indicates **Box 5-If checked, noncovered security** is checked. These boxes are not displayed on the 1099-B but the boxes are reported to the IRS and included in the download for TurboTax and H&R Block.
- (3) For non-covered securities appearing in sections of the 1099-B which include the headings "BASIS IS AVAILABLE BUT NOT REPORTED TO THE IRS" or "BASIS IS MISSING AND NOT REPORTED TO THE IRS", **Box 1b-Date acquired, 1e-Cost or other basis, 1f-Accrued Market Discount and 1g-Wash Sale Loss** Disallowed are not reported to the IRS.

****Activity Codes (Not reported to the IRS)**

C	=	Cash in Lieu	E	=	Exchange	P	=	Principal	S	=	Sale	T	=	Tender	BC	=	Buy to Close	X	=	Expiration
CV	=	Conversion	M	=	Cash Merger	MT	=	Maturity	R	=	Redemption	SS	=	Short Sale	SC	=	Sell to Close			

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.

Proceeds from Broker Transactions — 2023 (continued)

Taxpayer ID Number

Date Prepared: February 9, 2024

Department of the Treasury-Internal Revenue Service

Copy B for Recipient (OMB No. 1545-0715)

Form 1099-B

LONG-TERM TRANSACTIONS FOR WHICH BASIS IS REPORTED TO THE IRS - Report on Form 8949, Part II, with Box D checked.

1a-Description of property (Example 100 sh. XYZ Co.) CUSIP Number / Symbol	1b-Date acquired 1c-Date sold or disposed	1d-Proceeds 6-Reported to IRS: Gross Proceeds (except where indicated)	1e-Cost or other basis	1f-Accrued Market Discount 1g-Wash Sale Loss Disallowed	Realized Gain or (Loss)	4-Federal income tax withheld
140 BRIT AMER TOBACCO FUNSPONSO 110448107 / BTI	11/12/21 05/11/23	\$ 4,789.97	\$ 4,944.10	--	\$ (154.13)	\$ 0.00
Security Subtotal		\$ 4,789.97	\$ 4,944.10	--	\$ (154.13)	\$ 0.00
Total Long-Term (Cost basis is reported to the IRS)		\$ 4,789.97	\$ 4,944.10	--	\$ (154.13)	\$ 0.00
Total Long-Term Sales Price of Stocks, Bonds, etc.		\$ 4,789.97	\$ 4,944.10	--	\$ (154.13)	\$ 0.00
Total Sales Price of Stocks, Bonds, etc.		\$ 85,433.69				
Total Federal Income Tax Withheld		\$ 0.00				

FATCA Filing Requirement ☐

Please see the "Notes for Your Form 1099-B" section for additional explanation of this Form 1099-B report.

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.

Taxpayer ID Number:

Date Prepared: February 9, 2024

Proceeds from Broker Transactions — 2023 (continued)

Form 1099-B

Department of the Treasury-Internal Revenue Service

Copy B for Recipient (OMB No. 1545-0715)

SHORT-TERM TRANSACTIONS FOR WHICH BASIS IS REPORTED TO THE IRS - Report on Form 8949, Part I, with Box A checked.

1a-Description of property (Example 100 sh. XYZ Co.) CUSIP Number / Symbol	1b-Date acquired	1c-Date sold or disposed	1d-Proceeds Reported to IRS: Gross Proceeds (except where indicated)	1e-Cost or other basis	1f-Accrued Market Discount 1g-Wash Sale Loss Disallowed	Realized Gain or (Loss)	4-Federal income tax withheld
425 VECTOR GROUP LTD 92240M108 / VGR	S	08/03/23 11/16/23	\$ 4,504.90	\$ 5,575.79	--	\$ (1,070.89)	\$ 0.00
Security Subtotal			\$ 4,504.90	\$ 5,575.79	--	\$ (1,070.89)	\$ 0.00
Total Short-Term (Cost basis is reported to the IRS)			\$ 80,643.72	\$ 85,188.98	--	\$ (4,545.26)	\$ 0.00
Total Short-Term Sales Price of Stocks, Bonds, etc.			\$ 80,643.72	\$ 85,188.98	--	\$ (4,545.26)	\$ 0.00

FATCA Filing Requirement ☐

Please see the "Notes for Your Form 1099-B" section for additional explanation of this Form 1099-B report.

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.

Charles
SCHWAB

Schwab One® Account of
PEACOCK

Account Number

TAX YEAR 2023
FORM 1099 COMPOSITE

Proceeds from Broker Transactions — 2023 (continued)

Department of the Treasury-Internal Revenue Service

Taxpayer ID Number:

Date Prepared: February 9, 2024

Copy B for Recipient (OMB No. 1545-0715)

SHORT-TERM TRANSACTIONS FOR WHICH BASIS IS REPORTED TO THE IRS - Report on Form 8949, Part I, with Box A checked.

1a-Description of property (Example 100 sh. XYZ Co.) CUSIP Number / Symbol	1b-Date acquired 1c-Date sold or disposed	1d-Proceeds 6-Reported to IRS: Gross Proceeds (except where indicated)	1e-Cost or other basis	1f-Accrued Market Discount 1g-Wash Sale Loss Disallowed	Realized Gain or (Loss)	4-Federal income tax withheld
85 INVSC BULTSH 2025 HG YLDCRP BND E 46138J817 / BSJP	07/13/23 08/24/23	\$ 1,918.00 \$	\$ 1,931.63		(\$ 13.63)	\$ 0.00
200 INVSC BULTSH 2025 HG YLDCRP BND 46138J817 / BSJP	07/13/23 10/11/23	\$ 4,498.93 \$	\$ 4,545.00		(\$ 46.07)	\$ 0.00
Security Subtotal		\$ 6,416.93	\$ 6,476.63		(\$ 59.70)	\$ 0.00
16 NVIDIA CORP 67066G104 / NVDA	08/24/23 10/18/23	\$ 6,799.47 \$	\$ 7,758.56		(\$ 959.09)	\$ 0.00
Security Subtotal		\$ 6,799.47	\$ 7,758.56		(\$ 959.09)	\$ 0.00
110 OCCIDENTAL PETROL CO 674599105 / OXY	VARIOUS 07/13/23	\$ 6,762.73 \$	\$ 6,371.16		\$ 391.57	\$ 0.00
Security Subtotal		\$ 6,762.73	\$ 6,371.16		\$ 391.57	\$ 0.00

FATCA Filing Requirement ☐

Please see the "Notes for Your Form 1099-B" section for additional explanation of this Form 1099-B report.

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.

Proceeds from Broker Transactions — 2023 (continued)

Taxpayer ID Number: [REDACTED]

Date Prepared: February 9, 2024

Department of the Treasury-Internal Revenue Service

Copy B for Recipient (OMB No. 1545-0715)

SHORT-TERM TRANSACTIONS FOR WHICH BASIS IS REPORTED TO THE IRS - Report on Form 8949, Part I, with Box A checked.

1a-Description of property (Example 100 sh. XYZ Co.) CUSIP Number / Symbol	1b-Date acquired 1c-Date sold or disposed	1d-Proceeds 6-Reported to IRS: Gross Proceeds (except where indicated)	1e-Cost or other basis	1f-Accrued Market Discount 1g-Wash Sale Loss Disallowed	Realized Gain or (Loss)	4-Federal income tax withheld
175 COLUMBIA SELIGMAN PRM TE 19842X109 / STK	S 06/15/23	\$ 5,218.20	\$ 5,463.50	--	\$ (245.30)	0.00
Security Subtotal		\$ 5,218.20	\$ 5,463.50	--	\$ (245.30)	0.00
140 CUBESMART TRS INC. REIT 229663109 / CUBE	S 10/11/23	\$ 5,102.94	\$ 5,372.22	--	\$ (269.28)	0.00
Security Subtotal		\$ 5,102.94	\$ 5,372.22	--	\$ (269.28)	0.00
200 CVR ENERGY INC 12662P108 / CVI	S 08/03/23	\$ 6,413.92	\$ 7,364.00	--	\$ (950.08)	0.00
Security Subtotal		\$ 6,413.92	\$ 7,364.00	--	\$ (950.08)	0.00
300 CYTEK BIOSCIENCES INC 23285D109 / CTKB	S 05/01/23	\$ 3,530.84	\$ 4,289.16	--	\$ (758.32)	0.00
Security Subtotal		\$ 3,530.84	\$ 4,289.16	--	\$ (758.32)	0.00
575 FRANKLIN U S LW VLT HGH DVD ETF I 52468L406 / LVHD	S 05/05/23	\$ 21,229.70	\$ 21,504.77	--	\$ (275.07)	0.00
Security Subtotal		\$ 21,229.70	\$ 21,504.77	--	\$ (275.07)	0.00

FATCA Filing Requirement ☐

Please see the "Notes for Your Form 1099-B" section for additional explanation of this Form 1099-B report.

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.

**INSTRUCTIONS FOR RECIPIENTS OF FORM 1099
1099-B: Proceeds from Broker Transactions**

Brokers and barter exchanges must report proceeds from (and in some cases, basis for) transactions to you and the IRS on Form 1099-B. Reporting is also required when your broker knows or has reason to know that a corporation in which you own stock has had a reportable change in control or capital structure. You may be required to recognize gain from the receipt of cash, stock, or other property that was exchanged for the corporation's stock. If your broker reported this type of transaction to you, the corporation is identified in box 1a.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

CUSIP number. Shows the CUSIP (Committee on Uniform Security Identification Procedures) number or other applicable identifying number.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its account reporting requirement under chapter 4 of the Internal Revenue code. You may also have a filing requirement. See the instructions for Form 9838.

Applicable checkbox on Form 8949. Indicates where to report this transaction on Form 8949 and Schedule D (Form 1040), and which checkbox is applicable. See the instructions for your Schedule D (Form 1040) and/or Form 8949.

Box 1a. Shows a brief description of the item or service for which amounts are being reported. For a corporation that had a reportable change in control or capital structure, this box may show the class of stock as C (common), P (preferred), or O (other).

Box 1b. This box may be blank if box 5 is checked or if the securities sold were acquired on a variety of dates. For short sales, the date shown is the date you acquired the security delivered to close the short sale.

Box 1c. Shows the trade date of the sale or exchange. For short sales, the date shown is the date the security was delivered to close the short sale. For aggregate reporting in boxes 8 through 11, no entry will be present.

Box 1d. Shows the cash proceeds, reduced by any commissions or transfer taxes related to the sale, for transactions involving stocks, debt, commodities, forward contracts, non-Section 1256 option contracts, or securities futures contracts. May show the proceeds from the disposition of your interest(s) in a widely held fixed investment trust. May also show the aggregate amount of cash and the fair market value of any stock or other property received in a reportable change in control or capital structure arising from the corporate transfer shown in parentheses. Losses on forward contracts or non-Section 1256 option contracts or Section 1256 option contracts. Report this amount on Form 8949 or on Schedule D (Form 1040) (whichever is applicable) as explained in the instructions for Schedule D (Form 1040).

Box 1e. Shows the cost or other basis of securities sold. If the securities were acquired through the exercise of a noncompensatory option granted or acquired on or after January 1, 2014, the basis has been adjusted to reflect your option premium. If the securities were acquired through the exercise of a noncompensatory option granted or acquired before January 1, 2014, your broker is permitted, but not required, to adjust the basis to

Account Number

reflect your option premium. If the securities were acquired through the exercise of a compensatory option, the basis has not been adjusted to include any amount related to the option that was reported to you on a Form W-2. If box 5 is checked, box 1e may be blank. See the instructions for Form 8949, Instructions for Schedule D (Form 1040), or Pub. 550 for details.

Box 1f. Shows the amount of accrued market discount. For details on market discount, see the Schedule D (Form 1040) instructions, the instructions for Form 8949, and Pub. 550. If box 5 is checked, box 1f may be blank.

Box 1g. Shows the amount of nondeductible loss in a wash sale transaction. For details on wash sales, see the Schedule D (Form 1040) instructions, the instructions for Form 8949, and Pub. 550. If box 5 is checked, box 1g may be blank.

Box 2. The short-term and long-term boxes pertain to short-term gain or loss and long-term gain or loss. If the "Ordinary" box is checked, your security may be subject to special rules. For example, gain on a contingent payment debt instrument subject to the noncontingent bond method is generally treated as ordinary interest income rather than as capital gain. See the instructions for Form 8949, Pub. 550, or Pub. 1212 for more details on whether there are any special rules or adjustments that might apply to your security. If box 5 is checked, box 2 may be blank.

Box 3. If checked, proceeds are from a transaction involving collectibles or from a Qualified Opportunity Fund (QOF).

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN to the payer. See Form W-9 for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5. If checked, the securities sold were noncovered securities and boxes 1b, 1c, 1f, 1g, and 2 may be blank. Generally, a noncovered security means (a) stock purchased before 2011, (b) stock in most mutual funds purchased before 2012, (c) stock purchased in or transferred to a dividend reinvestment plan before 2012, (d) debt acquired before 2014, (e) options granted or acquired before 2014, and (f) securities futures contracts executed before 2014.

Box 6. If the exercise of a noncompensatory option resulted in a sale of a security, a checked "net proceeds" box indicates whether the amount in box 1d was adjusted for option premium.

Box 7. If checked, you cannot take a loss on your tax return based on gross proceeds from a reportable change in control or capital structure reported in box 1d. See the Form 8949 and Schedule D (Form 1040) instructions. The broker should advise you of any losses on a separate statement.

Box 12. If checked, the basis in box 1e has been reported to the IRS and either the short-term or the long-term gain or loss box in box 2 will be checked. If box 12 is checked on Form(s) 1099-B and NO adjustment is required, see the instructions for your Schedule D (Form 1040) as you may be able to report your transaction directly on Schedule D (Form 1040). If the "Ordinary" box in box 2 is checked, an adjustment may be required.

Boxes 14-16. Show state(s)/local income tax information.

Future developments. For the latest information about any developments related to Form 1099-B and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099B.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

Charles SCHWAB

Schwab One® Account of PEACOCK

Account Number

TAX YEAR 2023
FORM 1099 COMPOSITE

Date Prepared: February 9, 2024

Recipient's Name and Address

MEREDITH K PEACOCK

Payer's Name and Address

CHARLES SCHWAB & CO., INC.
3000 SCHWAB WAY
WESTLAKE, TX 76262

Taxpayer ID Number

Account Number:

Telephone Number: (800) 435-4000
Federal ID Number: 94-1737782

Proceeds from Broker Transactions — 2023

Form 1099-B

Department of the Treasury-Internal Revenue Service

Copy B for Recipient (OMB No. 1545-0715)

SHORT-TERM TRANSACTIONS FOR WHICH BASIS IS REPORTED TO THE IRS - Report on Form 8949, Part I, with Box A checked.

1a-Description of property (Example 100 sh. XYZ Co.) CUSIP Number / Symbol	1b-Date acquired	1c-Date sold or disposed	1d-Proceeds 6-Reported to IRS: Gross Proceeds (except where indicated)	1e-Cost or other basis	1f-Accrued Market Discount 1g-Wash Sale Loss Disallowed	Realized Gain or (Loss)	4-Federal Income tax withheld
60 BANK MONTREAL QUE 063671101 / BMO	F	S	05/11/23 \$ 5,382.31 06/15/23	\$ 5,256.00	--	\$ 126.31	\$ 0.00
Security Subtotal			\$ 5,382.31	\$ 5,256.00	--	\$ 126.31	\$ 0.00
60 BRIT AMER TOBACCO 110448107 / BTI	S	VARIOUS	\$ 2,052.85 05/11/23	\$ 2,380.19	--	\$ (327.34)	\$ 0.00
Security Subtotal			\$ 2,052.85	\$ 2,380.19	--	\$ (327.34)	\$ 0.00
100 CIVITAS RES INC 17888H103 / CIVI	S	07/13/23 08/03/23	\$ 7,228.93 \$ 7,228.93	\$ 7,377.00	--	\$ (148.07)	\$ 0.00
Security Subtotal			\$ 7,228.93	\$ 7,377.00	--	\$ (148.07)	\$ 0.00

FATCA Filing Requirement ☐

Please see the "Notes for Your Form 1099-B" section for additional explanation of this Form 1099-B report.

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.

INSTRUCTIONS FOR RECIPIENTS OF FORM 1099 1099-INT: Interest Income

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the instructions for Form 8949. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer generally must report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the instructions for Form 8938.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during the calendar year on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912. See the instructions above for a taxable covered security acquired at a premium.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is included in box 1. See the instructions above for a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. This amount is included in box 1. Note: This amount is not deductible.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040 or 1040-SR. See your tax return instructions.

Box 7. Shows the country or U.S. possession to which the foreign tax was paid.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. See how to report this amount in the instructions for Form 1040. This amount may be subject to backup withholding. See Box 4 above. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 10. For a taxable or tax-exempt covered security, if you made an election under section 1276(b) to include market discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.6045-1(n)(5), shows the market discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-OID. For a taxable or tax-exempt covered security acquired on or after January 1, 2015, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to make a constant yield election for market discount under section 1276(b). Report the accrued market discount on your income tax return as directed in the instructions for Form 1040. Market discount on a tax-exempt security is includible in taxable income as interest income.

Box 11. For a taxable covered security (other than a U.S. Treasury obligation), shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Schedule B (Form 1040) to determine the net amount of interest includible in income on Form 1040 or 1040-SR with respect to the security. If an amount is not reported in this box for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in box 11 is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4).

Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Schedule B (Form 1040) to determine the net amount of interest includible in income on Form 1040 or 1040-SR with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 3. If the amount in box 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4).

Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to determine the net amount of tax-exempt interest reportable on Form 1040 or 1040-SR. If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount in box 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(ii).

Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s).

Boxes 15-17. State tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096, list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099INT.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, filing, and direct deposit or payment options.

Date Prepared: February 9, 2024

Payer's Name and Address

CHARLES SCHWAB & CO., INC.

3000 SCHWAB WAY

WESTLAKE, TX 76262

Telephone Number: (800) 435-4000

Federal ID Number: 94-1737782

Recipient's Name and Address

MEREDITH K PEACOCK

Taxpayer ID Number:

Account Number:

Interest Income — 2023

Department of the Treasury-Internal Revenue Service

Form 1099-INT

Copy B for Recipient (OMB No. 1545-0112)

Box	Description	Total
1	Interest Income	\$ 7.01
3	Interest on U.S. Savings Bonds and Treasury Obligations	\$ 0.00
4	Federal Income Tax Withheld	\$ 0.00
5	Investment Expenses	\$ 0.00
6	Foreign Tax Paid	\$ 0.00
7	Foreign Country or U.S. Possession	
8	Tax-Exempt Interest	\$ 0.00
9	Specified Private Activity Bond Interest	\$ 0.00
10	Market Discount	\$ 0.00
11	Bond Premium	\$ 0.00
12	Bond Premium on Treasury Obligations	\$ 0.00
13	Bond Premium on Tax-Exempt Bond	\$ 0.00
14	Tax-Exempt and Tax Credit Bond CUSIP No.	\$ 0.00
15	State	
16	State Identification No.	
17	State Tax Withheld	\$ 0.00
	FATCA Filing Requirement ☐	

Amount in Box 9 Specified Private Activity Bond Interest subject to Alternative Minimum Tax is already included in Box 8 Tax-Exempt Interest. Both market discount and bond premium reported for covered taxable and tax-exempt bonds. Market discount is only reported if you submitted a written election to include in income currently.

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.

**INSTRUCTIONS FOR RECIPIENTS OF FORM 1099
1099-DIV: Dividends and Distributions**

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1a. Shows total ordinary dividends that are taxable. Include this amount on the "Ordinary dividends" line of Form 1040 or 1040-SR. Also report it on Schedule B (Form 1040), if required.

Box 1b. Shows the portion of the amount in box 1a that may be eligible for reduced capital gains rates. See the instructions for Form 1040 for how to determine this amount and where to report.

The amount shown may be dividends a corporation paid directly to you as a participant (or beneficiary of a participant) in an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040 or 1040-SR but treat it as a plan distribution, not as investment income, for any other purpose.

Box 2a. Shows total capital gain distributions from a regulated investment company (RIC) or real estate investment trust (REIT). See How To Report in the instructions for Schedule D (Form 1040). But, if no amount is shown in boxes 2b, 2c, 2d, and 2f and your only capital gains and losses are capital gain distributions, you may be able to report the amounts shown in box 2a on your Form 1040 or 1040-SR rather than Schedule D. See the instructions for Form 1040.

Box 2b. Shows the portion of the amount in box 2a that is unrecaptured section 1250 gain from certain depreciable real property. See the Unrecaptured Section 1250 Gain Worksheet in the instructions for Schedule D (Form 1040).

Box 2c. Shows the portion of the amount in box 2a that is section 1202 gain from certain small business stock that may be subject to an exclusion. See the Schedule D (Form 1040) instructions.

Box 2d. Shows the portion of the amount in box 2a that is 28% rate gain from sales or exchanges of collectibles. If required, use this amount when completing the 28% Rate Gain Worksheet in the instructions for Schedule D (Form 1040).

Box 2e. Shows the portion of the amount in box 1a that is section 897 gain attributable to disposition of U.S. real property interests (USRPI).

Box 2f. Shows the portion of the amount in box 2a that is section 897 gain attributable to disposition of USRPI.

Note: Boxes 2e and 2f apply only to foreign persons and entities whose income maintains its character when passed through or distributed to its direct or indirect foreign owners or beneficiaries. It is generally treated as effectively connected to a trade or business within the United States. See the instructions for your tax return.

Box 3. Shows a return of capital. To the extent of your cost (or other basis) in the stock, the distribution reduces your basis and is not taxable. Any amount received in excess of your basis is taxable to you as capital gain. See Pub. 550.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9 for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5. Shows the portion of the amount in box 1a that may be eligible for the 20% qualified business income deduction under section 199A. See the instructions for Form 8995 and Form 8995-A.

Box 6. Shows your share of expenses of a nonpublicly offered RIC, generally a nonpublicly offered mutual fund. This amount is included in box 1a.

Box 7. Shows the foreign tax that you may be able to claim as a deduction or a credit on Form 1040 or 1040-SR. See the instructions for Form 1040.

Box 8. This box should be left blank if a RIC reported the foreign tax shown in box 7.

Boxes 9 and 10. Show cash and noncash liquidation distributions.

Box 11. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its account reporting requirement under chapter 4 of the Internal Revenue Code. You may also have a filing requirement. See the instructions for Form 8938.

Box 12. Shows exempt-interest dividends from a mutual fund or other RIC paid to you during the calendar year. See the instructions for Form 1040 for where to report. This amount may be subject to backup withholding. See Box 4 above.

Box 13. Shows exempt-interest dividends subject to the alternative minimum tax. This amount is included in box 12. See the instructions for Form 6251.

Boxes 14-16. State income tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-DIV (with a Form 1096) with the IRS for each of the other owners to show their share of the income, and you must furnish a Form 1099-DIV to each. A spouse is not required to file a nominee return to show amounts owned by the other spouse. See the current General Instructions for Certain Information Returns.

Charles
SCHWAB

Schwab One® Account of
PEACOCK

Account Number

TAX YEAR 2023
FORM 1099 COMPOSITE

Date Prepared: February 9, 2024

Recipient's Name and Address

MEREDITH K PEACOCK

Payer's Name and Address

CHARLES SCHWAB & CO., INC.
3000 SCHWAB WAY
WESTLAKE, TX 76262

Taxpayer ID Number:

Account Number:

Telephone Number: (800) 435-4000
Federal ID Number: 94-1737782

Dividends and Distributions — 2023

Department of the Treasury-Internal Revenue Service

Form 1099-DIV
Copy B for Recipient (OMB No. 1545-0110)

Box	Description	Amount	Total
1a	Total Ordinary Dividends (Includes amounts shown in boxes 1b, 2e, and 5)		\$ 7,217.50
1b	Qualified Dividends		
2a	Total Capital Gain Distributions (Includes amounts shown in boxes 2b, 2c, 2d, and 2f)	\$ 5,768.48	\$ 0.00
2b	Unrecap. Sec. 1250 Gain	\$ 0.00	
2c	Section 1202 Gain	\$ 0.00	
2d	Collectibles (28%) Gain	\$ 0.00	
2e	Section 897 Ordinary Dividends	\$ 0.00	
2f	Section 897 Capital Gains	\$ 0.00	
3	Nondividend Distributions	\$ 0.00	
4	Federal Income Tax Withheld	\$ 1,161.55	\$ 0.00
5	Section 199A Dividends	\$ 26.88	
6	Investment Expenses	\$ 0.00	
7	Foreign Tax Paid	\$ 0.00	
8	Foreign Country or U.S. Possession	\$ 0.00	
9	Cash Liquidation Distributions	\$ 0.00	
10	Noncash Liquidation Distributions	\$ 0.00	
12	Exempt-Interest Dividends (Includes amount shown in box 13)	\$ 0.00	
13	Specified Private Activity Bond Interest Dividends	\$ 0.00	
14	State	\$ 0.00	
15	State Identification No.		
16	State Tax Withheld	\$ 0.00	
11	FATCA Filing Requirement ☐		

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.



Schwab One® Account of
PEACOCK

Account Number
[REDACTED]

**TAX YEAR 2023
FORM 1099 COMPOSITE
& YEAR-END SUMMARY**

Date Prepared: February 9, 2024

Your Form 1099 Composite may include the following Internal Revenue Service (IRS) forms: 1099-DIV, 1099-INT, 1099-MISC, 1099-B and 1099-OID. You'll only receive the form(s) that apply to your particular financial situation and please keep for your records. Please note that information in the Year-End Summary is not provided to the IRS. It is provided to you as additional tax reporting information you may need to complete your tax return.

Table of Contents	Page
FORM 1099 COMPOSITE	3
Form 1099-DIV.....	3
Form 1099-INT.....	5
Form 1099-B.....	7
Notes for your Form 1099-B.....	13
YEAR-END SUMMARY	14
Interest & Dividends	14
Detail Information of Dividends and Distributions.....	14
Detail Information of Interest Income.....	16
Realized Gain or (Loss)	16
Short-Term Realized Gain or (Loss).....	16
Long-Term Realized Gain or (Loss).....	20
Realized Gain or (Loss) Summary.....	21
Notes for Your Realized Gain or (Loss).....	22
Summary of Fees & Expenses	23
ADR (American Depositary Receipt) Fees.....	23
Cost Basis Disclosure	24
Terms and Conditions	26

Charles
SCHWAB

Schwab One® Account of
PEACOCK

Account Number

**TAX YEAR 2023
FORM 1099 COMPOSITE
& YEAR-END SUMMARY**

Date Prepared: February 9, 2024

Recipient's Name and Address

PEACOCK

Your Consultant

Richard Fox
Financial Consultant
1 855-943-6179
Richard.Fox@schwab.com

Items for Attention

- Schwab provides your Form 1099 tax information as early and as accurately as possible. However, some issuers may provide new information about their securities after the IRS Form 1099 mailing deadline. If Schwab receives updated information from issuers of securities you hold, we are required by the IRS to send you a CORRECTED Form 1099 with changes clearly highlighted. Please plan your tax preparation accordingly.
- You can also log into schwab.com/reports to view your documents securely online and visit schwab.com/gopaperless to manage your delivery preferences.
- Visit schwab.com/1099dashboard to access additional information that may be helpful when filing your tax return.

Important Official IRS Form(s) 1099 Enclosed

The report in this package contains your income tax return documents and year-end summary. Please retain this package for tax preparation purposes. For tax advice, please consult with a qualified tax advisor, CPA, or financial planner.

To contact Schwab:

If you have any questions or need additional information about your Form(s) 1099 or your year-end summary, please call 1-800-435-4000, 24 hours a day, 7 days a week. We're always here for you.

To contact the IRS:

Tax questions for individuals: 1-800-829-1040
Tax questions for businesses: 1-800-829-4933
To order tax forms or publications: 1-800-829-3676
To pay taxes by credit card: 1-888-272-9829
For additional information and to print forms and publications, visit www.irs.gov.

Date Prepared: February 9, 2024