

General Information

Name: Mr Frank Fender

PID 273914

AGENCY INFORMATION

Organization	Suborganization	Title
Sewall's Point	Mayor And Town Commission	Vice Mayor and Commissioner

Net WorthMy Net Worth as of December 31, 2023 was \$ 2,925,516.40.**Assets**

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

The aggregate value of my household goods and personal effect is \$ 25,067.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/08/2024

Description of Asset	Value of Asset
Sewall's Point Home - 3 Oakwood Drive	\$ 800,000.00
Traveres, FL - Vacant Lot 28-19-26-0800-000-02200	\$ 30,000.00
St. Johns, AZ - Lots 62, 71, 153 - AZ Park Estates New Sanders	\$ 10,209.00
IRA NFS H2Y317561 - Commonwealth Financial Network	\$ 566,372.73
Gores Group 401K	\$ 184,289.21
Charles Schwab TeamLogic IT 401K	\$ 105,907.26
Charles Schwab PCRA Custodial Account	\$ 176,452.71
SoftNetDev NFS B3S759017 - Commonwealth Financial Network	\$ 98,201.28
F&S Joint NFS B3S751295 - Commonwealth Financial Network	\$ 149,826.91
Equitable Equi-Vest 403(b)	\$ 15,651.49
AIG Valic 401K	\$ 17,745.11
Frank IRA NFS B3S751301 - Commonwealth Financial Network	\$ 236,766.69
Robinhood Stock Account	\$ 4,610.38
Coinbase Cryptocurrency Account	\$ 4,903.04
Sally IRS NFS B3S751292 - Commonwealth Financial Network	\$ 70,850.63
Bright Horizons Options	\$ 12,345.44
Bright Horizons 401K	\$ 199,415.81
TeamLogic IT Franchise 60921 (Treasure Coast)	\$ 455,754.00
Arizona State Retirement Account (AZASRS.GOV)	\$ 32,717.88
Guggenheim Life Annuity	\$ 7,575.61
Palic Insurance Annuity	\$ 7,320.00
Florida PrePaid College Plan (Anton & Brayden)	\$ 15,000.00
Florida PrePaid 529 (Anton & Brayden)	\$ 6,127.32
Bloomwell529 (Brayden)	\$ 9,811.34

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/08/2024

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
RoundPoint Mortgage Servicing LLC	PO Box 19409, Charlotte, NC 28219-9409	\$ 90,454.85
Great Lakes Student Loan (NelNet)	PO Box 82561, Lincoln, NE 68501-2561	\$ 123,987.01
SBA Covid Loan	PO Box 3918, Portland, OR 97208-3918	\$ 51,952.82
Navient Student Loan	PO Box 9655, Wilkes-Barre, PA 18773-9655	\$ 18,353.12
CarMax Auto Finance (2019 Honda Civic)	225 Chastain Meadows Court, Kennesaw, GA 30144	\$ 6,172.79
CarMax Auto Finance (BMW)	225 Chastain Meadows Court, Kennesaw, GA 30144	\$ 15,827.41
Pentagon Fed Credit Union 2nd Mortgage	Box 1432, Alexandria, VA 22313-2032	\$ 10,656.57

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
2023 Form 1040 Tax Return & W2s	1040 Tax Form & W2s	\$ 120,264.00
See Attached		

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

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

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

N/A

Training

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

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Frank Fender

Digitally signed: 06/08/2024

Filed with COE: 06/08/2024

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

See separate instructions.

Your first name and middle initial

FRANK A

Last name

FENDER III

Your social security number

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

SALLY A

Last name

PADGETT

Spouse's social security number

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

3 OAKWOOD DRIVE

Apt. no.

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

STUART

State

FL

ZIP code

34996

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

☐ You ☐ Spouse

Filing Status

☐ Single☐ Head of household (HOH)

Check only one box.

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

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

Digital Assets

At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)

☐ Yes ☒ No

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You: ☐ Were born before January 2, 1959☐ Are blindSpouse: ☐ Was born before January 2, 1959☐ Is blind

Dependents

(see instructions):

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

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
Child tax credit	Credit for other dependents				
BRAYDEN	FENDER		SON	☐	☒
				☐	☐
				☐	☐
				☐	☐

Income

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

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

Attach Sch. B if required.

Standard Deduction for-

- Single or Married filing separately, \$13,850
- Married filing jointly or Qualifying surviving spouse, \$27,700
- Head of household, \$20,900
- If you checked any box under Standard Deduction, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	116,408
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	116,408
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	4,201
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	
c	If you elect to use the lump-sum election method, check here (see instructions)		☐
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	159
8	Additional income from Schedule 1, line 10	8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	120,819
10	Adjustments to income from Schedule 1, line 26	10	555
11	Subtract line 10 from line 9. This is your adjusted gross income	11	120,264
12	Standard deduction or itemized deductions (from Schedule A)	12	27,700
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	27,700
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	92,564

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

Form 1040 (2023)

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	10,644
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	10,644
	19	Child tax credit or credit for other dependents from Schedule 8812	19	500
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	500
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	10,144
	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	10,144
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	14,283
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	14,283
	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	14,283
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,139
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐	35a	4,139
Direct deposit? See instructions.	b	Routing number c Type: ☒ Checking ☐ Savings		
	d	Account number		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions	37	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 John F McDonald CPA	Phone no. 772-221-8882
		Personal identification number (PIN)

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		05-29-2024		
	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.)
		05-29-2024		
	Phone no.	Email address		

Paid Preparer Use Only	Preparer's signature	Date	PTIN	Check if: ☒ Self-employed
		05-29-2024	P01369753	
	Preparer's name John F McDonald CPA	Phone no. 772-221-8882		
	Firm's name Schumm & McDonald LLC			
	Firm's address 1172 SW 30th Street Suite 4 Palm City, FL 34990	Firm's EIN 88-3678165		

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

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

COPY

OMB No. 1545-0074

2023Submission Identification Number (SID) 

Taxpayer's name

FRANK A FENDER III

Spouse's name

SALLY A PADGETT

Social security number

Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	120,264
2	Total tax	2	10,144
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	14,283
4	Amount you want refunded to you	4	4,139
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

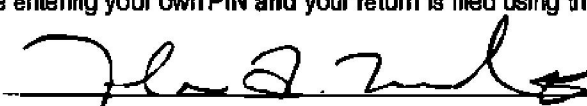
Refund will be deposited to:  Acct=Ends in 

☒ I authorize Schumm & McDonald LLC to enter or generate my PIN  as my signature on the income tax return (original or amended) I am now authorizing.

ERO firm name

Enter five digits, but don't enter all zeros

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

Your signature ► Date ► 3 June 2024

Spouse's PIN: check one box only

☒ I authorize Schumm & McDonald LLC to enter or generate my PIN  as my signature on the income tax return (original or amended) I am now authorizing.

ERO firm name

Enter five digits, but don't enter all zeros

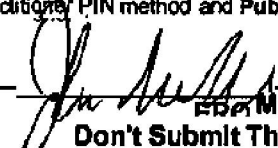
☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► Date ► 6/3/24**Part III Certification and Authentication - Practitioner PIN Method Only**

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

 Don't enter all zeros

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

ERO's signature ► Date ► 05-29-2024**ERO Must Retain This Form - See Instructions****Don't Submit This Form to the IRS Unless Requested To Do So**

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

Form 8879 (Rev. 01-2021)

EEA

SCHEDULE 1
(Form 1040)**Additional Income and Adjustments to Income**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form1040 for instructions and the latest information.**2023**Attachment
Sequence No. **01**

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

Your social security number

FRANK A FENDER III & SALLY PADGETT**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	0

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
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	555
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	555

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

2023Attachment
Sequence No. **08**

Name(s) shown on return

FRANK A FENDER III & SALLY PADGETT

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.

		Amount
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:	
	ITHINK FINANCIAL	40
	INTEREST SUBTOTAL	40
2	Add the amounts on line 1	40
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	40

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.

		Amount
5	List name of payer:	
	NATIONAL FINANCIAL SERVICES-COMMONWEALTH	2,635
	ROBINHOOD MARKETS INC	17
	TC RUNNING	1,560
	DIVIDEND SUBTOTAL	4,212
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	4,212

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.

	Yes	No
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	X
	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	X

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

EEA

Schedule B (Form 1040) 2023

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

FRANK A FENDER III & SALLY PADGETT

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				
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

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 . . .	1,300	1,331		(31)
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
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				13 190
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				15 159

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

Schedule D (Form 1040) 2023

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	159
• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17 Are lines 15 and 16 both gains? ☒ Yes. Go to line 18. ☐ No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☒ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers.	21	
22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. ☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

SCHEDULE 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

FRANK A FENDER III & SALLY PADGETT

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	120,264
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	120,264
4	Number of qualifying children under age 17 with the required social security number	4	
5	Multiply line 4 by \$2,000	5	0
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	1
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	500
8	Add lines 5 and 7	8	500
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	500
13	Enter the amount from the Credit Limit Worksheet A	13	10,644
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	500

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 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.	20	

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 Next, enter the smaller of line 17 or line 26 on line 27.	26	

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

FRANK A FENDER III & SALLY PADGETT

Taxpayer identification number

Preparer's name

John F McDonald CPA

Preparer tax identification number

P01369753**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: School Records, 1098T			
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.

EEA

Form 8867 (Rev. 11-2023)

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?	☒	☐

W-2 Detail Listing

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

2023

Name(s) as shown on return

Tax ID Number

FRANK A FENDER III & SALLY PADGETT

[illegible]

Carryover Worksheet
List of items that will carryover to the 2024 tax return

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

2023

Name(s) as shown on return

Tax ID Number

FRANK A FENDER III & SALLY PADGETT

Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations	_____
Contributions subject to 60% of AGI limitations	_____
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	_____
Contributions subject to 30% of AGI limitations	_____
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	_____
Taxable state and local refunds to Schedule 1 (Form 1040) line 1	_____
State/local taxes paid in 2024 to flow to the Schedule A	_____
State donations and contributions carryover	_____
State overpayment applied to next year	_____

Expenses

Office in home operating expenses	_____
Office in home excess casualty losses and depreciation	_____
Disallowed investment interest expense	AMT _____ Reg. Tax _____
Section 179 expense	_____
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	_____
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	_____

Losses

Short-term capital loss	AMT _____ Reg. Tax _____
Long-term capital loss	AMT _____ Reg. Tax _____
Net operating loss	AMT _____ Reg. Tax _____
Excess business loss from Form 461 (becomes part of NOL next year)	AMT _____ Reg. Tax _____
Qualified REIT and PTP loss carryover	_____
QBI loss carryover	_____
Nonrecaptured net section 1231 losses from WK_1231C	AMT _____ Reg. Tax _____

Credits

Mortgage interest credit	_____
Credit for prior year minimum tax	_____
Foreign Tax credit	AMT _____ Reg. Tax _____
District of Columbia first time home owner's credit	_____
Residential clean energy credit	_____

Other

Preparer Fee	_____
Overpayment applied to next year's estimates	_____
Estimated Tax Payment 1	Estimated Tax Payment 2
Estimated Tax Payment 3	Estimated Tax Payment 4
Federal tax liability for 2210 calculation	10,144
State tax liability for state 2210 calculation	_____
IRA basis	Taxpayer _____ Spouse _____
Disaster distributions taxable in 2024	Taxpayer _____ Spouse _____
Disaster distributions taxable in 2025	Taxpayer _____ Spouse _____
Excess repayments from 8915-F	Taxpayer _____ Spouse _____

Passive Activity

At Risk Limitations

b Employer's identification number		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code		12b		3 Social security wages		4 Social security tax withheld	
SOFTWARE NETWORK DEVELOPMENT CORP.		12c		46100.00		7312.21	
300 COLORADO AVENUE,		12d		46100.00		2858.20	
STE 210				5 Medicare wages and tips		6 Medicare tax withheld	
STUART FL 34994				46100.00		668.45	
a Employee's first name and initial		Last name		7 Social security tips		8 Allocated tips	
FRANK FENDER							
3 OAKWOOD DRIVE				9		10 Dependent care benefits	
STUART FL 34996				11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay	
f Employee's address and ZIP code		This information is being furnished to the Internal Revenue Service		14 Other			
15 State		Employer's state ID No.		16 State wages, tips, etc.		17 State income tax	
Form W-2 Wage and Tax Statement		2023 Department of the Treasury-Internal Revenue Service		OMB # 1545-0008		Copy 2 To Be Filed With Employee's FEDERAL Tax Return	

b Employer's identification number		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code		12b		3 Social security wages		4 Social security tax withheld	
SOFTWARE NETWORK DEVELOPMENT CORP.		12c		46100.00		7312.21	
300 COLORADO AVENUE,		12d		46100.00		2858.20	
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FRANK FENDER							
3 OAKWOOD DRIVE				9		10 Dependent care benefits	
STUART FL 34996				11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay	
f Employee's address and ZIP code		This information is being furnished to the Internal Revenue Service		14 Other			
15 State		Employer's state ID No.		16 State wages, tips, etc.		17 State income tax	
Form W-2 Wage and Tax Statement		2023 Department of the Treasury-Internal Revenue Service		OMB # 1545-0008		Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments	

b Employer's identification number		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code		12b		3 Social security wages		4 Social security tax withheld	
SOFTWARE NETWORK DEVELOPMENT CORP.		12c		46100.00		7312.21	
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STUART FL 34996				11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay	
f Employee's address and ZIP code		This information is being furnished to the Internal Revenue Service		14 Other			
15 State		Employer's state ID No.		16 State wages, tips, etc.		17 State income tax	
Form W-2 Wage and Tax Statement		2023 Department of the Treasury-Internal Revenue Service		OMB # 1545-0008		Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments	

b Employer's identification number		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code		12b		3 Social security wages		4 Social security tax withheld	
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FRANK FENDER							
3 OAKWOOD DRIVE				9		10 Dependent care benefits	
STUART FL 34996				11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay	
f Employee's address and ZIP code		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.		14 Other			
15 State		Employer's state ID No.		16 State wages, tips, etc.		17 State income tax	
Form W-2 Wage and Tax Statement		2023 Department of the Treasury-Internal Revenue Service		OMB # 1545-0008		Copy C For Employee's Records	

2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy

W-2 Wage and Tax Statement **2023**

OMB No. 1545-0008

Copy C for employee's records.

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY 93,154.80

SOCIAL SECURITY TAX WITHHELD 4,935.53

FED. INCOME TAX WITHHELD 6,971.03
BOX 02 OF W-2BOX 04 OF W-2
MEDICARE TAX WITHHELD 1,154.28
BOX 06 OF W-2STATE INCOME TAX 0.00
BOX 17 OF W-2
LOCAL INCOME TAX 0.00
BOX 19 OF W-2SUI/SDI 0.00
BOX 14 OF W-2d Control number Dept. Corp. Employer use only
0000016477 VGP NKG0 C S 16725c Employer's name, address, and ZIP code
BRIGHT HORIZONS CHILDRENS
CENTERS
2 WELLS AVENUE
NEWTON, MA 02459

e/f Employee's name, address, and ZIP code

SALLY A PADGETT
3 OAKWOOD DRIVE
STUART, FL 34996b Employer's FED ID number a Employee's SSA number
04-29496801 Wages, tips, other comp. 2 Federal income tax withheld
70307.62 6971.033 Social security wages 4 Social security tax withheld
79605.30 4935.535 Medicare wages and tips 6 Medicare tax withheld
79605.30 1154.28

7 Social security tips 8 Allocated tips

9 10 Dependent care benefits

11 Nonqualified plans 12a See instructions for box 12
C 179.4014 Other 499.98 FSA MED 12b D 9297.68
12c DD 38424.6212d 13 Stat emp. Ret. plan 3rd party sick pay
X

15 State Employer's state ID no. 16 State wages, tips, etc.

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

To change your employee W-4 profile information
file a new W-4 with your payroll department

SALLY A PADGETT
3 OAKWOOD DRIVE
STUART, FL 34996

Social Security Number: [REDACTED]

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Fold and Detach Here

PAGE 1 OF 1

1 Wages, tips, other comp. 2 Federal income tax withheld
70307.62 6971.033 Social security wages 4 Social security tax withheld
79605.30 4935.535 Medicare wages and tips 6 Medicare tax withheld
79605.30 1154.28d Control number Dept. Corp. Employer use only
0000016477 VGP NKG0 C S 16725c Employer's name, address, and ZIP code
BRIGHT HORIZONS CHILDRENS
CENTERS
2 WELLS AVENUE
NEWTON, MA 02459b Employer's FED ID number a Employee's SSA number
04-2949680

7 Social security tips 8 Allocated tips

9 10 Dependent care benefits

11 Nonqualified plans 12a See instructions for box 12
C 179.4014 Other 499.98 FSA MED 12b D 9297.68
12c DD 38424.6212d 13 Stat emp. Ret. plan 3rd party sick pay
X

e/f Employee's name, address and ZIP code

SALLY A PADGETT
3 OAKWOOD DRIVE
STUART, FL 34996

15 State Employer's state ID no. 16 State wages, tips, etc.

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

1 Wages, tips, other comp. 2 Federal income tax withheld
70307.62 6971.033 Social security wages 4 Social security tax withheld
79605.30 4935.535 Medicare wages and tips 6 Medicare tax withheld
79605.30 1154.28d Control number Dept. Corp. Employer use only
0000016477 VGP NKG0 C S 16725c Employer's name, address, and ZIP code
BRIGHT HORIZONS CHILDRENS
CENTERS
2 WELLS AVENUE
NEWTON, MA 02459b Employer's FED ID number a Employee's SSA number
04-2949680

7 Social security tips 8 Allocated tips

9 10 Dependent care benefits

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12c DD 38424.6212d 13 Stat emp. Ret. plan 3rd party sick pay
X

e/f Employee's name, address and ZIP code

SALLY A PADGETT
3 OAKWOOD DRIVE
STUART, FL 34996

15 State Employer's state ID no. 16 State wages, tips, etc.

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

1 Wages, tips, other comp. 2 Federal income tax withheld
70307.62 6971.033 Social security wages 4 Social security tax withheld
79605.30 4935.535 Medicare wages and tips 6 Medicare tax withheld
79605.30 1154.28d Control number Dept. Corp. Employer use only
0000016477 VGP NKG0 C S 16725c Employer's name, address, and ZIP code
BRIGHT HORIZONS CHILDRENS
CENTERS
2 WELLS AVENUE
NEWTON, MA 02459b Employer's FED ID number a Employee's SSA number
04-2949680

7 Social security tips 8 Allocated tips

9 10 Dependent care benefits

11 Nonqualified plans 12a See instructions for box 12
C 179.4014 Other 499.98 FSA MED 12b D 9297.68
12c DD 38424.6212d 13 Stat emp. Ret. plan 3rd party sick pay
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Federal Filing Copy
W-2 Wage and Tax Statement **2023**

OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

State Filing Copy
W-2 Wage and Tax Statement **2023**

OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

City or Local Filing Copy
W-2 Wage and Tax Statement **2023**

OMB No. 1545-0008

Copy 2 to be filed with employee's City or Local Income Tax Return.