

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/10/2024

General Information

Name: James C Curran

PID 222268

AGENCY INFORMATION

Organization	Suborganization	Title
Cooper City	Planning And Zoning Board	Board Member

CANDIDATE FOR

Position	Agency Name	Position sought or held
Mayor for a City, Town or Village - Form 6	City of Cooper City	City Mayor

Net Worth

My Net Worth as of December 31, 2023 was \$ 1,419,166.62.

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 \$ 30,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Personal Residence	\$ 1,050,000.00
Brightstar Credit Union Bank Accounts	\$ 9,500.00
Wells Fargo Bank Accounts	\$ 210,000.00
Campaign Loan to James Curran for Mayor	\$ 10,000.00
DROP Account	\$ 258,000.00
Equitable Retirement Account	\$ 40,000.00
2021 GMC Denali Pickup	\$ 50,000.00
2019 Lincoln Nautilus	\$ 35,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Citizens Financial Group	One Citizens Bank Way, JCB135, Johnston, RI 02919	\$ 273,333.38

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.

James C Curran

Digitally signed: 06/10/2024

Filed with COE: 06/10/2024

1 Wages, tips, other compensation		2 Federal income tax withheld	
106678.82		18445.81	
3 Social security wages		4 Social security tax withheld	
108628.82		6734.99	
5 Medicare wages and tips		6 Medicare tax withheld	
108628.82		1575.12	
a Employee's SSA number		Employer use only	
[REDACTED]			
b Employer's FED ID number		d Control number	
59-6000530		00006557	
c Employer's name, address, and ZIP code			
School Board of Broward County 600 SE Third Avenue FL Lauderdale FL 33301			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
		DD 9723.82	
13 Statutory Employee Retirement plan Third-Party Sick pay		12b C 2764.08	
☐ ☒ ☐			
14 Other		12c E 1950.00	
		12d	
e Employee's first name and initial Last name Suf.			
JAMES C CURRAN 10949 Nashville Drive COOPER CITY FL 33026			
f Employee's address and ZIP code			
15 State Employer's state ID		18 Local wages, tips, etc.	
16 State wages, tips, etc.		19 Local income tax	
17 State income tax		20 Locality name	
Form OMB No. 1545-0008 W-2 Wage and Tax Statement 2023 Dept. of the Treasury - Internal Revenue Service Copy 2 For Employee's records			

1 Wages, tips, other compensation		2 Federal income tax withheld	
106678.82		18445.81	
3 Social security wages		4 Social security tax withheld	
108628.82		6734.99	
5 Medicare wages and tips		6 Medicare tax withheld	
108628.82		1575.12	
a Employee's SSA number		Employer use only	
[REDACTED]			
b Employer's FED ID number		d Control number	
59-6000530		00006557	
c Employer's name, address, and ZIP code			
School Board of Broward County 600 SE Third Avenue FL Lauderdale FL 33301			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
		DD 9723.82	
13 Statutory Employee Retirement plan Third-Party Sick pay		12b C 2764.08	
☐ ☒ ☐			
14 Other		12c E 1950.00	
		12d	
e Employee's first name and initial Last name Suf.			
JAMES C CURRAN 10949 Nashville Drive COOPER CITY FL 33026			
f Employee's address and ZIP code			
15 State Employer's state ID		18 Local wages, tips, etc.	
16 State wages, tips, etc.		19 Local income tax	
17 State income tax		20 Locality name	
Form OMB No. 1545-0008 W-2 Wage and Tax Statement 2023 Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's STATE Income Tax Return			

1 Wages, tips, other compensation		2 Federal income tax withheld	
106678.82		18445.81	
3 Social security wages		4 Social security tax withheld	
108628.82		6734.99	
5 Medicare wages and tips		6 Medicare tax withheld	
108628.82		1575.12	
a Employee's SSA number		Employer use only	
[REDACTED]			
b Employer's FED ID number		d Control number	
59-6000530		00006557	
c Employer's name, address, and ZIP code			
School Board of Broward County 600 SE Third Avenue FL Lauderdale FL 33301			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
		DD 9723.82	
13 Statutory Employee Retirement plan Third-Party Sick pay		12b C 2764.08	
☐ ☒ ☐			
14 Other		12c E 1950.00	
		12d	
e Employee's first name and initial Last name Suf.			
JAMES C CURRAN 10949 Nashville Drive COOPER CITY FL 33026			
f Employee's address and ZIP code			
15 State Employer's state ID		18 Local wages, tips, etc.	
16 State wages, tips, etc.		19 Local income tax	
17 State income tax		20 Locality name	
Form OMB No. 1545-0008 W-2 Wage and Tax Statement 2023 Dept. of the Treasury - Internal Revenue Service Copy 3 To Be Filed With Employee's FEDERAL Tax Return			

1 Wages, tips, other compensation		2 Federal income tax withheld	
106678.82		18445.81	
3 Social security wages		4 Social security tax withheld	
108628.82		6734.99	
5 Medicare wages and tips		6 Medicare tax withheld	
108628.82		1575.12	
a Employee's SSA number		Employer use only	
[REDACTED]			
b Employer's FED ID number		d Control number	
59-6000530		00006557	
c Employer's name, address, and ZIP code			
School Board of Broward County 600 SE Third Avenue FL Lauderdale FL 33301			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
		DD 9723.82	
13 Statutory Employee Retirement plan Third-Party Sick pay		12b C 2764.08	
☐ ☒ ☐			
14 Other		12c E 1950.00	
		12d	
e Employee's first name and initial Last name Suf.			
JAMES C CURRAN 10949 Nashville Drive COOPER CITY FL 33026			
f Employee's address and ZIP code			
15 State Employer's state ID		18 Local wages, tips, etc.	
16 State wages, tips, etc.		19 Local income tax	
17 State income tax		20 Locality name	
Form OMB No. 1545-0008 W-2 Wage and Tax Statement 2023 Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. EQUITABLE EQUIVEST PROCESSING OFFICE PO BOX 1430 CHARLOTTE, NC 28201 1-800-628-6673			1 Gross distribution \$80,000.00		OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S TIN 13-5570651			2a Taxable amount \$80,000.00			
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code MR JAMES CURRAN 10949 NASHVILLE DR HOLLYWOOD, FL 33026			2b Taxable amount not determined ☐		Total distribution ☐	
10 Amount allocable to IRR within 5 years			11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐	
Account number (see instructions)			13 Date of payment		14 State tax withheld	
17 Local tax withheld			18 Name of locality		19 Local distribution	
15 State/Payer's state no. FL/135570651			16 State distribution		17 Local distribution	
18 Name of locality			19 Local distribution		20 State distribution	

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury-Internal Revenue Service

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. EQUITABLE EQUIVEST PROCESSING OFFICE PO BOX 1430 CHARLOTTE, NC 28201 1-800-628-6673			1 Gross distribution \$80,000.00		OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S TIN 13-5570651			2a Taxable amount \$80,000.00			
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code MR JAMES CURRAN 10949 NASHVILLE DR HOLLYWOOD, FL 33026			2b Taxable amount not determined ☐		Total distribution ☐	
10 Amount allocable to IRR within 5 years			11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐	
Account number (see instructions)			13 Date of payment		14 State tax withheld	
17 Local tax withheld			18 Name of locality		19 Local distribution	
15 State/Payer's state no. FL/135570651			16 State distribution		17 Local distribution	
18 Name of locality			19 Local distribution		20 State distribution	

Form 1099-R

(keep for your records)

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Department of the Treasury-Internal Revenue Service

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RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code MR JAMES CURRAN 10949 NASHVILLE DR HOLLYWOOD, FL 33026			2b Taxable amount not determined ☐		Total distribution ☐	
10 Amount allocable to IRR within 5 years			11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐	
Account number (see instructions)			13 Date of payment		14 State tax withheld	
17 Local tax withheld			18 Name of locality		19 Local distribution	
15 State/Payer's state no. FL/135570651			16 State distribution		17 Local distribution	
18 Name of locality			19 Local distribution		20 State distribution	

Form 1099-R

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Department of the Treasury-Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. EQUITABLE EQUIVEST PROCESSING OFFICE PO BOX 1430 CHARLOTTE, NC 28201 1-800-628-6673			1 Gross distribution \$89,965.24		OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2a Taxable amount \$89,965.24			
PAYER'S TIN 13-5570651			2b Taxable amount not determined ☐		Total distribution ☒ \$17,993.05	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code MRS DEBRA CURRAN 10949 NASHVILLE DR HOLLYWOOD, FL 33026			3 Capital gain (included in box 2a)		4 Federal income tax withheld	
			5 Employee contributions/Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
			7 Distribution code(s) 7 ☐ IRA / SEP / SIMPLE ☐		8 Other %	
			9a Your percentage of total distribution %		9b Total employee contributions	
			14 State tax withheld		15 State/Payer's state no. FL/135570651	
10 Amount allocable to IRR within 5 years			11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐	
Account number (see instructions)			13 Date of payment		17 Local tax withheld	
					18 Name of locality	
					19 Local distribution	

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Department of the Treasury-Internal Revenue Service

☐ CORRECTED (if checked)

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			2a Taxable amount \$89,965.24			
PAYER'S TIN 13-5570651			2b Taxable amount not determined ☐		Total distribution ☒ \$17,993.05	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code MRS DEBRA CURRAN 10949 NASHVILLE DR HOLLYWOOD, FL 33026			3 Capital gain (included in box 2a)		4 Federal income tax withheld	
			5 Employee contributions/Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
			7 Distribution code(s) 7 ☐ IRA / SEP / SIMPLE ☐		8 Other %	
			9a Your percentage of total distribution %		9b Total employee contributions	
			14 State tax withheld		15 State/Payer's state no. FL/135570651	
10 Amount allocable to IRR within 5 years			11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐	
Account number (see instructions)			13 Date of payment		17 Local tax withheld	
					18 Name of locality	
					19 Local distribution	

Form 1099-R

(keep for your records)

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Department of the Treasury-Internal Revenue Service

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			2a Taxable amount \$89,965.24			
PAYER'S TIN 13-5570651			2b Taxable amount not determined ☐		Total distribution ☒ \$17,993.05	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code MRS DEBRA CURRAN 10949 NASHVILLE DR HOLLYWOOD, FL 33026			3 Capital gain (included in box 2a)		4 Federal income tax withheld	
			5 Employee contributions/Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
			7 Distribution code(s) 7 ☐ IRA / SEP / SIMPLE ☐		8 Other %	
			9a Your percentage of total distribution %		9b Total employee contributions	
			14 State tax withheld		15 State/Payer's state no. FL/135570651	
10 Amount allocable to IRR within 5 years			11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐	
Account number (see instructions)			13 Date of payment		17 Local tax withheld	
					18 Name of locality	
					19 Local distribution	

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury-Internal Revenue Service

Page 1

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 21,833.22		OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2a Taxable amount \$ 21,833.22			
PAYER'S TIN 59-1354377			2b Taxable amount not determined ☐		Total distribution ☐	
RECIPIENT'S TIN [REDACTED]			3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 798.30	
RECIPIENT'S name DEBRA ANN CURRAN 10949 NASHVILLE DR COOPER CITY FL 33026-4905			5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$	
			7 Distribution code(s) 7		8 Other \$ %	
			9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00	
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld \$	15 State/Payer's state no.	16 State distribution \$
Account number (see instructions) [REDACTED]		13 Date of payment	17 Local tax withheld \$	18 Name of locality	19 Local distribution \$	

Form 1099-R www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

Copy B

Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the IRS.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 21,833.22		OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2a Taxable amount \$ 21,833.22			
PAYER'S TIN 59-1354377			2b Taxable amount not determined ☐		Total distribution ☐	
RECIPIENT'S TIN [REDACTED]			3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 798.30	
RECIPIENT'S name DEBRA ANN CURRAN 10949 NASHVILLE DR COOPER CITY FL 33026-4905			5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$	
			7 Distribution code(s) 7		8 Other \$ %	
			9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00	
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld \$	15 State/Payer's state no.	16 State distribution \$
Account number (see instructions) [REDACTED]		13 Date of payment	17 Local tax withheld \$	18 Name of locality	19 Local distribution \$	

Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

Copy C
For Recipient's Records

This information is being furnished to the IRS.

Wells Fargo Bank, N.A.
MAC N9777-113
P.O. BOX 5192
SIOUX FALLS, SD 57117-5192

If you have questions contact:

Tax Ops

Phone: 18008693557

DEBRA A CURRAN
POD JAMES C CURRAN
10949 NASHVILLE DR
HOLLYWOOD, FL 33026-4905

Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the Instructions for Form 1099-INT. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.8045-1(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 must generally report either (1) a net amount of interest that reflects the effect of the amount of interest paid to you by the amount of premium amortization allocable to the payments, or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payments. If you did not 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 (also a 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-INT to satisfy its chapter 4 account reporting requirement. You may also have a filing requirement. See the Instructions for Form 1099-INT.

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 credit 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 16, June 16, September 16, and December 16). For more information, see Form 8812. See the instructions above for a taxable covered security acquired at a premium.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the Instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This interest is not taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not 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.

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 1.8045-1(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-INT. For a taxable or tax-exempt covered security acquired on or after January 1, 2016, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.8045-1(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 Forms 1040. Market discount on a tax-exempt security is included 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 payments, unless you notified the payer in writing in accordance with Regulations section 1.8045-1(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 payments, unless you notified the payer in writing in accordance with Regulations section 1.8045-1(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 8. 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 payments. 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 appropriate. If the amount in box 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is a non-deductible loss. See Regulations section 1.171-2(a)(4)(i).

Box 14. Shows CUSIP number(s) for tax-exempt bonds 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. **Nonresidents.** 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 1099-INT with Form 1098 with the Internal Revenue Service Center for your area. On Form 1098, list yourself as the "filer." A spouse is not required to file a nonresidence return to show amounts owned by the other spouse.

Free File Programs. 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 Programs. Go to www.irs.gov/Form1099INT to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

CORRECTED (if checked)	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Wells Fargo Bank, N.A. MAC N9777-113 P.O. BOX 5192 SIOUX FALLS, SD 57117-5192	
PAYER'S TIN 94-1347393	RECIPIENT'S TIN [REDACTED]
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code DEBRA A CURRAN POD JAMES C CURRAN 10949 NASHVILLE DR HOLLYWOOD, FL 33026-4905	
FATCA filing requirement ☐	
Account number (see instructions) [REDACTED]	
Payer's RTN (optional) OMB No. 1545-0112 2023 Form 1099-INT	
Interest Income	
1 Interest income \$ 1,566.28	
2 Early withdrawal penalty \$	
3 Interest on U.S. Savings Bonds and Treasury obligations \$	
4 Federal income tax withheld \$	
5 Investment expenses \$	
6 Foreign tax paid \$	
7 Foreign country or U.S. possession \$	
8 Tax-exempt interest \$	
9 Specified private activity bond interest \$	
10 Market discount \$	
11 Bond premium \$	
12 Bond premium on Treasury obligations \$	
13 Bond premium on tax-exempt bond \$	
14 Tax-exempt and tax credit bond CUSIP no. FL 94-1347393	
15 State 16 State identification no. 17 State tax withheld \$	

Form 1099-INT

(keep for your records)

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service

Wells Fargo Bank, N.A.
MAC N9777-113
P.O. BOX 5192
SIOUX FALLS, SD 57117-5192

If you have questions contact:
Tax Ops
Phone: 18008693557

DEBRA A CURRAN
POD JAMES C CURRAN
10949 NASHVILLE DR
HOLLYWOOD, FL 33026-4905

Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the instructions for Form 8948. 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 must generally report either (1) a net amount of interest that reflects the effect 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 may also 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 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction.

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. 150. This interest is exempt from state and local income taxes. This interest is not 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 6751. 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 1278(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 1278(b). Report the accrued market discount on your income tax return as directed in the instructions for Forms 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. 150 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 1098 with the Internal Revenue Service Center for your area. On Form 1098, 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, e-filing, and direct deposit or payment options.

CORRECTED (if checked)		Payer's RTN (optional)		OMB No. 1545-0112	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Wells Fargo Bank, N.A. MAC N9777-113 P.O. BOX 5192 SIOUX FALLS, SD 57117-5192		1 Interest income \$ 15.32		2023 Form 1099-INT	
PAYER'S TIN 94-1347393		2 Early withdrawal penalty \$		Interest Income	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code DEBRA A CURRAN POD JAMES C CURRAN 10949 NASHVILLE DR HOLLYWOOD, FL 33026-4905		3 Interest on U.S. Savings Bonds and Treasury obligations \$		Copy B For Recipient	
RECIPIENT'S TIN [REDACTED]		4 Federal income tax withheld \$ 0.18		5 Investment expenses \$	
FATCA filing requirement ☐		6 Foreign tax paid \$		7 Foreign country or U.S. possession \$	
Account number (see instructions) [REDACTED]		8 Tax-exempt interest \$		9 Specified private activity bond interest \$	
		10 Market discount \$		11 Bond premium \$	
		12 Bond premium on Treasury obligations \$		13 Bond premium on tax-exempt bond \$	
		14 Tax-exempt and tax credit bond CUSIP no. FL 94-1347393		15 State 16 State identification no. 17 State tax withheld \$	

Form 1099-INT (keep for your records) www.irs.gov/Form1099int Department of the Treasury - Internal Revenue Service

Wells Fargo Bank, N.A.
MAC N9777-113
P.O. BOX 5192
SIOUX FALLS, SD 57117-5192

If you have questions contact:
Tax Ops
Phone: 18008693557

DEBRA A CURRAN
JAMES C CURRAN
10949 NASHVILLE DR
HOLLYWOOD, FL 33026-4905

Instructions for Recipient

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 must generally report either (1) a net amount of interest that reflects the effect 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 not 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 may also 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 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction.

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 not 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 1278(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-CDT. 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 1278(b). Report the accrued market discount on your income tax return as directed in the instructions for Forms 1040. Market discount on a tax-exempt security is includable 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)(vi).

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 1098 with the Internal Revenue Service Center for your area. On Form 1098, 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, e-filing, and direct deposit or payment options.

CORRECTED (if checked)		OMB No. 1545-0112	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Wells Fargo Bank, N.A. MAC N9777-113 P.O. BOX 5192 SIOUX FALLS, SD 57117-5192		Payer's RTN (optional) 2023 Form 1099-INT	
PAYER'S TIN 94-1347393		Interest Income	
RECIPIENT'S TIN [REDACTED]		Copy B For Recipient	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code DEBRA A CURRAN JAMES C CURRAN 10949 NASHVILLE DR HOLLYWOOD, FL 33026-4905		This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
FATCA filing requirement ☐			
Account number (see instructions) [REDACTED]			
1 Interest income \$ 29.49		2 Early withdrawal penalty \$	
3 Interest on U.S. Savings Bonds and Treasury obligations \$		4 Federal income tax withheld \$ 5.11	
5 Investment expenses \$		6 Foreign tax paid \$	
7 Foreign country or U.S. possession \$		8 Tax-exempt interest \$	
9 Specified private activity bond interest \$		10 Market discount \$	
11 Bond premium \$		12 Bond premium on Treasury obligations \$	
13 Bond premium on tax-exempt bond \$		14 Tax-exempt and tax credit bond CUSIP no. FL 94-1347393	
15 State FL		16 State identification no. 94-1347393	
17 State tax withheld \$			

Form **1099-INT** (keep for your records) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

12/30/23

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CITIZENS A BRAND NAME OF CITIZENS BANK, N.A. P O BOX 6260 GLEN ALLEN, VA 23058-6260 PHONE: 800.234.6002		*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 Substitute Form 1098 For calendar year 2023	Mortgage Interest Statement
RECIPIENT'S/LENDER'S TIN 20-2635739		1 Mortgage interest received from payer(s)/borrower(s)* \$ 9,087.60		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.	
PAYER'S/BORROWER'S name, street address (including apt. no.) city or town, state or province, country, and ZIP or foreign postal code JAMES CURRAN DEBRA CURRAN 10949 NASHVILLE DRIVE COOPER CITY FL 33026-4905		2 Outstanding mortgage principal \$ 282,569.39	3 Mortgage origination date 05/01/2020		
		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 10949 NASHVILLE DRIVE COOPER CITY FL 33026			
9 Number of properties securing the mortgage 1	10 Other Real Estate Taxes Paid \$5,023.11				
Account number (see instructions) [REDACTED]	PAYER'S/BORROWER'S TIN [REDACTED]			11 Mortgage acquisition date	

Form 1098

(Keep for your records)

ESCROW RECONCILIATION	PRINCIPAL RECONCILIATION
\$5,273.04- BEGINNING BALANCE \$18,767.28 + DEPOSITS \$7,763.60 - HAZARD INS PAID \$5,023.11 - TAX BILLS PAID \$707.53 *ENDING BALANCE	\$6,475.32 PRINCIPAL APPLIED \$276,094.07 ENDING BALANCE
	\$2,196.52 CURRENT PAYMENT \$899.61 CURRENT ESCROW PMT
*HELD FOR DISBURSEMENTS DUE NEXT YEAR	PROPERTY ADDRESS: 10949 NASHVILLE DRIVE COOPER CITY FL 33026

----- 2023 INTEREST CALCULATIONS -----

TOTAL INTEREST APPLIED 2023 (NEXT DUE DATE 01/01/24)	\$9,087.60
2023 MORTGAGE INTEREST RECEIVED FROM PAYER/BORROWER(S)	\$9,087.60

DETAILED PAYMENT AND TRANSACTION HISTORY CAN BE ACCESSED THROUGH OUR WEB SITE: CITIZENSBANK.COM

YOUR LOCAL TAXING AUTHORITY MAY INCLUDE OTHER FEES NOT ALLOWABLE AS TAX DEDUCTIONS. CONTACT THE INTERNAL REVENUE SERVICE FOR VERIFICATION.

PLEASE SEE THE REVERSE SIDE FOR ADDITIONAL AND IMPORTANT INFORMATION. QUESTIONS? CALL 800.234.6002.

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
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Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name)		2 Social security number (SSN)		7 Name of employer		8 Employer identification number (EIN)	
JAMES COLMAN CURRAN		[REDACTED]		SCHOOL BOARD OF BROWARD COUNTY		59-6000530	
3 Street address (including apartment no.)				9 Street address (including room or suite no.)			
10949 NASHVILLE DR				600 SE THIRD AVENUE			
4 City or town		5 State or province		6 Country and ZIP or foreign postal code		11 City or town	
HOLLYWOOD		FL		33026-4905		FT LAUDERDALE	
						12 State or province	
						FL	
						13 Country and ZIP or foreign postal code	
						33301	

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)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C														
17 ZIP Code															

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 JAMES COLMAN CURRAN	[REDACTED]		X													
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 1095-C (2023)

Form W-2 Wage and Tax Statement 2023		7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld	
c Employer's name, address and ZIP code	00017544	8 Allocated tips	2,150.00	202.04	
SCHOOL BOARD OF BROWARD COUNTY 600 SE THIRD AVENUE FT. LAUDERDALE FL 33301		9	3 Social security wages 2,150.00	4 Social security tax withheld 133.30	
		5 Medicare wages and tips 2,150.00	6 Medicare tax withheld 31.18		
	10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12		
e Employee's name, address and ZIP code	13 Statutory Retirement Third-Party Employee Plan Sick Pay	14 Other	12b - 12d Codes		
DEBRA A CURRAN 10949 NASHVILLE DR HOLLYWOOD FL 33026-4905	b Employer ID number				
	59-6000530				
	a Employee's social security number				
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

Copy B to be filed with employee's FEDERAL Tax Return

OMB No 1545-0048

2023

Form W-2 Wage and Tax Statement 2023		7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld	
c Employer's name, address and ZIP code	00017544	8 Allocated tips	2,150.00	202.04	
SCHOOL BOARD OF BROWARD COUNTY 600 SE THIRD AVENUE FT. LAUDERDALE FL 33301		9	3 Social security wages 2,150.00	4 Social security tax withheld 133.30	
		5 Medicare wages and tips 2,150.00	6 Medicare tax withheld 31.18		
	10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12		
e Employee's name, address and ZIP code	13 Statutory Retirement Third-Party Employee Plan Sick Pay	14 Other	12b - 12d Codes		
DEBRA A CURRAN 10949 NASHVILLE DR HOLLYWOOD FL 33026-4905	b Employer ID number				
	59-6000530				
	a Employee's social security number				
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

Copy C for EMPLOYEES RECORDS. (See Notice to Employee).

Form W-2 Wage and Tax Statement 2023		7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld	
c Employer's name, address and ZIP code	00017544	8 Allocated tips	2,150.00	202.04	
SCHOOL BOARD OF BROWARD COUNTY 600 SE THIRD AVENUE FT. LAUDERDALE FL 33301		9	3 Social security wages 2,150.00	4 Social security tax withheld 133.30	
		5 Medicare wages and tips 2,150.00	6 Medicare tax withheld 31.18		
	10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12		
e Employee's name, address and ZIP code	13 Statutory Retirement Third-Party Employee Plan Sick Pay	14 Other	12b - 12d Codes		
DEBRA A CURRAN 10949 NASHVILLE DR HOLLYWOOD FL 33026-4905	b Employer ID number				
	59-6000530				
	a Employee's social security number				
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

Copy 2 to be filed with employee's State, City or Local Tax Return

Form W-2 Wage and Tax Statement 2023		7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld	
c Employer's name, address and ZIP code	00017544	8 Allocated tips	2,150.00	202.04	
SCHOOL BOARD OF BROWARD COUNTY 600 SE THIRD AVENUE FT. LAUDERDALE FL 33301		9	3 Social security wages 2,150.00	4 Social security tax withheld 133.30	
		5 Medicare wages and tips 2,150.00	6 Medicare tax withheld 31.18		
	10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12		
e Employee's name, address and ZIP code	13 Statutory Retirement Third-Party Employee Plan Sick Pay	14 Other	12b - 12d Codes		
DEBRA A CURRAN 10949 NASHVILLE DR HOLLYWOOD FL 33026-4905	b Employer ID number				
	59-6000530				
	a Employee's social security number				
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

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20____		See separate instructions.
Your first name and middle initial JAMES	Last name CURRAN	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial DEBRA A	Last name CURRAN	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 10949 NASHVILLE DR		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. HOLLYWOOD		State FL
Foreign country name		ZIP code 33026
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)
☒ Married filing jointly (even if only one had income)
Check only ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
one box.
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

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

Age/Blindness You: ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
AUSTIN	COTHRAN	[REDACTED]	GRANDCHILD	☒	☐
STANLEY	KARPOWICZ	[REDACTED]	PARENT	☐	☒
				☐	☐
				☐	☐

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 108,828
	b Household employee wages not reported on Form(s) W-2	1b 0
	c Tip income not reported on line 1a (see instructions)	1c 0
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d 0
	e Taxable dependent care benefits from Form 2441, line 26	1e 0
	f Employer-provided adoption benefits from Form 8839, line 29	1f 0
	g Wages from Form 8919, line 6	1g 0
	h Other earned income (see instructions)	1h 0
	i Nontaxable combat pay election (see instructions)	1i 0
	z Add lines 1a through 1h	1z 108,828

Attach Sch. B if required.	2a Tax-exempt interest	2a 0	b Taxable interest	2b 1,620
	3a Qualified dividends	3a 0	b Ordinary dividends	3b 0
Standard Deduction for— • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction, see instructions.	4a IRA distributions	4a 0	b Taxable amount	4b 0
	5a Pensions and annuities	5a 0	b Taxable amount	5b 191,798
	6a Social security benefits	6a 0	b Taxable amount	6b 0
	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 0
	8 Additional income from Schedule 1, line 10			8 0
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9 302,246	
	10 Adjustments to income from Schedule 1, line 26		10 0	
	11 Subtract line 10 from line 9. This is your adjusted gross income		11 302,246	
	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 0	
	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		15 274,546	

Form **1040** (2023)

Form 1040 - Line 25c - Other Forms Statement

Withholding Code	Withholding Text	EIN	Withholding amount
FORM 1099			6
Total:			6

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**

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

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

OMB No. 1545-0074

2023Attachment
Sequence No. **02**

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

JAMES CURRAN & DEBRA A CURRAN

Your social security number

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	0
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	0
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	0
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	0
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	0
9	Household employment taxes. Attach Schedule H	9	0
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	0
11	Additional Medicare Tax. Attach Form 8959	11	0
12	Net investment income tax. Attach Form 8960	12	62
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	0
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	0
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	0
16	Recapture of low-income housing credit. Attach Form 8611	16	0

(continued on page 2)

Part II Other Taxes (continued)

17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount:	17a	0	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	0	
c	Additional tax on HSA distributions. Attach Form 8889	17c	0	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	0	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	0	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	0	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j	0	
k	Golden parachute payments	17k	0	
l	Tax on accumulation distribution of trusts	17l	0	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	0	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	0	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	0	
q	Any interest from Form 8621, line 24	17q	0	
z	Any other taxes. List type and amount: _____	17z	0	
18	Total additional taxes. Add lines 17a through 17z	18		0
19	Reserved for future use	19		
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21		62

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
JAMES & DEBRA CURRAN

Your social security number
[REDACTED]

Part I
Interest

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

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

Wells Fargo Bank
Wells Fargo Bank

Amount

54

1,566

1

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

2

1,620

3

0

4

1,620

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

Amount

Part II
Ordinary Dividends

(See instructions and the Instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 5 List name of payer:

5

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

6

0

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

Part III
Foreign Accounts and Trusts

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

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

- 7a At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:
8 During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes	No
	x
	x

SCHEDULE 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

JAMES & DEBRA CURRAN

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	302,246
2a	Enter income from Puerto Rico that you excluded	2a	0	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0	
c	Enter the amount from line 15 of your Form 4563	2c	0	
d	Add lines 2a through 2c	2d	0	
3	Add lines 1 and 2d	3	302,246	
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	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	2,500	
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	0	
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	2,500	
13	Enter the amount from Credit Limit Worksheet A	13	52,691	
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	2,500	

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

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.

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: 0 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 0
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 0
18a	Earned income (see instructions)	18a 108,828
b	Nontaxable combat pay (see instructions)	18b 0
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 0
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 0

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 0
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 0
23	Add lines 21 and 22	23 0
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 0
25	Subtract line 24 from line 23. If zero or less, enter -0-	25 0
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26 0

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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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.**

Taxpayer name(s) shown on return

JAMES CURRAN

Taxpayer identification number

Preparer's name

Joshua Giancarlo

Preparer tax identification number

P X X X X X X X X

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)?	☐	☐	☐

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:

- A. 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);
- B. 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;
- C. Submit Form 8867 in the manner required; **and**
- D. 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*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. 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).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. 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?	☒	☐

**Net Investment Income Tax—
Individuals, Estates, and Trusts**

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

JAMES CURRAN

Your social security number or EIN

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)	1	1,620
2	Ordinary dividends (see instructions)	2	0
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	0
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	
c	Combine lines 4a and 4b	4c	0
5a	Net gain or loss from disposition of property (see instructions)	5a	0
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	0
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	0
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	1,620

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	0
b	State, local, and foreign income tax (see instructions)	9b	
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	0
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	0

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-	12	1,620
Individuals:			
13	Modified adjusted gross income (see instructions)	13	302,246
14	Threshold based on filing status (see instructions)	14	250,000
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	52,246
16	Enter the smaller of line 12 or line 15	16	1,620
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	62
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	0
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c	0
19a	Adjusted gross income (see instructions)	19a	0
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	0
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	0
20	Enter the smaller of line 18c or line 19c	20	0
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	0

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☐ VOID☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Wells Fargo Bank PO Box 5192 Sioux Falls SD 57117		Payer's RTN (optional)		OMB No. 1545-0112 Form 1099-INT (Rev. January 2024) For calendar year <u>2023</u>		Interest Income		
		1 Interest income						
		\$ 1,566						
PAYER'S TIN XX-XXX7393		RECIPIENT'S TIN [REDACTED]		2 Early withdrawal penalty		Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the current General Instructions for Certain Information Returns.		
				3 Interest on U.S. Savings Bonds and Treasury obligations				
				\$				
RECIPIENT'S name DEBRA A CURRAN		4 Federal income tax withheld		5 Investment expenses				
Street address (including apt. no.) 10949 NASHVILLE DR		\$		\$				
City or town, state or province, country, and ZIP or foreign postal code HOLLYWOOD FL 33026		6 Foreign tax paid		7 Foreign country or U.S. territory				
		\$						
		8 Tax-exempt interest		9 Specified private activity bond interest				
		\$		\$				
		10 Market discount		11 Bond premium				
		\$		\$				
		12 Bond premium on Treasury obligations		13 Bond premium on tax-exempt bond				
		\$		\$				
Account number (see instructions)		2nd TIN not. ☐		14 Tax-exempt and tax credit bond CUSIP no.		15 State	16 State identification no.	17 State tax withheld
								\$
								\$

Form **1099-INT** (Rev. 1-2024)

Cat. No. 14410K

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service

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2023 Form 1099-R Distributions Report

Recipient's Name	Payer's Name	1.Gross Distri.	2a.Taxable Amount	3.Capital Gain	4.Federal Income Tax Withheld	5.Employee Contri.	6.Net Unrealized Appre.	7.Distri. Code	IRA SEP SIMPLE	Qualified Charitable Contri.
DEBRA A CURRAN	FLORIDA RETIREMENT SYSTEM	21,833	21,833		799			7		
JAMES CURRAN	EQUITABLE	80,000	80,000		16,000			7		
JAMES CURRAN	EQUITABLE	89,965	89,965		17,994			7		
Total :		191,798	191,798	0	34,793	0	0			0

2023 Form W-2 Wage and Tax Statement Report

E. Employee's Name	C. Employer's Name	1. Wages	2. Federal Income Tax Withheld	3. Social Security Wages	4. Social Security Tax Withheld	5. Medicare Wages	6. Medicare Tax Withheld
JAMES CURRAN	SCHOOL BOARD OF BROWARD COUNTY	106,678	18,446	108,628	6,735	108,628	1,575
DEBRA A CURRAN	SCHOOL BOARD OF BROWARD COUNTY	2,150	203	2,150	133	2,150	31
Total :		108,828	18,649	110,778	6,868	110,778	1,606