

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/17/2024

General Information

Name: Mrs Holly H Pickens

PID 275260

AGENCY INFORMATION

Organization	Suborganization	Title
Putnam County School Board	Elected Constitutional Officer	School Board Member

Net Worth

My Net Worth as of December 31, 2023 was \$ 865,016.00.

Assets

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

The aggregate value of my household goods and personal effect is \$ 25,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Residence 107 Driftwood Dr Georgetown, FL	\$ 617,310.00
Prospect St, Crescent City, FL	\$ 13,940.00
Cash in Banks TD Bank	\$ 14,964.00
Cash in Banks Southstate Bank	\$ 60,130.00
Individual Retirement Accounts	\$ 277,578.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Flagstar Bank	5151 Corporate Dr, Troy MI 48098	\$ 97,496.00
Vystar Credit Union	510 Hwy 19N Palatka, FL 32177	\$ 24,754.00
Vystar Credit Union	510 Hwy 19N Palatka, FL 32177	\$ 21,656.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

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

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

PRIMARY SOURCES OF INCOME:

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

CPA/Attorney Signature Only

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, **Mark Philip Stanton** prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Mark Philip Stanton

Digitally signed: 06/17/2024

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.

Holly H Pickens

Digitally signed: 06/17/2024

Filed with COE: 06/17/2024

Form **1040** Department of the Treasury—Internal Revenue Service **2023** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 . See separate instructions.

Your first name and middle initial **Robert W** Last name **Pickens, Jr.** Your social security number

If joint return, spouse's first name and middle initial **Holly H** Last name **Pickens** Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. **107 Driftwood Lane** Apt. no.

City, town or post office. If you have a foreign address, also complete spaces below. **Georgetown** State **FL** ZIP code **32139**

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

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

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

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

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
If more than four dependents, see instr. and check here ☐	(1) First name Last name			Child tax credit	Credit for other dependents

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	129,537
	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	129,537

Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction, see instructions.	2a	Tax-exempt interest	2a		b	Taxable interest	2b	2,018
	3a	Qualified dividends	3a		b	Ordinary dividends	3b	
	4a	IRA distributions	4a		b	Taxable amount	4b	
	5a	Pensions and annuities	5a		b	Taxable amount	5b	39,973
	6a	Soc. sec. ben.	6a		b	Taxable amount	6b	
	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 ☐						
	8	Other income from Schedule 1, line 10						
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						
	10	Adjustments to income from Schedule 1, line 26						
	11	Subtract line 10 from line 9. This is your adjusted gross income						
	12	Standard deduction or itemized deductions (from Schedule A)						
	13	Qualified business income deduction from Form 8995 or Form 8995-A						
	14	Add lines 12 and 13						
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income						

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	43,841
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	43,841
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	43,841
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	3,946
	24	Add lines 22 and 23. This is your total tax	24	47,787

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	15,261
	b	Form(s) 1099	25b	2,581
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	17,842
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29 and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	17,842

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number	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	31,239
	38	Estimated tax penalty (see instructions)	38	1,294

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	Mark P. Stanton	Phone no. 386-328-1553
		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
			Sales
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
			Retired

Phone no.	Email address	Preparer's name	Preparer's signature	Date	PTIN	Check if:
		Mark P. Stanton	Mark P. Stanton	03/31/24	P01272691	☒ Self-employed
Paid Preparer Use Only	Firm's name	113 North 2nd Street		Phone no.	386-328-1553	
	Firm's address	PALATKA FL 32177		Firm's EIN		

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2023)

SCHEDULE 1
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074

2023Attachment
Sequence No. **01**

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

Robert W Pickens, Jr. & Holly H Pickens

Your social security number

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	35,473
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: P & F Mini Storage	8z	7,200
9	Total other income. Add lines 8a through 8z	9	7,200
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	42,673

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

Schedule 1 (Form 1040) 2023

Robert W Pickens, Jr. & Holly H Pickens

Schedule 1 (Form 1040) 2023

Page **2****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	1,288
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	1,288

Schedule 1 (Form 1040) 2023

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

Robert W Pickens, Jr. & Holly H Pickens

Your social security number

Part I Tax

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

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE	4	2,576
5 Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6 Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7 Total additional social security and Medicare tax. Add lines 5 and 6	7	
8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9 Household employment taxes. Attach Schedule H	9	
10 Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11 Additional Medicare Tax. Attach Form 8959	11	
12 Net investment income tax. Attach Form 8960	12	1,370
13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14 Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16 Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2023

Robert W Pickens, Jr. & Holly H Pickens

Schedule 2 (Form 1040) 2023

Page **2****Part II Other Taxes (continued)****17 Other additional taxes:****a** Recapture of other credits. List type, form number, and amount:**17a****b** Recapture of federal mortgage subsidy, if you sold your home
see instructions**17b****c** Additional tax on HSA distributions. Attach Form 8889**17c****d** Additional tax on an HSA because you didn't remain an eligible
individual. Attach Form 8889**17d****e** Additional tax on Archer MSA distributions. Attach Form 8853**17e****f** Additional tax on Medicare Advantage MSA distributions. Attach
Form 8853**17f****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****k** Golden parachute payments**17k****l** Tax on accumulation distribution of trusts**17l****m** Excise tax on insider stock compensation from an expatriated
corporation**17m****n** Look-back interest under section 167(g) or 460(b) from Form
8697 or 8866**17n****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****q** Any interest from Form 8621, line 24**17q****z** Any other taxes. List type and amount:**17z****18** Total additional taxes. Add lines 17a through 17z**18****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****3,946**

Schedule 2 (Form 1040) 2023

SCHEDULE A
(Form 1040)Department of the Treasury
Internal Revenue Service**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

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

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

OMB No. 1545-0074

2023Attachment
Sequence No. **07**

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

Your social security number

Robert W Pickens, Jr. & Holly H Pickens**Medical****and
Dental
Expenses**

Caution: Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions) **1**
- 2 Enter amount from Form 1040 or 1040-SR, line 11 **2**
- 3 Multiply line 2 by 7.5% (0.075) **3**
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- **4**

**Taxes You
Paid**

- 5 State and local taxes.
- a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☒ **5a** **2,106**
- b State and local real estate taxes (see instructions) **5b** **5,635**
- c State and local personal property taxes **5c**
- d Add lines 5a through 5c **5d** **7,741**
- e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) **5e** **7,741**
- 6 Other taxes. List type and amount: **6**

7 Add lines 5e and 6 **7** **7,741****Interest
You Paid**

Caution: Your mortgage interest deduction may be limited. See instructions.

- 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐
- a Home mortgage interest and points reported to you on Form 1098. See instructions if limited **8a** **4,846**
- b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address **8b**
- c Points not reported to you on Form 1098. See instructions for special rules **8c**
- d Reserved for future use **8d**
- e Add lines 8a through 8c **8e** **4,846**
- 9 Investment interest. Attach Form 4952 if required. See instructions **9**
- 10 Add lines 8e and 9 **10** **4,846**

**Gifts to
Charity**

Caution: If you made a gift and got a benefit for it, see instructions.

- 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions **11** **17,700**
- 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 **12**
- 13 Carryover from prior year **13**
- 14 Add lines 11 through 13 **14** **17,700**

**Casualty and
Theft Losses**

- 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions **15**

**Other
Itemized
Deductions**

- 16 Other—from list in instructions. List type and amount: **16**

**Total
Itemized
Deductions**

- 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 **17** **30,287**
- 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐ **18**

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2023

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

Your social security number

Robert W Pickens, Jr. & Holly H Pickens

Part I		Amount
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:	
	Commonwealth Annuity & Life Insurance	25
	South State Bank NA	27
	South State Bank NA	30
	Pierson Auto Parts LLC	1,375
	TD Bank	209
	JBM Investments	352
2 Add the amounts on line 1	2,018	
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	2,018	

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

Part II		Amount
Ordinary Dividends (See instructions and the Instructions for Form 1040, line 3b.) Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.	5 List name of payer:	
6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b		

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

Part III 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.

Part III		Yes	No
Foreign Accounts and Trusts 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		
	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			X

SCHEDULE D
(Form 1040)**Capital Gains and Losses**

OMB No. 1545-0074

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.

2023Attachment
Sequence No. **12**

Name(s) shown on return

Robert W Pickens, Jr. & Holly H Pickens

Your social security number

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

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

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

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

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

	(d) 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 the back				7 0

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
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 73,132
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 73,132

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

Schedule D (Form 1040) 2023

Robert W Pickens, Jr. & Holly H Pickens

Schedule D (Form 1040) 2023

Page **2****Part III Summary**

16 Combine lines 7 and 15 and enter the result	16	73,132
• 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	38,596
20 Are lines 18 and 19 both zero or blank and are you 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) }	21	()
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. ☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Schedule D (Form 1040) 2023

SCHEDULE E

(Form 1040)

Department of the Treasury
Internal Revenue Service**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2023Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

Robert W Pickens, Jr. & Holly H Pickens**Part I Income or Loss From Rental Real Estate and Royalties**

Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes ☒ No ☐

B If "Yes," did you or will you file required Form(s) 1099? Yes ☐ No ☐

1a Physical address of each property (street, city, state, ZIP code)**A** 2041 Country Club Terrace, Palatka, FL 32177**B****C**

1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	2			A 365		
B				B		
C				C		

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties:		
		A	B	C
3 Rents received	3	82,729		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9	7,100		
10 Legal and other professional fees	10			
11 Management fees	11	8,400		
12 Mortgage interest paid to banks, etc. (see instructions)	12	4,209		
13 Other interest	13			
14 Repairs	14	17,989		
15 Supplies	15			
16 Taxes	16	13,620		
17 Utilities	17	19,404		
18 Depreciation expense or depletion	18	8,544		
19 Other (list) See Statement 1	19	210		
20 Total expenses. Add lines 5 through 19	20	79,476		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	3,253		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	0		

23a Total of all amounts reported on line 3 for all rental properties	23a	82,729	
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c	4,209	
d Total of all amounts reported on line 18 for all properties	23d	8,544	
e Total of all amounts reported on line 20 for all properties	23e	79,476	

24 Income. Add positive amounts shown on line 21. Do not include any losses	24	3,253
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26	3,253

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023

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

Your social security number

Robert W Pickens, Jr. & Holly H Pickens**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	See Statement 2					
B						
C						
D						

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4582	(k) Nonpassive income from Schedule K-1
A				
B				
C				
D				
29a Totals	43,003			11,036
b Totals		21,819		
30 Add columns (h) and (k) of line 29a			30	54,039
31 Add columns (g), (i), and (j) of line 29b			31	21,819
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31			32	32,220

Part III Income or Loss From Estates and Trusts

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

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36
37 Total estate and trust income or (loss). Combine lines 35 and 36			37

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

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

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

Part V Summary

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	35,473
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE SE
(Form 1040)Department of the Treasury
Internal Revenue Service**Self-Employment Tax**

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

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

OMB No. 1545-0074

2023Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

Social security number of person
with self-employment income**Robert W Pickens, Jr.****Part I Self-Employment Tax****Note:** If your only income subject to self-employment tax is church employee income, see instructions for how to report your income and the definition of church employee income.

- A** If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

- 1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A

1a

- b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ

1b

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

- 2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order

2**18,236**

- 3** Combine lines 1a, 1b, and 2

3**18,236**

- 4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3

4a**16,841****Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

- b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here

4b

- c** Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. **Exception:** If less than \$400 and you had church employee income, enter -0- and continue

4c**16,841**

- 5a** Enter your church employee income from Form W-2. See instructions for definition of church employee income

5a

- b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-

5b**0**

- 6** Add lines 4c and 5b

6**16,841**

- 7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023

7**160,200**

- 8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11

8a**79,658**

- b** Unreported tips subject to social security tax from Form 4137, line 10

8b

- c** Wages subject to social security tax from Form 8919, line 10

8c

- d** Add lines 8a, 8b, and 8c

8d**79,658**

- 9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11

9**80,542**

- 10** Multiply the smaller of line 6 or line 9 by 12.4% (0.124)

10**2,088**

- 11** Multiply line 6 by 2.9% (0.029)

11**488**

- 12** Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3

12**2,576**

- 13** Deduction for one-half of self-employment tax.

Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040), line 15

13**1,288**

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

Schedule SE (Form 1040) 2023

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$9,840, or (b) your net farm profits² were less than \$7,103.

14 Maximum income for optional methods

14**6,560**

15 Enter the **smaller** of: two-thirds ($\frac{2}{3}$) of gross farm income¹ (not less than zero) or \$6,560. Also, include this amount on line 4b above

15

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$7,103 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14

16

17 Enter the **smaller** of: two-thirds ($\frac{2}{3}$) of gross nonfarm income⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above

17

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Form **4797**

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))
Attach to your tax return.

OMB No. 1545-0184

2023

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment
Sequence No. **27**

Name(s) shown on return

Identifying number

Robert W Pickens, Jr. & Holly H Pickens

1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions.	1a
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets.	1b
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets.	1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	From K1						73,132

3 Gain, if any, from Form 4684, line 39	3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5
6 Gain, if any, from line 32, from other than casualty or theft	6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.	7 73,132
8 Nonrecaptured net section 1231 losses from prior years. See instructions	8
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7	11 ()
12 Gain, if any, from line 7 or amount from line 8, if applicable	12
13 Gain, if any, from line 31	13
14 Net gain or (loss) from Form 4684, lines 31 and 38a	14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16
17 Combine lines 10 through 16	17
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.	
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18b

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2023)

There are no amounts for Page 2

Form **8995****Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2023Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

Robert W Pickens, Jr. & Holly H Pickens

Note. You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Mini-Warehouses		37,237
ii	Peninsular Auto Parts, Inc.		-21,819
iii	Form 1065, Page 1		10,257
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	25,675	
3	Qualified business net (loss) carryforward from the prior year		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	25,675	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5,135
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	0	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		5,135
11	Taxable income before qualified business income deduction (see instructions)	255,758	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	73,132	
13	Subtract line 12 from line 11. If zero or less, enter -0-	182,626	
14	Income limitation. Multiply line 13 by 20% (0.20)		36,525
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		5,135
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		0
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		

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

Form **8995** (2023)

Form

8960**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.

OMB No. 1545-2227

2023Attachment
Sequence No. **72**Department of the Treasury
Internal Revenue Service

Name(s) shown on your tax return

Your social security number or EIN

Robert W Pickens, Jr. & Holly H Pickens**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	2,018
2	Ordinary dividends (see instructions)	2	
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	35,473
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	10,783
c	Combine lines 4a and 4b	4c	46,256
5a	Net gain or loss from disposition of property (see instructions)	5a	73,132
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	73,132
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	121,406

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	
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	
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	

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	121,406
13	Modified adjusted gross income (see instructions)	13	286,045
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	36,045
16	Enter the smaller of line 12 or line 15	16	36,045
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	1,370
18a	Net investment income (line 12 above)	18a	
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	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
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	

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

Form **8960** (2023)

Form **7203**(Rev. December 2022)
Department of the Treasury
Internal Revenue Service**S Corporation Shareholder Stock and
Debt Basis Limitations**

OMB No. 1545-2302

Attach to your tax return.

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

Name of shareholder

Robert W Pickens, Jr.

Identifying number

A Name of S corporation

Peninsular Auto Parts, Inc.

B Employer identification number

C Stock block (see instructions):

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

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

1	Stock basis at the beginning of the corporation's tax year	1	414,863
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	0
5	Stock basis before distributions. Add lines 1, 2, and 4	5	414,863
6	Distributions (excluding dividend distributions)	6	8,571
Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.			
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	406,292
8a	Nondeductible expenses	8a	256
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	256
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	406,036
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	21,819
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	21,819
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	384,217

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

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

Robert W Pickens, Jr.

Form 7203 (Rev. 12-2022)

Page 2

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

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

Section C—Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 Reportable gain. Subtract line 33 from line 32	0			

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss	21,819		21,819		
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions					
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	21,819		21,819		

Form 7203 (Rev. 12-2022)

Form **1040**

Tax Return Reconciliation Worksheet

2023Filing Status: ☐ 1 Single ☒ 2 Married filing jointly ☐ 3 Married filing separately ☐ 4 Head of household* ☐ 5 Qualifying widow(er)*

MFS spouse name:

*Qualifying person that is a child but not a dependent:

Taxpayer first name and initial Robert W		Last name Pickens, Jr.		Taxpayer social security number	
If a joint return, spouse's first name and initial Holly H		Last name Pickens		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 107 Driftwood Lane				Apt. no.	
City, town or post office, state, and ZIP code. Georgetown FL 32139				Presidential Election Campaign Taxpayer ☐ Spouse ☐	
Foreign country name		Foreign province/state/country		Foreign postal code	

At anytime during 2023, did you receive, sell, send, exchange, or otherwise acquire financial interest in any digital assets? Yes ☐ No ☒

6a ☒ Taxpayer. If someone can claim you as a dependent, do not check box 6a		Boxes checked on 6a and 6b		2	
6b ☒ Spouse		Children on 6c who lived with you			
		Children on 6c who did not live with you			
		Dependents on 6c not entered above			
		Total. Add lines above		2	

6c Dependents:			(4) ☒ if qualifies for		If more than four dependents, ☐ here
(1) First name	Last name	(2) Social security number	(3) Relationship to you	Child tax credit	

Income (Schedule 1)	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	129,537		
	8a	Taxable interest. Attach Schedule B if required	8a	2,018		
	b	Tax-exempt interest. Do not include on line 8a	8b			
	9a	Ordinary dividends. Attach Schedule B if required	9a			
	b	Qualified dividends	9b			
	10	Taxable refunds, credits, or offsets of state and local income taxes	10			
	11	Alimony received	11			
	12	Business income or (loss). Attach Schedule C or C-EZ	12			
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	13	73,132		
	14	Other gains or (losses). Attach Form 4797	14			
15a	IRA distributions	15a		b Taxable amount	15b	
16a	Pensions and annuities	16a		b Taxable amount	16b	39,973
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17			17	35,473
18	Farm income or (loss). Attach Schedule F	18			18	
19	Unemployment compensation	19			19	
20a	Social security benefits	20a		b Taxable amount	20b	
21	Other income. List type and amount P & F Mini Storage	21			21	7,200
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22			22	287,333

Adjusted Gross Income (Schedule 1)	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	1,288
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN	31a	
	32	IRA deduction	32	
33	Student loan interest deduction	33		
34	Reserved for future use	34		
35	Reserved for future use	35		
36	Add lines 23 through 35	36		
37	Subtract line 36 from line 22. This is your adjusted gross income	37		

1,288

286,045

Form **1040****Tax Return Reconciliation Worksheet, Page 2****2023**Name **Robert W Pickens, Jr. & Holly H Pickens**

Tp TIN

38 Amount from line 37 (adjusted gross income)		38	286,045
Tax and Credits (Schedules 2, 3)	39a Check if: ☐ You were born before January 2, 1959, ☐ Blind. ☐ Spouse was born before January 2, 1959, ☐ Blind. Total boxes checked 39a		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$13,850 Married filing jointly or Qualifying widow(er), \$27,700 Head of household, \$20,800	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	30,287
	41 Subtract line 40 and 40b from line 38	41	255,758
	42 Qualified business income deduction (see instructions)	42	5,135
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	250,623
	44 Tax (see instr.). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	43,841
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	
	46 Excess advance premium tax credit repayment. Attach Form 8962	46	
	47 Add lines 44, 45, and 46	47	43,841
	48 Foreign tax credit. Attach Form 1116 if required	48	
	49 Credit for child and dependent care expenses. Attach Form 2441	49	
50 Education credits from Form 8863, line 19	50		
51 Retirement savings contributions credit. Attach Form 8880	51		
52 Child tax credit/credit for other dependents	52		
53 Residential energy credits. Attach Form 5695	53		
54 Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54		
55 Add lines 48 through 54. These are your total credits	55		
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	43,841	
Other Taxes (Schedule 2)	57 Self-employment tax. Attach Schedule SE	57	2,576
	58 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a Household employment taxes from Schedule H	60a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
☐ 61 Taxes from: a ☐ Form 8959 b ☒ Form 8960 c ☐ Instructions; enter code(s) Form 8960	61	1,370	
62 Section 965 net tax liability installment from Form 965-A	62		
63 Add lines 56 through 61. This is your total tax	63	47,787	
Payments (Schedule 3)	64 Federal income tax withheld from:		
	a Form(s) W-2	64a	15,261
	b Form(s) 1099	64b	2,581
	c Other forms	64c	
	65 2023 estimated tax payments and amount applied from 2022 return	65	
	66 Earned income credit (EIC)	66	
	67 Additional child tax credit. Attach Schedule 8812	67	
	68 American opportunity credit from Form 8863, line 8	68	
	69 Recovery rebate credit	69	
	70 Net premium tax credit. Attach Form 8962	70	
	71 Amount paid with request for extension to file	71	
	72 Excess social security and tier 1 RRTA tax withheld	72	
	73 Credit for federal tax on fuels. Attach Form 4136	73	
	74 Other payments and refundable credits	74	
	75 Total pymts. Add lines 64 - 74.	75	17,842
Refund	76 If line 75 is more than line 63, subtract line 63 from line 75. This is the amount you overpaid	76	
	77a Amount of line 76 you want refunded to you. If Form 8888 is attached, check here ☐	77a	
	b Routing number c Type: ☐ Checking ☐ Savings		
	d Account number		
	78 Amount of line 76 you want applied to your 2024 estimated tax	78	
Amount You Owe	79 Amount you owe. Subtract line 75 from line 63. For details on how to pay, see instructions	79	31,239
	80 Estimated tax penalty (see instructions)	80	1,294
Int/Pen	Date filed	Int	Fail to file
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No		Personal identification no. (PIN)
	Designee's Name Mark P. Stanton		Phone no. 386-328-1553
Other Info	Taxpayer Daytime phone number	Taxpayer: Occupation Sales	IRS Identity Protection PIN
	☐ Taxpayer ☐ Spouse	Spouse: Occupation Retired	IRS Identity Protection PIN
	Email address		

Form **1040****K1 Detail Summary Report, Page 2****2023**

Name

Robert W Pickens, Jr. & Holly H Pickens

Taxpayer identification number

	Activity
Passthrough Entity Name	Disposed
EIN	
Entity Type	Passive Activity Type
A JBM Investments	Partnership Rental Real Estate
B P & F Mini Storage	Partnership Rental Real Estate
C Peninsular Auto Parts, Inc.	S Corporation Not Passive
D Pierson Auto Parts LLC	Partnership Not Passive

Form/Schedule/Worksheet	A	B	C	D	Totals:	
Schedule D - Short-term:						
Net short-term capital gain (loss)						Schedule D, line 5
Short-term capital loss carryover						Schedule D, line 5
Prior Year Short Term Basis Loss						8949 part 1
Short Term Basis Adjustments						8949 part 1
Prior Year Short Term At Risk Loss						8949 part 1
Short Term At Risk Adjustments						8949 part 1
Short Term PAL Adjustments						8949 part 1
Short Term PTP Adjustments						8949 part 1
Schedule D - Long-term: (includes 28% rate gains/losses)						
Net long-term capital gain (loss)						Schedule D, line 12
Long-term capital loss carryover						Schedule D, line 12
Prior Year Long Term Basis Loss						28% Rate Gain Wrk, line 6
Long Term Basis Adjustments						8949 part II
Prior Year Long Term At Risk Loss						8949 part II
Long Term At Risk Adjustments						8949 part II
Long Term PAL Adjustments						8949 part II
Long Term PTP Adjustments						8949 part II
K1 1202 Gain						8949 part II
Section 1202 exclusion adjustment						8949 part II
Schedule D - Collectibles gain:						
Collectibles (28%) gain (loss)						28% Rate Gain Wrk, line 4
Section 1202 exclusion						28% Rate Gain Wrk, line 2
Prior Year 28% Rate Basis Loss						28% Rate Gain Wrk, line 1
28% Basis Adjustments						28% Rate Gain Wrk, line 1
Prior Year 28% Rate At Risk Loss						28% Rate Gain Wrk, line 1
28% At Risk Adjustments						28% Rate Gain Wrk, line 1
28% PAL Adjustments						28% Rate Gain Wrk, line 1
28% PTP Adjustments						28% Rate Gain Wrk, line 1
Unrecaptured Sec 1250 Gain:						
Partnership or S corporation activity	38,596				38,596	Schedule D, line 19
Sale of partnership interest						Unrecap 1250 wrk, line 5
Estates, trusts, REITs, and RICs						Schedule D, line 19
						Unrecap 1250 Wrk, line 10
						Schedule D, line 19
						Unrecap 1250 Wrk, line 11
Form 4797, Part I:						
Net Section 1231 gain (loss)	73,132				73,132	4797, line 2
Prior Year Basis Losses						4797, line 2
Basis Adjustment						4797, line 2
Prior Year At-Risk Losses						4797, line 2
At-Risk Adjustment						4797, line 2
Passive Activity Adjustment						4797, line 2
PTP Adjustment						4797, line 2
Form 4797, Part II:						
Ordinary gain (loss) on asset sales						4797, line 10
Prior Year Basis Losses						4797, line 10
Basis Adjustment						4797, line 10
Prior Year At-Risk Losses						4797, line 10
At-Risk Adjustment						4797, line 10
Passive Activity Adjustment						4797, line 10
PTP Adjustment						4797, line 10

Form

1040**K1 Detail Summary Report, Page 3****2023**Name **Robert W Pickens, Jr. & Holly H Pickens** Taxpayer identification number

	Passthrough Entity Name	EIN	Entity Type	Passive Activity Type	Disposed
A	JBM Investments		Partnership	Rental Real Estate	
B	P & F Mini Storage		Partnership	Rental Real Estate	
C	Peninsular Auto Parts, Inc.		S Corporation	Not Passive	
D	Pierson Auto Parts LLC		Partnership	Not Passive	

Form / Schedule / Worksheet	A	B	C	D	Totals:	
Schedule B:						
Interest	352				352	Schedule B, Line 1
Tax-exempt interest						Form 1040, Line 2a
Ordinary dividends						Schedule B, Line 5
Qualified dividends						Form 1040, Line 3a
Schedule A:						
Medical and dental:						
Shareholder medical ins - no W2						Schedule A, line 1
Basis adjustment						Schedule A, line 1
At-risk adjustment						Schedule A, line 1
Taxes:						
State/local withholding taxes						Schedule A, line 5a
State/local w/h - Sch K1 Basis Adj						Schedule A, line 5a
State/local w/h - Sch K1 At-Risk Adj						Schedule A, line 5a
Real estate taxes						Schedule A, line 5b
RE tax - Sch K1 Basis Adj						Schedule A, line 5b
RE tax - Sch K1 At-Risk Adj						Schedule A, line 5b
Total foreign taxes paid/accrued						Schedule A, line 6
Foreign taxes - K1 Basis Adj						Schedule A, line 6
Foreign taxes - K1 At-Risk Adj						Schedule A, line 6
Gifts to Charity:						
Cash contributions						Schedule A, line 11
Cash contrib Basis Adj						Schedule A, line 11
Cash contrib Risk Adj						Schedule A, line 11
Cash contributions (30%)						Schedule A, line 11
30% Cash contrib Basis Adj						Schedule A, line 11
30% Cash contrib Risk Adj						Schedule A, line 11
Noncash contribution (50%)						Schedule A, line 12
50% Noncash contrib Basis Adj						Schedule A, line 12
50% Noncash contrib Risk Adj						Schedule A, line 12
Noncash contribution (30%)						Schedule A, line 12
30% Noncash contrib Basis Adj						Schedule A, line 12
30% Noncash contrib Risk Adj						Schedule A, line 12
50% Cap Gain (30%)						Schedule A, line 12
50% Cap Gain 30% Basis Adj						Schedule A, line 12
50% Cap Gain 30% Risk Adj						Schedule A, line 12
Capital gain property (20%)						Schedule A, line 12
20% Contrib Basis Adj						Schedule A, line 12
20% Contrib Risk Adj						Schedule A, line 12
Other Itemized Deductions:						
Portfolio deduction not misc						Schedule A, line 16
Basis Adjustment						Schedule A, line 16
At-Risk Adjustment						Schedule A, line 16
Estate tax deduction						Schedule A, line 16
Excess deductions - 67(e) expense						Form 1040, Sch 1, line 24k
Excess deductions - other itemized						Schedule A, line 16

Form **1040****K1 Detail Summary Report, Page 4****2023**Name
Robert W Pickens, Jr. & Holly H Pickens

Taxpayer identification number

Passthrough Entity Name	EIN	Entity Type	Passive Activity Type	Activity Disposed
A JBM Investments		Partnership	Rental Real Estate	
B P & F Mini Storage		Partnership	Rental Real Estate	
C Peninsular Auto Parts, Inc.		S Corporation	Not Passive	
D Pierson Auto Parts LLC		Partnership	Not Passive	

Form / Schedule / Worksheet	A	B	C	D	
Schedule SE:					
Taxpayer/Spouse/Joint	T	T	T	T	Totals:
Net earnings from self-employment				11,036	11,036 Schedule SE, Line 2
Gross Farming or Fishing income					Schedule E, line 42
Gross nonfarm income				110,797	110,797 Schedule SE, Part II
Farm partnerships:					
Net earnings from self-employment					Net Earning SE Wrk
Auto expense					Net Earning SE Wrk
Amortization					Net Earning SE Wrk
Depreciation & Section 179					Net Earning SE Wrk
Depletion					Net Earning SE Wrk
Other expenses					Net Earning SE Wrk
Home office expense					Net Earning SE Wrk
Unreimbursed partnership expenses					Net Earning SE Wrk
Debt financed acquisition interest					Net Earning SE Wrk
Conservation Reserve Program pymts					Net Earning SE Wrk
Nonfarm partnerships:					
Net earnings from self-employment				11,036	11,036 Not Earning SE Wrk
Auto expense					Net Earning SE Wrk
Amortization					Net Earning SE Wrk
Depreciation & Section 179					Net Earning SE Wrk
Depletion					Net Earning SE Wrk
Other expenses					Net Earning SE Wrk
Home office expense					Net Earning SE Wrk
Unreimbursed partnership expenses					Net Earning SE Wrk
Debt financed acquisition interest					Net Earning SE Wrk
Unreimbursed partner expenses:					
Entered on Screen K1-6					
Auto expense					
Depr, Amortization & Sect 179 exp					
Home office expense					
Supplemental business expense					
Total unreimbursed partner expenses					Schedule E, line 28(h)

Form 1040	Pension/Annuity Report	2023
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Name Robert W Pickens, Jr. & Holly H Pickens	Taxpayer Identification Number
--	--------------------------------

T/S	Payer	Box 7 Code	Gross Distribution	Rollover	Taxable Amount
A S	State of Florida	7	39,973	-	39,973
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
O					
Taxpayer			39,973		39,973
Spouse			39,973		39,973
Total			39,973		39,973

	NIIT	Capital Gain Distribution	Public Safety Officer Exclusion	Federal Withholding	State Withholding	Local Withholding
A	-			2,581		
B	-					
C	-					
D	-					
E	-					
F	-					
G	-					
H	-					
I	-					
J	-					
K	-					
L	-					
M	-					
N	-					
O	-					
Taxpayer				2,581		
Spouse				2,581		
Total				2,581		

Form **1040****Salaries & Wages Report****2023**

Name

Robert W Pickens, Jr. & Holly H Pickens

Taxpayer Identification Number

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A S	Putnam County School District	40,125	6,154	40,125
B T	Peninsular Auto Parts, Inc.	20,855	1,978	21,500
C T	Putnam Co Board of Co Commissioner	51,757	5,539	53,358
D S	Peninsular Auto Parts, Inc.	12,000	1,057	12,000
E T	Pierson Auto Parts LLC	4,800	533	4,800
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer		77,412	8,050	79,658
Spouse		52,125	7,211	52,125
Totals		129,537	15,261	131,783

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	2,488	40,125	582				
B	1,333	21,500	312				
C	3,308	53,358	774				1,601
D	744	12,000	174				
E	298	4,800	70				
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	4,939	79,658	1,156				1,601
Spouse	3,232	52,125	756				
Totals	8,171	131,783	1,912				1,601

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer						
Spouse						
Totals						

*1040/SR Included with other forms

		a Employee's social security number XXX-XX-XXXX		Safe, accurate, FAST! Use IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 46-3029376				1 Wages, tips, other compensation 4800.00		2 Federal income tax withheld 532.80	
c Employer's name, address, and ZIP code PIERSON AUTO PARTS LLC P. O. BOX 266 PIERSON FL 32180				3 Social security wages 4800.00		4 Social security tax withheld 297.60	
				5 Medicare wages and tips 4800.00		6 Medicare tax withheld 69.60	
				7 Social security tips		8 Allocated tips	
d Control number 4				9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. ROBERT PICKENS, JR. 107 DRIFTWOOD LANE GEORGETOWN FL 32139				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

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

2023

Department of the Treasury—Internal Revenue Service

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

		a Employee's social security number XXX-XX-XXXX		OMB No. 1545-0008		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.	
b Employer identification number (EIN) 46-3029376				1 Wages, tips, other compensation 4800.00		2 Federal income tax withheld 532.80	
c Employer's name, address, and ZIP code PIERSON AUTO PARTS LLC P. O. BOX 266 PIERSON FL 32180				3 Social security wages 4800.00		4 Social security tax withheld 297.60	
				5 Medicare wages and tips 4800.00		6 Medicare tax withheld 69.60	
				7 Social security tips		8 Allocated tips	
d Control number 4				9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. ROBERT PICKENS, JR. 107 DRIFTWOOD LANE GEORGETOWN FL 32139				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

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

2023

Department of the Treasury—Internal Revenue Service

Copy C—For EMPLOYER'S RECORDS
(See Notice to Employees on the back of Copy B.)

Safe, accurate,
FAST! Use IRS e-file

100

100

a Employee's social security number XXX-XX-XXXX		OMB No. 1545-0008		Safe, accurate, FAST! Use IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 59-1568735			1 Wages, tips, other compensation 20855.00		2 Federal income tax withheld 1978.00		
c Employer's name, address, and ZIP code PENINSULAR AUTO PARTS, INC. 533 S. SUMMIT STREET CRESCENT CITY FL 32112-3031			3 Social security wages 21500.00		4 Social security tax withheld 1333.00		
			5 Medicare wages and tips 21500.00		6 Medicare tax withheld 311.75		
			7 Social security tips		8 Allocated tips		
d Control number 7			9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. ROBERT W. PICKENS, JR. 107 DRIFTWOOD LANE GEORGETOWN FL 32139			11 Nonqualified plans		12a See instructions for box 12 D 645.00		
			13 Statutory employee Retirement plan Third-party sick pay ☐ ☒ ☐		12b		
			14 Other		12c		
					12d		
f Employee's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

2023

Department of the Treasury—Internal Revenue Service

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

a Employee's social security number XXX-XX-XXXX		OMB No. 1545-0008		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.			
b Employer identification number (EIN) 59-1568735			1 Wages, tips, other compensation 20855.00		2 Federal income tax withheld 1978.00		
c Employer's name, address, and ZIP code PENINSULAR AUTO PARTS, INC. 533 S. SUMMIT STREET CRESCENT CITY FL 32112-3031			3 Social security wages 21500.00		4 Social security tax withheld 1333.00		
			5 Medicare wages and tips 21500.00		6 Medicare tax withheld 311.75		
			7 Social security tips		8 Allocated tips		
d Control number 7			9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. ROBERT W. PICKENS, JR. 107 DRIFTWOOD LANE GEORGETOWN FL 32139			11 Nonqualified plans		12a See instructions for box 12 D 645.00		
			13 Statutory employee Retirement plan Third-party sick pay ☐ ☒ ☐		12b		
			14 Other		12c		
					12d		
f Employee's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement
Copy C—For EMPLOYEE'S RECORDS

2023

Department of the Treasury—Internal Revenue Service

Safe, accurate,
FAST! Use IRS e-file

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		a Employee's social security number XXX-XX-XXXX		Safe, accurate, FAST! Use IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 59-1568735				1 Wages, tips, other compensation 12000.00		2 Federal income tax withheld 1056.50	
c Employer's name, address, and ZIP code PENINSULAR AUTO PARTS, INC. 533 S. SUMMIT STREET CRESCENT CITY FL 32112-3031				3 Social security wages 12000.00		4 Social security tax withheld 744.00	
				5 Medicare wages and tips 12000.00		6 Medicare tax withheld 174.00	
				7 Social security tips		8 Allocated tips	
d Control number 6				9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. HOLLY H. PICKENS 107 DRIFTWOOD LN GEORGETOWN FL 32139				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
16 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

2023

Department of the Treasury—Internal Revenue Service

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

		a Employee's social security number XXX-XX-XXXX		OMB No. 1545-0008		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.	
b Employer identification number (EIN) 59-1568735				1 Wages, tips, other compensation 12000.00		2 Federal income tax withheld 1056.50	
c Employer's name, address, and ZIP code PENINSULAR AUTO PARTS, INC. 533 S. SUMMIT STREET CRESCENT CITY FL 32112-3031				3 Social security wages 12000.00		4 Social security tax withheld 744.00	
				5 Medicare wages and tips 12000.00		6 Medicare tax withheld 174.00	
				7 Social security tips		8 Allocated tips	
d Control number 6				9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. HOLLY H. PICKENS 107 DRIFTWOOD LN GEORGETOWN FL 32139				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
16 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

2023

Department of the Treasury—Internal Revenue Service

Copy C—For EMPLOYEE'S RECORDS

Safe, accurate,
FAST! Use IRS e-file

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40125.18		6154.05	
1 Wages, tips, other comp.		2 Federal income tax withheld	
40125.18		2487.77	
3 Social security wages		4 Social security tax withheld	
40125.18		581.85	
5 Medicare wages and tips		6 Medicare tax withheld	
Employer's name, address, and ZIP code			
PUTNAM COUNTY SCHOOL DISTRICT 200 REID STREET PALATKA FL 32177			
7 Social security tips		8 Allocated tips	
8		10 Dependent care benefits	
11 Nonqualified plans		12a W	1500.00
		12b DD	7418.60
13 Statutory employee	Retirement plan	12c	
	X	12d	
14		Employee's social security no. [REDACTED]	
		Employee ID number (EIN) 59-6000821	
		Control number	
HOLLY H PICKENS 107 DRIFTWOOD LANE GEORGETOWN FL 32139			
Employer's name, address, and ZIP code			
15a Employer's state ID number FL 596000821	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
Wage and Tax Statement Copy B		Form W-2	
To Be Filed With Employee's FEDERAL Tax Return.		2023	
OMB No. 1545-0048		Department of the Treasury - Internal Revenue Service	

40125.18		6154.05	
1 Wages, tips, other comp.	40125.18	2 Federal income tax withheld	2487.77
3 Social security wages	40125.18	4 Social security tax withheld	581.85
5 Medicare wages and tips		6 Medicare tax withheld	
Employer's name, address, and ZIP code PUTNAM COUNTY SCHOOL DISTRICT 200 REID STREET PALATKA FL 32177			
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a W	1500.00	
	12b DD	7418.60	
13 Salaried employee	Retirement plan	Third-party sick pay	12c
	X		12d
14	Employee's social security no. XXXXXXXXXX Employer ID number (EIN) 59-6000821 Control number		
HOLLY H PICKENS 107 DRIFTWOOD LANE GEORGETOWN FL 32139			
Employee's name, address, and ZIP code			
15a State ID number	15b State wages, tips, etc.	17 State income tax	
FL 596000821			
18 Local wages, tips, etc.	19 Local income tax	20 Local income tax	
Wage and Tax Statement Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0048		Form W-2 2023 See instructions for the Treasury - Internal Revenue Service	

30125.18		6154.05	
1 Wages, tips, other comp.	2 Federal income tax withheld		
40125.18	2487.77		
3 Social security wages	4 Social security tax withheld		
40125.18	581.85		
5 Medicare wages and tips	6 Medicare tax withheld		
Employer's name, address, and ZIP code			
PUTNAM COUNTY SCHOOL DISTRICT 200 REID STREET PALATKA FL 32177			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a W	1500.00
		12b DD	7418.60
13 Statutory employee	Retirement plan	12c	
	X	12d	
14		Employee's social security no. [REDACTED]	
		Employer ID number (EIN) 59-6000821	
		Control number	
HOLLY H PICKENS 107 DRIFTWOOD LANE GEORGETOWN FL 32139			
Employee's name, address, and ZIP code			
15a Employer's state ID number FL 596000821	16 State wages, tips, etc.		17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Local tax name	
Wage and Tax Statement Copy 2 To Be Filed With Employer's State, City, or Local Income Tax Return OMB No. 1545-0048			Form W-2 2023

40125.18		6154.05	
1 Wages, tips, other comp.	2 Federal income tax withheld		
40125.18	2487.77		
3 Social security wages	4 Social security tax withheld		
40125.18	581.85		
5 Medicare wages and tips	6 Medicare tax withheld		
Employer's name, address, and ZIP code			
PUTNAM COUNTY SCHOOL DISTRICT 200 REID STREET PALATKA FL 32177			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a W 1500.00	
		12b DD 7418.60	
13a Statutory employee	13b Retirement plan	12c	
	X	12d	
14		Employee's social security no. [REDACTED]	
		Employer ID number (EIN) 59-6000821	
		Control number	
HOLLY H PICKENS 107 DRIETWOOD LANE GEORGETOWN FL 32139			
Employer's name, address, and ZIP code			
15a Employer's state ID number FL 596000821	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
Wage and Tax Statement Copy C — For EMPLOYEE'S RECORDS		Form W-2 2023	
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. OMB No. 1545-0046 Department of the Treasury - Internal Revenue Service			

Instructions for Employee

Box 1. Enter this amount on the line for your tax return.
Box 2. Enter this amount on the line for your tax return tax withheld less of your tax return.
Box 3. You may be required to report this amount on Form 8859. See the Form 1040 instructions to determine if you are required to complete Form 8859.
Box 4. This amount included in the 1.45% Medicare tax withheld on all Medicare wages and tips is shown in box 14. See the Form 1040 instructions for more information on how to report this Medicare wages and tips above \$200,000.
Box 5. This amount is not included in box 1, 3, or 7. For information on how to report this on your tax return, see the Form 1040 instructions.
Box 6. This amount is from Form 4137 with your income tax return to report at least the allocated tax amount for each of the following amounts from which you received a refund or credit: (a) if you have records that show the actual amount of tax you received, report that amount even if it is more or less than the allocated tax; (b) if you do not have records, report the actual amount of tax you received. Enter this amount on the wages less of your tax return, by filing Form 4137, to figure the actual tax you will be credited to your social security record (used to figure your benefits).
Box 10. This amount includes the total dependent care benefits that your employer paid for you and your spouse or dependent child for amounts from a section 125 (flexible) plan. Any amount over your employer's plan limit is also included in box 1. See Form 2441.
Box 11. This amount is (a) reported in box 11E if it is a distribution made to you from a nonqualified deferred compensation or non-governmental section 457(b) plan, or (b) reported in box 11F if it is a distribution made to you from a nonqualified deferred compensation (457(c) plan) that became taxable for social security and Medicare purposes. For any year because there is no longer a substantial risk of forfeiture of your right to the deferred amount, this box shouldn't be used if you had a deferral and a distribution in the same calendar year. You can't have a deferral in one year and a distribution in another year and you are or will be age 62 by the end of the calendar year, your employer should file Form 55A-13.1, Employer Report of Special Wage Payments, with the Social Security Administration and you.
Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Effective dates (codes D, E, F, and S) and designated Roth contributions (codes AA, AB, and CE) under all plans are generally effective for calendar years 2013 through 2014. For 2013, the maximum amounts for each 401(k) plan if you qualify for the 15-year rule published in Pub. 9131. Deferrals under code G are limited to \$22,500. Deferrals under code H are limited to \$7,000.
However, if you were in at least age 50 in 2023, your employer may have allowed an additional deferral limit for 2023. See Form 1040 instructions for more information on 401(k) plans. This additional deferral limit is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years of your career. For code H, the limit on elective deferrals may be higher for the last 3 years of your career. For more information on elective deferrals, see Form 1040 instructions. Amounts in excess of the greater elective deferral limit will be included in income. See the Form 1040 instructions.
Notar= If your fellow code D through H-S, S, AA, AB, or CE, you made a make-up payment for a prior year when you were in military service and you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.
A= Unaffected elective deferrals or TOTA, tax on tips. Include this tax on Form 1040 or Form 1040-ES.
B= Unaffected Medicare tax on tips. Include this tax on Form 1040 or Form 1040-ES. See the Form 1040 instructions.
C= Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (tax to the extent of net salary wage base), and 5).
D= Elective deferrals under a section 401(a) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(a) arrangement.
E= Elective deferrals under a section 403(b) salary reduction agreement.
F= Elective deferrals under a section 408(a) salary reduction SEP.
G= Elective deferrals and employer contributions (including nonexcess deferrals) to a 401(k) plan.
H= Elective deferrals to a section 401(k) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.
I= Nonexcess catch-up information only, not included in box 1, 3, or 5.
K= 20% 459(a) tax on excess gross parachute payments. See the Form 1040 instructions.
L= Substantiated employee business expense reimbursements (not taxable).
M= Unaffected social security or FUTA tax on taxable cost of group-term life insurance over \$50,000 former employees only. See the Form 1040 instructions.
N= Unaffected Medicare tax on taxable cost of group-term life insurance over \$50,000 former employees only. See the Form 1040 instructions.
P= Excludable moving expense reimbursement paid directly to a member of the U.S. Armed Forces not included in boxes 1, 2, 3, or 5.
R= Nonexcess catch-up pay. See the Form 1040 instructions for details on reporting this amount.

SSS—Employee salary reduction contributions under a section 408(a) SIMPLE plan that includes a salary reduction feature.

T—Adoption benefit tax credit included in box 1. Complete Form 8320 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock options (included in boxes 1, 3, 5 up to the social security wage base), and **5—Five P's** (2013) for reporting payments.

W—Wages, tips, and other compensation including amounts the employee also has designated using a section 125 (cafeteria) plan to which the wages have been assigned. Report on Form 8879.

Y—Delinquent under a section 405A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 402A. This amount is also included in box 1. It is subject to an additional 20% tax plus a penalty. See the Form 1040 instructions for more information.

AA—Designated Roth contributions under a section 403(a) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(p) plan.

FF—Permitted benefits under a qualified local employer health reimbursement arrangement

GG—Income from qualified section grants under section 409

HH—Aggregates delinquent under section 405(c) elections as of the close of the calendar year Box 13, the "Reversion plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

BB, 14. Employees may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums for non-employees, nonemployee education payments, or a member of the clergy's parishioner allowances and stipends. Railroad employees use this box to report railroad retirement (RRRA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare tax. Include a title reported by the employee to the employer in railroad retirement (RRRA).

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and other earnings in a particular year.

Notice to Employee

Do you have to file Form W-2 for Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund. Earned income or amount or if you are eligible for any credit.

Earned income (EI). You may be able to take the EIC for 2013 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. If you are a self-employed individual, you must have self-employment income (SEI). You can't take the EIC if your investment income is more than the specified amount for 2013 or if income is earned for services provided while you were an inmate at a penal institution. For 2013, the maximum earned income for a single filer is \$14,820. For a married couple, the limit is more than your tax liability is reduced to zero, but only if you file a tax return. (Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN on Form W-2.)

Child tax credit (CTC). If you are eligible for the CTC, you may be able to claim it. Claim it and eligible workers. If you can't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file a corrected Form W-2 with you. If you are not sure if you are eligible for any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2s from your employer for all corrections made so you may file them with your tax return. If you are not sure if you are eligible for any name, SSN, or money amount error reported to the SSA on Form W-2, you should ask for a new card that displays your correct name on any SSA office or by calling 800-772-1213. You may also use the SSA web site at www.SSA.gov.

Cost of employer-sponsored health coverage (P) Each cost is provided by the employer. If you are not eligible for health coverage, you may be able to claim a refund for your information only. The amount reported with code DD is not taxable.

Credit for tax on excess. If you had more than one employer in 2012 and more than one employer in 2013, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than one employer in 2012 and 2013, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

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Copy C - Employee Reference Wage and Tax Statement		W-2	2023	OMB No. 1545-0008
a Emp social sec nbr	1 Wages, tips other comp	2 Federal income tax withheld		
	51757.49	5539.24		
b Employer ID number	3 Social security wages	4 Social security tax withheld		
59-6000816	53358.27	3308.29		
	5 Medicare wages and tips	6 Medicare tax withheld		
	53358.27	773.64		
c Employer's name, address, and ZIP code PUTNAM CO BOARD OF COUNTY COMM P. O. BOX 758 PALATKA FL 32178-0758				
d Control number				
e Employee's name, address, and ZIP code ROBERT WILLIAM PICKENS JR 107 DRIFTWOOD LN GEORGETOWN FL 32139				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a Code See Inst. For box 12 DD 6357.80		
13 Statutory employee	14 Other RETC 1600.78	12b Code		
Retirement plan X		12c Code		
Third-party sick pay		12d Code		
15 State Emp'r's state I.D. #		16 State wages, tips, etc.		17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement 41-1028061 Dept. of the Treasury - IRS
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

Copy B To Be Filed With Employee's FEDERAL Tax Return		W-2	2023	OMB No. 1545-0008
a Emp social sec nbr	1 Wages, tips other comp	2 Federal income tax withheld		
	51757.49	5539.24		
b Employer ID number	3 Social security wages	4 Social security tax withheld		
59-6000816	53358.27	3308.29		
	5 Medicare wages and tips	6 Medicare tax withheld		
	53358.27	773.64		
c Employer's name, address, and ZIP code PUTNAM CO BOARD OF COUNTY COMM P. O. BOX 758 PALATKA FL 32178-0758				
d Control number				
e Employee's name, address, and ZIP code ROBERT WILLIAM PICKENS JR 107 DRIFTWOOD LN GEORGETOWN FL 32139				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a Code See Inst. For box 12 DD 6357.80		
13 Statutory employee	14 Other RETC 1600.78	12b Code		
Retirement plan X		12c Code		
Third-party sick pay		12d Code		
15 State Emp'r's state I.D. #		16 State wages, tips, etc.		17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement 41-1028061 Dept. of the Treasury - IRS

Copy 2 To Be Filed With Employee's STATE Tax Return		W-2	2023	OMB No. 1545-0008
a Emp social sec nbr	1 Wages, tips other comp	2 Federal income tax withheld		
	51757.49	5539.24		
b Employer ID number	3 Social security wages	4 Social security tax withheld		
59-6000816	53358.27	3308.29		
	5 Medicare wages and tips	6 Medicare tax withheld		
	53358.27	773.64		
c Employer's name, address, and ZIP code PUTNAM CO BOARD OF COUNTY COMM P. O. BOX 758 PALATKA FL 32178-0758				
d Control number				
e Employee's name, address, and ZIP code ROBERT WILLIAM PICKENS JR 107 DRIFTWOOD LN GEORGETOWN FL 32139				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a Code See Inst. For box 12 DD 6357.80		
13 Statutory employee	14 Other RETC 1600.78	12b Code		
Retirement plan X		12c Code		
Third-party sick pay		12d Code		
15 State Emp'r's state I.D. #		16 State wages, tips, etc.		17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement 41-1028061 Dept. of the Treasury - IRS

Copy 2 To Be Filed With Employee's CITY or LOCAL Tax Return		W-2	2023	OMB No. 1545-0008
a Emp social sec nbr	1 Wages, tips other comp	2 Federal income tax withheld		
	51757.49	5539.24		
b Employer ID number	3 Social security wages	4 Social security tax withheld		
59-6000816	53358.27	3308.29		
	5 Medicare wages and tips	6 Medicare tax withheld		
	53358.27	773.64		
c Employer's name, address, and ZIP code PUTNAM CO BOARD OF COUNTY COMM P. O. BOX 758 PALATKA FL 32178-0758				
d Control number				
e Employee's name, address, and ZIP code ROBERT WILLIAM PICKENS JR 107 DRIFTWOOD LN GEORGETOWN FL 32139				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a Code See Inst. For box 12 DD 6357.80		
13 Statutory employee	14 Other RETC 1600.78	12b Code		
Retirement plan X		12c Code		
Third-party sick pay		12d Code		
15 State Emp'r's state I.D. #		16 State wages, tips, etc.		17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement 41-1028061 Dept. of the Treasury - IRS

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☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. P & F Mini Storage 533 S Summit St Crescent City, FL 32112		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 2023		Nonemployee Compensation Copy 2 To be filed with recipient's state income tax return, when required.
PAYER'S TIN 59-2876101	RECIPIENT'S TIN XXX-XX-██████	1 Non-employee compensation \$ 7200.00		
RECIPIENT'S name Robert W Pickens Jr Street address (including apt. no.) 107 Driftwood Lane City or town, state or province, country, and ZIP or foreign postal code Georgetown, FL 32139		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐		
		3		
		4 Federal income tax withheld \$		
Account number (see instructions) 17197		5 State tax withheld \$	6 State/Payer's state no. FL	7 State income \$

Form **1099-NEC** (Rev. 1-2022) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. P & F Mini Storage 533 S Summit St Crescent City, FL 32112		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 2023		Nonemployee Compensation Copy B For Recipient 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.
PAYER'S TIN 59-2876101	RECIPIENT'S TIN XXX-XX-██████	1 Non-employee compensation \$ 7200.00		
RECIPIENT'S name Robert W Pickens Jr Street address (including apt. no.) 107 Driftwood Lane City or town, state or province, country, and ZIP or foreign postal code Georgetown, FL 32139		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐		
		3		
		4 Federal income tax withheld \$		
Account number (see instructions) 17197		5 State tax withheld \$	6 State/Payer's state no. FL	7 State income \$

Form **1099-NEC** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

P & F Mini Storage
533 S Summit St

Crescent City, FL 32112

Robert W Pickens Jr
107 Driftwood Lane

Georgetown, FL 32139

☐ 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 \$ 39,972.54		OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			2a Taxable amount \$ 39,972.54				
PAYER'S TIN 59-1354377			RECIPIENT'S TIN XXX-XX-XXXX		2b Taxable amount not determined ☐ Total distribution ☐		
RECIPIENT'S name HOLLY H PICKENS 107 DRIFTWOOD LANE GEORGETOWN FL 32139-3119			3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 2,580.72		
			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 \$	
13 Date of payment		15 State/Payer's state no.		16 State distribution \$		18 State distribution \$	
Account number (see instructions)		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



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