

## 2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/17/2024

### General Information

Name: Mr Robert William Pickens

PID 243600

### AGENCY INFORMATION

| Organization  | Suborganization                | Title                              |
|---------------|--------------------------------|------------------------------------|
| Putnam County | Elected Constitutional Officer | County Commissioner,<br>District 1 |

### Net Worth

My Net Worth as of December 31, 2023 was \$ 2,036,845.00.

## 2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/17/2024

### 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 Cove, Georgetown, FL        | \$ 617,310.00  |
| Lot Prospect St, Crescent City, FL                  | \$ 13,940.00   |
| 25% interest 286 Hwy 17N Palatka, FL                | \$ 90,808.00   |
| Cash in Bank TD Bank                                | \$ 14,964.00   |
| Cash in Bank Southstate Bank                        | \$ 60,130.00   |
| Individual Retirement Accounts                      | \$ 277,578.00  |
| 100% ownership Peninsular Auto Parts, Crescent City | \$ 673,325.00  |
| 100% Ownership 2 Vikings LLC, Palatka, FL           | \$ 416,436.00  |
| 50% Ownership Pierson Auto Parts, Pierson, FL       | \$ 108,016.00  |
| 33% ownership JBM Investments, Palatka, FL          | \$ 4,142.00    |
| 50% ownership P & F Mini Storage, Crescent City, FL | \$ 243,808.00  |

**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        |
| GM Financial        | PO Box 78143, Phoenix, AZ 85062  | \$ 45,697.00        |
| Vystar Credit Union | 510 Hwy 19N, Palatka, FL         | \$ 24,754.00        |
| Vystar Credit Union | 510 Hwy 19N, Palatka, FL         | \$ 21,656.00        |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

| Name of Creditor   | Address of Creditor                | Amount of Liability |
|--------------------|------------------------------------|---------------------|
| Barabara Scholl    | 611 N Summit St, Crescent City, FL | \$ 80,000.00        |
| Barwick Bank       | 2020 E Main St, Barwick, GA 31720  | \$ 125,808.00       |
| Coastal Banking Co | 910 SW 1st Ave, Ocala, FL          | \$ 63,201.00        |
| Della H Pickens    | PO Box 1374, Palatka, FL           | \$ 50,000.00        |

**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.

***Robert William 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 <input type="checkbox"/> | (1) First name Last name |                            |                         | Child tax credit                                       | Credit for other dependents |
|                                                                                  |                          |                            |                         |                                                        |                             |
|                                                                                  |                          |                            |                         |                                                        |                             |
|                                                                                  |                          |                            |                         |                                                        |                             |
|                                                                                  |                          |                            |                         |                                                        |                             |

|                                                                                                                                                      |    |                                                                         |    |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------------------------------------------|----|---------|
| <b>Income</b><br>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.<br>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.<br><br><b>Standard Deduction for—</b><br>• Single or Married filing separately, \$13,850<br>• Married filing jointly or Qualifying surviving spouse, \$27,700<br>• Head of household, \$20,800<br>• 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) <input type="checkbox"/>    |    |  |   |                    |    |        |
|                                                                                                                                                                                                                                                                                                   | 7  | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> |    |  |   |                    |    |        |
|                                                                                                                                                                                                                                                                                                   | 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)

|                        |           |                                                                                                                    |           |               |
|------------------------|-----------|--------------------------------------------------------------------------------------------------------------------|-----------|---------------|
| <b>Tax and Credits</b> | <b>16</b> | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 | <b>16</b> | <b>43,841</b> |
|                        | <b>3</b>  | <input type="checkbox"/>                                                                                           | <b>17</b> |               |
|                        | <b>17</b> | Amount from Schedule 2, line 3                                                                                     | <b>18</b> | <b>43,841</b> |
|                        | <b>18</b> | Add lines 16 and 17                                                                                                | <b>19</b> |               |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812                                                 | <b>20</b> |               |
|                        | <b>20</b> | Amount from Schedule 3, line 8                                                                                     | <b>21</b> |               |
|                        | <b>21</b> | Add lines 19 and 20                                                                                                | <b>22</b> | <b>43,841</b> |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-                                                          | <b>23</b> | <b>3,946</b>  |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21                                               | <b>24</b> | <b>47,787</b> |
|                        | <b>24</b> | Add lines 22 and 23. This is your total tax                                                                        |           |               |

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

|                                      |            |                                                                                                           |            |                                                                          |
|--------------------------------------|------------|-----------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------|
| <b>Refund</b>                        | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid           | <b>34</b>  |                                                                          |
|                                      | <b>35a</b> | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | <b>35a</b> |                                                                          |
| Direct deposit?<br>See instructions. | <b>b</b>   | Routing number                                                                                            | <b>c</b>   | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
|                                      | <b>d</b>   | Account number                                                                                            |            |                                                                          |
|                                      | <b>36</b>  | Amount of line 34 you want applied to your 2024 estimated tax                                             | <b>36</b>  |                                                                          |

|                       |           |                                                                                                                                                                                   |           |               |
|-----------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the amount you owe.<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> | <b>31,239</b> |
|                       | <b>38</b> | Estimated tax penalty (see instructions)                                                                                                                                          | <b>38</b> | <b>1,294</b>  |

|                             |                                                                                                                                                                                |                                      |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>Third Party Designee</b> | Do you want to allow another person to discuss this return with the IRS? See instructions <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No |                                      |
| Designee's name             | Mark P. Stanton                                                                                                                                                                | Phone no. 386-328-1553               |
|                             |                                                                                                                                                                                | Personal identification number (PIN) |

|                                                                     |                                                                                                                                                                                                                                                                                                                    |      |                     |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|
| <b>Sign Here</b>                                                    | 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?<br>See instructions.<br>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   |              | <input checked="" type="checkbox"/> Self-employed |
| <b>Paid Preparer Use Only</b> | Firm's name    | Mark P. Stanton CPA  |                      | Phone no.  | 386-328-1553 |                                                   |
|                               | Firm's address | 113 North 2nd Street |                      |            |              |                                                   |
|                               |                | PALATKA FL 32177     |                      | Firm's EIN |              |                                                   |

Go to [www.irs.gov/Form1040](http://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](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **01**

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

**Robert W Pickens, Jr. & Holly H Pickens**

Your social security number

**Part I Additional Income**

|           |                                                                                                                                           |           |               |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes                                                                      | <b>1</b>  |               |
| <b>2a</b> | Alimony received                                                                                                                          | <b>2a</b> |               |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions):                                                                      |           |               |
| <b>3</b>  | Business income or (loss). Attach Schedule C                                                                                              | <b>3</b>  |               |
| <b>4</b>  | Other gains or (losses). Attach Form 4797                                                                                                 | <b>4</b>  |               |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E                                               | <b>5</b>  | <b>35,473</b> |
| <b>6</b>  | Farm income or (loss). Attach Schedule F                                                                                                  | <b>6</b>  |               |
| <b>7</b>  | Unemployment compensation                                                                                                                 | <b>7</b>  |               |
| <b>8</b>  | Other income:                                                                                                                             |           |               |
| <b>a</b>  | Net operating loss                                                                                                                        | <b>8a</b> | ( )           |
| <b>b</b>  | Gambling                                                                                                                                  | <b>8b</b> |               |
| <b>c</b>  | Cancellation of debt                                                                                                                      | <b>8c</b> |               |
| <b>d</b>  | Foreign earned income exclusion from Form 2555                                                                                            | <b>8d</b> | ( )           |
| <b>e</b>  | Income from Form 8853                                                                                                                     | <b>8e</b> |               |
| <b>f</b>  | Income from Form 8889                                                                                                                     | <b>8f</b> |               |
| <b>g</b>  | Alaska Permanent Fund dividends                                                                                                           | <b>8g</b> |               |
| <b>h</b>  | Jury duty pay                                                                                                                             | <b>8h</b> |               |
| <b>i</b>  | Prizes and awards                                                                                                                         | <b>8i</b> |               |
| <b>j</b>  | Activity not engaged in for profit income                                                                                                 | <b>8j</b> |               |
| <b>k</b>  | Stock options                                                                                                                             | <b>8k</b> |               |
| <b>l</b>  | 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 | <b>8l</b> |               |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions)                                                                     | <b>8m</b> |               |
| <b>n</b>  | Section 951(a) inclusion (see instructions)                                                                                               | <b>8n</b> |               |
| <b>o</b>  | Section 951A(a) inclusion (see instructions)                                                                                              | <b>8o</b> |               |
| <b>p</b>  | Section 461(l) excess business loss adjustment                                                                                            | <b>8p</b> |               |
| <b>q</b>  | Taxable distributions from an ABLE account (see instructions)                                                                             | <b>8q</b> |               |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2                                                                                | <b>8r</b> |               |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d                                                        | <b>8s</b> | ( )           |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan                                   | <b>8t</b> |               |
| <b>u</b>  | Wages earned while incarcerated                                                                                                           | <b>8u</b> |               |
| <b>z</b>  | Other income. List type and amount: <b>P &amp; F Mini Storage</b>                                                                         | <b>8z</b> | <b>7,200</b>  |
| <b>9</b>  | Total other income. Add lines 8a through 8z                                                                                               | <b>9</b>  | <b>7,200</b>  |
| <b>10</b> | 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                 | <b>10</b> | <b>42,673</b> |

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**

|            |                                                                                                                                                            |            |              |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|
| <b>11</b>  | Educator expenses                                                                                                                                          | <b>11</b>  |              |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106                                          | <b>12</b>  |              |
| <b>13</b>  | Health savings account deduction. Attach Form 8889                                                                                                         | <b>13</b>  |              |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903                                                                                          | <b>14</b>  |              |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE                                                                                                 | <b>15</b>  | <b>1,288</b> |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans                                                                                                             | <b>16</b>  |              |
| <b>17</b>  | Self-employed health insurance deduction                                                                                                                   | <b>17</b>  |              |
| <b>18</b>  | Penalty on early withdrawal of savings                                                                                                                     | <b>18</b>  |              |
| <b>19a</b> | Alimony paid                                                                                                                                               | <b>19a</b> |              |
| <b>b</b>   | Recipient's SSN                                                                                                                                            |            |              |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions):                                                                                       |            |              |
| <b>20</b>  | IRA deduction                                                                                                                                              | <b>20</b>  |              |
| <b>21</b>  | Student loan interest deduction                                                                                                                            | <b>21</b>  |              |
| <b>22</b>  | Reserved for future use                                                                                                                                    | <b>22</b>  |              |
| <b>23</b>  | Archer MSA deduction                                                                                                                                       | <b>23</b>  |              |
| <b>24</b>  | Other adjustments:                                                                                                                                         |            |              |
| <b>a</b>   | Jury duty pay (see instructions)                                                                                                                           | <b>24a</b> |              |
| <b>b</b>   | Deductible expenses related to income reported on line 8i from the rental of personal property engaged in for profit                                       | <b>24b</b> |              |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m                                                   | <b>24c</b> |              |
| <b>d</b>   | Reforestation amortization and expenses                                                                                                                    | <b>24d</b> |              |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974                                                                                | <b>24e</b> |              |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans                                                                                                       | <b>24f</b> |              |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans                                                                                                 | <b>24g</b> |              |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)                                              | <b>24h</b> |              |
| <b>i</b>   | 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 | <b>24i</b> |              |
| <b>j</b>   | Housing deduction from Form 2555                                                                                                                           | <b>24j</b> |              |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)                                                                                  | <b>24k</b> |              |
| <b>z</b>   | Other adjustments. List type and amount:                                                                                                                   | <b>24z</b> |              |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z                                                                                                         | <b>25</b>  |              |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10                    | <b>26</b>  | <b>1,288</b> |

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](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**Attachment  
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**

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

**Part II Other Taxes**

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

*(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](http://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

**2023**Attachment  
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](http://www.irs.gov/ScheduleB) for instructions and the latest information.

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **08**

Name(s) shown on return

Your social security number

**Robert W Pickens, Jr. & Holly H Pickens**

| Part I                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                  | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| <b>Interest</b><br><br>(See instructions and the Instructions for Form 1040, line 2b.)<br><b>Note:</b> 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: |        |
|                                                                                                                                                                                                                                                                                          | <b>Commonwealth Annuity &amp; Life Insurance</b>                                                                                                                                                                                                 | 25     |
|                                                                                                                                                                                                                                                                                          | <b>South State Bank NA</b>                                                                                                                                                                                                                       | 27     |
|                                                                                                                                                                                                                                                                                          | <b>South State Bank NA</b>                                                                                                                                                                                                                       | 30     |
|                                                                                                                                                                                                                                                                                          | <b>Pierson Auto Parts LLC</b>                                                                                                                                                                                                                    | 1,375  |
|                                                                                                                                                                                                                                                                                          | <b>TD Bank</b>                                                                                                                                                                                                                                   | 209    |
|                                                                                                                                                                                                                                                                                          | <b>JBM Investments</b>                                                                                                                                                                                                                           | 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------|
| <b>Ordinary Dividends</b><br><br>(See instructions and the Instructions for Form 1040, line 3b.)<br><b>Note:</b> 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>Foreign Accounts and Trusts</b><br><b>Caution:</b> If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions. | 7a At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions                                        |     | X  |
|                                                                                                                                                                                                                                                                 | If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements |     |    |
|                                                                                                                                                                                                                                                                 | b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) 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](http://www.irs.gov/ScheduleD) for instructions and the latest information.

**2023**Attachment  
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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>1a</b> 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 |                                  |                                 |                                                                                           |                                                                                                           |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked                                                                                                                                                                                                 |                                  |                                 |                                                                                           |                                                                                                           |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked                                                                                                                                                                                                  |                                  |                                 |                                                                                           |                                                                                                           |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked                                                                                                                                                                                                  |                                  |                                 |                                                                                           |                                                                                                           |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824                                                                                                                                                                                    |                                  |                                 |                                                                                           | <b>4</b>                                                                                                  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1                                                                                                                                                                       |                                  |                                 |                                                                                           | <b>5</b>                                                                                                  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions                                                                                                                                           |                                  |                                 |                                                                                           | <b>6</b> ( )                                                                                              |
| <b>7</b> 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                                                                                  |                                  |                                 |                                                                                           | <b>7</b> <b>0</b>                                                                                         |

**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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>8a</b> 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 |                                  |                                 |                                                                                            |                                                                                                           |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked                                                                                                                                                                                                |                                  |                                 |                                                                                            |                                                                                                           |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked                                                                                                                                                                                                 |                                  |                                 |                                                                                            |                                                                                                           |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked                                                                                                                                                                                                |                                  |                                 |                                                                                            |                                                                                                           |
| <b>11</b> 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                                                                                                                                            |                                  |                                 |                                                                                            | <b>11</b> <b>73,132</b>                                                                                   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1                                                                                                                                                                      |                                  |                                 |                                                                                            | <b>12</b>                                                                                                 |
| <b>13</b> Capital gain distributions. See the instructions                                                                                                                                                                                                                              |                                  |                                 |                                                                                            | <b>13</b>                                                                                                 |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions                                                                                                                                         |                                  |                                 |                                                                                            | <b>14</b> ( )                                                                                             |
| <b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back                                                                                                                                                             |                                  |                                 |                                                                                            | <b>15</b> <b>73,132</b>                                                                                   |

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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2023**Attachment  
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<br>(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 |
|----------|---------------------------------------|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------|-----|
| <b>A</b> | <b>2</b>                              |   |                                                                                                                                                                                                                        | <b>A</b> 365     |                   |     |
| <b>B</b> |                                       |   |                                                                                                                                                                                                                        | <b>B</b>         |                   |     |
| <b>C</b> |                                       |   |                                                                                                                                                                                                                        | <b>C</b>         |                   |     |

**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 |
| <b>3</b> Rents received                                                                                                                             | <b>3</b>  | 82,729      |   |   |
| <b>4</b> Royalties received                                                                                                                         | <b>4</b>  |             |   |   |
| <b>Expenses:</b>                                                                                                                                    |           |             |   |   |
| <b>5</b> Advertising                                                                                                                                | <b>5</b>  |             |   |   |
| <b>6</b> Auto and travel (see instructions)                                                                                                         | <b>6</b>  |             |   |   |
| <b>7</b> Cleaning and maintenance                                                                                                                   | <b>7</b>  |             |   |   |
| <b>8</b> Commissions                                                                                                                                | <b>8</b>  |             |   |   |
| <b>9</b> Insurance                                                                                                                                  | <b>9</b>  | 7,100       |   |   |
| <b>10</b> Legal and other professional fees                                                                                                         | <b>10</b> |             |   |   |
| <b>11</b> Management fees                                                                                                                           | <b>11</b> | 8,400       |   |   |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)                                                                                  | <b>12</b> | 4,209       |   |   |
| <b>13</b> Other interest                                                                                                                            | <b>13</b> |             |   |   |
| <b>14</b> Repairs                                                                                                                                   | <b>14</b> | 17,989      |   |   |
| <b>15</b> Supplies                                                                                                                                  | <b>15</b> |             |   |   |
| <b>16</b> Taxes                                                                                                                                     | <b>16</b> | 13,620      |   |   |
| <b>17</b> Utilities                                                                                                                                 | <b>17</b> | 19,404      |   |   |
| <b>18</b> Depreciation expense or depletion                                                                                                         | <b>18</b> | 8,544       |   |   |
| <b>19</b> Other (list) See Statement 1                                                                                                              | <b>19</b> | 210         |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19                                                                                                    | <b>20</b> | 79,476      |   |   |
| <b>21</b> 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 | <b>21</b> | 3,253       |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)                                              | <b>22</b> | 0           |   |   |

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

|                                                                                                                                                                                                                                                                                                              |           |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>24</b> Income. Add positive amounts shown on line 21. Do not include any losses                                                                                                                                                                                                                           | <b>24</b> | 3,253 |
| <b>25</b> Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here                                                                                                                                                                                        | <b>25</b> |       |
| <b>26</b> 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 | <b>26</b> | 3,253 |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023

## Schedule E (Form 1040) 2023

Attachment Sequence No. 13

Page 2

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](http://www.irs.gov/ScheduleSE) for instructions and the latest information.

OMB No. 1545-0074

**2023**Attachment  
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 income<sup>1</sup> wasn't more than \$9,840, or (b) your net farm profits<sup>2</sup> 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 income<sup>1</sup> (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 profits<sup>3</sup> were less than \$7,103 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> 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 income<sup>4</sup> (not less than zero) or the amount on line 16. Also, include this amount on line 4b above

**17**

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

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

<sup>2</sup> 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.

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

Form **4797**Department of the Treasury  
Internal Revenue Service**Sales of Business Property**  
**(Also Involuntary Conversions and Recapture Amounts**  
**Under Sections 179 and 280F(b)(2))**

Attach to your tax return.

Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2023**Attachment  
Sequence No. **27**

Name(s) shown on return

Identifying number

**Robert W Pickens, Jr. & Holly H Pickens**

|                                                                                                                                                                                                          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>1a</b> 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. | <b>1a</b> |
| <b>b</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.                                                                   | <b>1b</b> |
| <b>c</b> Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets.                                                                        | <b>1c</b> |

**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) |
|---|-----------------------------|-----------------------------------|-------------------------------|-----------------------|---------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------|
|   | <b>From K1</b>              |                                   |                               |                       |                                                         |                                                                | <b>73,132</b>                                               |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>3</b> Gain, if any, from Form 4684, line 39                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>3</b> |
| <b>4</b> Section 1231 gain from installment sales from Form 6252, line 26 or 37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>4</b> |
| <b>5</b> Section 1231 gain or (loss) from like-kind exchanges from Form 8824                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>5</b> |
| <b>6</b> Gain, if any, from line 32, from other than casualty or theft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>6</b> |
| <b>7</b> Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:<br><b>Partnerships and S corporations.</b> 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.<br><b>Individuals, partners, S corporation shareholders, and all others.</b> 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. | <b>7</b> |
| <b>8</b> Nonrecaptured net section 1231 losses from prior years. See instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>8</b> |
| <b>9</b> 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                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>9</b> |

**Part II Ordinary Gains and Losses (see instructions)**

|                                                                                                                                                                                                                                                                                                                                  |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>10</b> Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):                                                                                                                                                                                                                  |            |
|                                                                                                                                                                                                                                                                                                                                  |            |
|                                                                                                                                                                                                                                                                                                                                  |            |
|                                                                                                                                                                                                                                                                                                                                  |            |
| <b>11</b> Loss, if any, from line 7                                                                                                                                                                                                                                                                                              | <b>11</b>  |
| <b>12</b> Gain, if any, from line 7 or amount from line 8, if applicable                                                                                                                                                                                                                                                         | <b>12</b>  |
| <b>13</b> Gain, if any, from line 31                                                                                                                                                                                                                                                                                             | <b>13</b>  |
| <b>14</b> Net gain or (loss) from Form 4684, lines 31 and 38a                                                                                                                                                                                                                                                                    | <b>14</b>  |
| <b>15</b> Ordinary gain from installment sales from Form 6252, line 25 or 36                                                                                                                                                                                                                                                     | <b>15</b>  |
| <b>16</b> Ordinary gain or (loss) from like-kind exchanges from Form 8824                                                                                                                                                                                                                                                        | <b>16</b>  |
| <b>17</b> Combine lines 10 through 16                                                                                                                                                                                                                                                                                            | <b>17</b>  |
| <b>18</b> 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.                                                                                                                            |            |
| <b>a</b> 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 | <b>18a</b> |
| <b>b</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                                                                                                                                                                             | <b>18b</b> |

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

**2023**Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form8995](http://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   | <b>Mini-Warehouses</b>                   |                                    | <b>37,237</b>                           |
| ii  | <b>Peninsular Auto Parts, Inc.</b>       |                                    | <b>-21,819</b>                          |
| iii | <b>Form 1065, Page 1</b>                 |                                    | <b>10,257</b>                           |
| iv  |                                          |                                    |                                         |
| v   |                                          |                                    |                                         |

  

|    |                                                                                                                                                               |                |               |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|
| 2  | Total qualified business income or (loss). Combine lines 1i through 1v, column (c)                                                                            | <b>25,675</b>  |               |
| 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-                                                                            | <b>25,675</b>  |               |
| 5  | Qualified business income component. Multiply line 4 by 20% (0.20)                                                                                            |                | <b>5,135</b>  |
| 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-                                                              | <b>0</b>       |               |
| 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                                                                           |                | <b>5,135</b>  |
| 11 | Taxable income before qualified business income deduction (see instructions)                                                                                  | <b>255,758</b> |               |
| 12 | Enter your net capital gain, if any, increased by any qualified dividends (see instructions)                                                                  | <b>73,132</b>  |               |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0-                                                                                                     | <b>182,626</b> |               |
| 14 | Income limitation. Multiply line 13 by 20% (0.20)                                                                                                             |                | <b>36,525</b> |
| 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) |                | <b>5,135</b>  |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-                                                          |                | <b>0</b>      |
| 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](http://www.irs.gov/Form8960) for instructions and the latest information.

OMB No. 1545-2227

**2023**Attachment  
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](http://www.irs.gov/Form7203) for instructions and the latest information.Attachment  
Sequence No. **203**

|                                                                                                                                                                                                                                                                                       |  |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|
| Name of shareholder<br><b>Robert W Pickens, Jr.</b>                                                                                                                                                                                                                                   |  | Identifying number               |
| A Name of S corporation<br><b>Peninsular Auto Parts, Inc.</b>                                                                                                                                                                                                                         |  | B Employer identification number |
| C Stock block (see instructions):                                                                                                                                                                                                                                                     |  |                                  |
| D Check applicable box(es) to indicate how stock was acquired:<br>(1) <input type="checkbox"/> Original shareholder    (2) <input type="checkbox"/> Purchased    (3) <input type="checkbox"/> Inherited    (4) <input type="checkbox"/> Gifted    (5) <input type="checkbox"/> Other: |  |                                  |
| E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation <input type="checkbox"/>                                                                                                                                          |  |                                  |

**Part I Shareholder Stock Basis**

|    |                                                                                                                                                                                                               |    |                |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------|
| 1  | Stock basis at the beginning of the corporation's tax year                                                                                                                                                    | 1  | <b>414,863</b> |
| 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  | <b>0</b>       |
| 5  | Stock basis before distributions. Add lines 1, 2, and 4                                                                                                                                                       | 5  | <b>414,863</b> |
| 6  | Distributions (excluding dividend distributions)<br>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. | 6  | <b>8,571</b>   |
| 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  | <b>406,292</b> |
| 8a | Nondeductible expenses                                                                                                                                                                                        | 8a | <b>256</b>     |
| b  | Depletion for oil and gas                                                                                                                                                                                     | 8b |                |
| c  | Business credits (sections 50(c)(1) and (5))                                                                                                                                                                  | 8c |                |
| 9  | Add lines 8a through 8c                                                                                                                                                                                       | 9  | <b>256</b>     |
| 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 | <b>406,036</b> |
| 11 | Allowable loss and deduction items. Enter the amount from line 47, column (c)                                                                                                                                 | 11 | <b>21,819</b>  |
| 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 | <b>21,819</b>  |
| 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 | <b>384,217</b> |

**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 |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------|
|                                                                                          | <input type="checkbox"/> Formal note<br><input checked="" type="checkbox"/> Open account | <input type="checkbox"/> Formal note<br><input type="checkbox"/> Open account | <input type="checkbox"/> Formal note<br><input type="checkbox"/> 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****2023**Filing 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<br><b>Robert W</b>                                                       |  | Last name<br><b>Pickens, Jr.</b> |  | Taxpayer social security number |                                                                                                     |
| If a joint return, spouse's first name and initial<br><b>Holly H</b>                                     |  | Last name<br><b>Pickens</b>      |  | Spouse's social security number |                                                                                                     |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>107 Driftwood Lane</b> |  |                                  |  | Apt. no.                        | Presidential Election Campaign<br>Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> |
| City, town or post office, state, and ZIP code.<br><b>Georgetown FL 32139</b>                            |  |                                  |  |                                 |                                                                                                     |
| 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 <input checked="" type="checkbox"/> Taxpayer. If someone can claim you as a dependent, do not check box 6a | Boxes checked on 6a and 6b               | <b>2</b> |
| b <input checked="" type="checkbox"/> 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                   | <b>2</b> |

| 6c Dependents: |           |                            | (4) <input checked="" type="checkbox"/> if qualifies for |                  | If more than four dependents, <input type="checkbox"/> here |
|----------------|-----------|----------------------------|----------------------------------------------------------|------------------|-------------------------------------------------------------|
| (1) First name | Last name | (2) Social security number | (3) Relationship to you                                  | Child tax credit |                                                             |
|                |           |                            |                                                          |                  |                                                             |
|                |           |                            |                                                          |                  |                                                             |
|                |           |                            |                                                          |                  |                                                             |
|                |           |                            |                                                          |                  |                                                             |

|                        |                                                                                               |                                                                                                             |                |                  |     |               |
|------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------|------------------|-----|---------------|
| Income<br>(Schedule 1) | 7                                                                                             | Wages, salaries, tips, etc. Attach Form(s) W-2                                                              | 7              | <b>129,537</b>   |     |               |
|                        | 8a                                                                                            | Taxable interest. Attach Schedule B if required                                                             | 8a             | <b>2,018</b>     |     |               |
|                        | 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 <input type="checkbox"/> | 13             | <b>73,132</b>    |     |               |
|                        | 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 | <b>39,973</b> |
| 17                     | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E   | 17                                                                                                          | <b>35,473</b>  |                  |     |               |
| 18                     | Farm income or (loss). Attach Schedule F                                                      | 18                                                                                                          |                |                  |     |               |
| 19                     | Unemployment compensation                                                                     | 19                                                                                                          |                |                  |     |               |
| 20a                    | Social security benefits                                                                      | 20a                                                                                                         |                | b Taxable amount | 20b |               |
| 21                     | Other income. List type and amount <b>P &amp; F Mini Storage</b>                              | 21                                                                                                          | <b>7,200</b>   |                  |     |               |
| 22                     | Combine the amounts in the far right column for lines 7 through 21. This is your total income | 22                                                                                                          | <b>287,333</b> |                  |     |               |

|                                             |                                                                   |                                                                                                                              |                |              |
|---------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|
| Adjusted<br>Gross<br>Income<br>(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             | <b>1,288</b> |
|                                             | 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                                                                                                                           | <b>1,288</b>   |              |
| 37                                          | Subtract line 36 from line 22. This is your adjusted gross income | 37                                                                                                                           | <b>286,045</b> |              |

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 ☐ You were born before January 2, 1959, ☐ Blind. ☐ Total boxes checked ☐ 39a  
☐ Spouse was born before January 2, 1959, ☐ Blind. ☐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**

40b

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**

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

**Payments**  
(Schedule 3)

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 ☐ 77ab Routing number  c Type: ☐ Checking ☐ Savingsd 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 Fail to pay Total

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

Spouse: Occupation **Retired**

IRS Identity Protection PIN

☐ Taxpayer☐ Spouse

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                |                                       |
| <b>A JBM Investments</b>             | <b>Partnership Rental Real Estate</b> |
| <b>B P &amp; F Mini Storage</b>      | <b>Partnership Rental Real Estate</b> |
| <b>C Peninsular Auto Parts, Inc.</b> | <b>S Corporation Not Passive</b>      |
| <b>D Pierson Auto Parts LLC</b>      | <b>Partnership Not Passive</b>        |

| Form/Schedule/Worksheet                                         | A             | B | C | D | Totals:       |                           |
|-----------------------------------------------------------------|---------------|---|---|---|---------------|---------------------------|
| <b>Schedule D - Short-term:</b>                                 |               |   |   |   |               |                           |
| 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               |
| <b>Schedule D - Long-term: (includes 28% rate gains/losses)</b> |               |   |   |   |               |                           |
| 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              |
| <b>Schedule D - Collectibles gain:</b>                          |               |   |   |   |               |                           |
| 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 |
| <b>Unrecaptured Sec 1250 Gain:</b>                              |               |   |   |   |               |                           |
| Partnership or S corporation activity                           | <b>38,596</b> |   |   |   | <b>38,596</b> | 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 |
| <b>Form 4797, Part I:</b>                                       |               |   |   |   |               |                           |
| Net Section 1231 gain (loss)                                    | <b>73,132</b> |   |   |   | <b>73,132</b> | 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              |
| <b>Form 4797, Part II:</b>                                      |               |   |   |   |               |                           |
| 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: |                            |
|--------------------------------------|-----|---|---|---|---------|----------------------------|
| <b>Schedule B:</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         |
| <b>Schedule A:</b>                   |     |   |   |   |         |                            |
| <b>Medical and dental:</b>           |     |   |   |   |         |                            |
| Shareholder medical ins - no W2      |     |   |   |   |         | Schedule A, line 1         |
| Basis adjustment                     |     |   |   |   |         | Schedule A, line 1         |
| At-risk adjustment                   |     |   |   |   |         | Schedule A, line 1         |
| <b>Taxes:</b>                        |     |   |   |   |         |                            |
| 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         |
| <b>Gifts to Charity:</b>             |     |   |   |   |         |                            |
| 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        |
| <b>Other Itemized Deductions:</b>    |     |   |   |   |         |                            |
| 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 |
|--------------------------------------|-----|----------------------|---------------------------|-------------------|
| <b>A JBM Investments</b>             |     | <b>Partnership</b>   | <b>Rental Real Estate</b> |                   |
| <b>B P &amp; F Mini Storage</b>      |     | <b>Partnership</b>   | <b>Rental Real Estate</b> |                   |
| <b>C Peninsular Auto Parts, Inc.</b> |     | <b>S Corporation</b> | <b>Not Passive</b>        |                   |
| <b>D Pierson Auto Parts LLC</b>      |     | <b>Partnership</b>   | <b>Not Passive</b>        |                   |

| Form / Schedule / Worksheet           | A        | B        | C        | D              |                                     |
|---------------------------------------|----------|----------|----------|----------------|-------------------------------------|
| <b>Schedule SE:</b>                   |          |          |          |                |                                     |
| Taxpayer/Spouse/Joint                 | <b>T</b> | <b>T</b> | <b>T</b> | <b>T</b>       | <b>Totals:</b>                      |
| Net earnings from self-employment     |          |          |          | <b>11,036</b>  | <b>11,036</b> Schedule SE, Line 2   |
| Gross Farming or Fishing income       |          |          |          |                | Schedule E, line 42                 |
| Gross nonfarm income                  |          |          |          | <b>110,797</b> | <b>110,797</b> Schedule SE, Part II |
| <b>Farm partnerships:</b>             |          |          |          |                |                                     |
| 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                  |
| <b>Nonfarm partnerships:</b>          |          |          |          |                |                                     |
| Net earnings from self-employment     |          |          |          | <b>11,036</b>  | <b>11,036</b> 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                  |
| <b>Unreimbursed partner expenses:</b> |          |          |          |                |                                     |
| 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)              |

|          | NIIT | Capital Gain<br>Distribution | Public Safety Officer<br>Exclusion | Federal<br>Withholding | State<br>Withholding | Local<br>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

Taxpayer Identification Number

**Robert W Pickens, Jr. & Holly H Pickens**

| 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   |       |             |                |                  |             |                |

Form **1040**

## Withholding (WH) Summary Report

2023

Name

Taxpayer Identification Number

Robert W Pickens, Jr. & Holly H Pickens

[illegible]

|                 | Federal Withholding Amounts by Forms |        |               | State Withholding Amounts by Forms |        |             |
|-----------------|--------------------------------------|--------|---------------|------------------------------------|--------|-------------|
|                 | Taxpayer                             | Spouse | Federal Total | Taxpayer                           | Spouse | State Total |
| Form(s) W2      | 8,050                                | 7,211  | 15,261        |                                    |        |             |
| Form(s) 1099    |                                      | 2,581  | 2,581         |                                    |        |             |
| Other forms     |                                      |        |               |                                    |        |             |
| Form(s) 8805*   |                                      |        |               |                                    |        |             |
| Form(s) 8288-A* |                                      |        |               |                                    |        |             |
| Form(s) 1042-S* |                                      |        |               |                                    |        |             |
| Total           | 8,050                                | 9,792  | 17,842        |                                    |        |             |

\*1040/SR Included with other forms

|                                                                                                                                 |                            |                                                    |                     |                                                                                                                                          |                     |                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------|--|
|                                                                                                                                 |                            | a Employee's social security number<br>XXX-XX-XXXX |                     | Safe, accurate,<br>FAST! Use IRS e-file                                                                                                  |                     | Visit the IRS website at<br>www.irs.gov/efile |  |
| b Employer identification number (EIN)<br>46-3029376                                                                            |                            |                                                    |                     | 1 Wages, tips, other compensation<br>4800.00                                                                                             |                     | 2 Federal income tax withheld<br>532.80       |  |
| c Employer's name, address, and ZIP code<br>PIERSON AUTO PARTS LLC<br>P. O. BOX 266<br><br>PIERSON FL 32180                     |                            |                                                    |                     | 3 Social security wages<br>4800.00                                                                                                       |                     | 4 Social security tax withheld<br>297.60      |  |
|                                                                                                                                 |                            |                                                    |                     | 5 Medicare wages and tips<br>4800.00                                                                                                     |                     | 6 Medicare tax withheld<br>69.60              |  |
|                                                                                                                                 |                            |                                                    |                     | 7 Social security tips                                                                                                                   |                     | 8 Allocated tips                              |  |
| d Control number<br>4                                                                                                           |                            |                                                    |                     | 9                                                                                                                                        |                     | 10 Dependent care benefits                    |  |
| e Employee's first name and initial Last name Suff.<br><br>ROBERT PICKENS, JR.<br>107 DRIFTWOOD LANE<br><br>GEORGETOWN FL 32139 |                            |                                                    |                     | 11 Nonqualified plans                                                                                                                    |                     | 12a See instructions for box 12               |  |
|                                                                                                                                 |                            |                                                    |                     | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                     | 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<br>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)<br>46-3029376                                                                            |                            |                                                    |                     | 1 Wages, tips, other compensation<br>4800.00                                                                                             |                     | 2 Federal income tax withheld<br>532.80                                                                                                                                                                                          |  |
| c Employer's name, address, and ZIP code<br>PIERSON AUTO PARTS LLC<br>P. O. BOX 266<br><br>PIERSON FL 32180                     |                            |                                                    |                     | 3 Social security wages<br>4800.00                                                                                                       |                     | 4 Social security tax withheld<br>297.60                                                                                                                                                                                         |  |
|                                                                                                                                 |                            |                                                    |                     | 5 Medicare wages and tips<br>4800.00                                                                                                     |                     | 6 Medicare tax withheld<br>69.60                                                                                                                                                                                                 |  |
|                                                                                                                                 |                            |                                                    |                     | 7 Social security tips                                                                                                                   |                     | 8 Allocated tips                                                                                                                                                                                                                 |  |
| d Control number<br>4                                                                                                           |                            |                                                    |                     | 9                                                                                                                                        |                     | 10 Dependent care benefits                                                                                                                                                                                                       |  |
| e Employee's first name and initial Last name Suff.<br><br>ROBERT PICKENS, JR.<br>107 DRIFTWOOD LANE<br><br>GEORGETOWN FL 32139 |                            |                                                    |                     | 11 Nonqualified plans                                                                                                                    |                     | 12a See instructions for box 12                                                                                                                                                                                                  |  |
|                                                                                                                                 |                            |                                                    |                     | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                     | 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 Instructions to Employers on the back of Copy B.)

Safe, accurate,  
FAST! Use IRS e-file

100

100

|                                                                                                                                    |                            |                            |                                                                                                                                                     |                                         |                                             |                                               |  |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------|-----------------------------------------------|--|
| a Employee's social security number<br>XXX-XX-XXXX                                                                                 |                            | OMB No. 1545-0008          |                                                                                                                                                     | Safe, accurate,<br>FAST! Use IRS e-file |                                             | Visit the IRS website at<br>www.irs.gov/efile |  |
| b Employer identification number (EIN)<br>59-1568735                                                                               |                            |                            | 1 Wages, tips, other compensation<br>20855.00                                                                                                       |                                         | 2 Federal income tax withheld<br>1978.00    |                                               |  |
| c Employer's name, address, and ZIP code<br>PENINSULAR AUTO PARTS, INC.<br>533 S. SUMMIT STREET<br><br>CRESCENT CITY FL 32112-3031 |                            |                            | 3 Social security wages<br>21500.00                                                                                                                 |                                         | 4 Social security tax withheld<br>1333.00   |                                               |  |
|                                                                                                                                    |                            |                            | 5 Medicare wages and tips<br>21500.00                                                                                                               |                                         | 6 Medicare tax withheld<br>311.75           |                                               |  |
|                                                                                                                                    |                            |                            | 7 Social security tips                                                                                                                              |                                         | 8 Allocated tips                            |                                               |  |
| d Control number<br>7                                                                                                              |                            |                            | 9                                                                                                                                                   |                                         | 10 Dependent care benefits                  |                                               |  |
| e Employee's first name and initial Last name Suff.<br><br>ROBERT W. PICKENS, JR.<br>107 DRIFTWOOD LANE<br><br>GEORGETOWN FL 32139 |                            |                            | 11 Nonqualified plans                                                                                                                               |                                         | 12a See instructions for box 12<br>D 645.00 |                                               |  |
|                                                                                                                                    |                            |                            | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |                                         | 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<br>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)<br>59-1568735                                                                               |                            |                            | 1 Wages, tips, other compensation<br>20855.00                                                                                                       |                                                                                                                                                                                                                                  | 2 Federal income tax withheld<br>1978.00    |                  |  |
| c Employer's name, address, and ZIP code<br>PENINSULAR AUTO PARTS, INC.<br>533 S. SUMMIT STREET<br><br>CRESCENT CITY FL 32112-3031 |                            |                            | 3 Social security wages<br>21500.00                                                                                                                 |                                                                                                                                                                                                                                  | 4 Social security tax withheld<br>1333.00   |                  |  |
|                                                                                                                                    |                            |                            | 5 Medicare wages and tips<br>21500.00                                                                                                               |                                                                                                                                                                                                                                  | 6 Medicare tax withheld<br>311.75           |                  |  |
|                                                                                                                                    |                            |                            | 7 Social security tips                                                                                                                              |                                                                                                                                                                                                                                  | 8 Allocated tips                            |                  |  |
| d Control number<br>7                                                                                                              |                            |                            | 9                                                                                                                                                   |                                                                                                                                                                                                                                  | 10 Dependent care benefits                  |                  |  |
| e Employee's first name and initial Last name Suff.<br><br>ROBERT W. PICKENS, JR.<br>107 DRIFTWOOD LANE<br><br>GEORGETOWN FL 32139 |                            |                            | 11 Nonqualified plans                                                                                                                               |                                                                                                                                                                                                                                  | 12a See instructions for box 12<br>D 645.00 |                  |  |
|                                                                                                                                    |                            |                            | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |                                                                                                                                                                                                                                  | 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<br>XXX-XX-XXXX |                     | Safe, accurate,<br>FAST! Use IRS e-file                                                                                                  |                     | Visit the IRS website at<br>www.irs.gov/efile |  |
| b Employer identification number (EIN)<br>59-1568735                                                                               |                            |                                                    |                     | 1 Wages, tips, other compensation<br>12000.00                                                                                            |                     | 2 Federal income tax withheld<br>1056.50      |  |
| c Employer's name, address, and ZIP code<br>PENINSULAR AUTO PARTS, INC.<br>533 S. SUMMIT STREET<br><br>CRESCENT CITY FL 32112-3031 |                            |                                                    |                     | 3 Social security wages<br>12000.00                                                                                                      |                     | 4 Social security tax withheld<br>744.00      |  |
|                                                                                                                                    |                            |                                                    |                     | 5 Medicare wages and tips<br>12000.00                                                                                                    |                     | 6 Medicare tax withheld<br>174.00             |  |
|                                                                                                                                    |                            |                                                    |                     | 7 Social security tips                                                                                                                   |                     | 8 Allocated tips                              |  |
| d Control number<br>6                                                                                                              |                            |                                                    |                     | 9                                                                                                                                        |                     | 10 Dependent care benefits                    |  |
| e Employee's first name and initial Last name Suff.<br><br>HOLLY H. PICKENS<br>107 DRIFTWOOD LN<br><br>GEORGETOWN FL 32139         |                            |                                                    |                     | 11 Nonqualified plans                                                                                                                    |                     | 12a See instructions for box 12               |  |
|                                                                                                                                    |                            |                                                    |                     | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                     | 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.  
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|                                                                                                                                    |                            |                                                    |                     |                                                                                                                                          |                     |                                                                                                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                    |                            | a Employee's social security number<br>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)<br>59-1568735                                                                               |                            |                                                    |                     | 1 Wages, tips, other compensation<br>12000.00                                                                                            |                     | 2 Federal income tax withheld<br>1056.50                                                                                                                                                                                         |  |
| c Employer's name, address, and ZIP code<br>PENINSULAR AUTO PARTS, INC.<br>533 S. SUMMIT STREET<br><br>CRESCENT CITY FL 32112-3031 |                            |                                                    |                     | 3 Social security wages<br>12000.00                                                                                                      |                     | 4 Social security tax withheld<br>744.00                                                                                                                                                                                         |  |
|                                                                                                                                    |                            |                                                    |                     | 5 Medicare wages and tips<br>12000.00                                                                                                    |                     | 6 Medicare tax withheld<br>174.00                                                                                                                                                                                                |  |
|                                                                                                                                    |                            |                                                    |                     | 7 Social security tips                                                                                                                   |                     | 8 Allocated tips                                                                                                                                                                                                                 |  |
| d Control number<br>6                                                                                                              |                            |                                                    |                     | 9                                                                                                                                        |                     | 10 Dependent care benefits                                                                                                                                                                                                       |  |
| e Employee's first name and initial Last name Suff.<br><br>HOLLY H. PICKENS<br>107 DRIFTWOOD LN<br><br>GEORGETOWN FL 32139         |                            |                                                    |                     | 11 Nonqualified plans                                                                                                                    |                     | 12a See instructions for box 12                                                                                                                                                                                                  |  |
|                                                                                                                                    |                            |                                                    |                     | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                     | 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

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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                                                                    |
| Employee's name, address, and ZIP code<br>PUTNAM COUNTY SCHOOL DISTRICT<br>200 REID STREET<br>PALATKA FL 32177                                                                                                                                      |                                                                                            |
| 7 Social security tips                                                                                                                                                                                                                              | 8 Allocated tips                                                                           |
| 9                                                                                                                                                                                                                                                   | 10 Dependent care benefits                                                                 |
| 11 Nonqualified plans                                                                                                                                                                                                                               | 12a W 1500.00<br>12b DD 7418.60                                                            |
| 13 Statutory employee Retirement plan Third-party sick pay<br>X                                                                                                                                                                                     | 12c<br>12d                                                                                 |
| 14                                                                                                                                                                                                                                                  | Employee's social security no.<br>Employee ID number (EIN)<br>59-6000821<br>Control number |
| HOLLY H PICKENS<br>107 DRIFTWOOD LANE<br>GEORGETOWN FL 32139                                                                                                                                                                                        |                                                                                            |
| Employee's name, address, and ZIP code                                                                                                                                                                                                              |                                                                                            |
| 15a Employer's state ID number<br>FL 596000821                                                                                                                                                                                                      | 16 State wages, tips, etc.<br>17 State income tax                                          |
| 18 Local wages, tips, etc.                                                                                                                                                                                                                          | 19 Local income tax<br>20 Locality name                                                    |
| Wage and Tax Statement Form<br>Copy B This information is being furnished to the IRS. W-2<br>To Be Filed With Employee's State, City, or Local Income Tax Return<br>OMB No. 1545-0048 Department of the Treasury - Internal Revenue Service<br>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                                                                    |
| Employee's name, address, and ZIP code<br>PUTNAM COUNTY SCHOOL DISTRICT<br>200 REID STREET<br>PALATKA FL 32177                                                                               |                                                                                            |
| 7 Social security tips                                                                                                                                                                       | 8 Allocated tips                                                                           |
| 9                                                                                                                                                                                            | 10 Dependent care benefits                                                                 |
| 11 Nonqualified plans                                                                                                                                                                        | 12a W 1500.00<br>12b DD 7418.60                                                            |
| 13 Statutory employee Retirement plan Third-party sick pay<br>X                                                                                                                              | 12c<br>12d                                                                                 |
| 14                                                                                                                                                                                           | Employee's social security no.<br>Employee ID number (EIN)<br>59-6000821<br>Control number |
| HOLLY H PICKENS<br>107 DRIFTWOOD LANE<br>GEORGETOWN FL 32139                                                                                                                                 |                                                                                            |
| Employee's name, address, and ZIP code                                                                                                                                                       |                                                                                            |
| 15a Employer's state ID number<br>FL 596000821                                                                                                                                               | 16 State wages, tips, etc.<br>17 State income tax                                          |
| 18 Local wages, tips, etc.                                                                                                                                                                   | 19 Local income tax<br>20 Locality name                                                    |
| Wage and Tax Statement Form<br>Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return<br>OMB No. 1545-0048 Department of the Treasury - Internal Revenue Service<br>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                                                                    |
| Employee's name, address, and ZIP code<br>PUTNAM COUNTY SCHOOL DISTRICT<br>200 REID STREET<br>PALATKA FL 32177                                                                               |                                                                                            |
| 7 Social security tips                                                                                                                                                                       | 8 Allocated tips                                                                           |
| 9                                                                                                                                                                                            | 10 Dependent care benefits                                                                 |
| 11 Nonqualified plans                                                                                                                                                                        | 12a W 1500.00<br>12b DD 7418.60                                                            |
| 13 Statutory employee Retirement plan Third-party sick pay<br>X                                                                                                                              | 12c<br>12d                                                                                 |
| 14                                                                                                                                                                                           | Employee's social security no.<br>Employee ID number (EIN)<br>59-6000821<br>Control number |
| HOLLY H PICKENS<br>107 DRIFTWOOD LANE<br>GEORGETOWN FL 32139                                                                                                                                 |                                                                                            |
| Employee's name, address, and ZIP code                                                                                                                                                       |                                                                                            |
| 15a Employer's state ID number<br>FL 596000821                                                                                                                                               | 16 State wages, tips, etc.<br>17 State income tax                                          |
| 18 Local wages, tips, etc.                                                                                                                                                                   | 19 Local income tax<br>20 Locality name                                                    |
| Wage and Tax Statement Form<br>Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return<br>OMB No. 1545-0048 Department of the Treasury - Internal Revenue Service<br>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                                                                    |
| Employee's name, address, and ZIP code<br>PUTNAM COUNTY SCHOOL DISTRICT<br>200 REID STREET<br>PALATKA FL 32177                                                                                                                                                                                                                                                      |                                                                                            |
| 7 Social security tips                                                                                                                                                                                                                                                                                                                                              | 8 Allocated tips                                                                           |
| 9                                                                                                                                                                                                                                                                                                                                                                   | 10 Dependent care benefits                                                                 |
| 11 Nonqualified plans                                                                                                                                                                                                                                                                                                                                               | 12a W 1500.00<br>12b DD 7418.60                                                            |
| 13 Statutory employee Retirement plan Third-party sick pay<br>X                                                                                                                                                                                                                                                                                                     | 12c<br>12d                                                                                 |
| 14                                                                                                                                                                                                                                                                                                                                                                  | Employee's social security no.<br>Employee ID number (EIN)<br>59-6000821<br>Control number |
| HOLLY H PICKENS<br>107 DRIFTWOOD LANE<br>GEORGETOWN FL 32139                                                                                                                                                                                                                                                                                                        |                                                                                            |
| Employee's name, address, and ZIP code                                                                                                                                                                                                                                                                                                                              |                                                                                            |
| 15a Employer's state ID number<br>FL 596000821                                                                                                                                                                                                                                                                                                                      | 16 State wages, tips, etc.<br>17 State income tax                                          |
| 18 Local wages, tips, etc.                                                                                                                                                                                                                                                                                                                                          | 19 Local income tax<br>20 Locality name                                                    |
| Wage and Tax Statement Form<br>Copy C - For EMPLOYEE'S RECORDS<br>This information is being furnished to the IRS. If you are required to file a tax return, a beneficiary's personal or other action may be impacted on you if this income is taxable and you fail to report it.<br>OMB No. 1545-0048 Department of the Treasury - Internal Revenue Service<br>2023 |                                                                                            |

### Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.  
Box 2. Enter this amount on the federal income tax withheld line of your tax return.  
Box 3. You may be required to report this amount on Form 8859. See the Form 1040 instructions for details. If you are required to complete Form 8859.  
Box 4. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips shown in box 5.  
Box 5. This amount is not included in box 1, 2, 3, or 4. For information on how to report tips on your tax return, see the Form 1040 instructions.  
You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (based on figure your benefits).  
Box 6. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) 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 11 if it is a distribution made to you from a nonqualified deferred compensation or non-governmental section 457(b) plan, or (b) included in box 3 and/or box 4 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this 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. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Social Wage Payments, with the Social Security Administration and give you a copy.  
Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and G) and designated Roth contributions (codes AA, AB, and AC) under all plans are generally limited to a total of \$22,500 (\$15,000 if you only have SIMPLE plans; \$26,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferral codes are limited to \$22,500. Deferrals under code H are limited to \$7,000.  
However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to \$7,500 (\$5,500 for section 403(b)(1) and 408(a) SIMPLE plans). This additional deferral amount 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 before your next retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.  
Holders of a year defined contribution plan (H, S, Y, AA, AB, or AC) who made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether 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 social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.  
B - Unaffected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.  
C - Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage basis), and 5).  
D - Elective deferrals to 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) or 408(a)(2) salary reduction SEP.  
G - Elective deferrals and employer contributions (including nonexcess deferrals) to a section 457(b) deferred compensation plan.  
H - Elective deferrals to a section 501(c)(29)(b) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.  
I - 20% tax on excess golden parachute payments. See the Form 1040 instructions.  
J - Nontaxable sick pay information only, not included in box 1, 3, or 5.  
K - 20% tax on excess golden parachute payments. See the Form 1040 instructions.  
L - Substantiated employee business expense reimbursements (nontaxable).  
M - Unaffected social security or RRTA 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 reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5).  
Q - Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.  
R - Employer contributions to your Archer MSA. Report on Form 8853.

3 - Employee salary reduction contributions under a section 408(a) SIMPLE plan (not included in box 1).  
T - Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.  
V - Income from exercise of nonstatutory stock options (included in boxes 1, 3 (up to the social security wage basis), and 5). See Pub. 529 for reporting requirements.  
W - Employer contributions (excluding amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8879.  
Y - Deferrals under a section 408(a) nonqualified deferred compensation plan.  
Z - Income under a nonqualified deferred compensation plan that fails to satisfy section 402(a). This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.  
AA - Designated Roth contributions under a section 401(a) plan.  
AB - Designated Roth contributions under a section 403(b) plan.  
AC - Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.  
AD - 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.  
AF - Permitted benefits under a qualified small employer health reimbursement arrangement.  
AG - Income from qualified equity grants under section 83.  
AH - Aggressive deferrals under section 83(b) elections as of the close of the calendar year.  
Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.  
Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of a clergy's retirement allowance and credits. Railroad employees use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employer to the employer in railroad retirement (RRTA) compensation.  
Notes: Keep Copy C of Form W-2 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, but in case there is a question about your work record and/or earnings in a particular year.  
**Notice to Employee**  
Do you have to file? Refer to the 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 if box 2 shows an amount or if you are eligible for any credit.  
Earned income credit (EIC). You may be able to take the EIC for 2023 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. You must have earned income that qualifies for a refund credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2023 or if income is earned for services provided while you were in a hospital or a nursing home for 2023. For more information, visit [www.irs.gov/efile](https://www.irs.gov/efile). See also Pub. 596.  
Out if more than one tax liability is reduced to you, but only if you file a tax return. Employer'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 to the IRS and the Social Security Administration (SSA).  
Clergy and religious workers. If you aren'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 Form W-2c. Corrected wage and tax statement, with the SSA to correct 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 your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at [www.ssa.gov](https://www.ssa.gov).  
Cost of employer-sponsored health coverage. If much cost is provided by the employer, the reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.  
Credit for excess taxes. If you had more than one employer in 2023 and more than \$8,000 (20% of social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, 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 \$8,000 (20% of Tier 1 RRTA tax was withheld, 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<br>Wage and Tax Statement                    |                           | W-2                                         | 2023 | OMB No.<br>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<br>P. O. BOX 758<br>PALATKA FL 32178-0758 |                           |                                             |      |                      |
| d Control number                                                         |                           |                                             |      |                      |
| e Employee's name, address, and ZIP code                                 |                           |                                             |      |                      |
| ROBERT WILLIAM PICKENS JR<br>107 DRIFTWOOD LN<br>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<br>DD 6357.80 |      |                      |
| 13 Statutory employee                                                    | 14 Other RETC 1600.78     | 12b Code                                    |      |                      |
| Retirement plan<br>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 41-16280-1 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<br>FEDERAL Tax Return                 |                           | W-2                                         | 2023 | OMB No.<br>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<br>P. O. BOX 758<br>PALATKA FL 32178-0758 |                           |                                             |      |                      |
| d Control number                                                         |                           |                                             |      |                      |
| e Employee's name, address, and ZIP code                                 |                           |                                             |      |                      |
| ROBERT WILLIAM PICKENS JR<br>107 DRIFTWOOD LN<br>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<br>DD 6357.80 |      |                      |
| 13 Statutory employee                                                    | 14 Other RETC 1600.78     | 12b Code                                    |      |                      |
| Retirement plan<br>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 41-16280-1 Dept. of the Treasury - IRS

| Copy 2 To Be Filed With Employee's<br>STATE Tax Return                   |                           | W-2                                         | 2023 | OMB No.<br>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<br>P. O. BOX 758<br>PALATKA FL 32178-0758 |                           |                                             |      |                      |
| d Control number                                                         |                           |                                             |      |                      |
| e Employee's name, address, and ZIP code                                 |                           |                                             |      |                      |
| ROBERT WILLIAM PICKENS JR<br>107 DRIFTWOOD LN<br>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<br>DD 6357.80 |      |                      |
| 13 Statutory employee                                                    | 14 Other RETC 1600.78     | 12b Code                                    |      |                      |
| Retirement plan<br>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 41-16280-1 Dept. of the Treasury - IRS

| Copy 2 To Be Filed With Employee's<br>CITY or LOCAL Tax Return           |                           | W-2                                         | 2023 | OMB No.<br>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<br>P. O. BOX 758<br>PALATKA FL 32178-0758 |                           |                                             |      |                      |
| d Control number                                                         |                           |                                             |      |                      |
| e Employee's name, address, and ZIP code                                 |                           |                                             |      |                      |
| ROBERT WILLIAM PICKENS JR<br>107 DRIFTWOOD LN<br>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<br>DD 6357.80 |      |                      |
| 13 Statutory employee                                                    | 14 Other RETC 1600.78     | 12b Code                                    |      |                      |
| Retirement plan<br>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 41-16280-1 Dept. of the Treasury - IRS

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

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

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

Form **1099-NEC** (Rev. 1-2022) (keep for your records) [www.irs.gov/Form1099NEC](http://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.<br><br>FLORIDA RETIREMENT SYSTEM<br>DIVISION OF RETIREMENT<br>PO BOX 9000<br>TALLAHASSEE FL 32315-9000<br><br>844-377-1888 |  |                                     | 1 Gross distribution<br>\$ 39,972.54                                                     |                                                         | OMB No. 1545-0119<br><br><b>2023</b><br><br>Form 1099-R                                               | Distributions From<br>Pensions, Annuities,<br>Retirement or<br>Profit-Sharing Plans,<br>IRAs, Insurance<br>Contracts, etc. |  |
|                                                                                                                                                                                                                                                  |  |                                     | 2a Taxable amount<br>\$ 39,972.54                                                        |                                                         |                                                                                                       |                                                                                                                            |  |
| PAYER'S TIN<br>59-1354377                                                                                                                                                                                                                        |  |                                     | RECIPIENT'S TIN<br>XXX-XX-XXXX                                                           |                                                         | 2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/> |                                                                                                                            |  |
| RECIPIENT'S name<br>HOLLY H PICKENS<br>107 DRIFTWOOD LANE<br>GEORGETOWN FL 32139-3119                                                                                                                                                            |  |                                     | 3 Capital gain (included in box 2a)<br>\$                                                |                                                         | 4 Federal income tax withheld<br>\$ 2,580.72                                                          |                                                                                                                            |  |
|                                                                                                                                                                                                                                                  |  |                                     | 5 Employee contributions/ Designated Roth contributions or insurance premiums<br>\$ 0.00 |                                                         | 6 Net unrealized appreciation in employer's securities<br>\$                                          |                                                                                                                            |  |
|                                                                                                                                                                                                                                                  |  |                                     | 7 Distribution code(s)<br>7                                                              |                                                         | 8 Other<br>\$ %                                                                                       |                                                                                                                            |  |
|                                                                                                                                                                                                                                                  |  |                                     | 9a Your percentage of total distribution %                                               |                                                         | 9b Total employee contributions<br>\$ 0.00                                                            |                                                                                                                            |  |
| 10 Amount allocable to IRR within 5 years<br>\$                                                                                                                                                                                                  |  | 11 1st year of desig. Roth contrib. |                                                                                          | 12 FATCA filing requirement<br><input type="checkbox"/> |                                                                                                       | 14 State tax withheld<br>\$                                                                                                |  |
| 13 Date of payment                                                                                                                                                                                                                               |  | 15 State/Payer's state no.          |                                                                                          | 16 State distribution<br>\$                             |                                                                                                       | 18 State/Payer's state no.                                                                                                 |  |
| Account number (see instructions)                                                                                                                                                                                                                |  | 17 Local tax withheld<br>\$         |                                                                                          | 18 Name of locality                                     |                                                                                                       | 19 Local distribution<br>\$                                                                                                |  |

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service



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|                                                                                                                                                                                                                                                  |  |                                     |                                                                                          |                                                         |                                                                                                       |                                                                                                                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.<br><br>FLORIDA RETIREMENT SYSTEM<br>DIVISION OF RETIREMENT<br>PO BOX 9000<br>TALLAHASSEE FL 32315-9000<br><br>844-377-1888 |  |                                     | 1 Gross distribution<br>\$ 39,972.54                                                     |                                                         | OMB No. 1545-0119<br><br><b>2023</b><br><br>Form 1099-R                                               | Distributions From<br>Pensions, Annuities,<br>Retirement or<br>Profit-Sharing Plans,<br>IRAs, Insurance<br>Contracts, etc. |  |
|                                                                                                                                                                                                                                                  |  |                                     | 2a Taxable amount<br>\$ 39,972.54                                                        |                                                         |                                                                                                       |                                                                                                                            |  |
| PAYER'S TIN<br>59-1354377                                                                                                                                                                                                                        |  |                                     | RECIPIENT'S TIN<br>XXX-XX-XXXX                                                           |                                                         | 2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/> |                                                                                                                            |  |
| RECIPIENT'S name<br>HOLLY H PICKENS<br>107 DRIFTWOOD LANE<br>GEORGETOWN FL 32139-3119                                                                                                                                                            |  |                                     | 3 Capital gain (included in box 2a)<br>\$                                                |                                                         | 4 Federal income tax withheld<br>\$ 2,580.72                                                          |                                                                                                                            |  |
|                                                                                                                                                                                                                                                  |  |                                     | 5 Employee contributions/ Designated Roth contributions or insurance premiums<br>\$ 0.00 |                                                         | 6 Net unrealized appreciation in employer's securities<br>\$                                          |                                                                                                                            |  |
|                                                                                                                                                                                                                                                  |  |                                     | 7 Distribution code(s)<br>7                                                              |                                                         | 8 Other<br>\$ %                                                                                       |                                                                                                                            |  |
|                                                                                                                                                                                                                                                  |  |                                     | 9a Your percentage of total distribution %                                               |                                                         | 9b Total employee contributions<br>\$ 0.00                                                            |                                                                                                                            |  |
| 10 Amount allocable to IRR within 5 years<br>\$                                                                                                                                                                                                  |  | 11 1st year of desig. Roth contrib. |                                                                                          | 12 FATCA filing requirement<br><input type="checkbox"/> |                                                                                                       | 14 State tax withheld<br>\$                                                                                                |  |
| 13 Date of payment                                                                                                                                                                                                                               |  | 15 State/Payer's state no.          |                                                                                          | 16 State distribution<br>\$                             |                                                                                                       | 18 State/Payer's state no.                                                                                                 |  |
| Account number (see instructions)                                                                                                                                                                                                                |  | 17 Local tax withheld<br>\$         |                                                                                          | 18 Name of locality                                     |                                                                                                       | 19 Local distribution<br>\$                                                                                                |  |

1099-R

Department of the Treasury - Internal Revenue Service