

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

Filed with COE: 06/11/2024

### General Information

Name: Hon Kimberly A Berfield

PID 43967

### AGENCY INFORMATION

| Organization             | Suborganization                | Title                |
|--------------------------|--------------------------------|----------------------|
| House Of Representatives | Elected Constitutional Officer | State Representative |

### CANDIDATE FOR

| Position             | Agency Name                      | Position sought or held           |
|----------------------|----------------------------------|-----------------------------------|
| State Representative | Florida House of Representatives | State Representative, District 58 |

### Net Worth

My Net Worth as of June 6, 2024 was \$ 664,616.24.

**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 \$ 188,321.93.

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

| Description of Asset                                                                                    | Value of Asset |
|---------------------------------------------------------------------------------------------------------|----------------|
| Transamerica Corporation, 4333 Edgewood Rd NE, Cedar Rapids, IA 52499 (403 B)                           | \$ 221,309.12  |
| Harwood Financial, 4601 W N A Street, Tampa, FL 33609 (Nationwide New Heights 12 Fixed Indexed Annuity) | \$ 121,234.44  |
| Primerica, 1 Primerica Parkway, Duluth, GA 30099 (Lincoln Choice Pluas, Variable Annuity)               | \$ 74,540.86   |
| Morgan Stanley, PO Box 182616, Columbus, OH 43218                                                       | \$ 51,698.09   |
| Wells Fargo, 420 Montgomery Street, San Francisco, CA 94104                                             | \$ 30,884.81   |
| Raymond James & Associates, 880 Carillon Parkway, St. Petersburg, FL 33716                              | \$ 28,243.61   |
| Transamerica Corporation, 4333 Edgewood Rd NE, Cedar Rapids, IA 52499 (Supplemental Exec. Plan II)      | \$ 8,959.99    |
| Captial One, PO Box 360, Wilmington, DE 19899                                                           | \$ 4,322.01    |
| Primerica, 1 Primerica Parkway, Duluth, GA 30099 (IRA)                                                  | \$ 2,374.68    |
| Wells Fargo, 420 Montgomery Street, San Francisco, CA 94104                                             | \$ 1,024.43    |
| See Attached                                                                                            |                |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor | Address of Creditor                  | Amount of Liability |
|------------------|--------------------------------------|---------------------|
| Nelnet           | PO Box 82561, Lincoln, NE 68501-2561 | \$ 1,152.65         |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

**Income**

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

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

PRIMARY SOURCES OF INCOME:

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

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

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

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

N/A

**Training**

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

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

**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.

***Kimberly A Berfield***

Digitally signed: 06/11/2024

Filed with COE: 06/11/2024

Financial Disclosure 2024  
Support Documentation  
June 06, 2024

Transamerica (403B)

|                                        |     |
|----------------------------------------|-----|
| • MetLife Guaranteed Account           | 5%  |
| • iShares U.S. Aggregate Bond Index K  | 20% |
| • American Century Equity Income R5    | 10% |
| • Vanguard Institutional Index Instl P | 10% |
| • Fidelity Contrafund K6               | 10% |
| • BlackRock Mid Cap Index K            | 10% |
| • Janus Henderson Triton T             | 10% |
| • American Century One Choice 2035 I   | 25% |

Harwood – Nationwide New Heights 12 Fixed Indexed Annuity

- Balanced Allocation Strategy Option – JP Morgan Mozaic Strategy B

Primerica (Lincoln Choice Plus, Variable Annuity)

|                                                              |       |
|--------------------------------------------------------------|-------|
| • LVIP BlackRock GblAllocation MgdRisk, Asset Allocation     | 30.3% |
| • LVIP Global Growth Alloc MR, Asset Allocation              | 20.4% |
| • LVIP SSGA Gblbl Tactical Allocation Mgd Vity, Asset Alloc. | 20.3% |
| • LVIP Del Limited Term Divers Income Fund, Fixed Income     | 14.3% |
| • LVIP BlkRk Inflation Prot Bnd, Fixed Income                | 14.5% |

Morgan Stanley

- Centene Corporation 530.660 shares

Raymond James

- Mutual Funds
  - Invesco Main Street Fund CL A M/F (MSIGX) 171.709 shares
  - Invesco Multi Asset Income Fund CL A M/F (PIAFX) 2,156.437 shares

Transamerica (Supplemental)

- American Century One Choice 2035 I 100%

Primerica (IRA)

- Franklin Dynatech Class A 50.65%
- Franklin Growth Class A 49.35%

Form 1040

Department of the Treasury • Internal Revenue Service

## U.S. Individual Income Tax Return

2023

OMB No. 1545-0047

IRS Use Only - Do not write or staple in this space.

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

See separate instructions.

Your first name and middle initial

Last name

KIMBERLY A.

BERFIELD

Your social security number

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

Last name

Spouse's social security number

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

Apt. no.

2519 N MCMULLEN BOOTH RD, STE 510

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

State ZIP code

CLEARWATER

FL 33761

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign

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

☐ You ☐ Spouse

## Filing Status

☒ Single☐ Head of household (HOH)

Check only one box.

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

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

## Digital Assets

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

☐ Yes ☒ No

## Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent☐ Spouse itemizes on a separate return or you were a dual-status alienAge/Blindness You: ☐ Were born before January 2, 1959 ☐ Are blind Spouse: ☐ Was born before January 2, 1959 ☐ Is blind

## Dependents (see instructions):

If more than four dependents, see instr. and check here ☐

|                         |           |                            |                         |                                                  |                             |
|-------------------------|-----------|----------------------------|-------------------------|--------------------------------------------------|-----------------------------|
| nts (see instructions): |           | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instr.): |                             |
| (1) First name          | Last name |                            |                         | Child tax credit                                 | Credit for other dependents |
|                         |           |                            |                         |                                                  |                             |
|                         |           |                            |                         |                                                  |                             |
|                         |           |                            |                         |                                                  |                             |
|                         |           |                            |                         |                                                  |                             |

## Income

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

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

|    |                                                                         |        |    |          |
|----|-------------------------------------------------------------------------|--------|----|----------|
| 1a | Total amount from Form(s) W-2, box 1 (see instructions)                 | STMT 1 | 1a | 127,525. |
| 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 | 127,525. |

Attach Sch. B if required.

## Standard Deduction for -

• Single or Married filing separately, \$13,850

• Married filing jointly or Qualifying surviving spouse, \$27,700

• Head of household, \$20,800

• If you checked any box under Standard Deduction, see instructions.

|    |                                                                                        |    |  |   |                    |    |          |
|----|----------------------------------------------------------------------------------------|----|--|---|--------------------|----|----------|
| 2a | Tax-exempt interest                                                                    | 2a |  | b | Taxable interest   | 2b | 41.      |
| 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 |          |
| 6a | Social security benefits                                                               | 6a |  | b | Taxable amount     | 6b |          |
| c  | If you elect to use the lump-sum election method, check here (see instructions)        |    |  |   |                    |    |          |
| 7  | Capital gain or loss. Attach Schedule D if required. If not required, check here       |    |  |   |                    | 7  |          |
| 8  | Additional income from Schedule 1, line 10                                             |    |  |   |                    | 8  |          |
| 9  | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income                  |    |  |   |                    | 9  | 127,566. |
| 10 | Adjustments to income from Schedule 1, line 26                                         |    |  |   |                    | 10 |          |
| 11 | Subtract line 10 from line 9. This is your adjusted gross income                       |    |  |   |                    | 11 | 127,566. |
| 12 | Standard deduction or itemized deductions (from Schedule A)                            |    |  |   |                    | 12 | 13,850.  |
| 13 | Qualified business income deduction from Form 8995 or Form 8995-A                      |    |  |   |                    | 13 |          |
| 14 | Add lines 12 and 13                                                                    |    |  |   |                    | 14 | 13,850.  |
| 15 | Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income |    |  |   |                    | 15 | 113,716. |

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

Form 1040 (2023)

|                                                                                                                                   |                                               |                                           |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| 1 Control number<br>00229364                                                                                                      | 1 Wages, tips, other compensation<br>99319.35 | 2 Federal income tax withheld<br>21850.26 |
| OMB No 1545-0048                                                                                                                  | 3 Social security wages<br>99319.35           | 4 Social security tax withheld<br>6157.80 |
| This information is being furnished to the Internal Revenue Service                                                               | 5 Medicare wages and tips<br>99319.35         | 6 Medicare tax withheld<br>1440.13        |
| c Employer's name, address, and ZIP code<br>JH Health System Corporation, Inc<br>3910 Keswick Road, S-4300A<br>Baltimore MD 21211 |                                               |                                           |
| 7 Social security tips                                                                                                            | 8 Allocated tips                              | 9                                         |
| 10 Dependent care benefits                                                                                                        | 11 Nonqualified plans                         | 12a See instructions for box 12           |
| 12b                                                                                                                               | 12c                                           | 12d                                       |
| b Employer identification number (EIN)<br>52-1465301                                                                              | a Employee's social security number           |                                           |
| 13 Statutory Retirement employee plan                                                                                             | 14 Other                                      |                                           |
| e Employee's name, address, and ZIP code<br>Kimberly Berfield<br>2519 N McMullen Booth Road, Suite 510<br>Clearwater FL 33761     |                                               |                                           |
| 2023                                                                                                                              | 15 State Employer's state ID No.              | 16 State wages, tips, etc.                |
| W-2 Wage and Tax Statement<br>Copy B-To be Filed With Employee's FEDERAL Tax Return                                               | 17 State income tax                           | 18 Local wages, tips, etc.                |
|                                                                                                                                   | 19 Local income tax                           | 20 Locality name                          |

|                                                                                                                                                                   |  |                                                                                                                                                     |                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| Payroll organization code<br>11-21-21-90-058                                                                                                                      |  | Intradepartment number<br>0000000014                                                                                                                |                                                |
| b Employer identification number (EIN)<br>59-6001874                                                                                                              |  | 1 Wages, tips, other compensation<br>28,206.12                                                                                                      | 2 Federal income tax withheld<br>1,502.76      |
| c Employer's name, address, and ZIP code<br>State of Florida<br>Jimmy Patronis, Chief Financial Officer<br>200 E Gaines Street<br>Tallahassee, Florida 32399-0356 |  | 3 Social security wages<br>29,097.00                                                                                                                | 4 Social security tax withheld<br>1,804.01     |
| d Control number<br>001055 01/05                                                                                                                                  |  | 5 Medicare wages and tips<br>29,097.00                                                                                                              | 6 Medicare tax withheld<br>421.91              |
| e Employee's first name, middle and last name<br>KIMBERLY A BERFIELD<br>2519 N MCMULLEN BOOTH RD<br>Ste 510<br>CLEARWATER, FL 33761                               |  | 7 Social security tips                                                                                                                              | 10 Dependent care benefits                     |
|                                                                                                                                                                   |  | 11 Nonqualified plans                                                                                                                               | 12a See instructions for box 12<br>DD 9,761.52 |
|                                                                                                                                                                   |  | 13 Statutory Retirement Third-party employee plan sick pay<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | 12b                                            |
|                                                                                                                                                                   |  | 14 Other<br>125 / 600.00                                                                                                                            | 12c                                            |
|                                                                                                                                                                   |  |                                                                                                                                                     | 12d                                            |
|                                                                                                                                                                   |  |                                                                                                                                                     | 12e                                            |
| f Employee's address and ZIP code                                                                                                                                 |  | 15 State Employer's state ID number                                                                                                                 | 16 State wages, tips, etc.                     |
|                                                                                                                                                                   |  | 17 State income tax                                                                                                                                 | 18 Local wages, tips, etc.                     |
|                                                                                                                                                                   |  | 19 Local income tax                                                                                                                                 | 20 Locality name                               |

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

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

Department of the Treasury - Internal Revenue Service  
OMB No. 1545-0048

|                        |                                             |                                                                                                                                               |         |         |
|------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|
| <b>Tax and Credits</b> | 16                                          | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> | 16      | 20,692. |
|                        | 17                                          | Amount from Schedule 2, line 3                                                                                                                | 17      |         |
|                        | 18                                          | Add lines 16 and 17                                                                                                                           | 18      | 20,692. |
|                        | 19                                          | Child tax credit or credit for other dependents from Schedule 8812                                                                            | 19      |         |
|                        | 20                                          | Amount from Schedule 3, line 8                                                                                                                | 20      |         |
|                        | 21                                          | Add lines 19 and 20                                                                                                                           | 21      |         |
|                        | 22                                          | Subtract line 21 from line 18. If zero or less, enter -0-                                                                                     | 22      | 20,692. |
|                        | 23                                          | Other taxes, including self-employment tax, from Schedule 2, line 21                                                                          | 23      |         |
| 24                     | Add lines 22 and 23. This is your total tax | 24                                                                                                                                            | 20,692. |         |

|                 |                                                                                          |                                                                 |         |         |
|-----------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------|---------|
| <b>Payments</b> | 25                                                                                       | Federal income tax withheld from:                               |         |         |
|                 | a                                                                                        | Form(s) W-2 <b>SEE STATEMENT 2</b>                              | 25a     | 23,353. |
|                 | b                                                                                        | Form(s) 1099                                                    | 25b     |         |
|                 | c                                                                                        | Other forms (see instructions)                                  | 25c     |         |
|                 | d                                                                                        | Add lines 25a through 25c                                       | 25d     | 23,353. |
|                 | 26                                                                                       | 2023 estimated tax payments and amount applied from 2022 return | 26      |         |
|                 | 27                                                                                       | Earned income credit (EIC)                                      | 27      |         |
|                 | 28                                                                                       | Additional child tax credit from Schedule 8812                  | 28      |         |
|                 | 29                                                                                       | American opportunity credit from Form 8863, line 8              | 29      |         |
|                 | 30                                                                                       | Reserved for future use                                         | 30      |         |
| 31              | Amount from Schedule 3, line 15                                                          | 31                                                              |         |         |
| 32              | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32                                                              |         |         |
| 33              | Add lines 25d, 26, and 32. These are your total payments                                 | 33                                                              | 23,353. |         |

|               |                                                               |                                                                                                           |                                                                            |        |
|---------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------|
| <b>Refund</b> | 34                                                            | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid           | 34                                                                         | 2,661. |
|               | 35a                                                           | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | 35a                                                                        | 2,661. |
|               | b                                                             | Routing number                                                                                            | c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |        |
|               | d                                                             | Account number                                                                                            |                                                                            |        |
| 36            | Amount of line 34 you want applied to your 2024 estimated tax | 36                                                                                                        |                                                                            |        |

|                       |    |                                                                                                                                                                                   |    |  |
|-----------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| <b>Amount You Owe</b> | 37 | 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 | 37 |  |
|                       | 38 | Estimated tax penalty (see instructions)                                                                                                                                          | 38 |  |

|                             |                                                                                                                                                                                |                                  |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <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 <b>ROBERT I. WATKINS, CPA</b>                                                                                                                                  | Phone number <b>813-254-3369</b> |

|                  |                                                                                                                                                                                                                                                                                                                    |      |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <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. |      |
|                  | Your signature                                                                                                                                                                                                                                                                                                     | Date |

|                                                               |                                                        |               |                                                                                   |
|---------------------------------------------------------------|--------------------------------------------------------|---------------|-----------------------------------------------------------------------------------|
| <b>Sign Here</b>                                              | Your occupation                                        |               | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
|                                                               | Date                                                   |               |                                                                                   |
| Joint return? See instructions. Keep a copy for your records. | Spouse's signature, if a joint return, both must sign. |               | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
|                                                               | Date                                                   |               |                                                                                   |
| Spouse's occupation                                           |                                                        | Date          |                                                                                   |
| Phone no.                                                     |                                                        | Email address |                                                                                   |

|                               |                                               |                      |                     |                       |                                                  |
|-------------------------------|-----------------------------------------------|----------------------|---------------------|-----------------------|--------------------------------------------------|
| <b>Paid Preparer Use Only</b> | Preparer's name <b>ROBERT I. WATKINS, CPA</b> | Preparer's signature | Date <b>9/19/24</b> | PTIN <b>P01387074</b> | Check if: <input type="checkbox"/> Self-employed |
|                               | Phone no.                                     |                      |                     |                       |                                                  |

|                                                            |                               |
|------------------------------------------------------------|-------------------------------|
| Firm's name <b>ROBERT WATKINS &amp; COMPANY, P.A.</b>      | Phone no. <b>813-254-3369</b> |
| Firm's address <b>610 S. BOULEVARD<br/>TAMPA, FL 33606</b> | Firm's EIN <b>59-2645714</b>  |

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

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

**KIMBERLY A. BERFIELD**

Your social security number

**Part I Tax**

|          |                                                                                    |          |    |
|----------|------------------------------------------------------------------------------------|----------|----|
| <b>1</b> | Alternative minimum tax. Attach Form 6251 .....                                    | <b>1</b> | 0. |
| <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> | 0. |

**Part II Other Taxes**

|           |                                                                                                                                                  |           |  |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>4</b>  | Self-employment tax. Attach Schedule SE .....                                                                                                    | <b>4</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>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

**Part II Other Taxes** (continued)

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

Schedule 2 (Form 1040) 2023

**SCHEDULE B**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service  
Name(s) shown on return

**Interest and Ordinary Dividends**

Attach 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

Your social security number

**KIMBERLY A. BERFIELD**

**Part I**

**Interest**

- 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: \_\_\_\_\_  
**CAPITAL ONE, N.A.**

**Amount**

**41.**

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

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

**2**

**41.**

**3**

**4**

**41.**

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

**Amount**

**Part II**

**Ordinary Dividends**

- 5 List name of payer: \_\_\_\_\_

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

**5**

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

**6**

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

**Part III**

**Foreign Accounts and Trusts**

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instr. 327601 11-03-23

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

**Yes**

**No**

- 7a At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions .....  
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 .....

**X**

- 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**

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

Schedule B (Form 1040) 2023

# Interest and Dividend Summary

Name: **KIMBERLY A. BERFIELD**

FEIN/SSN

| Payer               | Interest | Interest on U.S. Savings Bonds | Tax-Exempt Interest | Private Activity Interest | Market Discount | Original Issue Discount (OID) | Ordinary Dividends | Qualified Dividends |
|---------------------|----------|--------------------------------|---------------------|---------------------------|-----------------|-------------------------------|--------------------|---------------------|
| A CAPITAL ONE, N.A. | 41.      |                                |                     |                           |                 |                               |                    |                     |
| B                   |          |                                |                     |                           |                 |                               |                    |                     |
| C                   |          |                                |                     |                           |                 |                               |                    |                     |
| D                   |          |                                |                     |                           |                 |                               |                    |                     |
| E                   |          |                                |                     |                           |                 |                               |                    |                     |
| F                   |          |                                |                     |                           |                 |                               |                    |                     |
| G                   |          |                                |                     |                           |                 |                               |                    |                     |
| H                   |          |                                |                     |                           |                 |                               |                    |                     |
| I                   |          |                                |                     |                           |                 |                               |                    |                     |
| J                   |          |                                |                     |                           |                 |                               |                    |                     |
| K                   |          |                                |                     |                           |                 |                               |                    |                     |
| Totals              | 41.      |                                |                     |                           |                 |                               |                    |                     |

| Capital Gain Distributions | Unrecaptured Section 1250 Gain | Section 1202 Gain | Collectibles | Section 199A Dividends | Investment Expenses | Federal Tax Withheld | State Tax Withheld | Foreign Tax Paid |
|----------------------------|--------------------------------|-------------------|--------------|------------------------|---------------------|----------------------|--------------------|------------------|
| A                          |                                |                   |              |                        |                     |                      |                    |                  |
| B                          |                                |                   |              |                        |                     |                      |                    |                  |
| C                          |                                |                   |              |                        |                     |                      |                    |                  |
| D                          |                                |                   |              |                        |                     |                      |                    |                  |
| E                          |                                |                   |              |                        |                     |                      |                    |                  |
| F                          |                                |                   |              |                        |                     |                      |                    |                  |
| G                          |                                |                   |              |                        |                     |                      |                    |                  |
| H                          |                                |                   |              |                        |                     |                      |                    |                  |
| I                          |                                |                   |              |                        |                     |                      |                    |                  |
| J                          |                                |                   |              |                        |                     |                      |                    |                  |
| K                          |                                |                   |              |                        |                     |                      |                    |                  |
| Totals                     |                                |                   |              |                        |                     |                      |                    |                  |

Form **6251**Department of the Treasury  
Internal Revenue Service**DOES NOT APPLY**  
**Alternative Minimum Tax - Individuals**

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

Go to [www.irs.gov/Form8251](http://www.irs.gov/Form8251) for instructions and the latest information.

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **32**

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

Your social security number

**KIMBERLY A. BERFIELD****Part I Alternative Minimum Taxable Income**

|    |                                                                                                                                                                                                                                                                              |    |          |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 1  | Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.) | 1  | 113,716. |
| 2a | If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12                                                                                                                                    | 2a | 13,850.  |
| b  | Tax refund from Schedule 1 (Form 1040), line 1 or line 8z                                                                                                                                                                                                                    | 2b |          |
| c  | Investment interest expense (difference between regular tax and AMT)                                                                                                                                                                                                         | 2c |          |
| d  | Depletion (difference between regular tax and AMT)                                                                                                                                                                                                                           | 2d |          |
| e  | Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount                                                                                                                                                                                | 2e |          |
| f  | Alternative tax net operating loss deduction                                                                                                                                                                                                                                 | 2f |          |
| g  | Interest from specified private activity bonds exempt from the regular tax                                                                                                                                                                                                   | 2g |          |
| h  | Qualified small business stock, see instructions                                                                                                                                                                                                                             | 2h |          |
| i  | Exercise of incentive stock options (excess of AMT income over regular tax income)                                                                                                                                                                                           | 2i |          |
| j  | Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)                                                                                                                                                                                                    | 2j |          |
| k  | Disposition of property (difference between AMT and regular tax gain or loss)                                                                                                                                                                                                | 2k |          |
| l  | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)                                                                                                                                                                                 | 2l |          |
| m  | Passive activities (difference between AMT and regular tax income or loss)                                                                                                                                                                                                   | 2m |          |
| n  | Loss limitations (difference between AMT and regular tax income or loss)                                                                                                                                                                                                     | 2n |          |
| o  | Circulation costs (difference between regular tax and AMT)                                                                                                                                                                                                                   | 2o |          |
| p  | Long-term contracts (difference between AMT and regular tax income)                                                                                                                                                                                                          | 2p |          |
| q  | Mining costs (difference between regular tax and AMT)                                                                                                                                                                                                                        | 2q |          |
| r  | Research and experimental costs (difference between regular tax and AMT)                                                                                                                                                                                                     | 2r |          |
| s  | Income from certain installment sales before January 1, 1987                                                                                                                                                                                                                 | 2s |          |
| t  | Intangible drilling costs preference                                                                                                                                                                                                                                         | 2t |          |
| 3  | Other adjustments, including income-based related adjustments                                                                                                                                                                                                                | 3  |          |
| 4  | Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$831,150, see instructions.)                                                                                                                           | 4  | 127,566. |

**Part II Alternative Minimum Tax (AMT)**

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |         |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 5  | Exemption.<br>IF your filing status is ... AND line 4 is not over ... THEN enter on line 5 ...<br>Single or head of household \$578,150 \$81,300<br>Married filing jointly or qualifying surviving spouse 1,156,300 126,500<br>Married filing separately 578,150 63,250<br>If line 4 is over the amount shown above for your filing status, see instructions.                                                                                                                                                                                                                                                                                                                    | 5  | 81,300. |
| 6  | Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6  | 46,266. |
| 7  | • If you are filing Form 2555, see instructions for the amount to enter.<br>• If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here.<br>• All others: If line 6 is \$220,700 or less (\$110,350 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$4,414 (\$2,207 if married filing separately) from the result. | 7  | 12,029. |
| 8  | Alternative minimum tax foreign tax credit (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8  |         |
| 9  | Tentative minimum tax. Subtract line 8 from line 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9  | 12,029. |
| 10 | Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions                                                                                                                                                                                                                            | 10 | 20,692. |
| 11 | AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 11 | 0.      |

**Part III Tax Computation Using Maximum Capital Gains Rates**

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

|                                                                                                                                                                                                                                                                                                                                                                                                                                |    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 12 Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7                                                                                                                                                                                                                                                                          | 12 |  |
| 13 Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040 or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter                                          | 13 |  |
| 14 Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter                                                                                                                                                                                                                                       | 14 |  |
| 15 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter                                                             | 15 |  |
| 16 Enter the smaller of line 12 or line 15                                                                                                                                                                                                                                                                                                                                                                                     | 16 |  |
| 17 Subtract line 16 from line 12                                                                                                                                                                                                                                                                                                                                                                                               | 17 |  |
| 18 If line 17 is \$220,700 or less (\$110,350 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$4,414 (\$2,207 if married filing separately) from the result                                                                                                                                                                                     | 18 |  |
| 19 Enter:<br><ul style="list-style-type: none"> <li>• \$89,250 if married filing jointly or qualifying surviving spouse,</li> <li>• \$44,625 if single or married filing separately, or</li> <li>• \$59,750 if head of household.</li> </ul>                                                                                                                                                                                   | 19 |  |
| 20 Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter | 20 |  |
| 21 Subtract line 20 from line 19. If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                   | 21 |  |
| 22 Enter the smaller of line 12 or line 13                                                                                                                                                                                                                                                                                                                                                                                     | 22 |  |
| 23 Enter the smaller of line 21 or line 22. This amount is taxed at 0%                                                                                                                                                                                                                                                                                                                                                         | 23 |  |
| 24 Subtract line 23 from line 22                                                                                                                                                                                                                                                                                                                                                                                               | 24 |  |
| 25 Enter:<br><ul style="list-style-type: none"> <li>• \$492,300 if single,</li> <li>• \$276,900 if married filing separately,</li> <li>• \$553,850 if married filing jointly or qualifying surviving spouse, or</li> <li>• \$523,050 if head of household.</li> </ul>                                                                                                                                                          | 25 |  |
| 26 Enter the amount from line 21                                                                                                                                                                                                                                                                                                                                                                                               | 26 |  |
| 27 Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter | 27 |  |
| 28 Add line 26 and line 27                                                                                                                                                                                                                                                                                                                                                                                                     | 28 |  |
| 29 Subtract line 28 from line 25. If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                   | 29 |  |
| 30 Enter the smaller of line 24 or line 29                                                                                                                                                                                                                                                                                                                                                                                     | 30 |  |
| 31 Multiply line 30 by 15% (0.15)                                                                                                                                                                                                                                                                                                                                                                                              | 31 |  |
| 32 Add lines 23 and 30                                                                                                                                                                                                                                                                                                                                                                                                         | 32 |  |
| If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.                                                                                                                                                                                                                                                                                                                         |    |  |
| 33 Subtract line 32 from line 22                                                                                                                                                                                                                                                                                                                                                                                               | 33 |  |
| 34 Multiply line 33 by 20% (0.20)                                                                                                                                                                                                                                                                                                                                                                                              | 34 |  |
| If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.                                                                                                                                                                                                                                                                                                                             |    |  |
| 35 Add lines 17, 32, and 33                                                                                                                                                                                                                                                                                                                                                                                                    | 35 |  |
| 36 Subtract line 35 from line 12                                                                                                                                                                                                                                                                                                                                                                                               | 36 |  |
| 37 Multiply line 36 by 25% (0.25)                                                                                                                                                                                                                                                                                                                                                                                              | 37 |  |
| 38 Add lines 18, 31, 34, and 37                                                                                                                                                                                                                                                                                                                                                                                                | 38 |  |
| 39 If line 12 is \$220,700 or less (\$110,350 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$4,414 (\$2,207 if married filing separately) from the result                                                                                                                                                                                     | 39 |  |
| 40 Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7                                                                                                                                                                                                                    | 40 |  |

KIMBERLY A. BERFIELD

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 1

| T<br>S EMPLOYER'S NAME              | AMOUNT<br>PAID | FEDERAL<br>TAX<br>WITHHELD | STATE<br>TAX<br>WITHHELD | CITY<br>SDI<br>TAX W/H | FICA<br>TAX | MEDICARE<br>TAX |
|-------------------------------------|----------------|----------------------------|--------------------------|------------------------|-------------|-----------------|
| T JH HEALTH SYSTEM CORPORATION, INC | 99,319.        | 21,850.                    |                          |                        | 6,158.      | 1,440.          |
| T STATE OF FLORIDA                  | 28,206.        | 1,503.                     |                          |                        | 1,804.      | 422.            |
| TOTALS                              | 127,525.       | 23,353.                    |                          |                        | 7,962.      | 1,862.          |

FORM 1040 FEDERAL INCOME TAX WITHHELD - FORM(S) W-2 STATEMENT 2

| T<br>S DESCRIPTION                  | AMOUNT  |
|-------------------------------------|---------|
| T JH HEALTH SYSTEM CORPORATION, INC | 21,850. |
| T STATE OF FLORIDA                  | 1,503.  |
| TOTAL TO FORM 1040, LINE 25A        | 23,353. |

STATEMENT(S) 1, 2

# IRS e-file Signature Authorization

OMB No. 1545-0074

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name  
**KIMBERLY A. BERFIELD**  
Spouse's name

Spouse's social security number  
Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

|   |                                                               |          |
|---|---------------------------------------------------------------|----------|
| 1 | Adjusted gross income                                         | 127,566. |
| 2 | Total tax                                                     | 20,692.  |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 23,353.  |
| 4 | Amount you want refunded to you                               | 2,661.   |
| 5 | Amount you owe                                                |          |

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

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

Taxpayer's PIN: check one box only

☒ I authorize **ROBERT WATKINS & COMPANY, P.A.** to enter or generate my PIN   as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

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

Your signature ▶

*Kimberly A. Berfield*

Date ▶ **03.25.2024**

Spouse's PIN: check one box only

☐ I authorize   to enter or generate my PIN   as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

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

Spouse's signature ▶

Date ▶

## Practitioner PIN Method Returns Only - continue below

## Part III Certification and Authentication - Practitioner PIN Method Only

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

 

Don't enter all zeros

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

ERO's signature ▶

*[Signature]*

Date ▶

**3/19/24**

319995 04-01-23

**ERO Must Retain This Form - See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

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

Form 8879 (Rev. 01-2021)