

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/30/2024

General Information

Name: Mr William E. Slayton Jr

PID 221754

AGENCY INFORMATION

Organization	Suborganization	Title
School District Of Escambia Co.	Elected Constitutional Officer	School Board Member, District 5

Net Worth

My Net Worth as of December 31, 2023 was \$ 978,504.00.

Assets

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

The aggregate value of my household goods and personal effect is \$ 387,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Property	\$ 5,000.00
Home, 1401 Templemore Drive, Cantonment, FL 32533	\$ 450,000.00
Retirement	\$ 250,471.00
Savings--Regions Bank	\$ 13,972.00
Savings--Loyalty Credit Union	\$ 24,031.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Chase Mortgage	P O Box 78420, Phoenix, AZ 85062-8420	\$ 50,482.00
Huntington National Bank	P O Box 182519, Columbus, OH 43218-2519	\$ 70,260.00
Harvesters Federal Credit Union	P O Box 5, Cantonment, FL 32533	\$ 19,598.00
Harvesters Federal Credit Union	P O Box 5, Cantonment, FL 32533	\$ 6,824.00
Loyalty Credit Union	1200 E Nine Mile Rd Pensacola, FL 32514	\$ 4,806.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

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

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

PRIMARY SOURCES OF INCOME:

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

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

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

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

N/A

Training

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

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

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.

William E. Slayton Jr

Digitally signed: 06/30/2024

Filed with COE: 06/30/2024

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2023

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name

WILLIAM E SLAYTON JR

Box 2. Beneficiary's Social Security Number

[REDACTED]

Box 3. Benefits Paid in 2023

\$35,602.80

Box 4. Benefits Repaid to SSA in 2023

NONE

Box 5. Net Benefits for 2023 (Box 3 minus Box 4)

\$35,602.80

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or Direct deposit	\$28,580.40
Medicare Part B premiums deducted from your benefits	\$1,978.80
Voluntary Federal Income Tax Withheld	\$5,043.60
Total Additions	\$35,602.80
Benefits for 2023	\$35,602.80

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

\$5,043.60

Box 7. Address

WILLIAM E SLAYTON JR
1401 TEMPLEMORE DRIVE
CANTONMENT FL 32533-6829

Box 8. Claim Number (Use this number if you need to contact SSA.)

[REDACTED]

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2023

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name JUDITH P SLAYTON		Box 2. Beneficiary's Social Security Number [REDACTED]	
Box 3. Benefits Paid in 2023 \$21,970.80	Box 4. Benefits Repaid to SSA in 2023 NONE	Box 5. Net Benefits for 2023 (Box 3 minus Box 4) \$21,970.80	
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4	
Paid by check or Direct deposit \$16,993.20		NONE	
Medicare Part B premiums deducted from your benefits \$1,978.80			
Voluntary Federal Income Tax Withheld \$2,998.80			
Total Additions \$21,970.80			
Benefits for 2023 \$21,970.80			
		Box 6. Voluntary Federal Income Tax Withheld \$2,998.80	
		Box 7. Address JUDITH P SLAYTON 1401 TEMPLEMORE DRIVE CANTONMENT FL 32533-6829	
		Box 8. Claim Number (Use this number if you need to contact SSA.) [REDACTED]	

40883.10	3289.97
Wages, tips, other comp.	2 Federal income tax withheld
42252.98	2619.69
Social security wages	4 Social security tax withheld
42252.98	612.66
Medicare wages and tips	6 Medicare tax withheld
Employee's name, address, and ZIP code	
CAMBIA COUNTY SCHOOL DISTRICT N PACE BLVD PENSACOLA FL 32505-7965	
Social security tips	8 Allocated tips
10 Dependent care benefits	
11 Nonqualified plans	
12a	
12b	
12c	
12d	
Employee's social security no.	
Employee ID number (EIN)	
59-6000597	
Control number	
WILLIAM E SLAYTON JR 1401 TEMPLEMORE DR CANTONMENT FL 32533	
Employee's name, address, and ZIP code	
15 st. Employee's state ID number	16 State wages, tips, etc.
FL	17 State income tax
18 Local wages, tips, etc.	19 Local income tax
20 Locality name	
Wage and Tax Statement Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service	
Form W-2 2023	

40883.10	3289.97
Wages, tips, other comp.	2 Federal income tax withheld
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Social security wages	4 Social security tax withheld
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Medicare wages and tips	6 Medicare tax withheld
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CAMBIA COUNTY SCHOOL DISTRICT N PACE BLVD PENSACOLA FL 32505-7965	
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10 Dependent care benefits	
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Employee ID number (EIN)	
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WILLIAM E SLAYTON JR 1401 TEMPLEMORE DR CANTONMENT FL 32533	
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20 Locality name	
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40883.10	3289.97
Wages, tips, other comp.	2 Federal income tax withheld
42252.98	2619.69
Social security wages	4 Social security tax withheld
42252.98	612.66
Medicare wages and tips	6 Medicare tax withheld
Employee's name, address, and ZIP code	
ESCAMBIA COUNTY SCHOOL DISTRICT 75 N PACE BLVD PENSACOLA FL 32505-7965	
Social security tips	8 Allocated tips
10 Dependent care benefits	
11 Nonqualified plans	
12a	
12b	
12c	
12d	
Employee's social security no.	
Employee ID number (EIN)	
59-6000597	
Control number	
WILLIAM E SLAYTON JR 1401 TEMPLEMORE DR CANTONMENT FL 32533	
Employee's name, address, and ZIP code	
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18 Local wages, tips, etc.	19 Local income tax
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Form W-2 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 to determine if you are required to complete Form 8859.
Box 4. The 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 above \$200,000.
Box 5. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.
Box 6. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.
Box 7. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.
Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.
Box 9. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.
Box 10. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.
Box 11. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.
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, BB, and CC) under all plans are generally limited to a total of \$22,500 (\$15,500 if you only have a designated Roth contribution in 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G 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 401(a)(1) and 408(a) SIMPLE deferrals). For code G, the limit on elective deferrals may be higher for the last 3 years before you reach 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.
Note: If a year follows code D through H, S, Y, AA, BB, or CC, you 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 those amounts for the year shown, not the current year, if no year is shown, the contributions are for the current year.
A—Unemployed social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.
B—Unemployed 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 base), 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)(6) salary reduction SEP.
G—Elective deferrals and employer contributions (including nonselective deferrals) to a section 457(b) deferred compensation plan.
H—Elective deferrals to a section 501(c)(19)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.
J—Nontaxable sick pay information only, not included in box 1, 3, 5, or 7.
K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.
L—Substantiated employee business expense reimbursements (nontaxable).
M—Unemployed 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—Unemployed Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.
O—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, 5, or 7).
P—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.

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Employee's name, address, and ZIP code	
ESCAMBIA COUNTY SCHOOL DISTRICT 75 N PACE BLVD PENSACOLA FL 32505-7965	
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10 Dependent care benefits	
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Employee's social security no.	
Employee ID number (EIN)	
59-6000597	
Control number	
WILLIAM E SLAYTON JR 1401 TEMPLEMORE DR CANTONMENT FL 32533	
Employee's name, address, and ZIP code	
15 st. Employee's state ID number	16 State wages, tips, etc.
FL	17 State income tax
18 Local wages, tips, etc.	19 Local income tax
20 Locality name	
Wage and Tax Statement Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service	
Form W-2 2023	

S—Employee salary reduction contributions under a section 408(p) 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 option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.
W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.
Y—Deferrals under a section 408A nonqualified deferred compensation plan.
Z—Income under a nonqualified deferred compensation plan that falls to satisfy section 402A. 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(k) plan.
BB—Designated Roth contributions under a section 403(b) plan.
CC—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.
DD—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.
FF—Permitted benefits under a qualified small employer health reimbursement arrangement.
GG—Income from qualified equity grants under section 83(j).
HH—Aggregate deferrals under section 83(j) 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 deductions, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and additional Medicare tax. Include tip reported by the employee to the employer in railroad retirement (RRTA) compensation.
Notes: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/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. Workers without children could qualify for a smaller 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 limits and marital status information, visit www.irs.gov/eitc. See also Pub. 596, Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.
Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN 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-2c from your employer for all corrections made so you may file them with your 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.
Cost of employer-sponsored health coverage. If such cost is provided by the 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 \$9,950 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 \$2,621.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 943. See the instructions for Form 943.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 38,017.08		OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS.							
			2a Taxable amount \$ 37,987.44										
			2b Taxable amount not determined ☐				Total distribution ☐						
PAYER'S TIN 59-1354377		RECIPIENT'S TIN [REDACTED]		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 3,542.46							
RECIPIENT'S name JUDITH P SLAYTON 1401 TEMPLEMORE DR CANTONMENT FL 32533-6829		5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 29.64		6 Net unrealized appreciation in employer's securities \$		7 Distribution code(s) 7	IRA/ SEP/ SIMPLE ☐	8 Other \$	%				
										9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00	
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐		14 State tax withheld \$		15 State/Payer's state no.		16 State distribution \$			
Account number (see instructions) [REDACTED]		13 Date of payment		17 Local tax withheld \$		18 Name of locality		19 Local distribution \$					
				14 State tax withheld \$									
				17 Local tax withheld \$									
				14 State tax withheld \$									

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

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 38,017.08		OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C For Recipient's Records							
			2a Taxable amount \$ 37,987.44										
			2b Taxable amount not determined ☐				Total distribution ☐						
PAYER'S TIN 59-1354377		RECIPIENT'S TIN [REDACTED]		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 3,542.46							
RECIPIENT'S name JUDITH P SLAYTON 1401 TEMPLEMORE DR CANTONMENT FL 32533-6829		5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 29.64		6 Net unrealized appreciation in employer's securities \$		7 Distribution code(s) 7	IRA/ SEP/ SIMPLE ☐	8 Other \$	%				
										9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00	
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐		14 State tax withheld \$		15 State/Payer's state no.		16 State distribution \$			
Account number (see instructions) [REDACTED]		13 Date of payment		17 Local tax withheld \$		18 Name of locality		19 Local distribution \$					
				14 State tax withheld \$									
				17 Local tax withheld \$									
				14 State tax withheld \$									

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

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 67,197.06		OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B		
			2a Taxable amount \$ 67,159.26					
			2b Taxable amount not determined ☐				Total distribution ☐	
PAYER'S TIN 59-1354377		RECIPIENT'S TIN [REDACTED]		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 8,243.10	Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS.		
RECIPIENT'S name WILLIAM E SLAYTON 1401 TEMPLEMORE DR CANTONMENT FL 32533-6829		5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 37.80		6 Net unrealized appreciation in employer's securities \$				
				7 Distribution code(s) 7			IRA/ SEP/ SIMPLE ☐	8 Other \$ %
				9a Your percentage of total distribution %			9b Total employee contributions \$ 0.00	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld \$	15 State/Payer's state no.	16 State distribution \$			
Account number (see instructions) [REDACTED]		13 Date of payment	17 Local tax withheld \$	18 Name of locality	19 Local distribution \$			
Form 1099-R			www.irs.gov/Form1099R			Department of the Treasury - Internal Revenue Service		

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 67,197.06		OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C		
			2a Taxable amount \$ 67,159.26					
			2b Taxable amount not determined ☐				Total distribution ☐	
PAYER'S TIN 59-1354377		RECIPIENT'S TIN [REDACTED]		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 8,243.10	For Recipient's Records This information is being furnished to the IRS.		
RECIPIENT'S name WILLIAM E SLAYTON 1401 TEMPLEMORE DR CANTONMENT FL 32533-6829		5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 37.80		6 Net unrealized appreciation in employer's securities \$				
				7 Distribution code(s) 7			IRA/ SEP/ SIMPLE ☐	8 Other \$ %
				9a Your percentage of total distribution %			9b Total employee contributions \$ 0.00	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld \$	15 State/Payer's state no.	16 State distribution \$			
Account number (see instructions) [REDACTED]		13 Date of payment	17 Local tax withheld \$	18 Name of locality	19 Local distribution \$			
Form 1099-R			(keep for your records)			www.irs.gov/Form1099R	Department of the Treasury - Internal Revenue Service	

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

MERRILL LYNCH AS CUSTODIAN
P.O. BOX 2150
LAKEWOOD, NJ 08701-8150
1-800-738-1099

TX 020000 490 002 047732 #001 AB 0.547

WILLIAM E SLAYTON JR
1401 TEMPLEMORE DR
CANTONMENT FL 32533-6829

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

MERRILL LYNCH AS CUSTODIAN
P.O. BOX 2150
LAKEWOOD, NJ 08701-8150
1-800-738-1099

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

WILLIAM E SLAYTON JR
1401 TEMPLEMORE DR
CANTONMENT FL 32533-6829

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

MERRILL LYNCH AS CUSTODIAN
P.O. BOX 2150
LAKEWOOD, NJ 08701-8150
1-800-738-1099

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

WILLIAM E SLAYTON JR
1401 TEMPLEMORE DR
CANTONMENT FL 32533-6829

Account number (see instructions)		CORRECTED		OMB No. 1545-0119	
1 Gross distribution	PAYER'S TIN	VOID		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
\$ 9,200.00	13-3180817	2023		Form 1099-R	
2a Taxable amount	RECIPIENT'S TIN				
\$ 9,200.00					
2b Taxable amount not determined ☒	Total distribution ☐				
3 Capital gain (included in box 2a)	4 Federal income tax withheld			Copy 1 For State, City, or Local Tax Department	
\$	\$ 1,840.00				
5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities				
\$	\$			10 Amount allocable to IRR within 5 years	
7 Distribution code(s) 7	IRA/SEP/SIMPLE ☒	8 Other	%	11 1st year of desig. Roth contrib.	
9a Your percentage of total distribution %	9b Total employee contributions			12 FATCA filing requirement ☐	
13 Date of payment	14 State tax withheld			15 State/Payer's state no. FL	
16 State distribution	17 Local tax withheld	18 Name of locality	19 Local distribution		
\$	\$		\$		

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

Account number (see instructions)		CORRECTED (if checked)		OMB No. 1545-0119	
1 Gross distribution	PAYER'S TIN	VOID		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
\$ 9,200.00	13-3180817	2023		Form 1099-R	
2a Taxable amount	RECIPIENT'S TIN				
\$ 9,200.00					
2b Taxable amount not determined ☒	Total distribution ☐			Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.	
3 Capital gain (included in box 2a)	4 Federal income tax withheld			10 Amount allocable to IRR within 5 years	
\$	\$ 1,840.00				
5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities			11 1st year of desig. Roth contrib.	
\$	\$				
7 Distribution code(s) 7	IRA/SEP/SIMPLE ☒	8 Other	%	12 FATCA filing requirement ☐	
9a Your percentage of total distribution %	9b Total employee contributions			15 State/Payer's state no. FL	
13 Date of payment	14 State tax withheld				
16 State distribution	17 Local tax withheld	18 Name of locality	19 Local distribution		
\$	\$		\$		

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

Account number (see instructions)		CORRECTED (if checked)		OMB No. 1545-0119	
1 Gross distribution	PAYER'S TIN	VOID		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
\$ 9,200.00	13-3180817	2023		Form 1099-R	
2a Taxable amount	RECIPIENT'S TIN				
\$ 9,200.00					
2b Taxable amount not determined ☒	Total distribution ☐			Copy C For Recipient's Records	
3 Capital gain (included in box 2a)	4 Federal income tax withheld			10 Amount allocable to IRR within 5 years	
\$	\$ 1,840.00				
5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities			11 1st year of desig. Roth contrib.	
\$	\$				
7 Distribution code(s) 7	IRA/SEP/SIMPLE ☒	8 Other	%	12 FATCA filing requirement ☐	
9a Your percentage of total distribution %	9b Total employee contributions			15 State/Payer's state no. FL	
13 Date of payment	14 State tax withheld				
16 State distribution	17 Local tax withheld	18 Name of locality	19 Local distribution		
\$	\$		\$		

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

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

MERRILL LYNCH AS CUSTODIAN
P.O. BOX 2150
LAKEWOOD, NJ 08701-8150
1-800-738-1099

TX 020000 490 002 047729 #001 AB 0.547

JUDY P SLAYTON
1401 TEMPLEMORE DR
CANTONMENT FL 32533-6829

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

MERRILL LYNCH AS CUSTODIAN
P.O. BOX 2150
LAKEWOOD, NJ 08701-8150
1-800-738-1099

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

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LAKEWOOD, NJ 08701-8150
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RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

JUDY P SLAYTON
1401 TEMPLEMORE DR
CANTONMENT FL 32533-6829

Account number (see instructions)		CORRECTED		OMB No. 1545-0119	
1 Gross distribution		PAYER'S TIN		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
\$ 160.00		13-3180817		2023	
2a Taxable amount		RECIPIENT'S TIN		Form 1099-R	
\$ 160.00				Copy 1 For State, City, or Local Tax Department	
2b Taxable amount not determined ☒		Total distribution ☐			
3 Capital gain (included in box 2a)		4 Federal income tax withheld			
\$		\$ 32.00			
5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		10 Amount allocable to IRR within 5 years	
\$		\$		\$	
7 Distribution code(s) 7		IRA/SEP/SIMPLE ☒		11 1st year of desig. Roth contrib.	
9a Your percentage of total distribution %		9b Total employee contributions		12 FATCA filing requirement ☐	
\$		\$			
13 Date of payment		14 State tax withheld		15 State/Payer's state no. FL	
\$		\$			
16 State distribution		17 Local tax withheld		18 Name of locality	
\$		\$		19 Local distribution	
				\$	
Form 1099-R www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service					

Account number (see instructions)		CORRECTED (if checked)		OMB No. 1545-0119	
1 Gross distribution		PAYER'S TIN		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
\$ 160.00		13-3180817		2023	
2a Taxable amount		RECIPIENT'S TIN		Form 1099-R	
\$ 160.00				Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.	
2b Taxable amount not determined ☒		Total distribution ☐			
3 Capital gain (included in box 2a)		4 Federal income tax withheld		10 Amount allocable to IRR within 5 years	
\$		\$ 32.00		\$	
5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		11 1st year of desig. Roth contrib.	
\$		\$			
7 Distribution code(s) 7		IRA/SEP/SIMPLE ☒		12 FATCA filing requirement ☐	
9a Your percentage of total distribution %		9b Total employee contributions		15 State/Payer's state no. FL	
\$		\$			
13 Date of payment		14 State tax withheld			
\$		\$			
16 State distribution		17 Local tax withheld		18 Name of locality	
\$		\$		19 Local distribution	
				\$	
Form 1099-R www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service					

Account number (see instructions)		CORRECTED (if checked)		OMB No. 1545-0119	
1 Gross distribution		PAYER'S TIN		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
\$ 160.00		13-3180817		2023	
2a Taxable amount		RECIPIENT'S TIN		Form 1099-R	
\$ 160.00				Copy C For Recipient's Records	
2b Taxable amount not determined ☒		Total distribution ☐			
3 Capital gain (included in box 2a)		4 Federal income tax withheld		10 Amount allocable to IRR within 5 years	
\$		\$ 32.00		\$	
5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		11 1st year of desig. Roth contrib.	
\$		\$			
7 Distribution code(s) 7		IRA/SEP/SIMPLE ☒		12 FATCA filing requirement ☐	
9a Your percentage of total distribution %		9b Total employee contributions		15 State/Payer's state no. FL	
\$		\$			
13 Date of payment		14 State tax withheld			
\$		\$			
16 State distribution		17 Local tax withheld		18 Name of locality	
\$		\$		19 Local distribution	
				\$	
Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury-Internal Revenue Service					



Regions Bank
Ensley Office - Florida
4 East Nine Mile Road
Pensacola, FL 32534

WILLIAM E SLAYTON JR
OR JUDITH P SLAYTON
1401 TEMPLEMORE DR
CANTONMENT FL 32533-6829

ACCOUNT # [REDACTED]

Cycle 092
Enclosures 24
Page 0
1 of 3

SAVINGS

November 01, 2023 through December 29, 2023

SUMMARY

Beginning Balance	\$13,807.08	Annual Percentage Yield Earned This Period	0.01 %
Deposits & Credits	\$165.00 +	Interest This Period	\$0.23
Net Interest Earned	\$0.23 +	Avg Collected Balance This Period	\$13,845.00
Withdrawals	\$0.00 -	2023 YTD Interest	\$1.20
Fees	\$0.00 -		
Automatic Transfers	\$0.00 +		
Ending Balance	\$13,972.31		

12/18 EB From Checking [REDACTED] 165.00

11/30 Interest Payment 0.11
12/29 Effective Date 12-31-23 Interest Payment 0.12

Total Net Interest \$0.23

	Total For This Statement Period	Total Calendar Year-to-Date
Total Overdraft Fees (may include waived fees)	0.00	0.00
Total Returned Item Fees (may include waived fees)	0.00	0.00

Date	Balance	Date	Balance	Date	Balance
11/30	13,807.19	12/18	13,972.19	12/29	13,972.31

For all your banking needs, please call 1-800-REGIONS (734-4667)
or visit us on the Internet at www.regions.com. (TTY/TDD 1-800-374-5791)

For new purchase or refinance mortgage information, contact your
Mortgage Loan Originator, Darla M Allen, NMLS 546418, at (850)444-1166
or online at www.regionsmortgage.com/darlaallen.

For payment and other information about your existing mortgage loan, contact Mortgage
Servicing at 1-800-986-2462 and for Home Equity loans call 1- 800-231-7493.



Thank You For Banking With Regions!
2023 Regions Bank Member FDIC. All loans subject to credit approval.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. (850) 474-0970 LOYALTY CREDIT UNION P O BOX 17048 PENSACOLA FL 32522		Payer's RTN (optional) 263281750		OMB No. 1545-0112	
		1 Interest income \$ 69.55		Form 1099-INT (Rev. January 2024)	
		2 Early withdrawal penalty \$		For calendar year 2023	
PAYER'S TIN 59-1009534		RECIPIENT'S TIN [REDACTED]		3 Interest on U.S. Savings Bonds and Treasury obligations \$	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code [REDACTED] SLAYTON JR WILLIAM E 1401 TEMPLEMORE DR CANTONMENT FL 32533-6829		4 Federal income tax withheld \$		5 Investment expenses \$	
		6 Foreign tax paid \$		7 Foreign country or U.S. possession	
		8 Tax-exempt interest \$		9 Specified private activity bond interest \$	
		10 Market discount \$		11 Bond premium \$	
		12 Bond premium on Treasury obligations \$		13 Bond premium on tax-exempt bond \$	
Account number (see instructions) [REDACTED]		FATCA filing requirement ☐		14 Tax-exempt and tax credit bond CUSIP no.	
				15 State	
				16 State identification no.	
				17 State tax withheld \$	

Form **1099-INT** (Rev. 1-2024) (keep for your records) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service

**Interest
Income**

**Copy B
For Recipient**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

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

WILLIAM E

Last name

SLAYTON JR

Your social security number

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

JUDITH P

Last name

SLAYTON

Spouse's social security number

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

1401 TEMPLEMORE DRIVE

Apt. no.

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

CANTONMENT

State

FL

ZIP code

32533

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign

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

☐ You ☐ Spouse

Filing Status

☐ Single☐ Head of household (HOH)

Check only one box.

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

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

Digital Assets

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

☐ Yes ☒ No

Standard Deduction

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

Age/Blindness

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

Dependents

(see instructions):

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

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

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	40883
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	40883
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	105214
6a	Social security benefits	6a	50551
c	If you elect to use the lump-sum election method, check here (see instructions)	b	Taxable interest
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	2b	71
8	Additional income from Schedule 1, line 10	b	Ordinary dividends
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	3b	
10	Adjustments to income from Schedule 1, line 26	4b	9360
11	Subtract line 10 from line 9. This is your adjusted gross income	b	Taxable amount
12	Standard deduction or itemized deductions (from Schedule A)	5b	105146
13	Qualified business income deduction from Form 8995 or Form 8995-A	6b	42968
14	Add lines 12 and 13	7	
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	8	
		9	198428
		10	
		11	198428
		12	31809
		13	
		14	31809
		15	166619

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

QNA

Form 1040 (2023)

Form **8879**

(Rev. January 2021)

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

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

OMB No. 1545-0074

Submission Identification Number (SID) ► 59020720241004260015

Taxpayer's name

WILLIAM E SLAYTON JR

Social security number

Spouse's name

JUDITH P SLAYTON

Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	198428
2	Total tax	2	27271
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	24990
4	Amount you want refunded to you	4	
5	Amount you owe	5	2281

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 Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize BRADHAM BROOKS NORTHWEST LIBRARY to enter or generate my PIN [REDACTED] 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 ►

Date ► 04/13/2024

Spouse's PIN: check one box only

- ☒ I authorize BRADHAM BROOKS NORTHWEST LIBRARY to enter or generate my PIN [REDACTED] 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 ► 04/13/2024

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. [REDACTED]

Don't enter all zeros

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

ERO's signature ► BRADHAM BROOKS NORTHWEST LIBRARY

Date ► 04/13/2024

ERO Must Retain This Form — See Instructions**Don't Submit This Form to the IRS Unless Requested To Do So**For Paperwork Reduction Act Notice, see your tax return instructions. ^E

QNA

Form **8879** (Rev. 01-2021)

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

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/ScheduleA for instructions and the latest information.**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2023Attachment
Sequence No. **07**

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

WILLIAM & JUDITH SLAYTON JRYour social security number
[REDACTED]**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- | | | | |
|---|---|---|--------|
| 1 | Medical and dental expenses (see instructions) | 1 | 18474 |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 | 2 | 198428 |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | 14882 |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 3592 |

**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** 2024**b** State and local real estate taxes (see instructions)**5b** 2796**c** State and local personal property taxes**5c****d** Add lines 5a through 5c**5d** 4820**e** Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)**5e** 4820**6 Other taxes. List type and amount:****6****7 Add lines 5e and 6****7** 4820**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** 2339**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** 4098

HUNTINGTON NATIONAL, [REDACTED]

PO BOX 182519 COLUMBUS OH 43218

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** 6437**9 Investment interest. Attach Form 4952 if required. See instructions****9****10 Add lines 8e and 9****10** 6437**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** 16775**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** 185**13 Carryover from prior year****13****14 Add lines 11 through 13****14** 16960**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** 31809**18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐**

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

QNA

Schedule A (Form 1040) 2023

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

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **08**

Name(s) shown on return

WILLIAM & JUDITH SLAYTON JR

Your social security number

[REDACTED]

Part I

Interest

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

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

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

REGIONS BANK

LOYALTY CREDIT UNION

Amount

1

70

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

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

2

71

3

4

71

Part II

Ordinary Dividends

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

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

5 List name of payer:

Amount

5

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.

6

Part III

Foreign Accounts and Trusts

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

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

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

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:

8 During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes No

X

X

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

Cat. No. 17148N

Schedule B (Form 1040) 2023

Social Security Benefits Worksheet—Lines 6a and 6b

Keep for Your Records

**Before you begin:**

- ✓ Figure any write-in adjustments to be entered on Schedule 1, line 24z (see the instructions for Schedule 1, line 24z).
 ✓ If you are married filing separately and you lived apart from your spouse for all of 2023, enter "D" to the right of the word "benefits" on line 6a. If you don't, you may get a math error notice from the IRS.
 ✓ Be sure you have read the **Exception** in the line 6a and 6b instructions to see if you can use this worksheet instead of a publication to find out if any of your benefits are taxable.

1. Enter the total amount from box 5 of all your Forms SSA-1099 and RRB-1099. Also enter this amount on Form 1040 or 1040-SR, line 6a	1.	<u>50551</u>
2. Multiply line 1 by 50% (0.50)	2.	<u>25276</u>
3. Combine the amounts from Form 1040 or 1040-SR, lines 1z, 2b, 3b, 4b, 5b, 7, and 8	3.	<u>155460</u>
4. Enter the amount, if any, from Form 1040 or 1040-SR, line 2a	4.	<u> </u>
5. Combine lines 2, 3, and 4	5.	<u>180736</u>
6. Enter the total of the amounts from Schedule 1, lines 11 through 20, and 23 and 25	6.	<u> </u>
7. Is the amount on line 6 less than the amount on line 5? ☐ No. None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. ☒ Yes. Subtract line 6 from line 5		<u>180736</u>
8. If you are: Married filing jointly, enter \$32,000 • Single, head of household, qualifying surviving spouse, or married filing separately and you lived apart from your spouse for all of 2023, enter \$25,000 • Married filing separately and you lived with your spouse at any time in 2023, skip lines 8 through 15; multiply line 7 by 85% (0.85) and enter the result on line 16. Then, go to line 17 Is the amount on line 8 less than the amount on line 7? ☐ No. None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. If you are married filing separately and you lived apart from your spouse for all of 2023, be sure you entered "D" to the right of the word "benefits" on line 6a. ☒ Yes. Subtract line 8 from line 7		<u>32000</u>
9. Enter the result from line 8	9.	<u>148736</u>
10. Enter \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying surviving spouse, or married filing separately and you lived apart from your spouse for all of 2023	10.	<u>12000</u>
11. Subtract line 10 from line 9. If zero or less, enter -0-	11.	<u>136736</u>
12. Enter the smaller of line 9 or line 10	12.	<u>12000</u>
13. Enter one-half of line 12	13.	<u>6000</u>
14. Enter the smaller of line 2 or line 13	14.	<u>6000</u>
15. Multiply line 11 by 85% (0.85). If line 11 is zero, enter -0-	15.	<u>116226</u>
16. Add lines 14 and 15	16.	<u>122226</u>
17. Multiply line 1 by 85% (0.85)	17.	<u>42968</u>
18. Taxable social security benefits. Enter the smaller of line 16 or line 17. Also enter this amount on Form 1040 or 1040-SR, line 6b	18.	<u>42968</u>



TIP If any of your benefits are taxable for 2023 and they include a lump-sum benefit payment that was for an earlier year, you may be able to reduce the taxable amount. See Lump-Sum Election in Pub. 915 for details.