

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 07/01/2024

General Information

Name: Mrs Linda Kay Prescott

PID 264607

AGENCY INFORMATION

Organization	Suborganization	Title
School Board Of Hernando County	Elected Constitutional Officer	School Board Member District #2

Net Worth

My Net Worth as of December 31, 2023 was \$ 111,000.00.

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 \$ 110,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
3402 Amberjack Dr. Hernando Beach, FL	\$ 835,200.00
IRA-LPL Financial P.O Box 599, Indian Rocks Beach, FL 33785	\$ 97,006.34
2017 Honda Accord-3402 Amberjack Dr. Hernando Beach, FL. Her	\$ 15,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Mr. Cooper Home Mortgage	8950 Cypress Waters Blvd. Coppell, TX	\$ 357,656.98
Suncoast Credit Union	3037 Commercial Way, Spring Hill, FL	\$ 8,992.31

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.

Linda Kay Prescott

Digitally signed: 07/01/2024

Filed with COE: 07/01/2024

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

See separate instructions.

Your first name and middle initial

MICHAEL

Last name

PRESCOTT

DECEASED
10/14/23

Your social security number

-**-*

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

LINDA K

Last name

PRESCOTT

Spouse's social security number

-**-*

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

3402 AMBERJACK DRIVE

Apt. no.

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

HERNANDO BEACH

State
FL

ZIP code

34607

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

Check only one box.

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

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

Digital Assets

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

Standard Deduction

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

Age/Blindness

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

Dependents (see instructions):

If more than four dependents, see instr. 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

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	42,566
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	42,566
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	21,389
6a	Soc. sec. ben.	6a	62,165
b	Taxable interest	2b	
c	Ordinary dividends	3b	
d	Taxable amount	4b	3,771
e	Taxable amount	5b	20,869
f	Taxable amount	6b	52,146
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
8	Other income from Schedule 1, line 10	8	0
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	119,352
10	Adjustments to income from Schedule 1, line 26	10	0
11	Subtract line 10 from line 9. This is your adjusted gross income	11	119,352
12	Standard deduction or itemized deductions (from Schedule A)	12	35,275
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	35,275
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	84,077

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

Form 1040 (2023)

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972	16	9,649
3	☐	17	
17	Amount from Schedule 2, line 3	18	9,649
18	Add lines 16 and 17	19	
19	Child tax credit or credit for other dependents from Schedule 8812	20	
20	Amount from Schedule 3, line 8	21	
21	Add lines 19 and 20	22	9,649
22	Subtract line 21 from line 18. If zero or less, enter -0-	23	
23	Other taxes, including self-employment tax, from Schedule 2, line 21	24	9,649
24	Add lines 22 and 23. This is your total tax		

Payments

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	3,049
b	Form(s) 1099	25b	5,370
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	8,419
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	8,419

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐	35a	
b	Routing number	c	Type: ☐ Checking ☐ Savings
d	Account number		
36	Amount of line 34 you want applied to your 2024 estimated tax	36	
37	Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions.	37	1,244
38	Estimated tax penalty (see instructions)	38	14

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☒ Yes. Complete below. ☐ No

Designee's name JAMES M. WILHELM Phone no. 352-683-7365 Personal identification number (PIN) [REDACTED]

Sign Here

Joint return?
See instructions.
Keep a copy for
your records.

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 FILING AS SURVIVING SPOUSE	Date [REDACTED]
Spouse's signature. If a joint return, both must sign. [REDACTED]	Date [REDACTED]
Your occupation DECEASED	
Spouse's occupation SCHOOL BOARD MEMBER	

Paid Preparer Use Only

Preparer's name JAMES M. WILHELM	Preparer's signature [Signature]	Date [REDACTED]	PTIN *****	Check if: ☐ Self-employed
Firm's name CAMPBELL & COMPANY CPAS, PA	Firm's address 7211 HIAWATHA PKWY SPRING HILL FL 34606-2542		Phone no. 352-683-7365	Firm's EIN **-***7066

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

6/15 INT

17

FTP

12

TOT

Form 1040 (2023)

1,273

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

MICHAEL & LINDA K PRESCOTTYour social security number
-**-***Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions) **1** **21,474**
- 2 Enter amount from Form 1040 or
1040-SR, line 11 **2** **119,352**
- 3 Multiply line 2 by 7.5% (0.075) **3** **8,951**
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- **4** **12,523**

**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** **1,434**
- b State and local real estate taxes (see instructions) **5b** **5,320**
- c State and local personal property taxes **5c**
- d Add lines 5a through 5c **5d** **6,754**
- e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing
separately) **5e** **6,754**
- 6 Other taxes. List type and amount:
- 7 Add lines 5e and 6 **7** **6,754**

**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** **10,458**
- 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
- 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** **10,458**
- 9 Investment interest. Attach Form 4952 if required. See
instructions **9**
- 10 Add lines 8e and 9 **10** **10,458**

**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** **4,090**
- 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** **1,450**
- 13 Carryover from prior year **13**
- 14 Add lines 11 through 13 **14** **5,540**

**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:

**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** **35,275**
- 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.

DAA

Schedule A (Form 1040) 2023

Noncash Charitable ContributionsAttach one or more Forms 8283 to your tax return if you claimed a total deduction
of over \$500 for all contributed property.

OMB No. 1545-0074

Go to www.irs.gov/Form8283 for instructions and the latest information.Attachment
Sequence No.**155**

Name(s) shown on your income tax return

MICHAEL & LINDA K PRESCOTT

Identifying number

-**-*

Enter the entity name and identifying number from the tax return where the noncash charitable contribution was originally reported, if
different from above.

Name:

Identifying number:

Check this box if a family pass-through entity made the noncash charitable contribution. See instructions ☐

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities — List in this section only an item
(or a group of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded
securities and certain other property even if the deduction is more than \$5,000. If you need more space,
attach a statement. See instructions.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.)
A	SALVATION ARMY 4750 COMMERCIAL WAY SPRING HILL FL 34608	☐	HOUSEHOLD ITEMS, CLOTHING & MISC
B	ST. VINCENT DE PAUL THRIFT STORE 1291 KASS CIRCLE SPRING HILL FL 34606	☐	HOUSEHOLD ITEMS, CLOTHING & MISC
C	JERICHO ROAD MINISTRIES 16479 WISCON RD BROOKSVILLE FL 34601	☐	HOUSEHOLD ITEMS, CLOTHING & MISC
D		☐	

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	VARIOUS				250	THRIFT SHOP VALUE
B	VARIOUS				250	THRIFT SHOP VALUE
C	VARIOUS				250	THRIFT SHOP VALUE
D						

Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities, Vehicles, Intellectual Property or Inventory Reportable in Section A) — Complete this section for one item (or a group of similar items) for which
you claimed a deduction of more than \$5,000 per item or group (except contributions reportable in Section A).
Provide a separate form for each item donated unless it is part of a group of similar items. A qualified appraisal
is required for items reportable in Section B and in certain cases must be attached. See instructions.**Part I Information on Donated Property**

2 Check the box that describes the type of property donated. See instructions for definitions.

a ☐ Art (contribution of \$20,000 or more)d ☐ Other real estatei ☐ Vehiclesb ☐ Qualified conservation contributione ☐ Equipmentj ☐ Clothing and household itemsb(1) ☐ Certified historic structuref ☐ Securitiesk ☐ Digital assets

NPS #

g ☐ Collectiblesl ☐ Otherc ☐ Art (contribution of less than \$20,000)h ☐ Intellectual property

3	(a) Description of donated property (if you need more space, attach a separate statement)			(b) If any tangible personal property or real property was donated, give a brief summary of overall physical condition of the property at the time of the gift.		(c) Appraised fair market value
A						
B						
C						
	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	(h) Qualified conservation contribution relevant basis (see instructions)	(i) Amount claimed as a deduction (see instructions)
A						
B						
C						

For Paperwork Reduction Act Notice, see separate instructions.

Noncash Charitable ContributionsAttach one or more Forms 8283 to your tax return if you claimed a total deduction
of over \$500 for all contributed property.

OMB No. 1545-0074

Attachment
Sequence No.**155**Go to www.irs.gov/Form8283 for instructions and the latest information.

Name(s) shown on your income tax return

MICHAEL & LINDA K PRESCOTT

Identifying number

* * * - * *

Enter the entity name and identifying number from the tax return where the noncash charitable contribution was originally reported, if
different from above.

Name:

Identifying number:

Check this box if a family pass-through entity made the noncash charitable contribution. See instructions ☐

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities — List in this section only an item
(or a group of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded
securities and certain other property even if the deduction is more than \$5,000. If you need more space,
attach a statement. See instructions.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.)
A		☐	
B		☐	
C		☐	
D		☐	

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A						
B						
C						
D						

**Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities, Vehicles, Intellectual Property or
Inventory Reportable in Section A)** — Complete this section for one item (or a group of similar items) for which
you claimed a deduction of more than \$5,000 per item or group (except contributions reportable in Section A).
Provide a separate form for each item donated unless it is part of a group of similar items. A qualified appraisal
is required for items reportable in Section B and in certain cases must be attached. See instructions.**Part I Information on Donated Property**

2 Check the box that describes the type of property donated. See instructions for definitions.

- a ☐ Art (contribution of \$20,000 or more) d ☐ Other real estate i ☒ Vehicles
 b ☐ Qualified conservation contribution e ☐ Equipment j ☐ Clothing and household items
 b(1) ☐ Certified historic structure f ☐ Securities k ☐ Digital assets
 NPS # g ☐ Collectibles l ☐ Other
 c ☐ Art (contribution of less than \$20,000) h ☐ Intellectual property

3	(a) Description of donated property (if you need more space, attach a separate statement)			(b) If any tangible personal property or real property was donated, give a brief summary of overall physical condition of the property at the time of the gift.		(c) Appraised fair market value
A	2007 HONDA ACCORD			GOOD		700
B						
C						
	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	(h) Qualified conservation contribution relevant basis (see instructions)	(i) Amount claimed as a deduction (see instructions)
A	09/08/07	PURCHASE	30,248			
B						
C						

For Paperwork Reduction Act Notice, see separate instructions.

DAA

☐ CORRECTED (if checked)

Attachment Sequence No. 155A

DONEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CAR DONATION FOUNDATION 5775 WAYZATA BLVD SUITE 700 ST LOUIS PARK MN 55416		1 Date of contribution 12/04/23		OMB No. 1545-1959 Form 1098-C (Rev. November 2019) For calendar year 20	Contributions of Motor Vehicles, Boats, and Airplanes
		2a Odometer mileage 269190			
		2b Year 2007	2c Make HONDA	2d Model ACCORD	
		3 Vehicle or other identification number [REDACTED]			
DONEE'S TIN **-***8048	DONOR'S TIN [REDACTED]	4a ☒ Donee certifies that vehicle was sold in arm's length transaction to unrelated party			
DONOR'S name LINDA K PRESCOTT		4b Date of sale 12/11/23			
Street address (including apt. no.)		4c Gross proceeds from sale (see instructions) \$ 700			
City or town, state or province, country, and ZIP or foreign postal code		5a ☐ Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvements or significant intervening use			
		5b ☐ Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose			
		5c Donee certifies the following detailed description of material improvements or significant intervening use and duration of use 			
		6a Did you provide goods or services in exchange for the vehicle? ► Yes ☐ No ☒			
		6b Value of goods and services provided in exchange for the vehicle \$			
		6c Describe the goods and services, if any, that were provided. If this box is checked, donee certifies that the goods and services consisted solely of intangible religious benefits ► ☐			
		7 Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked ► ☐			

Copy B

For Donor

In order to take a deduction of more than \$500 for this contribution, you must attach this copy to your federal tax return.

Unless box 5a or 5b is checked, your deduction cannot exceed the amount in box 4c.

DONEE'S name, street address, city, state, ZIP code, and telephone no.

Car Donation Foundation
5775 Wayzata Blvd
Suite 700
St. Louis Park MN 55416

Telephone: 952-456-6112

1 Date of contribution

12/04/2023

2a Odometer mileage

269190

2023

Form 1098-C

(Rev. November 2019)

Contributions of
Motor Vehicles,
Boats, and
Aircraft

2b Year

2007

2c Make

Honda

2d Model

Accord

DONEE'S TIN

26-3408048

DONOR'S TIN

[REDACTED]

3 Vehicle or other identification number

[REDACTED]

DONOR'S name, street address, city, state, and ZIP code

Linda Prescott
3402 Amberjack Dr
Hernando Beach FL 34607

4a

☒ Donee certifies that vehicle was sold in arm's length transaction to unrelated party

4b

Date of sale

12/11/2023

4c

Gross proceeds from sale (see instructions)

\$

700.00

5a

☐ Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvements or significant intervening use

5b

☐ Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose

5c Donee certifies the following detailed description of material improvements or significant intervening use and duration of use

6a

Did you provide goods or services in exchange for the vehicle?

Yes ☐ No ☒

6b

Value of goods and services provided in exchange for the vehicle

\$

6c

If this box is checked, donee certifies that the goods and services described below consisted solely of intangible religious benefits

☐

7

Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked

☐

Department of the Treasury - Internal Revenue Service

Form 1098-C (Rev. 11-2019)

Copy C

For Donor's Records

This information is being furnished to the Internal Revenue Service unless box 7 is checked.

2023 Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

OMB No. 1545-0119

Copy C: For Recipient's Records

This information is being furnished to the Internal Revenue Service.

Date: 01/19/2024

Document ID: [REDACTED]

Account number: [REDACTED]

PAYER'S TIN:

95-2834236

RECIPIENT'S TIN:
Recipient: PTC CUST ROLLOVER IRA FBO
LINDA K PRESCOTT
3402 AMBERJACK DR
HERNANDO BEACH, FL 34607-3601

Payer: LPL Financial
1055 LPL Way
Fort Mill, SC 29715

1 Gross distribution

\$3,770.64

2a Taxable amount

\$3,770.64

2b Taxable amount not determined

(X)

Total distribution

()

3 Capital gain (included on line 2a)

4 Federal income tax withheld

\$754.12

5 Employee contributions/ Designated Roth contributions or insurance premiums

6 Net unrealized appreciation in employer's securities

7 Distribution code(s)

7

IRA/SEP/SIMPLE

(X)

8 Other amount

Other amount percentage

%

9a Your percentage of total distribution

%

9b Total employee contributions

10 Amount allocable to IRR within 5 years

11 1st year of desig. Roth contrib.

()

12 FATCA filing requirement

13 Date of Payment

14 State tax withheld

15 State

16 Payer's state number

State distribution

9100

Wage and Tax Statement
Copy C - For EMPLOYER'S RECORDS
Form W-2
2023

This information is being furnished to the IRS. If you are required to file a tax return, a wage and tax statement is required to be filed with it.

OMB No. 1545-0047

Department of the Treasury - Internal Revenue Service

15a Employer's name, address, and ZIP code

15b Employer's EIN

15c State

15d Local

15e Other

15f Total

15g State

15h Local

15i Other

15j Total

15k State

15l Local

15m Other

15n Total

15o State

15p Local

15q Other

15r Total

15s State

15t Local

15u Other

15v Total

15w State

15x Local

15y Other

15z Total

15aa State

15ab Local

15ac Other

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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 LINDA K PRESCOTT		Box 2. Beneficiary's Social Security Number [REDACTED]
Box 3. Benefits Paid in 2023 \$32,796.00	Box 4. Benefits Repaid to SSA in 2023 NONE	Box 5. Net Benefits for 2023 (Box 3 minus Box 4) \$32,796.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or Direct deposit Benefits for 2023 \$32,796.00 \$32,796.00		DESCRIPTION OF AMOUNT IN BOX 4 NONE
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address LINDA K PRESCOTT 3402 AMBERJACK DR HERNANDO BEACH FL 34607-3601
		Box 8. Claim Number (Use this number if you need to contact SSA) [REDACTED]

Form SSA-1099-SM (1-2024)

DO NOT RETURN THIS FORM TO SSA OR IRS

☐ CORRECTED (if checked)		OMB No. 1545-0119		1099 Distributions Pensions, Ann Retirement or Sharing I IRAs, Insu Contract COI For Recip Ret This informa being furn to the In Revenue St
PAYER's name, street address, city, state, and ZIP code 1-800-228-5453 California State Teachers' Retirement System P.O. Box 15275 Sacramento, CA 95851-0275		1 Gross Distribution \$ 21,388.86		
PAYER'S Federal Identification No. 94-6291617		2a Taxable Amount \$ 20,869.02	2023 2b Taxable Amount not determined ☐ Total Distribution ☐	
RECIPIENT'S name, address, and ZIP code LINDA K PRESCOTT 3402 AMBERJACK DR HERNANDO BEACH FL 34607-3601		3 Amount in Box 2a eligible for capital gain election \$	4 Federal Income tax withheld \$ 621.93	
Account number (optional) [REDACTED]		5 Nontaxable contributions \$ 519.84	6 Net unrealized appreciation in employer's securities \$	
Beneficiary Type SERVICE RETIREMENT		7 Distribution Code 7	IRA/SEP ☐ 8 Other ☐ %	
		9a Your percentage of total distribution	9b Total Employee Contributions \$ 4,981.13	
		14 State Income tax withheld \$ 0.00	15 State/Payer's State No CA 803-2926-1	
Form 1099-R		Department of the Treasury-Internal Revenue Service		

Copies of your 1099-R and additional information are available at CalSTRS' website at <http://www.calstrs.com>. Log in to myCalSTRS or call 1-800-228-5453.

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 MICHAEL E PRESCOTT		Box 2. Beneficiary's Social Security Number [REDACTED]
Box 3. Benefits Paid in 2023 \$29,369.00	Box 4. Benefits Repaid to SSA in 2023 NONE	Box 5. Net Benefits for 2023 (Box 3 minus Box 4) \$29,369.00
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or Direct deposit \$22,630.00		NONE
Medicare Part B premiums deducted from your benefits \$1,649.00		
Medicare Prescription Drug premiums (Part D) deducted from your benefits \$1,096.00		
Voluntary Federal Income Tax Withheld \$3,994.00		
Total Additions \$29,369.00		
Benefits for 2023 \$29,369.00		
		Box 6. Voluntary Federal Income Tax Withheld \$3,994.00
		Box 7. Address MICHAEL E PRESCOTT 3402 AMBERJACK DRIVE HERNANDO BEACH FL 34607-3601
		Box 8. Claim Number (Use this number if you need to contact SSA) [REDACTED]

Form SSA-1099-SM (1-2024)

DO NOT RETURN THIS FORM TO SSA OR IRS**Form W-2 Wage and Tax Statement 2023**

Copy C, for employee's records

d Control number 0041-18034415 0000000289		c Employer's name, address, and ZIP code DOBIES FUNERAL HOME INC 4910 BARTLETT RD HOLIDAY FL 34690		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer identification number (EIN) 59-2847113		a Employee's social security number [REDACTED]		1 Wages, tips, other compensation 3476.62	
13 Statutory employee		Retirement plan		2 Federal income tax withheld 573.58	
12 See instructions for box 12		14 Other		3 Social security wages 3476.62	
		e Employee's name, address, and ZIP code MICHAEL E PRESCOTT 3402 AMBERJACK DR HERNANDO BEACH FL 34607		4 Social security tax withheld 215.55	
				5 Medicare wages and tips 3476.62	
				6 Medicare tax withheld 50.41	
				7 Social Security Tips	
				8 Allocated Tips	
				10 Dependent care benefits	
				11 Nonqualified plans	
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	

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.