

Copy B -- To Be Filed With Employee's FEDERAL Tax Return			OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp. 9861.95	2 Federal income tax withheld 29.13	
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld	
84-6013733	5 Medicare wages and tips 11065.00	6 Medicare tax withheld 160.45	
c Employer's name, address, and ZIP code  Poudre School District 2407 LaPorte Avenue  Fort Collins, CO 80521-4427			
d Control number 02536			
e Employee's name, address, and ZIP code  RICK ROBERT HUFNAGEL 1824 ESSEX DR.  FORT COLLINS, CO 80526			
7 Social security tips		8 Allocated tips	9
10 Dependent care benefits		11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee	14 Other	12b Code	
Retirement plan X		12c Code	
Third-party sick pay		12d Code	
CO 03-04909	9861.95	✓ ✓ 265.00	
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 2022 Dept. of the Treasury -- IRS  
This information is being furnished to the Internal Revenue Service.

Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008
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Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury -- IRS

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Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury -- IRS  
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Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury -- IRS

**The Northern Trust Company**

Benefit Payment Services WB-38 50 S. LaSalle St. Chicago, Illinois 60603  
As Paying Agent for:

**6586 WPEP**

**\*WYOMING RETIREMENT SYSTEM\***  
**PUBLIC EMPLOYEE PENSION**  
**1-307-777-7691**

PAYER'S TIN

**36-3046063**

RECIPIENT'S TIN

**\*\*\*-\*\*-6320**

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

**RICK R HUFNAGEL**  
**1824 ESSEX DR**  
**FORT COLLINS CO 80526-1617**

Account number (see instructions) **14 State tax withheld**  
**65860012093077 CON**

**15 State/Payer's state no.**  
**CO/27589744**

\$	<b>6,240.00</b>
<b>2a Taxable amount</b>	<b>6,240.00</b>
\$	<b>6,240.00</b>

OMB No. 1545-0119

**2022**

Form 1099-R

<b>2b Taxable amount not determined</b>	<input type="checkbox"/>	<b>Total distribution</b>	<input type="checkbox"/>
<b>3 Capital gain (included in box 2a)</b>	<b>4 Federal income tax withheld</b>		
\$	\$		
<b>5 Employee contributions/ Designated Roth contributions or insurance premiums</b>	<b>6 Net unrealized appreciation in employer's securities</b>		
\$	\$		

<b>7 Distribution code(s)</b>	<b>IRA/ SEP/ SIMPLE</b>	<b>8 Other</b>	<input type="checkbox"/>
<b>7</b>	<input type="checkbox"/>	\$	%

<b>9a Your percentage of total distribution</b>	<b>9b Total employee contributions</b>
\$	\$

<b>10 Amount allocable to IRR within 5 years</b>	<b>11 1st year of desig. Roth contrib.</b>	<b>12 FATCA filing requirement</b>	<input type="checkbox"/>
\$			

<b>14 State distribution</b>	<b>15 Local tax withheld</b>	<b>16 Name of locality</b>	<b>19 Local distribution</b>
<b>6,240.00</b>	\$		\$

Form 1099-R

[www.irs.gov/Form1099R](http://www.irs.gov/Form1099R)

Department of the Treasury - Internal Revenue Serv

Corrected (if checked)

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

Benefit Payment Services WB-38 50 S. LaSalle St. Chicago, Illinois 60603  
As Paying Agent for:

**6586 WPEP**  
**\*WYOMING RETIREMENT SYSTEM\***  
**PUBLIC EMPLOYEE PENSION**  
**1-307-777-7691**

PAYER'S TIN

**36-3046063**

RECIPIENT'S TIN

**\*\*\*-\*\*-6320**

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

**RICK R HUFNAGEL**  
**1824 ESSEX DR**  
**FORT COLLINS CO 80526-1617**

Account number (see instructions) **14 State tax withheld**  
**65860012093077 CON**

**15 State/Payer's state no.**  
**CO/27589744**

<b>1 Gross distribution</b>	<b>6,240.00</b>	OMB No. 1545-0119	<b>Distributions From Pensions, Annuities, Retirement Profits-Sharing Plans, IRA, Insurance Contracts, etc.</b>
<b>2a Taxable amount</b>	<b>6,240.00</b>	<b>2022</b>	<b>Form 1099-R</b>

<b>2b Taxable amount not determined</b>	<input type="checkbox"/>	<b>Total distribution</b>	<input type="checkbox"/>
\$		\$	%

<b>3 Capital gain (included in box 2a)</b>	<b>4 Federal income tax withheld</b>
\$	\$

<b>5 Employee contributions/ Designated Roth contributions or insurance premiums</b>	<b>6 Net unrealized appreciation in employer's securities</b>
\$	\$

<b>7 Distribution code(s)</b>	<b>IRA/ SEP/ SIMPLE</b>	<b>8 Other</b>	<input type="checkbox"/>
<b>7</b>	<input type="checkbox"/>	\$	%

<b>9a Your percentage of total distribution</b>	<b>9b Total employee contributions</b>
\$	\$

<b>10 Amount allocable to IRR within 5 years</b>	<b>11 1st year of desig. Roth contrib.</b>	<b>12 FATCA filing requirement</b>	<input type="checkbox"/>
\$			

<b>14 State distribution</b>	<b>15 Local tax withheld</b>	<b>16 Name of locality</b>	<b>19 Local distribution</b>
<b>6,240.00</b>	\$		\$

Form 1099-R

(keep for your records)

[www.irs.gov/Form1099R](http://www.irs.gov/Form1099R)

Department of the Treasury - Internal Revenue Serv

Corrected (if checked)

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

Benefit Payment Services WB-38 50 S. LaSalle St. Chicago, Illinois 60603  
As Paying Agent for:

**6586 WPEP**  
**\*WYOMING RETIREMENT SYSTEM\***  
**PUBLIC EMPLOYEE PENSION**  
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PAYER'S TIN

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RECIPIENT'S TIN

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**RICK R HUFNAGEL**  
**1824 ESSEX DR**  
**FORT COLLINS CO 80526-1617**

Account number (see instructions) **14 State tax withheld**  
**65860012093077 CON**

**15 State/Payer's state no.**  
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<b>1 Gross distribution</b>	<b>6,240.00</b>	OMB No. 1545-0119	<b>Distributions From Pensions, Annuities, Retirement Profits-Sharing Plans, IRA, Insurance Contracts, etc.</b>
<b>2a Taxable amount</b>	<b>6,240.00</b>	<b>2022</b>	<b>Form 1099-R</b>

<b>2b Taxable amount not determined</b>	<input type="checkbox"/>	<b>Total distribution</b>	<input type="checkbox"/>
\$		\$	%

<b>3 Capital gain (included in box 2a)</b>	<b>4 Federal income tax withheld</b>
\$	\$

<b>5 Employee contributions/ Designated Roth contributions or insurance premiums</b>	<b>6 Net unrealized appreciation in employer's securities</b>
\$	\$

<b>7 Distribution code(s)</b>	<b>IRA/ SEP/ SIMPLE</b>	<b>8 Other</b>	<input type="checkbox"/>
<b>7</b>	<input type="checkbox"/>	\$	%

<b>9a Your percentage of total distribution</b>	<b>9b Total employee contributions</b>
\$	\$

<b>10 Amount allocable to IRR within 5 years</b>	<b>11 1st year of desig. Roth contrib.</b>	<b>12 FATCA filing requirement</b>	<input type="checkbox"/>
\$			

<b>14 State distribution</b>	<b>15 Local tax withheld</b>	<b>16 Name of locality</b>	<b>19 Local distribution</b>
<b>6,240.00</b>	\$		\$

Form 1099-R

[www.irs.gov/Form1099R](http://www.irs.gov/Form1099R)

Department of the Treasury - Internal Revenue Serv

Pensions, Annuities, Retirement Profit-Sharing Plans, IRA, Insurance Contracts, etc.

Report the income on your federal tax return. If the form shows federal income tax withheld in box 4, attach this copy to your return.

This information being furnished to the IRS.

For Recipient's Record

This information being furnished to the IRS.

File this copy with your state, city, or local income tax return, where required.

Copy

**FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT****2022**

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

Box 1. Name <b>RICK R HUFNAGEL</b>		Box 2. Beneficiary's Social Security Number <b>573-92-6320</b>
Box 3. Benefits Paid in 2022 <b>\$26,857.20</b>	Box 4. Benefits Repaid to SSA in 2022 <b>NONE</b>	Box 5. Net Benefits for 2022 (Box 3 minus Box 4) <b>\$26,857.20</b>
<b>DESCRIPTION OF AMOUNT IN BOX 3</b>		<b>DESCRIPTION OF AMOUNT IN BOX 4</b>
Paid by check or Direct deposit Medicare Part B premiums deducted from your benefits Total Additions Benefits for 2022	\$24,816.00 \$2,041.20 \$26,857.20 \$26,857.20	NONE
Box 6. Voluntary Federal Income Tax Withheld <b>NONE</b>		
Box 7. Address <b>RICK R HUFNAGEL 1824 ESSEX DRIVE FORT COLLINS CO 80526-1617</b>		
Box 8. Claim Number (Use this number if you need to contact SSA) <b>573-92-6320A</b>		

Copy B -- To Be Filed With Employee's FEDERAL Tax Return			OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp. 82134.19	2 Federal income tax withheld 11783.51	
515-52-0408			
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld	
84-6013733			
c Employer's name, address, and ZIP code	Poudre School District 2407 LaPorte Avenue Fort Collins, CO 80521-4427		
d Control number	02537		
e Employee's name, address, and ZIP code	SARAH MILLS HUFNAGEL 1824 ESSEX DRIVE FORT COLLINS, CO 80526		
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code E	See inst. for box 12 600.00
13 Statutory employee	14 Other	12b Code DD	8256.00
Retirement plan X		12c Code	
Third-party sick pay		12d Code	
CO 03-04909		82134.19	3367.00
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
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Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury --  
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Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury -- IRS  
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CORRECTED (if checked)

PAYER'S name, address, ZIP/postal code, country & phone no. US Anesthesia Partners of Florida, Inc. dba The JLR Anes Assoc 12222 Merit Drive, Ste 600 Dallas, TX 75251 +1 (214) 3774364		OMB No. 1545-0116 <b>Form 1099-NEC</b> (Rev. January 2022) For calendar year 2023	<b>Nonemployee Compensation</b>
PAYER'S TIN 59-2905984	RECIPIENT'S TIN XXX-XX-0101	1 Nonemployee compensation \$33221.00	<b>Copy B For Recipient</b>  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.
RECIPIENT'S name, address, ZIP/postal code & country LOURDES NAVARRO AA 14484 LAKE JESSUP DRIVE JACKSONVILLE, FL 32258		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
		3	
		4 Federal income tax withheld \$	
Account number (see instructions) LOURD21		5 State tax withheld \$	
		7 State income \$	

Form **1099-NEC** (Rev. 1-2022)

(keep for your records)

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, address, ZIP/postal code, country & phone no. US Anesthesia Partners of Florida, Inc. dba The JLR Anes Assoc 12222 Merit Drive, Ste 600 Dallas, TX 75251 +1 (214) 3774364		OMB No. 1545-0116 <b>Form 1099-NEC</b> (Rev. January 2022) For calendar year 2023	<b>Nonemployee Compensation</b>
PAYER'S TIN 59-2905984	RECIPIENT'S TIN XXX-XX-0101	1 Nonemployee compensation \$33221.00	<b>Copy B Duplicate</b>
RECIPIENT'S name, address, ZIP/postal code & country LOURDES NAVARRO AA 14484 LAKE JESSUP DRIVE JACKSONVILLE, FL 32258		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
		3	
		4 Federal income tax withheld \$	
Account number (see instructions) LOURD21		5 State tax withheld \$	
		7 State income \$	

Form **1099-NEC** (Rev. 1-2022)

(keep for your records)

Department of the Treasury - Internal Revenue Service

## Instructions for Recipient

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax.

If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.

If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

**Recipient's taxpayer identification number (TIN).** For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

**Account number.** May show an account or other unique number the payer assigned to distinguish your account.

**Box 1.** Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

**Note:** If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

**Box 2.** If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

**Box 3.** Reserved for future use.

**Box 4.** Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

**Boxes 5-7.** State income tax withheld reporting boxes.

**Future developments.** For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form1099NEC](http://www.irs.gov/Form1099NEC).

**Free File Program.** Go to [www.irs.gov/FreeFile](http://www.irs.gov/FreeFile) to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

**1099-NEC**



NATIONAL FINANCIAL SERVICES LLC  
Agent for Fidelity Management Trust Company  
P.O. Box 28019  
Albuquerque, NM 87125-8019

## 2023 Form 5498 IRA Contribution Information

Account No.	Participant TIN	Page
246-184051	***-**-4967	1 of 2

TRUSTEE'S or ISSUER'S TIN: 04-3523567

eDelivered

DAVE NAVARRO  
14484 LAKE JESSUP DR  
JACKSONVILLE FL 32258-5137

Customer Service: 800-544-6666  
Visit Us Online: [Fidelity.com](https://www.fidelity.com)

### Form 5498

### 2023 IRA Contribution Information

OMB No.1545-0747

This information is being furnished to the Internal Revenue Service.

**Account Number** 246-184051

2.Rollover contributions.....	\$18,297.14
5.Fair market value of account.....	\$18,654.20
7.IRA Type.....	IRA *
11.Required Minimum Distribution for 2024.....	<input type="checkbox"/>

\* It is an IRS requirement to report Traditional IRAs and Rollover IRAs as IRAs. Please see the IRA Beneficiary Summary Section in this statement to further identify your account.

For a complete list of account positions see your year-end investment report on Fidelity.com

### IRA Beneficiary Summary Statement as of December 31, 2023 (not reported to IRS)

Account Type Primary or Contingent	Account Number	Share Percent	Date of Birth/Trust	Relationship	Legal Heir Option
---------------------------------------	----------------	------------------	------------------------	--------------	----------------------

ROLLOVER IRA 246-184051

No beneficiary information on record.

To add or update your beneficiary information, go to [Fidelity.com/beneficiary](https://www.fidelity.com/beneficiary).

If you make any IRA or Roth IRA contributions for 2023 between January 1 - April 15, 2024,  
Fidelity will mail an updated Form 5498 to you by May 31, 2024.

**2023 Form 5498 IRA Contribution Information**

Account No.	Participant TIN	Page
246-184051	***-**-4967	2 of 2

TRUSTEE'S or ISSUER'S TIN: 04-3523567



NATIONAL FINANCIAL SERVICES LLC  
Agent for Fidelity Management Trust Company  
P.O. Box 28019  
Albuquerque, NM 87125-8019

DAVE NAVARRO  
14484 LAKE JESSUP DR  
JACKSONVILLE FL 32258-5137

eDelivered

Customer Service: 800-544-6666  
Visit Us Online: [Fidelity.com](http://Fidelity.com)

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Edfinancial Services  
P.O. Box 36008  
Knoxville, TN 37930-6008

Account Number: 1535310395

MEREDITH R SZYKOWSKI  
6959 STATE HIGHWAY 80  
COOPERSTOWN NY 133263201

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		OMB No. 1545-1576	<b>Student Loan Interest Statement</b>
Edfinancial Services P.O. Box 36008 Knoxville, TN 37930-6008 1-855-337-6884		<b>2023</b> Form 1098-E	
RECIPIENT'S federal identification no. 52-1198289	BORROWER'S social security number ***-**-6637	1 Student loan interest received by lender \$4097.32	<b>Copy B For Borrower</b> This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.
BORROWER'S name, street address (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code  MEREDITH R SZYKOWSKI 6959 STATE HIGHWAY 80 COOPERSTOWN NY 133263201			
Account number (see instructions) 1535310395		2 If checked, box 1 does <b>not</b> include loan origination fees and/or capitalized interest for loans made before September 1, 2004 . . . . . <input type="checkbox"/>	

Form 1098-E

(keep for your records)

[irs.gov/Form1098E](http://irs.gov/Form1098E)

Department of the Treasury – Internal Revenue Service

**Instructions for borrowers:** A person (including a financial institution, a governmental unit, and an education institution) that receives interest payments of \$600 or more during the year on one or more qualified student loans must furnish this statement to you.

You may be able to deduct student loan interest that you actually paid in 2022 on your income tax return. However, you may not be able to deduct the full amount of interest reported on this statement. Do not contact the recipient/lender for explanations of the requirements for (and how to figure) any allowable deduction for the interest paid. Instead, for more information, see Pub. 970, and the Student Loan Interest Deduction Worksheet in the Instructions for Form 1040 and 1040-SR.

**Borrower's taxpayer identifier number (TIN):** For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identifier number (ITIN), adoption taxpayer identification number (ATIN), or employer identifier number (EIN)). However, the issuer has reported your complete TIN to the IRS.

**Account number:** May show an account or other unique number the lender assigned to distinguish your account.

**Box 1:** Shows the interest received by the lender during the year on one or more student loans made to you. For loans made on or after September 1, 2004, box 1 must include loan origination fees and capitalized interest received in 2022. If your loan was made before September 1, 2004, you may be able to deduct loan origination fees and capitalized interest not reported in box 1.

**Box 2:** If checked, indicates that loan origination fees and/or capitalized interest are **not** included in box 1 for loans made before September 1, 2004. See Pub. 970 for how to figure any deductible loan origination fees or capitalized interest.

**Future developments:** For the latest information about developments related to Form 1098-E and its instructions, such as legislation enacted after they were published, go to [irs.gov/Form1098E](http://irs.gov/Form1098E).

**Statement for Recipients of Certain Government Payments**  
**Copy B for Recipient**

**1099-G**

CORRECTED (If Checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Commonwealth of Massachusetts MA Department of Family and Medical Leave P.O. Box 838 Lawrence, MA 01842 (855) 610-9905</b>		1 Paid Family Medical Leave Benefit  1,327.42	OMB No. 1545-0120  <b>2023</b>
Payer's federal identification number  <b>04-6002284</b>	RECIPIENT'S identification number  <b>***-**-4662</b>	3 Box 2 amount is for tax year  4 Federal Income tax withheld  132.75	Form 1099-G
RECIPIENT'S name  grace ann vassell  Street address (including apt. no.)  4160 Tour Trce		5 RTAA payments	6 Taxable grants
City or town or province, country, and ZIP or foreign postal code  Land O Lakes, FL 34638-6993		7 Agriculture payments	8 If checked, box 2 is trade or business income
Account Number (see instructions)  <b>3030210</b>		9 Market gain	
		10a State  <b>MA</b>	10b State Identification no.  <b>04-6002284</b>
		11 State Income Tax withheld  66.36	



**Certain  
Government  
Payments**

**COPY B For  
Recipient**

This is important tax information and is being furnished to the Internal Revenue Service. 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.

**BOX INFORMATION:**

Box 1. - The total Paid Family and Medical benefit paid to you this year by DFML. This amount may be taxable income to you. DFML does not provide tax advice. Please consult your tax adviser or lawyer.

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

CALIBER HOME LOANS, INC  
PO BOX 619063  
DALLAS, TX 75261-9063  
1-800-401-6587

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

6-759-21828-0054243-004-1-000-000-000-000



RICK R HUFNAGEL  
SARAH HUFNAGEL  
1824 ESSEX DR  
FORT COLLINS CO 80526-1617

**\*Caution:** The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

OMB No. 1545-1380

Form **1098**

(Rev. January 2022)

For calendar year  
2022

## Mortgage Interest Statement

### Copy B For Payer/ Borrower

The information in boxes 1 through 9 and 11 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 the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.

1 Mortgage interest received from payer(s)/borrower(s)* <b>\$ 6,149.63 ✓</b>		7 If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8
2 Outstanding mortgage principal <b>\$ 234,505.36</b>		
4 Refund of overpaid interest <b>\$ 0.00</b>		5 Mortgage insurance premiums <b>\$ 0.00</b>
6 Points paid on purchase of principal residence <b>\$ 0.00</b>		8 Address or description of property securing mortgage <b>1824 ESSEX DR FORT COLLINS CO 80526-1617 ✓</b>
9 Number of properties securing the mortgage <b>001</b>		10 Other Taxes Paid YTD <b>\$2,068.43 ✓</b>
11 Mortgage acquisition date		Account number (see instructions) <b>9726490627</b>
RECIPIENT'S/LENDER'S TIN <b>13-6131491</b>		PAYER'S/BORROWER'S TIN <b>***-**-6320</b>

Form **1098** (Rev. 1-2022)

VTB

(Keep for your records)

[www.irs.gov/Form1098](http://www.irs.gov/Form1098)

Department of the Treasury - Internal Revenue Service

### Instructions for Payer/Borrower

A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least \$600 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.

If you received this statement as the payer of record on a mortgage on which there are other borrowers, furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount each borrower paid and points paid by the seller that represent each borrower's share of the amount allowable as a deduction. Each borrower may have to include in income a share of any amount reported in box 4.

If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy. See the instructions for Schedule A, C, or E (Form 1040) for how to report the mortgage interest. Also, for more information, see Pub. 936 and Pub. 535.

**Payer's/Borrower's taxpayer identification number (TIN).** For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete TIN to the IRS.

**Account number.** May show an account or other unique number the lender has assigned to distinguish your account.

**Box 1.** Shows the mortgage interest received by the recipient/lender during the year. This amount includes interest on any obligation secured by real property, including a mortgage, home equity loan, or line of credit. This amount does not include points, government subsidy payments, or seller payments on a "buydown" mortgage. Such amounts are deductible by you only in certain circumstances.



If you prepaid interest in the calendar year that accrued in full by January 15, of the subsequent year, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in the calendar year paid even though it may be included in box 1.

If you hold a mortgage credit certificate and can claim the mortgage interest credit, see Form 8396. If the interest was paid on a mortgage, home equity loan, or line of credit secured by a qualified residence, you can only deduct the interest paid on acquisition indebtedness and you

**Box 2.** Shows the outstanding principal on the mortgage as of January 1 of the calendar year. If the mortgage originated in the calendar year, shows the mortgage principal as of the date of origination. If the recipient/lender acquired the loan in the calendar year, shows the mortgage principal as of the date of acquisition.

**Box 3.** Shows the date of the mortgage origination.

**Box 4. Do not deduct this amount.** It is a refund (or credit) for overpayment(s) of interest you made in a prior year or years. If you itemized deductions in the year(s) you paid the interest, you may have to include part or all of the box 4 amount on the "Other income" line of your calendar year Schedule 1 (Form 1040). No adjustment to your prior year(s) tax return(s) is necessary. For more information, see Pub. 936 and *Itemized Deduction Recoveries* in Pub. 525.

**Box 5.** If an amount is reported in this box, it may qualify to be treated as deductible mortgage interest. See the calendar year Schedule A (Form 1040) instructions and Pub. 936.

**Box 6.** Not all points are reportable to you. Box 6 shows points you or the seller paid this year for the purchase of your principal residence that are required to be reported to you. Generally, these points are fully deductible in the year paid, but you must subtract seller-paid points from the basis of your residence. Other points not reported in box 6 may also be deductible. See Pub. 936 to figure the amount you can deduct.

**Box 7.** If the address of the property securing the mortgage is the same as the payer's/borrower's, either the box has been checked, or box 8 has been completed.

**Box 8.** Shows the address or description of the property securing the mortgage.

**Box 9.** If more than one property secures the loan, shows the number of properties securing the mortgage. If only one property secures the loan, this box may be blank.

**Box 10.** The interest recipient may use this box to give you other information, such as real estate taxes or insurance paid from escrow.

**Box 11.** If the recipient/lender acquired the mortgage in the calendar year, shows the date of acquisition.

**Future developments.** For the latest information about developments related to Form 1098 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form1098](http://www.irs.gov/Form1098).

## 2023 W-2 and EARNINGS SUMMARY

ADP

**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2023**  
Copy C for employer's records.

OMB No. 1545-0008

d Control number 031665 ATLA/BNP	Dept. 305	Corp. T	Employer use only 161
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c Employer's name, address, and ZIP code

**TEHC LLC**  
8669 N.W.36TH ST, #355  
MIAMI FL 33166

Batch #06565

e/f Employee's name, address, and ZIP code

**DAVE NAVARRO**  
14484 LAKE JESSUP DRIVE  
JACKSONVILLE FL 32258

b Employer's FED ID number 58-2490515	a Employee's SSA number XXX-XX-4967
1 Wages, tips, other comp. 7672.56	2 Federal income tax withheld 1022.14
3 Social security wages 7672.56	4 Social security tax withheld 475.70
5 Medicare wages and tips 7672.56	6 Medicare tax withheld 111.25
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay
15 State Employer's state ID no. FL	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

1 Wages, tips, other comp. 7672.56	2 Federal income tax withheld 1022.14
3 Social security wages 7672.56	4 Social security tax withheld 475.70
5 Medicare wages and tips 7672.56	6 Medicare tax withheld 111.25
d Control number 031665 ATLA/BNP	Dept. 305
Employer use only T	161

c Employer's name, address, and ZIP code

**TEHC LLC**  
8669 N.W.36TH ST, #355  
MIAMI FL 33166

b Employer's FED ID number 58-2490515	a Employee's SSA number XXX-XX-4967
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code	DAVE NAVARRO 14484 LAKE JESSUP DRIVE JACKSONVILLE FL 32258
15 State Employer's state ID no. FL	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

**Federal Filing Copy**  
**W-2 Wage and Tax Statement 2023**  
OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

## 1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	FL State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	7,672.56	7,672.56	7,672.56	7,672.56
Reported W-2 Wages	7,672.56	7,672.56	7,672.56	7,672.56

## 2. Employee Name and Address.

**DAVE NAVARRO**  
14484 LAKE JESSUP DRIVE  
JACKSONVILLE FL 32258

© 2023 ADP, Inc.

Fold and Detach Here

1 Wages, tips, other comp. 7672.56	2 Federal income tax withheld 1022.14
3 Social security wages 7672.56	4 Social security tax withheld 475.70
5 Medicare wages and tips 7672.56	6 Medicare tax withheld 111.25
d Control number 031665 ATLA/BNP	Dept. 305
Employer use only T	161
c Employer's name, address, and ZIP code	
<b>TEHC LLC</b> 8669 N.W.36TH ST, #355 MIAMI FL 33166	
b Employer's FED ID number 58-2490515	
a Employee's SSA number XXX-XX-4967	
7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a	
14 Other	
12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code	
DAVE NAVARRO 14484 LAKE JESSUP DRIVE JACKSONVILLE FL 32258	
15 State Employer's state ID no. FL	
16 State wages, tips, etc.	
17 State income tax	
18 Local wages, tips, etc.	
19 Local income tax	
20 Locality name	
FOLD AND DETACH HERE	
FL State Reference Copy	
<b>W-2 Wage and Tax Statement 2023</b>	
Copy 2 to be filed with employee's State Income Tax Return.	

**FL State Filing Copy**  
**W-2 Wage and Tax Statement 2023**  
OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

6-749-87873-0059325-003-1-001-000-000-000



MEREDITH R SZYKOWSKI  
6959 STATE HIGHWAY 80  
COOPERSTOWN NY 13326-3201

SUBSTITUTE FORM 1098  
OMB NO. 1545-1380

The information in boxes 1 through 9 and 11 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 the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.

**\*Caution:** The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent that it was incurred by you, actually paid by you, and not reimbursed by another person.

Any late charges paid are included in the interest amount.

## Recipient/Lender's TIN

22-1146430

## Payer's/Borrower's TIN

XXX-XX-6637

## Payer's/Borrower's name

MEREDITH R SZYKOWSKI

Street address (including apt. no.); City or town; state or province, country, ZIP or foreign postal code

6959 STATE HIGHWAY 80, COOPERSTOWN NY 13326-3201

1. Mortgage interest received from payer(s)/borrower(s)*	2. Outstanding mortgage principal as of 1/1/2023	3. Mortgage origination date	4. Refund of overpaid interest	5. Mortgage insurance premiums
\$13,219.68	\$355,614.50	03/29/2022	\$0.00	\$
6. Points paid on purchase of principal residence	7. If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.		8. Address or description of property securing mortgage (see instructions) 6959 STATE HWY 80 SPRINGFIELD NY 13326	
\$0.00				
9. Number of properties securing the mortgage 1	10. Other 4029161805	11. Mortgage acquisition date	Account number (see instructions) 1000940347	

## AMOUNT DISBURSED

## ENDING BALANCE

REAL ESTATE TAXES	HAZARD INSURANCE	ESCROW	PRINCIPAL
\$4,749.14	\$988.00	\$1,219.66	\$348,827.54

The Ending Escrow Balance Funds are held for future disbursements.

If your loan was refinanced or acquired by PNC in 2023, you will receive an additional year end statement from your previous servicer.

## TRANSACTION HISTORY

PROCESS DATE	DESCRIPTION	DU DATE	TRANSACTION AMOUNT	PRINCIPAL AMOUNT	INTEREST AMOUNT	ESCROW AMOUNT	ESCROW BALANCE	PRINCIPAL BALANCE	OTHER
	BEGINNING BALANCE						2,416.62	355,614.50	
01/03	PAYMENT	01/23	2,132.78	555.92	1,111.30	465.56			
01/09	ESCROW REFUND		-1,041.29			-1,041.29			
01/13	CITY TAX DISB.	01/23	-1,515.08			-1,515.08			
01/27	PAYMENT	02/23	3.09			3.09			
02/01	PAYMENT	02/23	2,132.78	557.66	1,109.56	465.56			
03/01	PAYMENT	03/23	2,128.52	559.40	1,107.82	461.30			
03/09	HOMEOWNER INS. DISB.	03/23	-988.00			-988.00			
03/31	INT. ON ESC. DEPOSIT	04/23	4.18			4.18			
04/03	PAYMENT	04/23	2,128.52	561.15	1,106.07	461.30			
05/01	PAYMENT	05/23	2,128.52	562.91	1,104.31	461.30			
06/01	PAYMENT	06/23	2,128.52	564.67	1,102.55	461.30			
06/30	INT. ON ESC. DEPOSIT	07/23	5.82			5.82			
07/03	PAYMENT	07/23	2,128.52	566.43	1,100.79	461.30			
08/01	PAYMENT	08/23	2,128.52	568.20	1,099.02	461.30			
09/01	PAYMENT	09/23	2,130.85	569.98	1,097.24	463.63			
09/20	SCHOOL TAX DISB.	09/23	-3,234.06			-3,234.06			
09/29	INT. ON ESC. DEPOSIT	10/23	11.20			11.20			
10/02	PAYMENT	10/23	2,130.85	571.76	1,095.46	463.63			