

TAXES PERSONALES DEL 2024 de SERGIO Y CAROLINA

(Hecho julio 2025)

EGRESOS de SERGIO Y CAROLINA

Wells Sergio #5964	Interes del RV del año 2024	8,514.57	DEDUCIBLE??
	Property Tax Casa	4,514.05	
Chase Caro creditcard	Tramientos Dentales, curaciones, corona, implante	22,118.00	DEDUCIBLE??
Wells Caro #3241	Dental Insurance (pago mensual)	1,683.48	DEDUCIBLE??
Wells Sergio #5964	Florida BlueCross Insurance (pago mensual)	12,828.00	DEDUCIBLE??
Chase Caro credit card	Donaciones	600.00	

INGRESOS de SERGIO Y CAROLINA

W-2 DE CAROLINA	41,400.00
W-2 DE SERGIO	34,450.00
Robinhood 1099-INT (Ver Statement)	36.11

NOTA:

- TENEMOS PAGOS MENSUALES DE INSURANCE DENTAL Y INSURANCE FAMILIAR PERO APARTE TAMBIEN TENEMOS HICIMOS PAGOS POR LOS TRATAMIENTOS DENTALES.
- LOS PAGOS MENSUALES DEL SEGURO DENTAL Y MEDICO, ES DEDUCIBLE ??
- LOS INTERESES DEL RV (SERGIO LO USO DE VIVIENDA EN MIAMI) ES DUCIBLE??

	a Employee's social security number 768-20-4046	OMB No. 1545-0008				
b Employer identification number (EIN) 59-2128700		1 Wages, tips, other compensation 41400.00		2 Federal income tax withheld 3337.04		
c Employer's name, address, and ZIP code Robert Wade and Associates PA 520 Brickell Key Dr, Office Plaza 201 Miami FL 33131		3 Social security wages 41400.00		4 Social security tax withheld 2566.80		
		5 Medicare wages and tips 41400.00		6 Medicare tax withheld 600.30		
		7 Social security tips		8 Allocated tips		
d Control number		9		10 Dependent care benefits		
e Employee's first name and initial Carolina		Last name Wade 8297 E Zephyr Wing Court Floral City	11 Nonqualified plans		12a C o d e	
			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b C o d e
			14 Other			12c C o d e
						12d C o d e
f Employee's address and ZIP code						
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement

2024

Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local
Income Tax Return

b Employer identification number (EIN)	54-2072087			12a See instructions for Box 12	1 Wages, tips, other compensation 34450.00	2 Federal income tax withheld 1786.34
c Employer's name, address, and ZIP code	FRANKCRUM 8, INC. 100 S MISSOURI AVE CLEARWATER, FL 33756			12b	3 Social security wages 34450.00	4 Social security tax withheld 2135.90
e/f Employee's name, address, and ZIP code	SERGIO REY 8297 E ZEPHYR WING CT FLORAL CITY, FL 34436-6202			12c	5 Medicare wages and tips 34450.00	6 Medicare tax withheld 499.52
				12d	7 Social security tips 9	8 Allocated tips 10 Dependent care benefits
				12e	11 Nonqualified plans	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay
					14 Other	
REISSUED STATEMENT	Import Code: BZ8FJZGD					
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 2024** Department of the Treasury-Internal Revenue Service OMB # 1545-0008 **Copy B — To Be Filed With Employee's FEDERAL Tax Return**

b Employer identification number (EIN)	54-2072087			12a	1 Wages, tips, other compensation 34450.00	2 Federal income tax withheld 1786.34
c Employer's name, address, and ZIP code	FRANKCRUM 8, INC. 100 S MISSOURI AVE CLEARWATER, FL 33756			12b	3 Social security wages 34450.00	4 Social security tax withheld 2135.90
e/f Employee's name, address, and ZIP code	SERGIO REY 8297 E ZEPHYR WING CT FLORAL CITY, FL 34436-6202			12c	5 Medicare wages and tips 34450.00	6 Medicare tax withheld 499.52
				12d	7 Social security tips 9	8 Allocated tips 10 Dependent care benefits
				12e	11 Nonqualified plans	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay
					14 Other	
REISSUED STATEMENT	Import Code: BZ8FJZGD					
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 2024** Department of the Treasury-Internal Revenue Service OMB # 1545-0008 **Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return**

b Employer identification number (EIN)	54-2072087			12a	1 Wages, tips, other compensation 34450.00	2 Federal income tax withheld 1786.34
c Employer's name, address, and ZIP code	FRANKCRUM 8, INC. 100 S MISSOURI AVE CLEARWATER, FL 33756			12b	3 Social security wages 34450.00	4 Social security tax withheld 2135.90
e/f Employee's name, address, and ZIP code	SERGIO REY 8297 E ZEPHYR WING CT FLORAL CITY, FL 34436-6202			12c	5 Medicare wages and tips 34450.00	6 Medicare tax withheld 499.52
				12d	7 Social security tips 9	8 Allocated tips 10 Dependent care benefits
				12e	11 Nonqualified plans	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay
					14 Other	
REISSUED STATEMENT	Import Code: BZ8FJZGD					
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 2024** Department of the Treasury-Internal Revenue Service OMB # 1545-0008 **Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return**

b Employer identification number (EIN)	54-2072087			12a See instructions for Box 12	1 Wages, tips, other compensation 34450.00	2 Federal income tax withheld 1786.34
c Employer's name, address, and ZIP code	FRANKCRUM 8, INC. 100 S MISSOURI AVE CLEARWATER, FL 33756			12b	3 Social security wages 34450.00	4 Social security tax withheld 2135.90
e/f Employee's name, address, and ZIP code	SERGIO REY 8297 E ZEPHYR WING CT FLORAL CITY, FL 34436-6202			12c	5 Medicare wages and tips 34450.00	6 Medicare tax withheld 499.52
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					14 Other	
REISSUED STATEMENT	Import Code: BZ8FJZGD					
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 2024** Department of the Treasury-Internal Revenue Service OMB # 1545-0008 **Copy C — For EMPLOYEE'S RECORDS (see Notice to Employee on back)**



Carolina Wade
8297 E Zephyr Wing Court
Floral City, FL 34436

Master Account Number for Import:
934376930
Document ID for Import:
A0N9G17SAXV

Enclosed is your 2024 Consolidated Tax Statement. 1099 Tax Forms for the following accounts are included in this package:

934376930 - Robinhood Securities LLC

New for 2024 Tax Year -

1. Event Contracts - Net income from trading activity on Robinhood event contracts in 2024 will be reported as Miscellaneous Income and available on your Consolidated Form 1099 for this year. Please note, Miscellaneous Income totaling less than \$600 will not generate a form. Settlement payments on Robinhood event contracts made in 2025 will be reported next year.
2. Section 1256 Reporting - Certain products, including index options and regulated futures contracts, will be reported under Section 1256 Contracts on your Consolidated Form 1099. These contracts are also subject to an annual "mark-to-market" process for positions held through the end of the calendar year.

For additional information, please visit the Help Center > Taxes and Forms (<https://robinhood.com/us/en/support/articles/about-tax-documents/#Whatsnewthisyear>).

Multiple Robinhood Accounts - You can expect your Consolidated Form 1099 package to be reported under Robinhood Markets Inc and cover your applicable Robinhood Securities, Crypto and Derivatives accounts. If you have a Joint account with reportable activity, a separate Form 1099 will be provided. If you had any reportable distributions or contributions within a Robinhood Retirement account, your 2024 tax forms 1099-R and/or 5498 will also be delivered separately. Retirement accounts will be reported under Robinhood Securities LLC.

Filing Your Taxes - If filing through tax service providers, such as TurboTax or H&R Block, please utilize the Master Account Number and Document ID listed above for your consolidated accounts (Securities, Crypto and Futures). The Document ID is necessary to directly import your 1099 data into the tax software so that you do not need to manually enter each transaction. If you have a reportable Joint Account or Retirement account, it will have its own unique Master Account Number and Document ID, and will need to be imported separately. Please note that tax software providers may have limits on what can be directly imported using the Document ID (i.e. maximum number of transactions or 1256 contract information).

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Robinhood Markets Inc as agent for Robinhood Securities LLC 85 Willow Road Menlo Park, CA 94025 Customer Service: 650-940-2700	Tax Information Account 934376930	Statement Date: 01/31/2025	2024
	Carolina Wade 8297 E Zephyr Wing Court Floral City, FL 34436		
PAYER'S TIN: 46-4364776	RECIPIENT'S TIN: XXX-XX-4046		

11 - [] FATCA filing requirement (see instructions)

DIVIDENDS AND DISTRIBUTIONS		2024 1099-DIV*	OMB No. 1545-0110	MISCELLANEOUS INFORMATION	2024 1099-MISC*	OMB No. 1545-0115
1a- Total ordinary dividends (includes lines 1b, 5, 2e)		36.11		2- Royalties		0.00
1b- Qualified dividends		36.11		3- Other income		0.00
2a- Total capital gain distributions (includes lines 2b, 2c, 2d, 2f)		0.00		4- Federal income tax withheld		0.00
2b- Unrecaptured Section 1250 gain		0.00		8- Substitute payments in lieu of dividends or interest		0.00
2c- Section 1202 gain		0.00				
2d- Collectibles (28%) gain		0.00				
2e- Section 897 ordinary dividends		0.00				
2f- Section 897 capital gain		0.00				
3- Nondividend distributions		0.00				
4- Federal income tax withheld		0.00				
5- Section 199A dividends		0.00				
6- Investment expenses		0.00				
8- Foreign country or US possession:	7- Foreign tax paid:	0.00				
9- Cash liquidation distributions		0.00				
10- Noncash liquidation distributions		0.00				
12- Exempt-interest dividends (includes line 13)		0.00				
13- Specified private activity bond interest dividends (AMT)		0.00				

SECTION 1256 CONTRACTS

2024 1099-B*	OMB No. 1545-0715
8- Profit or (loss) realized in 2024 on closed contracts	0.00
9- Unrealized profit or (loss) on open contracts-12/31/2023	0.00
10- Unrealized profit or (loss) on open contracts-12/31/2024	0.00
11- Aggregate profit or (loss) on contracts	0.00

If applicable, proceeds from sale transactions appear summarized below and are detailed in subsequent sections of this document.

*** 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.**

SUMMARY OF PROCEEDS, GAINS & LOSSES, ADJUSTMENTS AND WITHHOLDING

Refer to the 1099-B and Proceeds not reported to the IRS pages to ensure that you consider all relevant items and to determine the correct gains and losses. The amounts shown below are for informational purposes.

Term	Form 8949 type	Proceeds	Cost basis	Market discount	Wash sale loss disallowed	Net gain or loss(-)
Short	A (basis reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Short	B (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Short	C (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	Total Short-term	0.00	0.00	0.00	0.00	0.00
Long	D (basis reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Long	E (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Long	F (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	Total Long-term	0.00	0.00	0.00	0.00	0.00
Undetermined	B or E (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Undetermined	C or F (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	Total Undetermined-term	0.00	0.00	0.00	0.00	0.00
	Grand total	0.00	0.00	0.00	0.00	0.00
Withholding			Amount			
Federal income tax withheld			0.00			

Changes to dividend tax classifications processed after your original tax form is issued for 2024 may require an amended tax form.

**Robinhood Markets Inc as agent
for Robinhood Securities LLC**
2024

Account 934376930

Summary Information

(continued)

01/31/2025

INTEREST INCOME**2024 1099-INT**

OMB No. 1545-0112

**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.**

1- Interest income (not included in line 3)	0.00
2- Early withdrawal penalty	0.00
3- Interest on US Savings Bonds & Treasury obligations	0.00
4- Federal income tax withheld	0.00
5- Investment expenses	0.00
7- Foreign country or U.S. territory: 6- Foreign tax paid:	0.00
8- Tax-exempt interest (includes line 9)	0.00
9- Specified private activity bond interest (AMT)	0.00
10- Market discount (covered lots)	0.00
11- Bond premium (covered lots)	0.00
12- Bond premium on Treasury obligations (covered lots)	0.00
13- Bond premium on tax-exempt bonds (categorized below)	0.00
<i>Tax-exempt obligations (covered lots)</i>	0.00
<i>Tax-exempt private activity obligations (AMT, covered lots)</i>	0.00
14- Tax-exempt and tax credit bond CUSIP number	
FATCA filing requirement []	

The following amounts are not reported to the IRS. They are presented here for your reference when preparing your tax return(s).

Taxable accrued interest paid	0.00
Taxable accrued Treasury interest paid	0.00
Tax-exempt accrued interest paid	0.00
Tax-exempt accrued interest paid (AMT)	0.00
Taxable accrued nonqualified interest paid	0.00
Tax-exempt accrued nonqualified interest paid	0.00
Tax-exempt accrued nonqualified interest paid (AMT)	0.00
Nonqualified interest	0.00
Tax-exempt nonqualified interest	0.00
Tax-exempt nonqualified interest (AMT)	0.00
Interest shortfall on contingent payment debt	0.00
Bond premium- Non Treasury obligations (noncovered lots)	0.00
Bond premium- Treasury obligations (noncovered lots)	0.00
Bond premium- Tax-exempt obligations (noncovered lots)	0.00
Bond premium- Tax-exempt obligations (AMT, noncovered lots)	0.00
Market discount (noncovered lots)	0.00

STATE TAX WITHHELD

Use the details of the State Tax Withholding page(s) to determine the appropriate amounts for your income tax return(s). The amounts shown in this section are for your reference.

1099-DIV total withheld	0.00
1099-INT total withheld	0.00
1099-OID total withheld	0.00
1099-MISC total withheld	0.00
1099-B total withheld	0.00

ORIGINAL ISSUE DISCOUNT AND ADJUSTMENTS

Use bond-by-bond details from the Form 1099-OID page(s) to determine amounts of Original Issue Discount income for your income tax return(s). The amounts shown in this section are for your reference when preparing your income tax return(s).

Original issue discount for the year	0.00
Acquisition premium (covered lots)	0.00
Acquisition premium (noncovered lots)	0.00
Original issue discount on Treasury obligations	0.00
Acquisition premium, Treasury obligations (covered lots)	0.00
Acquisition premium, Treasury obligations (noncovered lots)	0.00
Tax-exempt OID	0.00
Tax-exempt OID (lots not reported)	0.00
Acquisition premium (covered)	0.00
Acquisition premium (lots not reported)	0.00
Tax-exempt OID on private activity bonds	0.00
Tax-exempt OID on private activity bonds (lots not reported)	0.00
Acquisition premium (AMT, covered)	0.00
Acquisition premium (AMT, lots not reported)	0.00
Market discount (all lots)	0.00
Early withdrawal penalty	0.00
Investment expenses	0.00

RECONCILIATIONS, FEES, EXPENSES AND EXPENDITURES

The amounts in this section are not reported to the IRS. They are presented here for your reference when preparing your income tax return(s).

Other Receipts & Reconciliations- Partnership distributions	0.00
Other Receipts & Reconciliations- Foreign tax paid- partnership	0.00
Other Receipts & Reconciliations- Return of principal	0.00
Other Receipts & Reconciliations- Deferred income payment	0.00
Other Receipts & Reconciliations- Deemed premium	0.00
Other Receipts & Reconciliations- Income accrual- UIT	0.00
Other Receipts & Reconciliations- Basis adjustments	0.00
Other Receipts & Reconciliations- Foreign tax pd beyond treaty	0.00
Fees & Expenses- Margin interest	0.00
Fees & Expenses- Dividends paid on short position	0.00
Fees & Expenses- Interest paid on short position	0.00
Fees & Expenses- Non reportable distribution expense	0.00
Fees & Expenses- Other expenses	0.00
Fees & Expenses- Severance tax	0.00
Fees & Expenses- Organizational expense	0.00
Fees & Expenses- Miscellaneous fees	0.00
Fees & Expenses- Tax-exempt investment expense	0.00
Foreign Exchange Gains & Losses- Foreign currency gain/loss	0.00

**Robinhood Markets Inc as agent
for Robinhood Securities LLC**

2024

Account 934376930

Detail for Dividends and Distributions

01/31/2025

This section of your tax information statement contains the payment level detail of your taxable dividends, capital gains distributions, Section 199A dividends, Section 897 dividends and capital gains, exempt-interest dividends, nondividend distributions and liquidation distributions. Also shown are the fair market values of any taxable stock dividends or noncash liquidation distributions.

Federal, state and foreign tax withheld and investment expenses are presented as negative amounts but do not net against the reportable income totals. All amounts are grouped by security, with the transactions listed in chronological order. Subtotals for each security are provided. For situations in which the tax character of a distribution (or part thereof) is different than at the time it was paid, endnotes are provided for further explanation.

Note that a payment characterized as a "Qualified dividend" is only issuer-qualified. There is also a holder level criteria for a dividend to be treated as Qualified. If the payment is from a common stock you are required to have held it for more than 60 days during the 121-day period that begins 60 days before the ex-dividend date of the dividend. If the dividend is from preferred shares and covers a period greater than 366 days, you must have held the preferred stock for more than 90 days during the 181-day period that begins 90 days before the ex-dividend date of the dividend.

Amounts presented in Box 2e as Section 897 Ordinary Dividends or Box 2f as Section 897 Capital Gains apply only to foreign persons and entities whose income maintains its character when passed through or distributed to its direct or indirect foreign owners or beneficiaries. The IRS has indicated that boxes 2e and 2f are not applicable to recipients that are U.S. individuals. You should consult your tax advisor for further information.

Security description	CUSIP and/or symbol	State	Date	Amount	Transaction type	Notes
CITIGROUP INC.	172967424		02/23/24	1.59	Qualified dividend	
			05/24/24	1.59	Qualified dividend	
			08/23/24	1.68	Qualified dividend	
			11/22/24	1.68	Qualified dividend	
				6.54	Total Dividends & distributions	
MUELLER WATER PRODUCTS, INC.	624758108		02/20/24	1.28	Qualified dividend	
			05/20/24	1.28	Qualified dividend	
			08/20/24	1.28	Qualified dividend	
			11/20/24	1.34	Qualified dividend	
				5.18	Total Dividends & distributions	
WALMART INC.	931142103		01/02/24	5.70	Qualified dividend	
			04/01/24	6.23	Qualified dividend	
			05/28/24	6.23	Qualified dividend	
			09/03/24	6.23	Qualified dividend	
				24.39	Total Dividends & distributions	
				36.11	Total Dividends & distributions	

Common Instructions for Recipient

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.

Payer's Routing Transit Number (RTN). A payer may include the RTN to identify the bank financial institution where your account is held.

Backup Withholding. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Nominees. If this 1099 form includes amounts belonging to another person, you are considered a nominee recipient. You must file as the "payer" the respective Form 1099 (DIV, INT, or OID) Copy A (with a Form 1096) to the IRS for each of the other owners as recipient(s) to show their allocable share of the income and you must furnish the respective Copy B Form(s) and amounts to each owner. A spouse is not required to file a nominee return to show amounts owned by the other spouse. See the General Instructions for Certain Information Returns.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938.

Keep tax documents for your records.**1099-DIV Instructions for Recipient**

Line 1a. Shows total ordinary dividends that are taxable. Include this amount on the "Ordinary dividends" line of Form 1040 or 1040-SR. Also report it on Schedule B (Form 1040), if required.

Line 1b. Shows the portion of the amount in Line 1a that may be eligible for reduced capital gains rates. See the Instructions for Forms 1040 for how to determine this amount and where to report.

The amount shown may be dividends a corporation paid directly to you as a participant (or beneficiary of a participant) in an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040 or 1040-SR but treat it as a plan distribution, not as investment income, for any other purpose.

Line 2a. Shows total capital gain distributions from a regulated investment company (RIC) or real estate investment trust (REIT). See How To Report in the Instructions for Schedule D (Form 1040). But, if no amount is shown in Lines 2b, 2c, 2d, and 2f and your only capital gains and losses are capital gain distributions, you may be able to report the amounts shown in Line 2a on your Form 1040 or 1040-SR rather than Schedule D. See the Instructions for Form 1040.

Line 2b. Shows the portion of the amount in Line 2a that is unrecaptured section 1250 gain from certain depreciable real property. See the Unrecaptured Section 1250 Gain Worksheet in the Instructions for Schedule D (Form 1040).

Line 2c. Shows the portion of the amount in Line 2a that is section 1202 gain from certain small business stock that may be subject to an exclusion. See the Schedule D (Form 1040) instructions.

Line 2d. Shows the portion of the amount in Line 2a that is 28% rate gain from sales or exchanges of collectibles. If required, use this amount when completing the 28% Rate Gain Worksheet in the Instructions for Schedule D (Form 1040).

Line 2e. Shows the portion of the amount in Line 1a that is section 897 gain attributable to disposition of U.S. real property interests (USRPI).

Line 2f. Shows the portion of the amount in Line 2a that is section 897 gain attributable to disposition of USRPI.

Note: Lines 2e and 2f apply only to foreign persons and entities whose income maintains its character when passed through or distributed to its direct or indirect foreign owners or beneficiaries. It is generally treated as effectively connected to a trade or business within the United States. See the instructions for your tax return.

Line 3. Shows a return of capital. To the extent of your cost (or other basis) in the stock, the distribution reduces your basis and is not taxable. Any amount received in excess of your basis is taxable to you as capital gain. See Pub. 550.

Line 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 for information on backup withholding. Include this amount on your income tax return as tax withheld.

Line 5. Shows the portion of the amount in Line 1a that may be eligible for the 20% qualified business income deduction under section 199A. See the instructions for Form 8995 and Form 8995-A.

Line 6. Shows your share of expenses of a nonpublicly offered RIC, generally a nonpublicly offered mutual fund. This amount is included in Line 1a.

Instructions for Recipient

Line 7. Shows the foreign tax that you may be able to claim as a deduction or a credit on Form 1040 or 1040-SR. See the Instructions for Form 1040.

Line 8. This Line should be left blank if a RIC reported the foreign tax shown in Line 7.

Lines 9 and 10. Show cash and noncash liquidation distributions.

Line 11. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its account reporting requirement under chapter 4 of the Internal Revenue Code. You may also have a filing requirement. See the Instructions for Form 8938.

Line 12. Shows exempt-interest dividends from a mutual fund or other RIC paid to you during the calendar year. See the Instructions for Forms 1040 for where to report. This amount may be subject to backup withholding. See Line 4 above.

Line 13. Shows exempt-interest dividends subject to the alternative minimum tax. This amount is included in Line 12. See the Instructions for Form 6251.

Lines 14-16. State income tax withheld reporting Lines.

Future developments. For the latest information about developments related to Form 1099-DIV and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099DIV.

Free File. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

JANICE A. WARREN C.F.C.
CITRUS COUNTY TAX COLLECTOR

2024 Paid Real Estate
NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

ACCOUNT NUMBER

ESCROW CD MILLAGE CODE

3160722

000X

WADE CAROLINA E
REY SERGIO A
8297 E ZEPHYR WING CT
FLORAL CITY, FL 34436

Scan to pay



8297 E ZEPHYR WING CT

FLYING Z RANCH UNREC SUBD LOT 28: W1/2 OF NE1/4
OF NE1

See Additional Legal on Tax Roll

Exemptions:

HOMESTEAD, ADDL HOMESTEAD

MAILING ADDRESS: 210 N. APOPKA AVE., SUITE 100 • INVERNESS, FL 34450-4298 • (352) 341-6500
AD VALOREM TAXES

TAXING AUTHORITY	ASSESSED VALUE	EXEMPTION AMOUNT	TAXABLE AMOUNT	MILLAGE RATE	TAXES LEVIED
General County	345,366	50,000	295,366	6.9898	2,064.55
Transportation Trust	345,366	50,000	295,366	0.9860	291.23
Health Department	345,366	50,000	295,366	0.0564	16.66
Library	345,366	50,000	295,366	0.3147	92.95
Fire District	345,366	50,000	295,366	0.0000	0.00
Stormwater	345,366	50,000	295,366	0.0000	0.00
Fire Rescue EMS	345,366	50,000	295,366	0.5780	170.72
Law Enforcement	345,366	50,000	295,366	0.0000	0.00
Schools Local Req'd Effort	345,366	25,000	320,366	3.0960	991.85
Schools Capital Outlay	345,366	25,000	320,366	1.5000	480.55
Schools Discretionary	345,366	25,000	320,366	0.7480	239.63
SWFWMD General	345,366	50,000	295,366	0.1909	56.39
Mosquito Control	345,366	50,000	295,366	0.3708	109.52
				TOTAL	14.8306
					\$4,514.05

NON-AD VALOREM ASSESSMENTS

LEVYING AUTHORITY	RATE	AMOUNT
067 Solid Waste MSBU	27.00	27.00
131 Fire Services		79.00
154 Stormwater		58.84
NON-AD VALOREM ASSESSMENTS		\$164.84

COMBINED TAXES AND ASSESSMENTS \$4,678.89

See reverse side for important information.

If Postmarked By Dec 31, 2024

Please Pay \$0.00

JANICE A. WARREN, C.F.C.
CITRUS COUNTY TAX COLLECTOR

2024 Paid Real Estate

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

ACCOUNT NUMBER

ESCROW CD MILLAGE CODE

3160722

000X

WADE CAROLINA E
REY SERGIO A
8297 E ZEPHYR WING CT
FLORAL CITY, FL 34436

8297 E ZEPHYR WING CT

FLYING Z RANCH UNREC SUBD
LOT 28: W1/2 OF NE1/4 OF NE1
See Additional Legal on Tax Roll

MAILING ADDRESS: 210 N. APOPKA AVE., SUITE 100 • INVERNESS, FL 34450-4298 • (352) 341-6500

If Postmarked By Dec 31, 2024
Please Pay \$0.00

RETAIN THIS PORTION FOR YOUR RECORDS.
**WALK-IN CUSTOMERS,
PLEASE BRING FOR RECEIPT.**

DO NOT WRITE ON BOTTOM PORTION

RETURN WITH PAYMENT

UnitedHealthcare, Inc.
PRIME 6055 Operations
P.O. Box 30979
Salt Lake City, UT 84130-0979



12/16/2024

DPS\$\$\$\$PKG
CAROLINA WADE
8297 E ZEPHYR WING CT
FLORAL CITY FL 34436-6202

Important Tax Information

Under the federal health reform law and under certain state laws UnitedHealthcare must report which individuals had a plan with minimum essential coverage. UnitedHealthcare must report this information about your minimum essential coverage on Form 1095-B to the IRS and certain state tax agencies. Certain states may use this information to administer their health care laws.

What is minimum essential coverage?

Minimum essential coverage may include health insurance through a government-sponsored program, eligible employer-sponsored plan, individual market plan or other coverage designated by the Department of Health and Human Services. Your UnitedHealthcare plan is minimum essential coverage.

What is Form 1095-B?

This is an IRS form that shows the health care information that is shared with the IRS and certain state tax agencies. Certain states may use this information to administer their health care laws.

The form shows this information about your health insurance:

- Type of coverage you had
- Period of coverage
- Who was covered (including dependents)

Why did you get more than one Form 1095-B?

You may have been covered under more than one policy during the year. You will get a separate Form 1095-B for each policy.

Will dependents over age 18 covered under your plan get a separate copy of this form?

Dependents over age 18 covered under your plan will **not** get a separate copy of Form 1095-B. You should give a copy to individuals covered under your plan, if they need it for their records.

What if you had minimum essential coverage with another company?

You should receive a form 1095 from any other company that provided you minimum essential coverage.

What if you didn't have minimum essential coverage for the entire year?

Beginning with the 2019 tax year, the IRS penalties have been reduced to zero. Certain states, however, have enacted their own health care laws that require minimum essential coverage and may impose a penalty. For more information, contact your tax advisor or state tax agency.

Can you get this form electronically?

We encourage you to choose to get this form electronically. For more information about electronic delivery, please visit myuhc.com.

Will this form be sent again next year?

You will get a form 1095 every year from any company that provided you minimum essential coverage.

Questions?

If you have any questions, please call us toll-free at the phone number on your health plan ID card. TTY users can dial 711.

Sincerely,
UnitedHealthcare

Enclosure: Form 1095-B

This communication is not intended, nor should it be construed, as legal or tax advice. Please contact a legal or tax professional for legal advice, tax treatment and restrictions. Federal and state laws and regulations are subject to change. You may also visit IRS.gov or your state tax agency.

- Do not attach to your tax return. Keep for your records.
- Go to www.irs.gov/Form1095B for instructions and the latest information.

□ VOID

CORRECTED

2024

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name CAROLINA		WADE	2 Social security number (SSN) or other TIN ***-**-4046	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) 8297 E ZEPHYR WING COURT		5 City or town FLORAL CITY	6 State or province FL	7 Country and ZIP or foreign postal code UNITED STATES 34436
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ► B				
9 Reserved				

Part II Information about Certain Employer-Sponsored Coverage (see instructions)

10 Employer name ROBERT WADE AND ASSOC	11 Employer identification number (EIN) 59-2128700		
12 Street address (including room or suite no.) 10080 SW 66TH STREET	13 City or town MIAMI	14 State or province FL	15 Country and ZIP or foreign postal code 33713

Part III Issuer or Other Coverage Provider (see instructions)

16 Name UnitedHealthcare, Inc.	17 Employer identification number (EIN) 41-1922511	18 Contact telephone number 800-357-0978	
19 Street address (including room or suite no.) 3000 Bayport Drive Suite 1170	20 City or town Tampa	21 State or province FL	22 Country and ZIP or foreign postal code UNITED STATES 33607

Part IV **Covered Individuals** (Enter the information for each covered individual.)

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

Cat. No. 60704B

Form 1095-B (2024)

Instructions for Recipient

This Form 1095-B provides information about the individuals in your tax family (yourself, spouse, and dependents) who had certain health coverage (referred to as “minimum essential coverage”) for some or all months during the year. Minimum essential coverage includes government-sponsored programs, eligible employer-sponsored plans, individual market plans, and other coverage the Department of Health and Human Services designates as minimum essential coverage.

If individuals in your tax family are eligible for certain types of minimum essential coverage, you may not be eligible for the premium tax credit. For more information on the premium tax credit, see Pub. 974, Premium Tax Credit (PTC).

TIP *Providers of minimum essential coverage are required to furnish only one Form 1095-B for all individuals whose coverage is reported on that form. As the recipient of this Form 1095-B, you should provide a copy to other individuals covered under the policy if they request it for their records.*

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA) and the premium tax credit, see www.irs.gov/ACA or call the IRS Healthcare Hotline for ACA questions (800-919-0452).

Part I. Responsible Individual, lines 1–9. Part I reports information about you and the coverage.

Lines 2 and 3. Line 2 reports your social security number (SSN) or other taxpayer identification number (TIN), if applicable. For your protection, this form may show only the last four digits. However, the coverage provider is required to report your complete SSN or other TIN, if applicable, to the IRS. Your date of birth will be entered on line 3 only if line 2 is blank.

Line 8. This is the code for the type of coverage in which you or other covered individuals were enrolled. Only one letter will be entered on this line.

- A. Small Business Health Options Program (SHOP)
- B. Employer-sponsored coverage
- C. Government-sponsored program
- D. Individual market insurance
- E. Multiemployer plan
- F. Other designated minimum essential coverage
- G. Individual coverage health reimbursement arrangement (HRA)



If you or another family member received health insurance coverage through a Health Insurance Marketplace (also known as an Exchange), that coverage will generally be reported on a Form 1095-A rather than a Form 1095-B. If you or another family member received employer-sponsored coverage, that coverage may be reported on a Form 1095-C (Part III) rather than a Form 1095-B. For more information, see www.irs.gov/Affordable-Care-Act/Questions-and-Answers-About-Health-Care-Information-Forms-for-Individuals.

Line 9. Reserved.

Part II. Information About Certain Employer-Sponsored Coverage, lines 10–15. If you had employer-sponsored health coverage, this part may provide information about the employer sponsoring the coverage. This part may show only the last four digits of the employer's EIN. This part may also be left blank, even if you had employer-sponsored health coverage. If this part is blank, you do not need to fill in the information or return it to your employer or other coverage provider.

Part III. Issuer or Other Coverage Provider, lines 16–22. This part reports information about the coverage provider (insurance company, employer providing self-insured coverage, government agency sponsoring coverage under a government program such as Medicaid or Medicare, or other coverage sponsor). **Line 18 reports a telephone number for the coverage provider that you can call if you have questions about the information reported on the form.**

Part IV. Covered Individuals, lines 23–28. This part reports the name, SSN or other TIN, and coverage information for each covered individual. A date of birth will be entered in column (c) only if the SSN or other TIN is not entered in column (b). Column (d) will be checked if the individual was covered for at least 1 day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than six covered individuals, see Part IV, Continuation Sheet(s), for information about the additional covered individuals.

**GIFTS_AND_DONATIONS**

Transaction Date	Posted Date	Description	Amount
Jun 11, 2024	Jun 12, 2024	GIV*ST. ANTHONY	\$200.00
Jun 11, 2024	Jun 13, 2024	DIOCESE OF ST. PETERSB	\$100.00
Jul 02, 2024	Jul 02, 2024	QUEEN OF PEACE MEDIA	\$83.59
Sep 19, 2024	Sep 20, 2024	GIV*ST. ANTHONY	\$300.00
Oct 05, 2024	Oct 06, 2024	BENEDICTINES OF MARY	\$235.58
Total \$919.17			

GROCERIES

Transaction Date	Posted Date	Description	Amount
May 23, 2024	May 24, 2024	WAL-MART #3526	\$405.12
May 28, 2024	May 29, 2024	WAL-MART #3526	\$219.99
May 28, 2024	May 29, 2024	WM SUPERCENTER #3526	\$22.22
May 30, 2024	May 31, 2024	WAL-MART #1104	\$70.15
Jun 04, 2024	Jun 05, 2024	PUBLIX #511	\$38.67
Jun 04, 2024	Jun 05, 2024	WINN-DIXIE #0702	\$64.58
Jun 06, 2024	Jun 07, 2024	PUBLIX #511	\$9.66
Jun 07, 2024	Jun 09, 2024	PUBLIX #511	\$21.04
Jun 08, 2024	Jun 09, 2024	WM SUPERCENTER #3526	\$44.00
Jun 15, 2024	Jun 16, 2024	WM SUPERCENTER #3526	\$139.67
Jun 19, 2024	Jun 20, 2024	WM SUPERCENTER #3526	\$84.73
Jun 20, 2024	Jun 21, 2024	WM SUPERCENTER #3526	\$191.52
Jul 02, 2024	Jul 03, 2024	WAL-MART #1104	\$175.75
Jul 04, 2024	Jul 05, 2024	WAL-MART #3526	\$113.46
Jul 06, 2024	Jul 08, 2024	PUBLIX #1132	\$51.23
Jul 11, 2024	Jul 12, 2024	PUBLIX #1132	\$67.91
Jul 16, 2024	Jul 17, 2024	WAL-MART #3526	\$97.19
Jul 22, 2024	Jul 23, 2024	WM SUPERCENTER #3526	\$70.03
Jul 29, 2024	Jul 30, 2024	WM SUPERCENTER #3526	\$28.09
Jul 29, 2024	Jul 30, 2024	PUBLIX #1132	\$10.59
Aug 01, 2024	Aug 02, 2024	WM SUPERCENTER #3526	\$139.48
Aug 03, 2024	Aug 04, 2024	WM SUPERCENTER #3526	\$128.33
Aug 08, 2024	Aug 09, 2024	WM SUPERCENTER #3526	\$115.61
Aug 10, 2024	Aug 11, 2024	WINN-DIXIE #0702	\$3.55
Aug 15, 2024	Aug 16, 2024	PUBLIX #1132	\$86.98
Aug 21, 2024	Aug 22, 2024	WM SUPERCENTER #3526	\$168.80
Aug 21, 2024	Aug 22, 2024	WM SUPERCENTER #3526	\$118.94
Aug 29, 2024	Aug 30, 2024	WAL-MART #3526	\$159.42
Aug 31, 2024	Sep 01, 2024	WM SUPERCENTER #3526	\$76.02

Insurance/Financial

Health Insurance					
Date	Payee	Description		Payment Method	Amount
12/23/2024	METLIFE HEALTH INSURANCE	METLIFETAKEALONG FEES WADE,CAROLINA	122324 NMLD35845663113	EVERYDAY CHECKING ...3241	\$140.29
11/21/2024	METLIFE HEALTH INSURANCE	METLIFETAKEALONG FEES WADE,CAROLINA	112124 NMLD32645663113	EVERYDAY CHECKING ...3241	\$140.29
10/23/2024	METLIFE HEALTH INSURANCE	METLIFETAKEALONG FEES WADE,CAROLINA	102324 NMLD29745663113	EVERYDAY CHECKING ...3241	\$140.29
09/23/2024	METLIFE HEALTH INSURANCE	METLIFETAKEALONG FEES WADE,CAROLINA	092324 NMLD26745663113	EVERYDAY CHECKING ...3241	\$140.29
08/21/2024	METLIFE HEALTH INSURANCE	METLIFETAKEALONG FEES WADE,CAROLINA	082124 NMLD23445663113	EVERYDAY CHECKING ...3241	\$140.29
07/23/2024	METLIFE HEALTH INSURANCE	METLIFETAKEALONG FEES WADE,CAROLINA	072324 NMLD20545663113	EVERYDAY CHECKING ...3241	\$140.29
06/21/2024	METLIFE HEALTH INSURANCE	METLIFETAKEALONG FEES WADE,CAROLINA	062124 NMLD17345663113	EVERYDAY CHECKING ...3241	\$140.29
05/21/2024	METLIFE HEALTH INSURANCE	METLIFETAKEALONG FEES WADE,CAROLINA	052124 NMLD14245663113	EVERYDAY CHECKING ...3241	\$140.29
04/23/2024	METLIFE HEALTH INSURANCE	METLIFETAKEALONG FEES WADE,CAROLINA	042324 NMLD11445663113	EVERYDAY CHECKING ...3241	\$140.29
03/21/2024	METLIFE HEALTH INSURANCE	METLIFETAKEALONG FEES WADE,CAROLINA	032124 NMLD08145663113	EVERYDAY CHECKING ...3241	\$140.29
02/21/2024	METLIFE HEALTH INSURANCE	METLIFETAKEALONG FEES WADE,CAROLINA	022124 NMLD05245663113	EVERYDAY CHECKING ...3241	\$140.29
01/23/2024	METLIFE HEALTH INSURANCE	METLIFETAKEALONG FEES WADE,CAROLINA	012324 NMLD02345663113	EVERYDAY CHECKING ...3241	\$140.29
Health Insurance Subtotal					\$1,683.48
Total Insurance/Financial					\$1,683.48

Miscellaneous

Date	Payee	Description	Payment Method	Amount
04/22/2024	LS THE RUSTIC PEAR	PURCHASE PEAR 135-26684432 AUTHORIZED ON 04/19 LS THE RUSTIC	Debit Card/ATM Card ...1509	\$23.54
04/02/2024	BURLINGTON	PURCHASE STORES 261 HIALEAH AUTHORIZED ON 04/02 BURLINGTON	Debit Card/ATM Card ...1509	\$82.36
04/02/2024	DSW	PURCHASE GATE 12090 SW MIAMI AUTHORIZED ON 04/02 DSW KENDALL	Debit Card/ATM Card ...1509	\$110.12
Clothing/Accessories Subtotal				\$404.26

Electronics/Software					
Date	Payee	Description	Payment Method	Amount	
12/03/2024	RETAIL BUSINESS SERVICES	RBMS Premium & B FLBLUE IND	ST-D6H6S3C4A6E7 REY SERGIO A	EVERYDAY CHECKING ...5964	\$1,154.00
11/04/2024	RETAIL BUSINESS SERVICES	RBMS Premium & B FLBLUE IND	ST-F5Z3W3Y9L0Y9 REY SERGIO A	EVERYDAY CHECKING ...5964	\$1,154.00
10/03/2024	RETAIL BUSINESS SERVICES	RBMS Premium & B FLBLUE IND	ST-F2G1Y1X5P4T8 REY SERGIO A	EVERYDAY CHECKING ...5964	\$1,154.00
09/03/2024	RETAIL BUSINESS SERVICES	RBMS Premium & B FLBLUE IND	ST-Q8J9I0F6L7X9 REY SERGIO A	EVERYDAY CHECKING ...5964	\$1,154.00
08/05/2024	RETAIL BUSINESS SERVICES	RBMS Premium & B FLBLUE IND	ST-S6O2K0Y3G2Z0 REY SERGIO A	EVERYDAY CHECKING ...5964	\$1,154.00
07/03/2024	RETAIL BUSINESS SERVICES	RBMS Premium & B FLBLUE IND	ST-S3K0X8B0A6H2 REY SERGIO A	EVERYDAY CHECKING ...5964	\$1,154.00
06/03/2024	RETAIL BUSINESS SERVICES	RBMS Premium & B FLBLUE IND	ST-X5S6R6C0Y7F8 REY SERGIO A	EVERYDAY CHECKING ...5964	\$984.00
05/03/2024	RETAIL BUSINESS SERVICES	RBMS Premium & B FLBLUE IND	ST-U6G2I9C8I9Q5 REY SERGIO A	EVERYDAY CHECKING ...5964	\$984.00
04/03/2024	RETAIL BUSINESS SERVICES	RBMS Premium & B FLBLUE IND	ST-R6C0X7G7S9P8 REY SERGIO A	EVERYDAY CHECKING ...5964	\$984.00
03/04/2024	RETAIL BUSINESS SERVICES	RBMS Premium & B FLBLUE IND	ST-E2S8C3N4C7A5 REY SERGIO A	EVERYDAY CHECKING ...5964	\$984.00
02/05/2024	RETAIL BUSINESS SERVICES	RBMS Premium & B FLBLUE IND	ST-N6Z2B3F1D1F2 REY SERGIO A	EVERYDAY CHECKING ...5964	\$984.00
01/04/2024	RETAIL BUSINESS SERVICES	RBMS Premium & B FLBLUE IND	ST-D9T9V8R7I0Z5 REY SERGIO A	EVERYDAY CHECKING ...5964	\$984.00
Electronics/Software Subtotal				\$12,828.00	

Sporting Goods					
Date	Payee	Description	Payment Method	Amount	
07/03/2024	EL CAPITAN	PURCHASE SPORTS 3056357500 AUTHORIZED ON 07/02 EL CAPITAN	Debit Card/ATM Card ...1509	\$108.27	
Sporting Goods Subtotal				\$108.27	

Other Shopping					
Date	Payee	Description	Payment Method	Amount	



PO Box 3000 • Merrifield, VA • 22119-3000
navyfederal.org

**Consumer Loan Bill
For SERGIO ADRIAN REY**

Statement Period
23 Jan 2025 - 22 Feb 2025
Access No. 7062972

Questions about this Bill?
Toll-free in the U.S. 1-888-842-6328
For toll-free numbers when overseas,
visit navyfederal.org/overseas/
Collect internationally 1-703-255-8837

**Request online statements via Navy Federal
Online Banking**

Loan Number: 430015596227-25	Interest Rate 13.050%	Remaining Balance \$63,313.73	
Payments Received During This Period	\$896.98	Payment Due Date	03/22/2025
Last Payment Processed	02/19/2025	Regular Monthly Payment	\$896.98
Total Late Fees Assessed for Life of Loan	\$0.00	Past Due	\$0.00
Current Year Interest Paid*	\$1,317.91	Payment Due	\$896.98
Previous Year Interest Paid	\$8,514.57	Late Fee Assessed This Period	\$0.00
		TOTAL	\$896.98

Please disregard payments, fees, and balances already satisfied.

*If interest paid is needed for tax purposes, please retain this statement for your records.

Payment Allocation: Each time we receive a payment, we first apply it to the interest that has accrued and apply the remainder to the principal balance. A late fee will be assessed if the amount due is not received by the payment due date. If the late fee, in addition to the payment due, is not paid by your next statement due date, it will be added to your principal balance, and interest will begin to accrue thereon.

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Change of Address

Please print, use blue or black ballpoint pen

Rank/Rate	Name: First	MI	Last	Suffix	Account Numbers Affected
Address					
City	State	Zip Code			
Home Phone Number	Daytime Phone Number				
Signature of Navy Federal Member	Effective Date (MM/DD/YY)				