

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. International Compliance Professionals Association Inc 322 Bronco Lane Springtown TX 76082 US - Phone: 8177267858			OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 2023	Nonemployee Compensation
PAYERS TIN 02-0642374	RECIPIENTS TIN XXX-XX-2812	1 Nonemployee compensation \$ 15000.00		Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported
RECIPIENT'S name, street address(including apt. no.), City or town, state or province, country, and ZIP or foreign postal code RICHARD MILLER 18 REMINGTON ROAD ORMOND BEACK FL 32174 US		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		
		3. <div style="background-color: #cccccc; height: 30px; width: 100%;"></div>		
Account number (see instructions) 142736547936		4 Federal income tax withheld \$		
		5 State tax withheld \$	6 State/Payer's state no. -----	7 State income \$
		\$	-----	\$

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

www.tax1099.com -IRS Approved e File Provider

www.irs.gov/Form1099NEC

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 selfemployment (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.

Free File Program. 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.

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 GERALDINE MILLER		Box 2. Beneficiary's Social Security Number 264-84-8830
Box 3. Benefits Paid in 2023 \$20,290.80	Box 4. Benefits Repaid to SSA in 2023 NONE	Box 5. Net Benefits for 2023 (Box 3 minus Box 4) \$20,290.80
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or Direct deposit \$17,910.50 Medicare Part B premiums deducted from your benefits \$1,978.80 Medicare Prescription Drug premiums (Part D) deducted from your benefits \$401.50 Total Additions \$20,290.80 Benefits for 2023 \$20,290.80		DESCRIPTION OF AMOUNT IN BOX 4 NONE
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address GERALDINE MILLER 18 REMINGTON RD ORMOND BEACH FL 32174-2527
		Box 8. Claim Number (Use this number if you need to contact SSA.) 264-84-8830A

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 11,315.28		OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS.					
			2a Taxable amount \$ 11,315.28								
2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>									
PAYER'S TIN 59-1354377		RECIPIENT'S TIN XXX-XX-8830		3 Capital gain (included in box 2a) \$			4 Federal income tax withheld \$ 0.00				
RECIPIENT'S name GERALDINE MILLER 18 REMINGTON RD ORMOND BEACH FL 32174-2527			5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$						
			7 Distribution code(s) 7		IRA/ SEP/ SIMPLE <input type="checkbox"/>		8 Other \$ %				
			9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00						
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.		12 FATCA filing requirement <input type="checkbox"/>		14 State tax withheld \$		15 State/Payer's state no.		16 State distribution \$	
Account number (see instructions) XXX-XX-8830			13 Date of payment		17 Local tax withheld \$		18 Name of locality		19 Local distribution \$		

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 11,315.28		OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C For Recipient's Records This information is being furnished to the IRS.					
			2a Taxable amount \$ 11,315.28								
2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>									
PAYER'S TIN 59-1354377		RECIPIENT'S TIN XXX-XX-8830		3 Capital gain (included in box 2a) \$			4 Federal income tax withheld \$ 0.00				
RECIPIENT'S name GERALDINE MILLER 18 REMINGTON RD ORMOND BEACH FL 32174-2527			5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$						
			7 Distribution code(s) 7		IRA/ SEP/ SIMPLE <input type="checkbox"/>		8 Other \$ %				
			9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00						
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.		12 FATCA filing requirement <input type="checkbox"/>		14 State tax withheld \$		15 State/Payer's state no.		16 State distribution \$	
Account number (see instructions) XXX-XX-8830			13 Date of payment		17 Local tax withheld \$		18 Name of locality		19 Local distribution \$		

Form 1099-R

(keep for your records)

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

**Florida Retirement System
Division of Retirement
RETIREE ANNUAL STATEMENT -- 2023**

Personal Information

Payee Name GERALDINE MILLER
SSN XXX-XX-8830
Member Name GERALDINE MILLER
SSN XXX-XX-8830

Tax Status:

Filing Status M
Extra Withholding \$0.00
Stated Amount \$0.00
Withholding Response YES (1)

Annual Income/Deductions

Income - Payment Type: Monthly

Health Insurance Subsidy (HIS)	\$	1,043.28 (2)
Retirement Benefit	\$	10,272.00
	\$	
	\$	
	\$	
TOTAL GROSS	\$	11,315.28

Deductions

Tax Withholding	\$	0.00
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL DEDUCTIONS	\$	0.00

Form 1099-R Calculation

Gross Income	\$	11,315.28
Minus HIS Tax Exclusion	\$	0.00
= Box 1 (Gross Distribution)	\$	11,315.28
Minus Box 5 (Simplified Method)	\$	0.00
= Box 2a (Taxable Amount)	\$	11,315.28
Box 4 = Tax Withheld	\$	0.00
Box 7 = Distribution Code		7
Box 9b = Total Employee Contributions for those who retired in current year	\$	

(1) If you have income-tax related questions, please contact your tax advisor. You may also visit the Internal Revenue Services' (IRS) website at www.irs.gov, call the IRS toll free at 800-829-1040 or 800-829-4059 (TDD) if you are hearing impaired. Division of Retirement employees are not trained to provide tax or financial-related advice.

(2) The Health Insurance Subsidy (HIS) benefit is an optional monthly payment that eligible pension recipients must apply for. The purpose of the HIS payment is to provide assistance with the cost of health insurance coverage. The HIS benefit is not an insurance policy and it is not a part of your Florida Retirement System pension.

Pension Protection Act/HELPS Act - Under the provisions of this Act some "Public Safety Officer" retirees (as determined by this Act) may be eligible for a tax exclusion up to \$3,000. For more information, please contact your tax advisor or get general information from the IRS. You may visit the www.irs.gov website and refer to the Instructions Booklet for IRS Form 1040. For your convenience the document "Information for Retired Public Safety Officers Tax Exclusion" can be found on the "Retirees" page of the Division of Retirement's website at www.frs.myflorida.com under Helpful Links and Resources for Retirees.

00089822000703000201





1099 Consolidated Tax Statement
Tax Year 2023 Copy B For Recipient

Morgan Stanley Capital Management, LLC
Morgan Stanley Smith Barney, LLC
1 New York Plaza
7th Floor
New York, NY 10004
Identification Number: 11-3658445
Taxpayer ID Number: XXX-XX-2812
Account Number: 459 509655 201

Name Reported to the IRS: RICHARD D MILLER
18 REMINGTON RD
ORMOND BEACH FL 32174

Customer Service: 866-324-6088

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.

IRS 2023 FORM 1099-DIV - DIVIDENDS AND DISTRIBUTIONS BOX OMB NO. 1545-0110	
1a. TOTAL ORDINARY DIVIDENDS	\$57.50
1b. QUALIFIED DIVIDENDS	\$57.50
2a. TOTAL CAPITAL GAIN DISTRIBUTIONS	\$0.00
2b. UNRECAP. SEC. 1250 GAIN	\$0.00
2d. COLLECTIBLES (28%) GAIN	\$0.00
2e. SECTION 897 ORDINARY DIVIDENDS	\$0.00
2f. SECTION 897 CAPITAL GAIN	\$0.00
3. NON-DIVIDEND DISTRIBUTIONS	\$0.00
4. FEDERAL INCOME TAX WITHHELD	\$0.00
5. SECTION 199A DIVIDENDS	\$0.00
6. INVESTMENT EXPENSES	\$0.00
7. FOREIGN TAX PAID	\$0.00
9. CASH LIQUIDATION DISTRIBUTIONS	\$0.00
10. NON-CASH LIQUIDATION DISTRIBUTIONS	\$0.00
12. EXEMPT-INTEREST DIVIDENDS	\$0.00
13. SPECIFIED PRIVATE ACTIVITY BOND INTEREST DIVIDENDS	\$0.00
IRS 2023 FORM 1099-INT - INTEREST INCOME BOX OMB NO. 1545-0112	
1. INTEREST INCOME	\$0.00
2. EARLY WITHDRAWAL PENALTY	\$0.00
3. INTEREST ON U.S. SAVINGS BONDS AND TREAS. OBLIGATIONS	\$0.00
4. FEDERAL INCOME TAX WITHHELD	\$0.00
5. INVESTMENT EXPENSES	\$0.00
6. FOREIGN TAX PAID	\$0.00
8. TAX-EXEMPT INTEREST	\$0.00
9. SPECIFIED PRIVATE ACTIVITY BOND INTEREST	\$0.00
10. MARKET DISCOUNT	\$0.00
11. BOND PREMIUM	\$0.00
12. BOND PREMIUM ON TREASURY OBLIGATIONS	\$0.00
13. BOND PREMIUM ON TAX-EXEMPT BOND	\$0.00
14. TAX-EXEMPT AND TAX CREDIT BOND CUSIP NO.	\$0.00

IRS 2023 FORM 1099-MISC - MISCELLANEOUS INFORMATION BOX OMB NO. 1545-0115	
1. RENTS	\$0.00
2. ROYALTIES	\$0.00
3. OTHER INCOME	\$0.00
4. FEDERAL INCOME TAX WITHHELD	\$0.00
8. SUBSTITUTE PAYMENTS IN LIEU OF DIVIDENDS OR INTEREST	\$0.00
IRS 2023 FORM 1099-OID - ORIGINAL ISSUE DISCOUNT BOX OMB NO. 1545-0117	
1. ORIGINAL ISSUE DISCOUNT FOR 2023	\$0.00*
2. OTHER PERIODIC INTEREST	\$0.00
4. FEDERAL INCOME TAX WITHHELD	\$0.00
5. MARKET DISCOUNT	\$0.00
6. ACQUISITION PREMIUM	\$0.00
8. OID ON U.S. TREASURY OBLIGATIONS	\$0.00*
9. INVESTMENT EXPENSES	\$0.00
10. BOND PREMIUM	\$0.00
11. TAX-EXEMPT OID	\$0.00
*This may not be the correct figure to report on your income tax return. See instructions on the back.	
IRS 2023 FORM 1099-B - PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS BOX OMB NO. 1545-0715	
1d. PROCEEDS	\$0.00
COVERED SECURITIES	\$0.00
NONCOVERED SECURITIES	\$0.00
1e. COST OR OTHER BASIS OF COVERED SECURITIES	\$0.00
1f. ACCRUED MARKET DISCOUNT	\$0.00
1g. WASH SALE LOSS DISALLOWED	\$0.00
4. FEDERAL INCOME TAX WITHHELD	\$0.00

IMPORTANT TAX INFORMATION -- PLEASE RETAIN FOR YOUR RECORDS



1099-DIV DIVIDENDS & DISTRIBUTIONS

Ordinary Dividends

DESCRIPTION	CUSIP	PAY DATE	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS	FEDERAL INCOME TAX WITHHELD	SECTION 199A DIVIDENDS
MC DONALDS CORP	580135101	09/18/23	\$27.32	\$27.32	\$0.00	\$0.00
MC DONALDS CORP	580135101	12/15/23	\$30.18	\$30.18	\$0.00	\$0.00
Total Ordinary Dividends	1099-DIV box 1a		\$57.50			
Total Qualified Dividends	1099-DIV box 1b			\$57.50		
Total Federal Income Tax Withheld	1099-DIV box 4				\$0.00	
Total Section 199A Dividends	1099-DIV box 5					\$0.00

Account No: 47723432
Account Name: RICHARD D MILLER
Recipient's TIN: ***-**-2812

Account Executive No: ET1

ORIGINAL: 12/31/2023

MORGAN STANLEY CAPITAL MANAGEMENT LLC
E*TRADE SECURITIES LLC
PO BOX 484
JERSEY CITY, NJ 07303-0484

RECIPIENT'S Name, Street Address, City, State, and Zip Code

RICHARD D MILLER
18 REMINGTON RD
ORMOND BEACH, FL 32174-2527

PAYER'S TIN: 11-3658445
PAYER'S Name, Street, City, State, Zip Code:
MORGAN STANLEY CAPITAL MANAGEMENT LLC
E*TRADE SECURITIES LLC
PO BOX 484
JERSEY CITY, NJ 07303-0484
Telephone Number: 800 387 2331

☐ FATCA Filing Requirement

2023 CONSOLIDATED FORMS 1099

2023 FORM 1099-DIV		OMB NO. 1545-0110
IRS Box	DIVIDENDS AND DISTRIBUTIONS	
1a.	Total ordinary dividends (includes Boxes 1b, 5, 6)	\$119.29
1b.	Qualified dividends	\$119.29
2a.	Total capital gain distributions (includes Boxes 2b, 2c, 2d)	\$0.00
2b.	Unrecaptured section 1250 gain	\$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 gains	\$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
7.	Foreign tax paid	\$0.00
8.	Foreign country or U.S. possession	-
9.	Cash liquidation distributions	\$0.00
10.	Noncash liquidation distributions	\$0.00
11.	FATCA filing requirement	Box not Checked
12.	Exempt-interest dividends (includes Box 13)	\$0.00
13.	Specified private activity bond interest dividends (AMT)	\$0.00

THIS IS YOUR FORM 1099 (COPY B FOR RECIPIENT). KEEP FOR YOUR RECORDS.
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Account No: 47723432
 Account Name: RICHARD D MILLER
 E*TRADE SECURITIES LLC ***_**-2812
 Account Executive No: ET1
 ORIGINAL: 12/31/2023
 MORGAN STANLEY CAPITAL MANAGEMENT LLC Recipient's TIN:
 PO BOX 484
 JERSEY CITY, NJ 07303-0484

FORM 1099-B TOTALS SUMMARY

REALIZED GAIN / LOSS SUMMARY

Refer to Proceeds from Broker and Barter Exchange Transactions for detailed information regarding these summary values. The amounts shown below are for informational purposes only.

SHORT-TERM GAINS OR (LOSSES) - REPORT ON FORM 8949, PART I				MARKET DISCOUNT	WASH SALE LOSS DISALLOWED	REALIZED GAIN OR (LOSS)
Box A (basis reported to IRS)			\$187.36	\$232.82	\$0.00	(\$45.46)
Box A - Ordinary - (basis reported to IRS)			\$0.00	\$0.00	\$0.00	\$0.00
Box B (basis not reported to IRS)			\$0.00	\$0.00	\$0.00	\$0.00
Box B - Ordinary - (basis not reported to IRS)			\$0.00	\$0.00	\$0.00	\$0.00
Total Short-Term			\$187.36	\$232.82	\$0.00	(\$45.46)
LONG-TERM GAINS OR (LOSSES) - REPORT ON FORM 8949, PART II						
Box D (basis reported to IRS)			\$8,084.04	\$7,324.07	\$0.00	\$759.97
Box D - Ordinary - (basis reported to IRS)			\$0.00	\$0.00	\$0.00	\$0.00
Box E (basis not reported to IRS)			\$0.00	\$0.00	\$0.00	\$0.00
Box E - Ordinary - (basis not reported to IRS)			\$0.00	\$0.00	\$0.00	\$0.00
Total Long-Term			\$8,084.04	\$7,324.07	\$0.00	\$759.97
UNKNOWN TERM - CODE (X) REPORT ON FORM 8949 PART I OR PART II						
Box B or Box E (basis not reported to IRS)			\$0.00	\$0.00	\$0.00	\$0.00
Box B or Box E - Ordinary - (basis not reported to IRS)			\$0.00	\$0.00	\$0.00	\$0.00
Total Unknown Term			\$0.00	\$0.00	\$0.00	\$0.00

Account No: 47723432
Account Name: RICHARD D MILLER
MORGAN STANLEY CAPITAL MANAGEMENT LLC Recipient's TIN: ***-**-2812
E*TRADE SECURITIES LLC
PO BOX 484
JERSEY CITY, NJ 07303-0484
Account Executive No: ET1
ORIGINAL: 12/31/2023

RECIPIENT'S Name, Street Address, City, State, and Zip Code
RICHARD D MILLER
18 REMINGTON RD
ORMOND BEACH, FL 32174-2527

PAYER'S TIN: 11-3658445
PAYER'S Name, Street, City, State, Zip Code:
MORGAN STANLEY CAPITAL MANAGEMENT LLC
E*TRADE SECURITIES LLC
PO BOX 484
JERSEY CITY, NJ 07303-0484
Telephone Number: 800 387 2331

☐ FATCA Filing Requirement

2023 FORM 1099-B: PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS OMB NO. 1545-0715

The information provided below is in accordance with Federal tax regulations and the IRS instructions that govern our reporting requirements. You should review this information carefully when completing your Form 8949 and Schedule D. There may be instances where our reporting requirements will not be consistent with your particular tax accounting position or elections. For these reasons, the IRS requires us to provide you with this reminder: Taxpayers are ultimately responsible for the accuracy of their tax returns.

Covered Short-Term Gains or Losses on Gross Proceeds
Report on Form 8949, Part I with Box A checked

Box 6: Gross Proceeds

Box 5: Box Not Checked (Covered Security)

Box 12: Basis Reported to the IRS

Box 2: Type of Gain or Loss -Short-Term

The 1099-B data referenced by a Box Number is reported to the IRS. The additional information not referenced by a Box Number is not reported to the IRS, but may be helpful to complete your return.

Description of property CUSIP (Box 1a)	Quantity Sold	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Accrued Market Discount (Box 1f)	Wash Sale Loss Disallowed (Box 1g)	Gain/Loss Amount	Additional Information
CVS HEALTH CORPORATION CUSIP: 126650100	0.58297	05/02/2022	03/22/2023	\$43.69	\$56.29	\$0.00	\$0.00	(\$12.60)	
	0.58922	08/01/2022	03/22/2023	\$44.15	\$56.61	\$0.00	\$0.00	(\$12.46)	
	0.49108	11/01/2022	03/22/2023	\$36.80	\$46.47	\$0.00	\$0.00	(\$9.67)	
	0.11050	11/01/2022	03/22/2023	\$8.28	\$10.46	\$0.00	\$0.00	(\$2.18)	
	0.72651	02/02/2023	03/22/2023	\$54.44	\$62.99	\$0.00	\$0.00	(\$8.55)	
Subtotals	2.50028			\$187.36	\$232.82	\$0.00	\$0.00	(\$45.46)	
5 ITEMS - TOTAL				\$187.36	\$232.82	\$0.00	\$0.00	(\$45.46)	

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Account No:
47723432

Account Name:
RICHARD D MILLER
***--2812

Account Executive No:
ET1

ORIGINAL:
12/31/2023

MORGAN STANLEY CAPITAL MANAGEMENT LLC Recipient's TIN:
E*TRADE SECURITIES LLC
PO BOX 484
JERSEY CITY, NJ 07303-0484

2023 FORM 1099-B: PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS, CONTINUED

OMB NO. 1545-0715

Covered Long-Term Gains or Losses on Gross Proceeds

Report on Form 8949, Part II with Box D checked

Box 6: Gross Proceeds

Box 5: Box Not Checked (Covered Security)

Box 12: Basis Reported to the IRS

Box 2: Type of Gain or Loss -Long-Term

The 1099-B data referenced by a Box Number is reported to the IRS. The additional information not referenced by a Box Number is not reported to the IRS, but may be helpful to complete your return.

Description of property CUSIP (Box 1a)	Quantity Sold	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Accrued Market Discount (Box 1f)	Wash Sale Loss Disallowed (Box 1g)	Gain/Loss Amount	Additional Information
CVS HEALTH CORPORATION CUSIP: 126650100	50.00000	07/02/2020	03/22/2023	\$3,746.71	\$3,262.00	\$0.00	\$0.00	\$484.71	
	50.00000	02/23/2021	03/22/2023	\$3,746.70	\$3,486.50	\$0.00	\$0.00	\$260.20	
	0.64274	05/03/2021	03/22/2023	\$48.16	\$50.00	\$0.00	\$0.00	(\$1.84)	
	0.61026	08/02/2021	03/22/2023	\$45.73	\$50.32	\$0.00	\$0.00	(\$4.59)	
	0.55840	11/01/2021	03/22/2023	\$41.84	\$50.63	\$0.00	\$0.00	(\$8.79)	
	0.52533	02/01/2022	03/22/2023	\$39.37	\$56.00	\$0.00	\$0.00	(\$16.63)	
Subtotals	102.33673			\$7,668.51	\$6,955.45	\$0.00	\$0.00	\$713.06	
EQT CORPORATION CUSIP: 26884L109	14.00000	03/07/2022	03/22/2023	\$415.53	\$368.62	\$0.00	\$0.00	\$46.91	
7 ITEMS - TOTAL				\$8,084.04	\$7,324.07	\$0.00	\$0.00	\$759.97	

FOOTNOTES

SHORT SALE - Short sales covered in December that settle in January will be reported on your Form 1099-B in the year they are settled.

END OF 2023 FORM 1099-B

THIS IS YOUR FORM 1099 (COPY B FOR RECIPIENT). KEEP FOR YOUR RECORDS.
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MORGAN STANLEY CAPITAL MANAGEMENT LLC
E*TRADE SECURITIES LLC
PO BOX 484
JERSEY CITY, NJ 07303-0484

Account No:
Account Name:
E*TRADE SECURITIES LLC Recipient's TIN:
Account Executive No:
ORIGINAL:

47723432
RICHARD D MILLER
***-**-2812
ET1
12/31/2023

DETAILS OF 2023 FORM 1099-DIV						
Date	Security Description	CUSIP	Transaction Description	Amount	Foreign Tax Paid	Federal Tax Withheld
02/02/23	CVS HEALTH CORPORATION	126650100	QUALIFIED DIVIDEND	\$62.99	-	-
03/01/23	EQT CORPORATION	26884L109	QUALIFIED DIVIDEND	\$2.10	-	-
03/15/23	MCDONALDS CORP	580135101	QUALIFIED DIVIDEND	\$27.02	-	-
06/20/23	MCDONALDS CORP	580135101	QUALIFIED DIVIDEND	\$27.18	-	-
Total Qualified Dividends (Box 1b included in Box 1a)				\$119.29		
Total Ordinary Dividends (Box 1a)				\$119.29		

MORGAN STANLEY CAPITAL MANAGEMENT LLC
E*TRADE SECURITIES LLC
PO BOX 484
JERSEY CITY, NJ 07303-0484

Account No:
Account Name:
***-**-2812
Account Executive No:
ORIGINAL:

47723432
RICHARD D MILLER
ET1
12/31/2023

2023 INVESTMENT DETAILS

DETAILS OF 2023 INVESTMENT ACTIVITY						
Date	Security Description	CUSIP	Transaction Description	Quantity	Price	Amount
02/13/23	AMAZON.COM INC	023135106	PURCHASE	50.000	\$99.57	\$4,978.61
02/24/23	AMAZON.COM INC	023135106	PURCHASE	50.000	\$92.90	\$4,644.96
03/22/23	CVS HEALTH CORPORATION	126650100	SELL	0.837	\$74.94	\$62.72
03/22/23	CVS HEALTH CORPORATION	126650100	SELL	104.000	\$74.94	\$7,793.15
03/22/23	EQT CORPORATION	26884L109	SELL	14.000	\$29.68	\$415.53
END OF 2023 DETAILS						

Form 1099-R ☐ CORRECTED (if checked) OMB No. 1545-0119 **2023**

1 Gross distribution \$ 7775.76	2a Taxable amount \$ 7775.76	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
2b Taxable amount not determined	Total distribution X	12 FATCA filing requirement	13 Date of payment

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
00004960
PNCBANK, NATIONAL ASSOCIATION
PO BOX 535230
PITTSBURGH, PA 15253-5230

1-888-762-4727

PAYER'S TIN 22-1146430		RECIPIENT'S TIN XXX-XX-2812	
3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	5 Employee contributions/Designated Roth contributions or insurance premiums \$	
6 Net unrealized appreciation in employer's securities \$	7 Distribution code(s) 4	IRA/SEP/SIMPLE X	8 Other \$
9a Your percentage of total distribution %		9b Total employee contributions \$	

Recipient's name, street address (including apt. no.), city or town, state or province, country, and Zip or foreign postal code
MILLER RICHARD D
BENE OF CAROL D MILLER
18 REMINGTON RD
ORMOND BCH FL 32174

Account number (see instr.) 00004107306648A-4		11 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 years \$
14 State tax withheld \$	15 State/Payer's state no. FL	16 State distribution \$	
17 Local tax withheld \$	18 Name of locality	19 Local distribution \$	

Copy 2 File this copy with your state, city, or local income tax return, when required.

Department of the Treasury
Internal Revenue Service
www.irs.gov/Form1099R

Form 1099-R ☐ CORRECTED (if checked) OMB No. 1545-0119 **2023**

1 Gross distribution \$ 7775.76	2a Taxable amount \$ 7775.76	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
2b Taxable amount not determined	Total distribution X	12 FATCA filing requirement	13 Date of payment

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
00004960
PNCBANK, NATIONAL ASSOCIATION
PO BOX 535230
PITTSBURGH, PA 15253-5230

1-888-762-4727

PAYER'S TIN 22-1146430		RECIPIENT'S TIN XXX-XX-2812	
3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	5 Employee contributions/Designated Roth contributions or insurance premiums \$	
6 Net unrealized appreciation in employer's securities \$	7 Distribution code(s) 4	IRA/SEP/SIMPLE X	8 Other \$
9a Your percentage of total distribution %		9b Total employee contributions \$	

Recipient's name, street address (including apt. no.), city or town, state or province, country, and Zip or foreign postal code
MILLER RICHARD D
BENE OF CAROL D MILLER
18 REMINGTON RD
ORMOND BCH FL 32174

Account number (see instr.) 00004107306648A-4		11 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 years \$
14 State tax withheld \$	15 State/Payer's state no. FL	16 State distribution \$	
17 Local tax withheld \$	18 Name of locality	19 Local distribution \$	

Copy 2 File this copy with your state, city, or local income tax return, when required.

Department of the Treasury
Internal Revenue Service
www.irs.gov/Form1099R

Form 1099-R ☐ CORRECTED (if checked) OMB No. 1545-0119 **2023**

1 Gross distribution \$ 7775.76	2a Taxable amount \$ 7775.76	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
2b Taxable amount not determined	Total distribution X	12 FATCA filing requirement	13 Date of payment

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
00004960
PNCBANK, NATIONAL ASSOCIATION
PO BOX 535230
PITTSBURGH, PA 15253-5230

1-888-762-4727

PAYER'S TIN 22-1146430		RECIPIENT'S TIN XXX-XX-2812	
3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	5 Employee contributions/Designated Roth contributions or insurance premiums \$	
6 Net unrealized appreciation in employer's securities \$	7 Distribution code(s) 4	IRA/SEP/SIMPLE X	8 Other \$
9a Your percentage of total distribution %		9b Total employee contributions \$	

Recipient's name, street address (including apt. no.), city or town, state or province, country, and Zip or foreign postal code
MILLER RICHARD D
BENE OF CAROL D MILLER
18 REMINGTON RD
ORMOND BCH FL 32174

Account number (see instr.) 00004107306648A-4		11 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 years \$
14 State tax withheld \$	15 State/Payer's state no. FL	16 State distribution \$	
17 Local tax withheld \$	18 Name of locality	19 Local distribution \$	

Copy C For Recipient's Records

This information is being furnished to the IRS.

Department of the Treasury
Internal Revenue Service
(Keep for your records)
www.irs.gov/Form1099R

Form 1099-R ☐ CORRECTED (if checked) OMB No. 1545-0119 **2023**

1 Gross distribution \$ 7775.76	2a Taxable amount \$ 7775.76	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
2b Taxable amount not determined	Total distribution X	12 FATCA filing requirement	13 Date of payment

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
00004960
PNCBANK, NATIONAL ASSOCIATION
PO BOX 535230
PITTSBURGH, PA 15253-5230

1-888-762-4727

PAYER'S TIN 22-1146430		RECIPIENT'S TIN XXX-XX-2812	
3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	5 Employee contributions/Designated Roth contributions or insurance premiums \$	
6 Net unrealized appreciation in employer's securities \$	7 Distribution code(s) 4	IRA/SEP/SIMPLE X	8 Other \$
9a Your percentage of total distribution %		9b Total employee contributions \$	

Recipient's name, street address (including apt. no.), city or town, state or province, country, and Zip or foreign postal code
MILLER RICHARD D
BENE OF CAROL D MILLER
18 REMINGTON RD
ORMOND BCH FL 32174

Account number (see instr.) 00004107306648A-4		11 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 years \$
14 State tax withheld \$	15 State/Payer's state no. FL	16 State distribution \$	
17 Local tax withheld \$	18 Name of locality	19 Local distribution \$	

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

www.irs.gov/Form1099R

Department of the Treasury
Internal Revenue Service

This information is being furnished to the IRS.

CAPITAL ONE N.A.
PO BOX 30249
SALT LAKE CITY, UT 84130-0249

GERALDINE MILLER
18 REMNGTON RD
ORMOND BEACH, FL 32174

For questions please call: 1-800-655-2265

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CAPITAL ONE N.A. 1680 CAPITAL ONE DR MCLEAN, VA 22102		Payer's RTN (optional)	OMB No. 1545-0112 Form 1099-INT (Rev. January 2022)		Interest Income	
1 Interest income \$1,263.01		2 Early withdrawal penalty	For calendar year 2023			
3 Interest on U.S. Savings Bonds and Treasury obligations						
PAYER'S TIN 72-0210640	RECIPIENT'S TIN ***-**-8830					Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code GERALDINE MILLER 18 REMNGTON RD ORMOND BEACH, FL 32174		4 Federal income tax withheld		5 Investment expenses		
		6 Foreign tax paid		7 Foreign country or U.S. possession		
		8 Tax-exempt interest		9 Specified private activity bond interest		
		10 Market discount		11 Bond premium		
		12 Bond premium on Treasury obligations		13 Bond premium on tax-exempt bond		
Account number (see instructions) See Detail Below	FATCA filing requirement <input type="checkbox"/>	14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification no.	17 State tax withheld	

Form **1099-INT** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service

** See Details

Product Description	Account Number	Interest Income	Early Withdrawal Penalty	Fed Income Tax Withheld	State Income Tax Withheld
CD	*****6034	\$1,263.01			
		\$1,263.01			

American Express National Bank
P.O. Box 30384
Salt Lake City, UT 84130-0384



Savings



00000528 TAMXIN012224053035 54 000000000 002

GERALDINE MILLER
18 REMINGTON RD
ORMOND BEACH, FL 32174

For questions please call: 1-800-446-6307

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. AMERICAN EXPRESS NATIONAL BANK P.O. BOX 30384 SALT LAKE CITY, UT 84130-0384 1-800-446-6307		Payer's RTN (optional)	OMB No. 1545-0112		2023 Form 1099-INT	Interest Income
		1 Interest income \$1,609.13				
		2 Early withdrawal penalty				
PAYER'S TIN 11-2869526	RECIPIENT'S TIN XXX-XX-8830	3 Interest on U.S. Savings Bonds and Treasury obligations				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.
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code GERALDINE MILLER 18 REMINGTON RD ORMOND BEACH, FL 32174		4 Federal income tax withheld	5 Investment expenses			
		6 Foreign tax paid	7 Foreign country or U.S. possession			
		8 Tax-exempt interest	9 Specified private activity bond interest			
		10 Market discount	11 Bond Premium			
		FATCA filing requirement <input type="checkbox"/>	12 Bond premium on Treasury obligations	13 Bond premium on tax-exempt bond		
Account number (see instructions) See Details Below		14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification no.	17 State tax withheld	

Form **1099-INT** (keep for your records) www.irs.gov/form1099int Department of the Treasury - Internal Revenue Service

See Details

ACCOUNT NUMBER	INTEREST INCOME	EARLY WITHDRAWAL PENALTY	FEDERAL INCOME TAX WITHHELD
xxxxxxxx3376	\$397.07		
xxxxxxxx0245	\$1,212.06		
Total	\$1,609.13		



American Express National Bank
P.O. Box 30384
Salt Lake City, UT 84130-0384



Savings

00002710 TAMXIN012224053035 52 000000000 002



RICHARD D MILLER
18 REMINGTON RD
ORMOND BEACH, FL 32174

For questions please call: 1-800-446-6307

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. AMERICAN EXPRESS NATIONAL BANK P.O. BOX 30384 SALT LAKE CITY, UT 84130-0384 1-800-446-6307		Payer's RTN (optional)	OMB No. 1545-0112		Interest Income
		1 Interest income \$950.53	2023 Form 1099-INT		
		2 Early withdrawal penalty			
PAYER'S TIN 11-2869526	RECIPIENT'S TIN XXX-XX-2812	3 Interest on U.S. Savings Bonds and Treasury obligations			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.
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RICHARD D MILLER 18 REMINGTON RD ORMOND BEACH, FL 32174		4 Federal income tax withheld	5 Investment expenses		
		6 Foreign tax paid	7 Foreign country or U.S. possession		
		8 Tax-exempt interest	9 Specified private activity bond interest		
		10 Market discount	11 Bond Premium		
		FATCA filing requirement <input type="checkbox"/>	12 Bond premium on Treasury obligations	13 Bond premium on tax-exempt bond	
Account number (see instructions) See Details Below		14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification no.	17 State tax withheld

Form **1099-INT** (keep for your records) www.irs.gov/form1099int Department of the Treasury - Internal Revenue Service

See Details

ACCOUNT NUMBER	INTEREST INCOME	EARLY WITHDRAWAL PENALTY	FEDERAL INCOME TAX WITHHELD
xxxxxxxx6990	\$950.53		
Total	\$950.53		



PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. (803) 289-5040 FOUNDERS FEDERAL CREDIT UNION 737 PLANTATION ROAD LANCASTER SC 29720-5808		Payer's RTN (optional) 1 Interest income \$ 55.37 2 Early withdrawal penalty \$	OMB No. 1545-0112 Form 1099-INT (Rev. January 2022) For calendar year 2023	<h1>Interest Income</h1>
PAYER'S TIN 57-0762987	RECIPIENT'S TIN XXX-XX-2812	3 Interest on U.S. Savings Bonds and Treasury obligations \$		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RICHARD D MILLER 18 REMINGTON ROAD ORMOND BEACH FL 32174-2527		4 Federal income tax withheld \$	5 Investment expenses \$	
		6 Foreign tax paid \$	7 Foreign country or U.S. possession	
		8 Tax-exempt interest \$	9 Specified private activity bond interest \$	
10 Market discount \$		11 Bond premium \$	12 Bond premium on Treasury obligations \$	13 Bond premium on tax-exempt bond \$
Account number (see instructions) XXXXXX7969		14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification no.
Form 1099-INT (Rev. 1-2022) (keep for your records)		www.irs.gov/Form1099INT		Department of the Treasury - Internal Revenue Service

Copy B For Recipient

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

Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the instructions for Form 8949. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer must generally report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

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.

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

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

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during the calendar year on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912. See the instructions above for a taxable covered security acquired at a premium.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. This amount is included in box 1. **Note:** This amount is not deductible.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040 or 1040-SR. See your tax return instructions.

Box 7. Shows the country or U.S. possession to which the foreign tax was paid.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. See how to report this amount in the instructions for Form 1040. This amount may be subject to backup withholding. See Box 4 above. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 10. For a taxable or tax-exempt covered security, if you made an election under section 1278(b) to include market discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.6045-1(n)(5), shows the market discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-OID. For a taxable or tax-exempt covered security acquired on or after January 1, 2015, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to make a constant yield election for market discount under section 1278(b). Report the accrued market discount on your income tax return as directed in the instructions for Form 1040. Market discount on a tax-exempt security is includible in taxable income as interest income.

Box 11. For a taxable covered security (other than a U.S. Treasury obligation), shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Schedule B (Form 1040) to determine the net amount of interest includible in income on Form 1040 or 1040-SR with respect to the security. If an amount is not reported in this box for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in box 11 is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4).

Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Schedule B (Form 1040) to determine the net amount of interest includible in income on Form 1040 or 1040-SR with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4).

Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to determine the net amount of tax-exempt interest reportable on Form 1040 or 1040-SR. If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount in box 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(i).

Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s).

Boxes 15-17. State tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096, list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099INT.

Free File Program. 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.



Department of the Treasury
Internal Revenue Service
ATLANTA, GA 39901

589180.555032.31878.13498 1 AV 0.498 372



RICHARD D & GERALDINE MILLER
18 REMINGTON RD
ORMOND BEACH FL 32174-2527

589180

Form 1099-INT (Rev. 10-2013)

Statement Showing Interest Income from the Internal Revenue Service	Calendar Year
(Please keep this copy for your records)	2023
Recipient's Identification Number XXX-XX-2812	Total Interest Paid or Credited \$58.69
PAYER'S Federal Identification Number 38-1798424 (INTERNAL REVENUE USE ONLY)	

THIS IS NOT A TAX BILL. It shows the taxable interest paid to you during the calendar year by the Internal Revenue Service. If you are required to file a tax return, report this interest as income on your return. This amount may represent interest on an overpayment for more than one year, or more than one kind of tax. This interest may have been paid with your tax refund or part or all may have been applied against other taxes you owed.

Department of the Treasury
Internal Revenue Service

▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095A for instructions and the latest information.

2023**Part I Recipient Information**

1 Marketplace identifier FL	2 Marketplace-assigned policy number 122795484	3 Policy issuer's name Florida Blue (BlueCross BlueShield FL)	
4 Recipient's name Richard Miller		5 Recipient's SSN xxx-xx-2812	6 Recipient's date of birth
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date 01/01/2023	11 Policy termination date 12/31/2023	12 Street address (including apartment no.) 18 Remington Rd	
13 City or town Ormond Beach	14 State or province FL	15 Country and ZIP or foreign postal code US 32174	

Part II Covered Individuals

A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16 Richard Miller	xxx-xx-2812		01/01/2023	12/31/2023
17				
18				
19				
20				

Part III Coverage Information

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January	1,450.44	0.00	0.00
22 February	1,450.44	0.00	0.00
23 March	1,450.44	0.00	0.00
24 April	1,450.44	0.00	0.00
25 May	1,450.44	0.00	0.00
26 June	1,450.44	0.00	0.00
27 July	1,450.44	0.00	0.00
28 August	1,450.44	0.00	0.00
29 September	1,450.44	0.00	0.00
30 October	1,450.44	0.00	0.00
31 November	1,450.44	0.00	0.00
32 December	1,450.44	0.00	0.00
33 Annual Totals	17,405.28	0.00	0.00