☐ CORRECTED (if checked)

PAYER'S name, street address, cit ZIP or foreign postal code, and tele	y or town, state or province, country, ephone no.		OMB No. 1545-0116	Nonemployee
International Compliance Profession 322 Bronco Lane Springtown TX 76082	onals Association Inc		Form 1099-NEC	Compensation
US - Phone: 8177267858			(Rev. January 2022 For calendar year	
			2023	
PAYERS TIN	RECIPIENTS TIN	1 Nonemployee co	mpensation	
02-0642374	XXX-XX-2812	\$ 15000.00		
				Сору В
RECIPIENT'S name, street address	s(including apt. no.), City or town,		ct sales totaling \$5,000 or	For Recipient
state or province, country, and ZIP	or foreign postal code	more of consumer presale	products to recipient for	This is important tax
RICHARD MILLER 18 REMINGTON ROAD		Tesale	Ц	information and is being furnished to the IRS. If
ORMOND BEACK FL 32174		3.		you are required to file a
US				return, a negligence penalty or other
				sanction may be
		4 Federal income to	ax withheld	imposed on you if this income is taxable and
		\$		the IRS determines that
Account number (see instructions)		5 State tax	6 State/Dever's at-t-	it has not been reported
142736547936		withheld	6 State/Payer's state no.	7 State income
142730347930		\$		\$
		\$		s
		1		₹

Form 1099-NEC (Rev. 1-2022)

www.tax1099.com -IRS Approved e File Provider

www.irs.gov/Form1099NEC

Instructions for Recipient

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, You received this form instead of Form W-2 because the payer did 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

Box 1. Name			Box 2. Beneficiary's Social Security Number
GERALDINE MILLER			264-84-8830
Box 3. Benefits Paid in 2023	Box 4. Benefits Repair	id to SSA in 2023	Box 5. Net Benefits for 2023 (Box 3 minus Box 4,
\$20,290.80	NO	NE	\$20,290.80
DESCRIPTION OF AMOUNT I	N BOX 3	DES	CRIPTION OF AMOUNT IN BOX 4
Paid by check or Direct deposit Medicare Part B premiums deducted from your benefits Medicare Prescription Drug premiums (Part D) deducted from your benefits Total Additions Benefits for 2023	\$17,910.50 \$1,978.80 \$401.50 \$20,290.80 \$20,290.80		NONE
		Box 6. Voluntary Fe	deral Income Tax Withheld
			NONE
		Box 7. Address GERALDINE M 18 REMINGTON ORMOND BEAC	
		Box 8. Claim Numb	er (Use this number if you need to contact SSA.

PAYER'S name, street address, country, ZIP or foreign postal co			ECTED (if checked)			
	city or town, state	or province,	1 Gross distribution	OMB No. 1545-011		Distributions From
		no.	44 245 20		1	ensions, Annuities Retirement o
FLORIDA RETIREME			\$ 11,315.28 2a Taxable amount	- 20 23	Pi	rofit-Sharing Plans
DIVISION OF RETIRE	MENT		2a Taxable amount			IRAs, Insurance
PO BOX 9000 TALLAHASSEE FL 32	315-0000		\$ 11,315.28	Form 1099-R		Contracts, etc
TALLAHASSEE PL 32	313-9000		2b Taxable amount	Total		Copy B
844-377-1888		81	not determined	distribution		
PAYER'S TIN	RECIPIENT'S TI	V	3 Capital gain (included	n 4 Federal incom	e tax	Report this
			box 2a)	withheld		income on your
59-1354377	XXX-XX	-8830		0	.00	return. If this
			\$	\$.00	form shows
RECIPIENT'S name			5 Employee contributions			federal income
GERALDINE MILLER			Designated Roth contributions or	appreciation in employer's sec	n curities	tax withheld in
18 REMINGTON RD			insurance premiums			box 4, attach
ORMOND BEACH FL 3	2174-2527		\$ 0.00	\$		your return
			code(s) SEP/			
			7 SIMPL			This information is
			9a Your percentage of total	\$ al 9b Total employee of	%	d peing iumished to
					.00	the IRS.
10 Amount allocable to IRR	11 1st year of desig.	12 FATCA filing	14 State tax withheld	15 State/Payer's	state no.	16 State distribution
within 5 years	Roth contrib.	requirement	\$,		\$
\$			\$			\$
Account number (see instruction	s)	13 Date of	17 Local tax withheld	18 Name of loca	lity	19 Local distribution
XXX-XX-8830		payment	\$			\$
Form 1099-R			\$			\$
PAVER'S name etreet address			CTED (if checked)	***		Distributions Forms
PAYER'S name, street address, country, ZIP or foreign postal country.	city or town, state	or province,	CTED (if checked) 1 Gross distribution	OMB No. 1545-0119	~	Distributions From
country, ZIP or foreign postal co	city or town, state of	or province,	1 Gross distribution		~	ensions, Annuities,
country, ZIP or foreign postal con	de, and telephone	or province,	1 Gross distribution \$ 11,315.28		Pe	ensions, Annuities,
FLORIDA RETIREME DIVISION OF RETIRE	de, and telephone	or province,	1 Gross distribution		Pe	ensions, Annuities, Retirement or offt-Sharing Plans, IRAs, Insurance
FLORIDA RETIREME DIVISION OF RETIRE PO BOX 9000	de, and telephone of NT SYSTEM EMENT	or province,	1 Gross distribution \$ 11,315.28 2a Taxable amount	2023	Pe	ensions, Annuities, Retirement or offt-Sharing Plans, IRAs, Insurance
FLORIDA RETIREME DIVISION OF RETIRE	de, and telephone of NT SYSTEM EMENT	or province,	1 Gross distribution \$ 11,315.28	2023	Pe	ensions, Annuities, Retirement or ofit-Sharing Plans, IRAs, Insurance Contracts, etc.
FLORIDA RETIREME DIVISION OF RETIRE PO BOX 9000	de, and telephone of NT SYSTEM EMENT	or province,	1 Gross distribution \$ 11,315.28 2a Taxable amount \$ 11,315.28	20 23 Form 1099-R	Pe	ensions, Annuities, Retirement or offt-Sharing Plans, IRAs, Insurance Contracts, etc.
FLORIDA RETIREME DIVISION OF RETIRE PO BOX 9000 TALLAHASSEE FL 32	de, and telephone of NT SYSTEM EMENT	or province, no.	1 Gross distribution \$ 11,315.28 2a Taxable amount \$ 11,315.26 2b Taxable amount not determined 3 Capital gain (included in	2023 Form 1099-R Total distribution 1 4 Federal income	Pro	ensions, Annuities, Retirement or offt-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C
FLORIDA RETIREME DIVISION OF RETIRE PO BOX 9000 TALLAHASSEE FL 32 844-377-1888	te, and telephone of the state	or province, no.	\$ 11,315.28 2a Taxable amount \$ 11,315.26 2b Taxable amount not determined	2023 Form 1099-R Total distribution	Pro	ensions, Annuities, Retirement or offt-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C
FLORIDA RETIREME DIVISION OF RETIRE PO BOX 9000 TALLAHASSEE FL 32 844-377-1888 PAYER'S TIN	de, and telephone of ENT SYSTEM EMENT 2315-9000	or province, no.	1 Gross distribution \$ 11,315.28 2a Taxable amount \$ 11,315.26 2b Taxable amount not determined 3 Capital gain (included in	2023 Form 1099-R Total distribution 1 4 Federal income	Pro	ensions, Annuities, Retirement or offt-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C
FLORIDA RETIREME DIVISION OF RETIRE PO BOX 9000 TALLAHASSEE FL 32 844-377-1888 PAYER'S TIN 59-1354377 RECIPIENT'S name	te, and telephone of the state	or province, no.	1 Gross distribution \$ 11,315.28 2a Taxable amount \$ 11,315.23 2b Taxable amount not determined 3 Capital gain (included in box 2a) \$ 5 Employee contributions.	2023 Form 1099-R Total distribution 4 Federal income withheld \$ 0.0	Pro Pro	ensions, Annuities, Retirement or offt-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C
FLORIDA RETIREME DIVISION OF RETIRE PO BOX 9000 TALLAHASSEE FL 32 844-377-1888 PAYER'S TIN 59-1354377 RECIPIENT'S name GERALDINE MILLER	te, and telephone of the state	or province, no.	1 Gross distribution \$ 11,315.28 2a Taxable amount \$ 11,315.26 2b Taxable amount not determined 3 Capital gain (included in box 2a)	Form 1099-R Total distribution 4 Federal income withheld \$ 0.0 6 Net unrealized appreciation in	Pro Pro	ensions, Annuities, Retirement or offt-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C
FLORIDA RETIREME DIVISION OF RETIRE PO BOX 9000 TALLAHASSEE FL 32 844-377-1888 PAYER'S TIN 59-1354377 RECIPIENT'S name GERALDINE MILLER 18 REMINGTON RD	te, and telephone of the telephone of telephone of the telephone of the telephone of	or province, no.	1 Gross distribution \$ 11,315.28 2a Taxable amount \$ 11,315.23 2b Taxable amount not determined 3 Capital gain (included in box 2a) \$ 5 Employee contributions. Designated Roth contributions or insurance premiums	Form 1099-R Total distribution 4 Federal income withheld \$ 0.0 6 Net unrealized appreciation in employer's sec	Pro Pro	ensions, Annuities, Retirement or offt-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C
FLORIDA RETIREME DIVISION OF RETIRE PO BOX 9000 TALLAHASSEE FL 32 844-377-1888 PAYER'S TIN 59-1354377 RECIPIENT'S name GERALDINE MILLER	te, and telephone of the telephone of telephone of the telephone of the telephone of	or province, no.	1 Gross distribution \$ 11,315.28 2a Taxable amount \$ 11,315.23 2b Taxable amount not determined 3 Capital gain (included in box 2a) \$ 5 Employee contributions. Designated Roth contributions or insurance premiums \$ 0.00	Form 1099-R Total distribution 4 Federal income withheld \$ 0.0 6 Net unrealized appreciation in employer's secus	Pro Pro	ensions, Annuities, Retirement or offt-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C
FLORIDA RETIREME DIVISION OF RETIRE PO BOX 9000 TALLAHASSEE FL 32 844-377-1888 PAYER'S TIN 59-1354377 RECIPIENT'S name GERALDINE MILLER 18 REMINGTON RD	te, and telephone of the telephone of telephone of the telephone of the telephone of	or province, no.	1 Gross distribution \$ 11,315.28 2a Taxable amount \$ 11,315.22 2b Taxable amount not determined 3 Capital gain (included in box 2a) \$ 5 Employee contributions. Designated Roth contributions or insurance premiums \$ 0.00 7 Distribution SEP/	Form 1099-R Total distribution 4 Federal income withheld \$ 0.0 6 Net unrealized appreciation in employer's secus	Pro Pro	ensions, Annuities, Retirement or ofit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C For Recipient's Records
FLORIDA RETIREME DIVISION OF RETIRE PO BOX 9000 TALLAHASSEE FL 32 844-377-1888 PAYER'S TIN 59-1354377 RECIPIENT'S name GERALDINE MILLER 18 REMINGTON RD	te, and telephone of the telephone of telephone of the telephone of the telephone of	or province, no.	1 Gross distribution \$ 11,315.28 2a Taxable amount \$ 11,315.22 2b Taxable amount not determined 3 Capital gain (included in box 2a) \$ 5 Employee contributions. Designated Roth contributions or insurance premiums \$ 0.00 7 Distribution code(s) IRA/ SIMPLI	Form 1099-R Total distribution 4 Federal income withheld \$ 0.0 6 Net unrealized appreciation in employer's secus	Pro	ensions, Annuities, Retirement or ofit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C For Recipient's Records
FLORIDA RETIREME DIVISION OF RETIRE PO BOX 9000 TALLAHASSEE FL 32 844-377-1888 PAYER'S TIN 59-1354377 RECIPIENT'S name GERALDINE MILLER 18 REMINGTON RD	te, and telephone of the telephone of telephone of the telephone of the telephone of	or province, no.	1 Gross distribution \$ 11,315.28 2a Taxable amount \$ 11,315.22 2b Taxable amount not determined 3 Capital gain (included in box 2a) \$ 5 Employee contributions. Designated Roth contributions or insurance premiums \$ 0.00 7 Distribution SEP/	Form 1099-R Total distribution 4 Federal income withheld \$ 0.0 6 Net unrealized appreciation in employer's sec \$ 8 Other \$	Pro	ensions, Annuities, Retirement or ofit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C For Recipient's Records

10 Amount allocable to IRR

Account number (see instructions)

XXX-XX-8830

within 5 years

11 1st year of desig. Roth contrib.

13 Date of

payment

12 FATCA filing requirement \$ 14 State tax withheld

17 Local tax withheld

16 State distribution

19 Local distribution

15 State/Payer's state no.

18 Name of locality

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

Personal Information

Tax Status:

Payee Name

GERALDINE MILLER

SSN

XXX-XX-8830

Member Name SSN GERALDINE MILLER

XXX-XX-8830

Filing Status

Extra Withholding

M \$0.00

Stated Amount

\$0.00

Withholding Response

YES (1)

An	nual Income/Dedu	ctions	
Income - Payment Type: Monthly			
Health Insurance Subsidy (HIS)	\$	1,043.28 (2)
Retirement Benefit	\$	10,272.00	_,
	\$. 0,=. =.00	
	\$		
	\$		
TOTAL GROSS	\$	11,315.28	
Deductions			
Tax Withholding	\$	0.00	
•	\$	0.00	
	\$		
	\$		
	\$		
	\$		
TOTAL DEDUCTIONS	\$	0.00	
Fo	rm 1099-R Calculat	ion	

Form 109	99-R Calculati	<u>on</u>	
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.

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.



⁽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.



1099 Consolidated Tax Statement Tax Year 2023 Copy B For Recipient

ORMOND BEACH FL 32174

RICHARD D MILLER 18 REMINGTON RD

Name Reported to the IRS:

Morgan Stanley Capital Management, LLC Morgan Stanley Smith Barney, LLC

Page 2 of 5

1 New York Plaza

7th Floor

New York, NY 10004 Identification Number: 11

Identification Number: 11-3658445
Taxpayer ID Number: XXX-XX-2812

Account Number: 459 509655 201

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	IRS BOX	S 2023 FORM 1099-MISC - MISCELLANEOUS INFORMATION X OMB NO. 1545-0115	
1a. TOTAL ORDINARY DIVIDENDS \$5	\$57.50	RENTS	6
1b. QUALIFIED DIVIDENDS \$5	\$57.50	ROVALTIES	9 6
2a. TOTAL CAPITAL GAIN DISTRIBUTIONS	\$0.00	OTHER INCOME	9 8
2b. UNRECAP. SEC. 1250 GAIN		CENEDAL INCOME TAX MITURE D	9.6
2d. COLLECTIBLES (28%) GAIN \$(\$0.00		3 8
2e. SECTION 897 ORDINARY DIVIDENDS	\$0.00		3
2f. SECTION 897 CAPITAL GAIN \$(
3. NON-DIVIDEND DISTRIBUTIONS	\$0.00 BOX	X OMB NO. 1545-0117	
4. FEDERAL INCOME TAX WITHHELD	\$0.00	ORIGINAL ISSUE DISCOUNT FOR 2023 \$0.00*	*00
5. SECTION 199A DIVIDENDS \$(\$0.00 2.	OTHER PERIODIC INTEREST	00:
6. INVESTMENT EXPENSES \$(FEDERAL INCOME TAX WITHHELD \$0.00	00:
7. FOREIGN TAX PAID \$(\$0.00	MARKET DISCOUNT \$0.00	00.
9. CASH LIQUIDATION DISTRIBUTIONS	\$0.00	ACQUISITION PREMIUM \$0.00	00
10. NON-CASH LIQUIDATION DISTRIBUTIONS	\$0.00	OID ON U.S. TREASURY OBLIGATIONS \$0.00*	*00
12. EXEMPT-INTEREST DIVIDENDS \$(\$0.00	PENSES	00:
13. SPECIFIED PRIVATE ACTIVITY BOND INTEREST DIVIDENDS \$(\$0.00 10.	BOND PREMIUM	00.
IRS 2023 FORM 1099-INT - INTEREST INCOME	=======================================	. TAX-EXEMPT OID \$0.00	00:
BOX OMB NO. 1545-0112	ţ.	*This may not be the correct figure to report on your income tax return.	
1. INTEREST INCOME	\$0.00	See instructions on the back.	
AL PENALTY			s
NDS AND TREAS. OBLIGATIONS	\$0.00	X OMB NO. 1545-0715	
	\$0.00 1d.	. PROCEEDS \$0.00	8
5. INVESTMENT EXPENSES \$6	\$0.00	COVERED SECURITIES \$0.00	0
6. FOREIGN TAX PAID \$0	\$0.00	NONCOVERED SECURITIES \$0.00	0
8. TAX-EXEMPT INTEREST \$C	\$0.00 1e.	. COST OR OTHER BASIS OF COVERED SECURITIES \$0.00	00
9. SPECIFIED PRIVATE ACTIVITY BOND INTEREST		ACCRUED MARKET DISCOUNT	00
10. MARKET DISCOUNT \$6	\$0.00 19.		00
11. BOND PREMIUM \$C	\$0.00	FEDERAL INCOME TAX WITHHELD \$0.00	00
	\$0.00		
14. TAX-EXEMPT AND TAX CREDIT BOND CUSIP NO.			-

IMPORTANT TAX INFORMATION -- PLEASE RETAIN FOR YOUR RECORDS

Tax Year 2023

Page 4 of 5 RICHARD D MILLER Account Number: 459 509655 201

EXTRADE from Morgan Stanley

1099-DIV DIVIDENDS & DISTRIBUTIONS	ONS						
Ordinary Dividends							
DESCRIPTION	CUSIP	PAY DATE	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS	FEDERAL INCOME SECTION 199A TAX WITHHELD DIVIDENDS	SECTION 199A DIVIDENDS	
MC DONALDS CORP	580135101 09/18/23	09/18/23	\$27.32	\$27.32	\$0.00	\$0.00	
MC DONALDS CORP	580135101 12/15/23	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	

Page 3 of 10

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

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

FATCA Filing Requirement JERSEY CITY, NJ 07303-0484

Telephone Number: 800 387 2331

2023 CONSOLIDATED FORMS 1099

2023 FO IRS Box	2023 FORM 1099-DIV IRS Box DIVIDENDS AND DISTRIBUTIONS	OMB NO. 1545-0110
1a.	Total ordinary dividends (includes Boxes 1b, 5, 6)	\$119.29
1p.	Qualified dividends	\$119.29
2a.	Total capital gain distributions (includes Boxes 2b, 2c, 2d)	\$0.00
2p.	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
2ť.	Section 897 capital gains	\$0.00
Э.	Nondividend distributions	\$0.00
4	Federal income tax withheld	\$0.00
2.	Section 199A dividends	\$0.00
9	Investment expenses	\$0.00
7.	Foreign tax paid	\$0.00
ω.	Foreign country or U.S. possession	1
6	Cash liquidation distributions	\$0.00
10.	Noncash liquidation distributions	\$0.00
1.	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

47723432 Account No:

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

ET1 Account Executive No: ORIGINAL:

12/31/2023

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	PROCEEDS	COST BASIS	MARKET DISCOUNT	WASH SALE LOSS DISALLOWED	REALIZED GAIN OR (LOSS)
Box A (basis reported to IRS)	\$187.36	\$232.82	\$0.00	\$0.00	(\$45.46)
Box A - Ordinary - (basis reported to IRS)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Box B (basis not reported to IRS)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Box B - Ordinary - (basis not reported to IRS)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Short-Term	\$187.36	\$232.82	\$0.00	\$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	\$0.00	\$759.97
Box D - Ordinary - (basis reported to IRS)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Box E (basis not reported to IRS)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Box E - Ordinary - (basis not reported to IRS)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Long-Term	\$8,084.04	\$7,324.07	\$0.00	\$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	\$0.00
Box B or Box E - Ordinary - (basis not reported to IRS)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Unknown Term	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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

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

MORGAN STANLEY CAPITAL MANAGEMENT LLC PAYER'S Name, Street, City, State, Zip Code: E*TRADE SECURITIES LLC PAYER'S TIN: 11-3658445

PO BOX 484

Telephone Number: 800 387 2331 JERSEY CITY, NJ 07303-0484 FATCA Filing Requirement

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

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 5: Box Not Checked (Covered Security) Box 6: Gross Proceeds

Box 2: Type of Gain or Loss -Short-Term Box 12: Basis Reported to the IRS

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.

Accrued Wash Sale

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)	Market Discount (Box 1f)	Loss Disallowed (Box 1g)	Gain/Loss Amount Addi	Additional Information
CVS HEALTH CORPORATION	0.58297	0.58297 05/02/2022	03/22/2023	\$43.69	\$56.29	\$0.00	\$0.00	(\$12.60)	
CUSIP: 126650100	0.58922	٥.	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)	

RICHARD D MILLER 47723432 Account No:

***-**-2812 Account Name:

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

Account Executive No:

ORIGINAL:

12/31/2023

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

Covered Long-Term Gains or Losses on Gross Proceeds

OMB NO. 1545-0715

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

Report on Form 8949, Part II with Box D checked

Box 12: Basis Reported to the IRS Box 5: Box Not Checked (Covered Security) Box 6: Gross Proceeds

Additional Information 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.

Accrued Wash Sale Gain/Loss Amount \$260.20 (\$1.84) (\$4.59) (\$8.79) (\$16.63) \$484.71 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Disallowed Loss (Box 1g) Accrued Market Discount \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Box 1f) \$3,262.00 \$3,486.50 \$50.00 \$50.32 \$50.63 \$50.63 Cost or Other Basis (Box 1e) \$3,746.71 \$45.73 \$41.84 \$39.37 Proceeds \$48.16 (Box 1d) Date Sold or Disposed (Box 1c) 03/22/2023 03/22/2023 03/22/2023 03/22/2023 03/22/2023 03/22/2023 07/02/2020 Date Acquired (Box 1b) 05/03/2021 08/02/2021 11/01/2021 02/23/2021 02/01/2022 **Quantity Sold** 50.00000 0.64274 0.55840 0.61026 0.52533 CVS HEALTH CORPORATION CUSIP: 126650100 Description of property (Box 1a)

\$713.06

\$0.00

\$0.00 \$0.00

\$6,955.45 \$368.62

\$7,668.51 \$415.53

03/22/2023

03/07/2022

102.33673 14.00000

Subtotals

EQT CORPORATION CUSIP: 26884L109

\$0.00

\$46.91

\$759.97

\$0.00

\$0.00

\$7,324.07

\$8,084.04

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

7 ITEMS - TOTAL

END OF 2023 FORM 1099-B

Page 9 of 10

THIS STATEMENT IS NOT A SUBSTITUTE FOR FORM 1099 AND IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

47723432 RICHARD D MILLER ***-**-2812 MORGAN STANLEY CAPITAL MANAGEMENT LLC Recipient'S TIN:
E*TRADE SECURITIES LLC
PO BOX 484
JERSEY CITY, NJ 07303-0484 Account No:

Account Executive No:

ET1

ORIGINAL:

12/31/2023

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

47723432 RICHARD D MILLER ***-**-2812 Account No:

Account Executive No: MORGAN STANLEY CAPITAL MANAGEMENT LLC Recipient'S TIN:
E*TRADE SECURITIES LLC
PO BOX 484
JERSEY CITY, NJ 07303-0484

ORIGINAL:

12/31/2023

ET1

2023 INVESTMENT DETAILS

DETAILS OF 2023 INVESTIMENT ACTIVITY	IMENT ACTIVITY						
Date	Security Description	CUSIP	Transaction Description	Quantity	Price	Amount	Additional Information
02/13/23 AMAZON. COM INC	02	3135106	PURCHASE	20.000	\$99.57	\$4,978.61	
02/24/23 AMAZON.COM INC	02	3135106	PURCHASE	50.000	\$92.90	\$4,644.96	
03/22/23 CVS HEALTH CORPORATION		6650100	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	26	884L109	SELL	14.000	\$29.68	\$415.53	

END OF 2023 DETAILS

		mount	Distributions Fro	Retirement o	r Gross distribution	2a Taxa	CTED (if che	ecked) OM	B No. 1545-0119 stributions Fro	
\$ 7775.76 2b Taxable amount	Ψ	7775.76	Profit-Sharing Insurance Co	Plans, IRAs	7775.76	\$	7775.	1	Annuities, I Profit-Sharing	Retireme Plans, I
not determined	Total distribution	x	12 FATCA filing requirement 13 Date	e of payment	2b Taxable amount not determined	Total distribut		12	ATCA filing 13 Dat	ontracts
PAYER'S name, street address	city or town, state or pr					distribut	X	1	equirement	
00004960 PNCBANK, NATION			or foreign postal code, ar	nd telephone no	PAYER'S name, street addres	s, city or town, stat	e or province, cou	untry, ZIP or fore	ign postal code, a	nd telepho
PO BOX 535230		TON			PNCBANK, NATIO					
PITTSBURGH, PA	15253-5230		1 000		PO BOX 535230 PITTSBURGH, PA	15253-52	30			
PAYER'S TIN		DECIDIENT		762-4727		19290 92	30		1-888-	762-4
22-11464		RECIPIENT'S	XXX-XX-2812		PAYER'S TIN 22-114	6430	RECIF	PIENT'S TIN		
3 Capital gain (included in box 2a)	4 Federal inco	me tax withheld	5 Employee contributions Roth contributions or in	s/Designated	2.0		I income tax v	vithheld 5 En	-XX-2812	s/Designate
\$6 Net unrealized appreciatio	\$		\$		\$	6		Ro	th contributions or in	nsurance pr
in employer's securities		code(s) IRA/ SEP/ SIMPLI	8 Other	%	6 Net unrealized appreciati in employer's securities	on 7 Distribu	tion code(s)	IRA/ 8 Of	ther	Т
\$ 9a Your percentage of total	distribution	X	\$		\$		4	IRA/ SEP/ SIMPLE		
ra rear percentage of total	distribution	9b Total emplo	oyee contributions		9a Your percentage of total	distribution	9b Tota	al employee o	ontributions	
Recipient's name, street address (in	%	\$					% \$			
Recipient's name, street address (in		own, state or provinc	e, country, and Zip or forei	ign postal code	Recipient's name, street address (i	ncluding apt. no.), c	ity or town, state of	or province, coun	try, and Zip or fore	ign postal
BENE OF CAROL D 18 REMINGTON RD	MILLER				BENE OF CAROL D	MILLER				0 1
ORMOND BCH FL 3	32174				18 REMINGTON RD ORMOND BCH FL					
ccount number (see instruc.) [44.69				Juliana Boll 12	32174				
00004107306648A	-4	year of desig. Roth contrib.	10 Amount allocable to IRR	R within 5 years	Account number (see instruction 00004107306646	C.)	11 1st year of desig. R	Roth contrib. 10 An	nount allocable to IR	R within 5
4 State tax withheld	15 State/Payer's	state no.	16 State distribution		14 State tax withheld		ayer's state no	\$ 0. 16 St	ate distribution	
7 Local tax withheld	18 Name of loca	ality	19 Local distribution		\$ 17 Local tax withheld	FL		\$		
copy 2 File this copy			\$		\$	18 Name o	of locality	19 Lo	cal distribution	
orm 1099-R	2a Taxable amou	unt	DMB No. 1545-0119 Z Distributions From I Annuities, Reti	Pensions,	Form 1099-R 1 Gross distribution	CORRECTI 2a Taxable		ed) OMB No	o. 1545-0119 2	2 3
7775.76	. 77			ane IDAe		Zu Taxable	amount	Distrib	nnuities Reti	
7775.76 Taxable amount	Total	75.76	Profit-Sharing Pla	ans, IRAs, racts, etc.	\$ 7775.76	\$	7775.76	Pro	innuities, Reti fit-Sharing Pla	ans. IRA
	Total distribution		Insurance Control 2 FATCA filing 13 Date of requirement	ans, IRAs, racts, etc.	\$ 7775.76 2b Taxable amount not determined		7775.76	Pro In 12 FATCA	Innuities, Reti fit-Sharing Pla surance Cont fling 13 Date of	ans, IRA
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PAYER'S name, street address, city 0 0004960 PNCBANK, NATIONAL PO BOX 535230 PITTSBURGH, PA 15	Total distribution or town, state or province ASSOCIATION 2253-5230	X 1 De, country, ZIP or f	Insurance Contr 2 FATCA fling requirement 13 Date of requirement oreign postal code, and te	ans, IRAs, racts, etc. f payment elephone no.	PAYER'S name, street address, ci 00004960 PNCBANK, NATIONA PO BOX 535230 PITTSBURGH, PA 1	\$ Total distribution by or town, state or L ASSOCIA	7775.76	Pro In 12 FATCA require	Innuities, Reti fit-Sharing Pla surance Cont fling 13 Date of ment	ans, IRA racts, e f payme
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federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. www.irs.gov/Form1099R

the IRS.

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

CD	*************6	034 \$1,263.01				
Product Description	Account Number	Income F	Early Wit Penalty	hdrawal Fed Inc Tax Wit		State Income Tax Withheld
** See Details						
Form 1099-INT (Rev. 1-2022)	(keep for your records)	www.irs.gov/Form1099INT	De	partment of the Treasu	ry - Internal R	evenue Service
Account number (see instructions) See Detail Below	FATCA filing requirement	14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification no.	17 State	tax withheld
		12 Bond premium on Treasury obligations	13	Bond premium on tax-exempt	bond	
		10 Market discount	11	Bond premium		the IRS determines that it has not been reported.
		8 Tax-exempt interest	9 S	pecified private activity bond in	nterest	other sanction may be imposed on you if this income is taxable and
18 REMNGTON RD ORMOND BEACH, FL 32174		6 Foreign tax paid		oreign country or U.S. possess		IRS. If you are required to file a return, a negligence penalty or
city or town, state or province, country, and GERALDINE MILLER	ZIP or foreign postal code					information and is being furnished to the
RECIPIENT'S name, street address (includ	ling apt. no.),	4 Federal income tax withheld	5 Ir	nvestment expenses		For Recipient This is important tax
PAYER'S TIN 72-0210640	RECIPIENT'S TIN	3 Interest on U.S. Savings Bonds and Trea	asury obliga	ations		Сору В
		2 Early withdrawal penalty	F	For calendar year 2023		
1680 CAPITAL ONE DR MCLEAN, VA 22102		1 Interest income \$1,263.01	(Re	ev. January 2022)	Intere	st Income
ZIP or foreign postal code, and telephone r CAPITAL ONE N.A.	n, state or province, country, no.	Payer's RTN (optional)	For	омв No. 1545-0112 m 1099-INT		

\$1,263.01

CORRECTED (if checked)

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



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 to or foreign postal code, and telephone no. AMERICAN EXPRESS NAT P.O. BOX 30384 SALT LAKE CITY, UT 8413 1-800-446-6307	TIONAL BANK		Payer's RTN (optional) 1 Interest income \$1,609.13 2 Early withdrawal penalty		2023	Interest Income
				F	orm 1099-INT	
PAYER'S TIN 11-2869526	RECIPIENT'S TIN XXX-XX-8830		3 Interest on U.S. Savings Bonds and	Treasury of	oligations	Copy B For Recipient
RECIPIENT'S name, street address (inclucountry, and ZIP or foreign postal code GERALDINE MILLER 18 REMINGTON RD	ding apt. no.), city or town, state or p	province,	4 Federal income tax withheld	5 Investm	ent expenses	This is important tax information and is being furnished to the Internal Revenue
ORMOND BEACH, FL 3217	4		6 Foreign tax paid	7 Foreign	country or U.S. possession	Service. If you are required to file a return, a negligence
			8 Tax-exempt interest	9 Specifi interest	ed private activity bond	penalty or other sanction may be imposed on you if
	1	ATCA filing requirement	10 Market discount 12 Bond premium on Treasury obligations	11 Bond	Premium oremium on tax-exempt bond	this income is taxable and the IRS determines that it has not been reported.
Account number (see instructions)			14 Tax-exempt and tax credit bond		16 State identification no.	17 State tax withheld
See Details Below			CUSIP no.			
Form 1099-INT (keep for	your records)		www.irs.gov/form1099int	Den	artment of the Treasury -	Internal Revenue Service

See Details

ACCOUNT	INTEREST	EARLY WITHDRAWAL	FEDERAL INCOME
NUMBER	INCOME	PENALTY	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



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	d)		
PAYER'S name, street address, city or to or foreign postal code, and telephone no. AMERICAN EXPRESS NA			Payer's RTN (optional)		OMB No. 1545-0112	14
P.O. BOX 30384	0.0004		1 Interest income	1	0000	Interest
SALT LAKE CITY, UT 8413	30-0384		\$950.53		2023	Income
1-800-446-6307			2 Early withdrawal penalty	-		
			2 Carry withdrawar perialty			
				F	orm 1099-INT	
PAYER'S TIN	RECIPIENT'S TIN		3 Interest on U.S. Savings Bonds and	Treasury o	bligations	Copy B
11-2869526	XXX-XX-2812					For Recipient
RECIPIENT'S name, street address (inclucountry, and ZIP or foreign postal code	uding apt. no.), city or town, state of	or province,	4 Federal income tax withheld	5 Investn	nent expenses	This is important tax information and is
RICHARD D MILLER 18 REMINGTON RD						being furnished to the Internal Revenue
ORMOND BEACH, FL 3217	1		6 Foreign tax paid	7 Foreign	n country or U.S. possession	Service. If you are
ORMOND BEACH, FE 3217	4					required to file a return, a negligence
			8 Tax-exempt interest	9 Specifi	ied private activity bond	penalty or other
				Interest		sanction may be imposed on you if
			10 Market discount	11 Bond	Premium	this income is
		FATCA filing				taxable and the IRS determines that it has
		requirement	12 Bond premium on Treasury obligations	13 Bond	premium on tax-exempt bond	
Account number (see instructions)		-	14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification no.	17 State tax withheld
See Details Below						
Form 1099-INT (keep for	your records)		www.irs.gov/form1099int	Der	partment of the Treasury	Internal Revenue Service

See Details

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



			RECTED (if checked)				
PAYER'S name, street address, city or to or foreign postal code, and telephone no. (803) 289-5040	wn, state or provin	nce, country, ZIP	Payer's RTN (optional)		lo. 1545-0112		
FOUNDERS FEDERAL CREDIT UNION 737 PLANTATION ROAD LANCASTER SC 29720-5808		1 Interest income		1099-INT anuary 2022)	Intere		
		\$ 55.37	For o	For calendar year		Income	
			2 Early withdrawal penalty		2023		
			\$				
PAYER'S TIN	RECIPIENT'S TIN		3 Interest on U.S. Savings Bond	Savings Bonds and Treasury obligation			Сору В
57-0762987	XXX-XX-2812		\$				For Recipient
RECIPIENT'S name, street address (incliprovince, country, and ZIP or foreign post		y or town, state or	4 Federal income tax withheld \$	5 Investr \$	ment expenses		This is important tax information and is
			6 Foreign tax paid \$	7 Foreign	country or U.S. posse	ssion	being furnished to the IRS. If you are required to file a return,
RICHARD D MILL			8 Tax-exempt interest	9 Specifie	d private activity bond in	terest	a negligence penalty or
18 REMINGTON			\$	\$			other sanction may be imposed on you if this
ORMOND BEACH FL 32174-2527		10 Market discount \$	11 Bond \$	11 Bond premium \$		income is taxable and the IRS determines that	
		FATCA filing requirement	12 Bond premium on Treasury obligations	13 Bond p	remium on tax-exempt	bond	it has not been reported.
Account number (see instructions) XXXXXX7969			14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification	on 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

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 attend to first that reflect 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), or (2) a gross amount of 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.

interest paid to you. For a horizovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

Reciplent'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 filling 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 nergery bonds, qualified 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 forfelted 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 or principal forfelted because of early withdrawal of time savings. This interest is not included in box 1. See the

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.

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 1099-0ID. For a taxable or tax-exempt covered security acquired on or after January 1, 2015, accrued market discount on Form 1099-0ID. For a taxable or tax-exempt covered security acquired on a feet January 1, 2015, 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 If (Form 1040) to determine the net amount of interest inducible 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 is not 115 is greater than the amount of interest inducible in income on Form 1040 or 1040-SR with respect to the covered security, see Regulations section 1.5045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, for a U.S.

amounts owned by the other spouse.

Intuition and the own of spound to the state of 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/Form1099/INT.

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.



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

589180

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10-201	t
-INT (Rev.	(Ple
m 1099	PA

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

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.

Form 1095-

Health Insurance Marketplace Statement

-		
	VOI	Г
3	101	-

OMB No. 1545-2232

2023

004003-165714-001-15-007-0132374-71519

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.

CORRECTED

Part I Recipient Information		elegiskos feligingas (c., Yeng yele) A Lee Comm 1046, Form		
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		12 Street address (including apartment no.) 18 Remington Rd		
13 City or town Ormond Beach	14 State or province	15 Country and ZIP or foreign posi US 32174	tal code	

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 The second of the seco				Tannell, ed 2月 Common se	
18		Thurt of Lock Happ Electronic Edition Electronic Manager	perovision	CALAMANA CALAMANA ALLANA Laka e Palamana Allana Sala	
19 Safetial A Assessment Constant			1 10 4 21 L. 7 P. 1 (12)	Marie Bervieud van	
20		chooked at its lop of 4 to 1 pageths a mare		The state of the s	

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 J	lanuary	1,450.44	0.00	0.00
22 F	ebruary	1,450.44	0.00	0.00
23 N	March	1,450.44	0.00	0.00
24 A	April	1,450.44	0.00	0.00
25 N	Лау	1,450.44	0.00	0.00
26 J	une	1,450.44	0.00	0.00
27 Ji	uly	1,450.44	0.00	0.00
28 A	ugust	1,450.44	0.00	0.00
29 S	eptember	1,450.44	0.00	0.00
30 0	October	1,450.44	0.00	0.00
31 N	lovember	1,450.44	0.00	0.00
32 D	ecember	1,450.44	0.00	0.00
33 A	nnual Totals	17,405.28	0.00	0.00