

Jon M. Philipson**Chair****Joseph Oglesby****Vice Chair****Paul D. Bain****Michael H. Hellman****Laird A. Lile****Jeremy M. Rodgers****Abbey L. Stewart****Linda Stewart****State of Florida****COMMISSION ON ETHICS****P.O. Drawer 15709****Tallahassee, Florida 32317-5709****Kerrie J. Stillman****Executive Director****Steven J. Zuilkowski****Deputy Executive Director/****General Counsel****(850) 488-7864 Phone****(850) 488-3077 (FAX)****www.ethics.state.fl.us**

**325 John Knox Road
Building E, Suite 200
Tallahassee, Florida 32303**

***"A Public Office is a Public
Trust"***

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2026 APR -6 PM 1:10
DIVISION OF ELECTIONS
TALLAHASSEE, FL

**VERIFICATION AND RECEIPT OF SUBMISSION
TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM**

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

Filer Name: Hon Rosemarie Scher

Filer PID #: 238084

Date Filed: 4/2/2026

Disclosure Received: 2025 Full and Public Disclosure of Financial Interests

Filing ID: 1061903

Receipt Print Date: 4/4/2026

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

To see the filer's disclosure, visit <https://disclosure.floridaethics.gov/PublicSearch/Filings>. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/02/2026

General Information

Name: Hon Rosemarie Scher

CONFIDENTIAL

PID 238084

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (15Th)	Elected Constitutional Officer	Circuit Judge

CANDIDATE FOR

Position	Agency Name	Position sought or held
Circuit Judge	15th Judicial Circuit	15 Judicial Circuit, Group 5

Net Worth

My Net Worth as of April 2, 2026 was \$ 5,869,278.00.

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2026 APR -6 PM 1:09
DIVISION OF ELECTIONS
TALLAHASSEE, FL

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/02/2026

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effect is \$ 87,800.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
	\$ 1,321,269.00
Wells Fargo Checking	\$ 2,000.00
Wells Fargo Savings	\$ 25,189.00
Charles Schwab IRA	\$ 440,735.00
Charles Schwab Investment	\$ 2,460,027.00
Nationwide Deferred Compensation	\$ 476,387.00
Treasury Direct Series I Savings Bond	\$ 11,284.00
99% Shares 846 Boca, LLC	\$ 584,000.00
Loan to Campaign My Account Anticipated Collect After Qualify Fee	\$ 11,966.00
Wells Fargo CD	\$ 448,599.00
See Attached	

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/02/2026

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2025 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☒ I elect to file a copy of my 2025 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
See Attached			

Interests in Specified Businesses

Business Entity # 1

N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Rosemarie Scher

Digitally signed: 04/02/2026

Filed with COE: 04/02/2026

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

RECEIVED

OMB No. 1545-0074

2025

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name

ROSEMARIE SCHER

Spouse's name

DIVISION OF ELECTIONS
TALLAHASSEE

Social security number

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2025 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	217,135
2	Total tax	2	38,439
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	46,129
4	Amount you want refunded to you	4	7,690
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

Refund will be deposited to: [REDACTED]

☒ I authorize PETER H MARTINSEN CPA LLC to enter or generate my PIN [REDACTED] as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ [Signature] Date ▶ 2/2/2026
04G5G468F86F49E...

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN _____ as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below**Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ PETER H MARTINSEN, CPA Date ▶ 02-02-2026

ERO Must Retain This Form - See Instructions**Don't Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8879 (Rev. 01-2021)

TAX RETURN COMPARISON
2023 / 2024 / 2025

2025

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return
ROSEMARIE SCHER

Identifying number
[REDACTED]

	2023	2024	2025	Difference 2024-2025
Filing Status	Single	Single	Single	
Number of Dependents				
Income				
Wages, salaries, tips, etc.	150,121	157,318	162,009	4,691
Taxable interest and dividends	53,911	56,622	55,126	(1,496)
Taxable state and local refunds				
Alimony				
Business income (loss)				
Gains (losses)	47,342			
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss) . . .	(9,597)	(3,237)		3,237
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income	241,777	210,703	217,135	6,432
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction				
Other adjustments				
Total Adjusted Gross Income	241,777	210,703	217,135	6,432
Deductions				
Medical deductions				
State and local taxes		5,993	21,168	15,175
Interest				
Contributions		95		(95)
Other deductions				
Total itemized deductions		6,088	21,168	15,080
Standard deduction	13,850	14,600	15,750	1,150
Total deductions claimed	13,850	14,600	21,168	6,568
Qualified Business Income Deduction .				
Other Deductions from Schedule 1A				
Tax and Credits				
Taxable Income	227,927	196,103	195,967	(136)
Tax	43,542	37,794	37,788	(6)
Credits				
Self-employment tax				
Other taxes	1,588	407	651	244
Total Tax	45,130	38,201	38,439	238
Payments				
Withholdings	37,909	43,795	46,129	2,334
Estimated tax payments				
Earned income credit				
Other payments and credits				
Estimated tax penalty				
Overpayment		5,594	7,690	2,096
Overpayment applied				
Refund		5,594	7,690	2,096
Balance Due	7,221			
Marginal tax rate	32.00	32.00	24.00	(8.00)
Effective tax rate	19.10	19.27	19.28	0.01

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning 2025, ending 20 See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased ☐ Spouse ☐ Other

Your first name and middle initial
ROSEMARIE

Last name
SCHER

Your social security number
[REDACTED]

Last name
[REDACTED]

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

Spouse's social security number

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

Apt. no.

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

State

ZIP code

Foreign country name

Foreign province/state/county

Foreign postal code

Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☐

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
☐ You ☐ Spouse

Filing Status ☒ Single ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
Check only one box. ☐ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: _____
If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . . ☐ Yes ☒ No

Dependents (see instructions)	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. Attach Sch. B if required.	1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	162,009
	b	Household employee wages not reported on Form(s) W-2	1b	
	c	Tip income not reported on line 1a (see instructions)	1c	
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e	Taxable dependent care benefits from Form 2441, line 26	1e	
	f	Employer-provided adoption benefits from Form 8839, line 31	1f	
	g	Wages from Form 8919, line 6	1g	
	h	Other earned income (see instructions). Enter type and amount: _____	1h	
	i	Nontaxable combat pay election (see instructions)	1i	
	z	Add lines 1a through 1h	1z	162,009
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	23,239
	c	Check if your child's dividends are included in 1 ☐ Line 3a	2 ☐ Line 3b	
	4a	IRA distributions	4a	
	c	Check if (see instructions) 1 ☐ Rollover	2 ☐ QCD 3 ☐	
	5a	Pensions and annuities	5a	
	c	Check if (see instructions) 1 ☐ Rollover	2 ☐ PSO 3 ☐	
	6a	Social security benefits	6a	
	c	If you elect to use the lump-sum election method, check here (see instructions)	b Taxable amount	
	d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here	b Taxable amount	
	7a	Capital gain or (loss). Attach Schedule D if required	7a	
	b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)	8	
	8	Additional income from Schedule 1, line 10	9	217,135
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	10	
	10	Adjustments to income from Schedule 1, line 26	11a	217,135
	11a	Subtract line 10 from line 9. This is your adjusted gross income		

Tax and Credits

Standard deduction for-

- Single or Married filing separately, \$15,750
- Married filing jointly or Qualifying surviving spouse, \$31,500
- Head of household, \$23,625
- If you checked a box on line 12a, 12b, 12c, or 12d, see Inst.

11b

Amount from line 11a (adjusted gross income)

12a

Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent

b

☐ Spouse itemizes on a separate return

c

☐ You were a dual-status alien

d

You: ☐ Were born before January 2, 1961 ☐ Are blind

Spouse: ☐ Was born before January 2, 1961 ☐ Is blind

e

Standard deduction or itemized deductions (from Schedule A)

13a

Qualified business income deduction from Form 8995 or Form 8995-A

b

Additional deductions from Schedule 1-A, line 38

14

Add lines 12e, 13a, and 13b

15

Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income

16

Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐

17

Amount from Schedule 2, line 3

18

Add lines 16 and 17

19

Child tax credit or credit for other dependents from Schedule 8812

20

Amount from Schedule 3, line 8

21

Add lines 19 and 20

22

Subtract line 21 from line 18. If zero or less, enter -0-

23

Other taxes, including self-employment tax, from Schedule 2, line 21

24

Add lines 22 and 23. This is your total tax

11b

217,135

12e

21,168

13a

13b

14

21,168

15

195,967

16

37,788

17

18

37,788

19

20

21

0

22

37,788

23

651

24

38,439

Payments and Refundable Credits

25

Federal income tax withheld from:

a

Form(s) W-2

25a

46,129

b

Form(s) 1099

25b

c

Other forms (see instructions)

25c

d

Add lines 25a through 25c

26

2025 estimated tax payments and amount applied from 2024 return

If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):

27a

Earned income credit (EIC)

27a

b

Clergy filing Schedule SE (see instructions)

c

If you do not want to claim the EIC, check here

28

Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here

28

29

American opportunity credit from Form 8863, line 8

29

30

Refundable adoption credit from Form 8839, line 13

30

31

Amount from Schedule 3, line 15

31

32

Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits.

32

0

33

Add lines 25d, 26, and 32. These are your total payments

33

46,129

Refund

34

If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid

34

7,690

35a

Amount of line 34 you want refunded to you. If Form 8888 is attached, check here

35a

7,690

b

Routing number

d

Account number

36

Amount of line 34 you want applied to your 2026 estimated tax

36

Amount You Owe

37

Subtract line 33 from line 24. This is the amount you owe.

37

0

38

Estimated tax penalty (see instructions)

38

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions.

☒ Yes. Complete below. ☐ No

Designee's name

PETER H MARTINSEN, CPA

Phone no.

Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no.

Email address

rrscher15@gmail.com

Paid Preparer Use Only

Preparer's signature

PETER H MARTINSEN, CPA

Date

02-02-2026

PTIN

P01635534

Check if: ☒ Self-employed

Preparer's name

PETER H MARTINSEN, CPA

Phone no.

561-203-9660

Firm's name

PETER H MARTINSEN CPA LLC

Firm's address

5220 HOOD RD STE 110
PALM BEACH GARDENS, FL 33418

Firm's EIN

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

Form 1040 (2025)

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment
Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

ROSEMARIE SCHER

For 2025, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	0
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid:	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	0

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2025 Created 7/25/25

Schedule 1 (Form 1040) 2025

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount:			
		24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	0

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.

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

OMB No. 1545-0074

2025

Attachment
Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

ROSEMARIE SCHER

Part I Tax

1 Additions to tax:

- a Excess advance premium tax credit repayment. Attach Form 8962
- b Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)
- c Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)
- d Recapture of net EPE from Form 4255, line 2a, column (i)
- e Excessive payments (EPs) on gross EPE from Form 4255. Check applicable box and enter amount. See instructions.
(i) ☐ Line 1a (ii) ☐ Line 1c
(iii) ☐ Line 1d (iv) ☐ Line 2a
- f 20% EP from Form 4255. Check applicable box and enter amount. See instructions.
(i) ☐ Line 1a (ii) ☐ Line 1c
(iii) ☐ Line 1d (iv) ☐ Line 2a
- y Other additions to tax (see instructions):

1a

1b

1c

1d

1e

1f

1y

1z

z Add lines 1a through 1y

2 Alternative minimum tax. Attach Form 6251

3 Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17

2

3

0

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE

1 ☐ 4361 2 ☐ 4029 3 ☐ _____

5 Social security and Medicare tax on unreported tip income. Attach Form 4137

6 Uncollected social security and Medicare tax on wages. Attach Form 8919

7 Total additional social security and Medicare tax. Add lines 5 and 6

8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.
If not required, check here ☐

9 Household employment taxes. Attach Schedule H

10 Reserved for future use

11 Additional Medicare Tax. Attach Form 8959

12 Net investment income tax. Attach Form 8960

13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12

14 Interest on tax due on installment income from the sale of certain residential lots and timeshares

15 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000

16 Recapture of low-income housing credit. Attach Form 8611

5

6

4

7

8

9

10

11

12

651

13

14

15

16

(continued on page 2)

Part II

Other Taxes (continued)

17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount:	17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
c	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 .	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
l	Tax on accumulation distribution of trusts	17l		
m	Excise tax on insider stock compensation from an expatriated corporation . .	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . .	17n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:	17z		
18	Total additional taxes. Add lines 17a through 17z	18		
19	Recapture of net EPE from Form 4255, line 1d, column (I)	19		
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21		651

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2025

Attachment
Sequence No. 07

Name(s) shown on Form 1040 or 1040-SR

ROSEMARIE SCHER

Medical
and
Dental
Expenses

Caution: Do not include expenses reimbursed or paid by others.

- | | | | |
|---|---|---|--|
| 1 | Medical and dental expenses (see instructions) | 1 | |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11b | 2 | |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | |

Taxes You
Paid

- | | | | |
|---|--|----|--------|
| 5 | State and local taxes (SALT). | | |
| a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☒ | 5a | 1,376 |
| b | State and local real estate taxes (see instructions) | 5b | 19,792 |
| c | State and local personal property taxes | 5c | |
| d | Add lines 5a through 5c | 5d | 21,168 |
| e | Enter the smaller of line 5d or \$40,000 (\$20,000 if married filing separately). If Form 1040 or 1040-SR, line 11b is more than \$500,000 (\$250,000 if married filing separately), or if you completed Form 2555, Form 4563, or excluded income from Puerto Rico, see instructions | 5e | 21,168 |
| 6 | Other taxes. List type and amount | 6 | |
| 7 | Add lines 5e and 6 | 7 | 21,168 |

Interest
You Paid

Caution: Your mortgage interest deduction may be limited. See instructions.

- | | | | |
|----|---|----|--|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐ | | |
| a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | |
| b | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address | 8b | |
| c | Points not reported to you on Form 1098. See instructions for special rules | 8c | |
| d | Reserved for future use | 8d | |
| e | Add lines 8a through 8c | 8e | |
| 9 | Investment interest. Attach Form 4952 if required. See instructions | 9 | |
| 10 | Add lines 8e and 9 | 10 | |

Gifts to
Charity

Caution: If you made a gift and got a benefit for it, see instructions.

- | | | | |
|----|---|----|--|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 12 | |
| 13 | Carryover from prior year | 13 | |
| 14 | Add lines 11 through 13 | 14 | |

Casualty and
Theft Losses

- | | | | |
|----|--|----|--|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 15 | |
|----|--|----|--|

Other
Itemized
Deductions

- | | | | |
|----|---|----|--|
| 16 | Other - from list in instructions. List type and amount | 16 | |
|----|---|----|--|

Total
Itemized
Deductions

- | | | | |
|----|--|----|--------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12e | 17 | 21,168 |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐ | | |

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section

28

(a) Name

(b) Enter P for partnership; S for S corporation

(c) Check if foreign partnership

(d) Employer identification number

(e) Check if basis computation is required

(f) Check if any amount is not at risk

A

B

C

D

846 BOCA LLC

P

Passive Income and Loss

Nonpassive Income and Loss

(g) Passive loss allowed (attach Form 8582 if required)

(h) Passive income from Schedule K-1

(i) Nonpassive loss allowed (see Schedule K-1)

(j) Section 179 expense deduction from Form 4562

(k) Nonpassive income from Schedule K-1

A

B

C

D

97

29a Totals

29b Totals

97

30 Add columns (h) and (k) of line 29a

31 Add columns (g), (i), and (j) of line 29b

32 Total partnership and S corporation income or (loss). Combine lines 30 and 31

30

31

32

97

97

0

Part III Income or Loss From Estates and Trusts

33

(a) Name

(b) Employer identification number

A

B

Passive Income and Loss

Nonpassive Income and Loss

(c) Passive deduction or loss allowed (attach Form 8582 if required)

(d) Passive income from Schedule K-1

(e) Deduction or loss from Schedule K-1

(f) Other income from Schedule K-1

A

B

34a Totals

34b Totals

35 Add columns (d) and (f) of line 34a

36 Add columns (c) and (e) of line 34b

37 Total estate and trust income or (loss). Combine lines 35 and 36

35

36

37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38

(a) Name

(b) Employer identification number

(c) Excess inclusion from Schedules Q, line 2c (see instructions)

(d) Taxable income (net loss) from Schedules Q, line 1b

(e) Income from Schedules Q, line 3b

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below

39

Part V Summary

40

Net farm rental income or (loss) from Form 4835. Also, complete line 42 below

41

Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5

42

Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions

43

Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules

Form **8960**

**Net Investment Income Tax-
Individuals, Estates, and Trusts**

Attach to your tax return.

OMB No. 1545-2227

2025

Attachment
Sequence No. **72**

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

Your social security number or EIN

ROSEMARIE SCHER

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)	1	31,887
2	Ordinary dividends (see instructions)	2	23,239
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	
c	Combine lines 4a and 4b	4c	0
5a	Net gain or loss from disposition of property (see instructions)	5a	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	0
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	55,126

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	
b	State, local, and foreign income tax (see instructions)	9b	
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	0
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	0

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-	12	55,126
Individuals:			
13	Modified adjusted gross income (see instructions)	13	217,135
14	Threshold based on filing status (see instructions)	14	200,000
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	17,135
16	Enter the smaller of line 12 or line 15	16	17,135
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	651
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

Form **9325**
(January 2017)

Department of the Treasury - Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS e-file.

Taxpayer name

ROSEMARIE SCHER

Taxpayer address (optional)

[REDACTED ADDRESS]

1. ☐ Your federal income tax return for 2025 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by PETER H MARTINSEN CPA LLC.
2. ☐ Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____.
3. ☐ Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. ☐ Your electronic funds withdrawal payment request was accepted for processing.
5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. ☐ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS e-file Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS e-file Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

1040

Dividend List

(This page is not filed with the return. It is for your records only.)

2025

Name(s) as shown on return

ROSEMARIE SCHER

[illegible][illegible]

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return												Tax ID Number	
ROSEMARIE SCHER													
TSJ	Name of Payer	Res ST	Interest Income	Penalty for Early Withdrawal	United States Government Interest	Exempt from federal tax Resident State Interest	Other State Interest	Nominee Interest	Accrued Interest	Other Tax-Exempt Interest	Federal Tax Withheld		
T	846 BOCA LLC	FL	109										
T	CAPITAL ONE N.A.	FL	281										
T	CHARLES SCHWAB & CO	FL	40										
T	WELLS FARGO	FL	28,882										
T	WELLS FARGO	FL	2,575										
TOTALS			31,887										

Federal Income Tax Withheld

(This page is not filed with the return. It is for your records only.)

2025 PG01

Name(s) as shown on return

Tax ID Number

ROSEMARIE SCHER

Description	Amount
W2 - STATE OF FLORIDA	46,129
W-2 Subtotal	46,129
Total Withholdings	46,129

Computation of Regular Tax

(This page is not filed with the return. It is for your records only.)

2025

Name(s) as shown on return

Tax ID Number

ROSEMARIE SCHER

Statement for line 16 of Form 1040

Tax Rate Schedule for Single Filing Status
If taxable income is

over	but not over	pay	plus	% on excess	of the amount over
0	11,925	0.00		10%	0
11,925	48,475	1,192.50		12%	11,925
48,475	103,350	5,578.50		22%	48,475
103,350	197,300	17,651.50		24%	103,350
197,300	250,525	40,199.50		32%	197,300
250,525	626,350	57,231.50		35%	250,525
626,350		188,769.75		37%	626,350

$$\$17,651.00 + ((\$195,967.00 - \$103,350.00) \times 24.0\%) = \$39,879$$

Tax from Tax Rate Schedule \$ 39,879
Tax from Qualified Dividends/Capital Gain Worksheet \$ 37,788

\$ 37,788 Tax computed using the most advantageous method allowed

Qualified Dividends and Capital Gain
Tax Worksheet - Line 16 (Form 1040)

(This page is not filed with the return. It is for your records only.)

2025

Name(s) as shown on return

Tax ID Number

ROSEMARIE SCHER

Before you begin:

- See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7b.

1. Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	195,967
2. Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	23,239
3. Are you filing Schedule D?*		
☐ Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-.	3.	
☒ No. Enter the amount from Form 1040 or 1040-SR, line 7a.		
4. Add lines 2 and 3	4.	23,239
5. Subtract line 4 from line 1. If zero or less, enter -0-	5.	172,728
6. Enter: \$48,350 if single or married filing separately, \$96,700 if married filing jointly or qualifying surviving spouse, \$64,750 if head of household.	6.	48,350
7. Enter the smaller of line 1 or line 6	7.	48,350
8. Enter the smaller of line 5 or line 7	8.	48,350
9. Subtract line 8 from line 7. This amount is taxed at 0%	9.	
10. Enter the smaller of line 1 or line 4	10.	23,239
11. Enter the amount from line 9	11.	
12. Subtract line 11 from line 10	12.	23,239
13. Enter: \$533,400 if single, \$300,000 if married filing separately, \$600,050 if married filing jointly or qualifying surviving spouse, \$566,700 if head of household.	13.	533,400
14. Enter the smaller of line 1 or line 13	14.	195,967
15. Add lines 5 and 9	15.	172,728
16. Subtract line 15 from line 14. If zero or less, enter -0-	16.	23,239
17. Enter the smaller of line 12 or line 16	17.	23,239
18. Multiply line 17 by 15% (0.15)	18.	3,486
19. Add lines 9 and 17	19.	23,239
20. Subtract line 19 from line 10	20.	
21. Multiply line 20 by 20% (0.20)	21.	
22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet	22.	34,302
23. Add lines 18, 21, and 22	23.	37,788
24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	24.	39,879
25. Tax on all taxable income. Enter the smaller of line 23 or 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25.	37,788

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

Form 1040 or
1040-SR

Name(s) as shown on return

ROSEMARIE SCHER

Investment Income for the
Earned Income Credit

(This page is not filed with the return. It is for your records only.)

2025

Tax ID Number

Interest and Dividends

1. Enter any amount from Form 1040 or 1040-SR, line 2b 1. 31,887
2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b 2. _____
3. Enter any amount from Form 1040 or 1040-SR, line 3b 3. 23,239
4. Enter the amount from Schedule 1 (Form 1040), line 8z, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.) 4. _____

Capital Gain Net Income

5. Enter the amount from Form 1040 or 1040-SR, line 7a. If the amount on that line is a loss, enter -0- 5. _____
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) 6. _____
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) 7. _____

Royalties and Rental Income From Personal Property

8. Enter any royalty income from Schedule E, line 23b, plus any income from the rental of personal property shown on Schedule 1 (Form 1040), line 8i. Subtract any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Schedule 1 (Form 1040), line 24b. (If the result is less than zero, enter -0-) 8. _____

Passive Activities

9. Enter the total of any net income from passive activities (such as income included on Schedule E, line 26, 29a (col. (h)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, line 26, 29b (col. (g)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-) 9. 0
10. Adjustment from EIC screen 10. _____
11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. **This is your investment income** 11. 55,126
12. Is the amount on line 11 more than \$11,950?
- ☒ Yes. You can't take the credit.
- ☐ No. Go to Step 3 of the Form 1040 instructions for line 27 to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to Rule 7, next).

Instructions for line 9. In figuring the amount to enter on line 9, don't take into account any royalty income (or loss) included on line 26 of Schedule E or any amount included in your earned income. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, isn't from a passive activity, enter "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

Schedule A State and Local Tax Deduction Worksheet

2025

Name(s) as shown on return

ROSEMARIE SCHER

Tax ID Number

Before you begin:

If the amount on Schedule A, line 5d is \$10,000 (\$5,000 if married filing separately) or less, enter the amount from Schedule A, line 5d on Schedule A, line 5e. You don't have to complete this worksheet.

1. Is the amount on Schedule A, line 5d more than \$10,000 (\$5,000 if married filing separately)?

☐ No. Stop Your deduction isn't limited. Enter the amount from Schedule A, line 5d on Schedule A, line 5e. Don't complete the rest of this worksheet.

☒ Yes. Enter \$40,000 1. 40,000

2. Enter the amount from Form 1040 or 1040-SR, line 11b 2. 217,135

3a. Enter any income from Puerto Rico that you excluded 3a. _____

b. Enter the amount from Form 2555, line 45 3b. _____

c. Enter the amount from Form 2555, line 50 3c. _____

d. Enter the amount from Form 4563, line 15 3d. _____

e. Add lines 3a through 3d 3e. _____

4. Add lines 2 and 3e 4. 217,135

5. Enter \$500,000 (\$250,000 if married filing separately) 5. 500,000

6. Is the amount on line 4 more than the amount on line 5?

☒ No. Skip lines 7 and 8 and enter the amount from line 1 on line 9.

☐ Yes. Subtract line 5 from line 4 6. _____

7. Multiply line 6 by 30% (0.30) 7. _____

8. Subtract line 7 from line 1 8. _____

9. Enter the larger of the amount on line 8 or \$10,000 9. 40,000

10. State and local tax deduction. Enter the smaller of the amount on line 9 (half the amount on line 9 if married filing separately) or the amount from Schedule A, line 5d here and on Schedule A, line 5e 10. 21,168

State and Local General Sales Tax Deduction
Worksheet - Line 5a

(This page is not filed with the return. It is for your records only.)

2025

Name(s) as shown on return

ROSEMARIE SCHER

Tax ID Number

Before you begin: See the instructions for line 1 of the worksheet if you:

- Lived in more than one state during 2025, or
- Had any nontaxable income in 2025.

1. Enter your state general sales taxes from the 2025 Optional State Sales Tax Table. 1. 1,179

Next. If, for all of 2025, you lived only in Connecticut, the District of Columbia, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Jersey, or Rhode Island, skip lines 2 through 5, enter -0- on line 6, and go to line 7. Otherwise, go to line 2.

2. Did you live in Alabama, Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Kansas, Louisiana, Mississippi, Missouri, New York, North Carolina, South Carolina, Tennessee, Utah, or Virginia in 2025?

- ☒ No. Enter -0-.
☐ Yes. Enter your base local general sales taxes from the 2025
Optional Local Sales Tax Tables. 2. _____

3. Did your locality impose a local general sales tax in 2025? Residents of California and Nevada, see the instructions for line 3 of the worksheet.

- ☐ No. Skip lines 3 through 5, enter -0- on line 6, and go to line 7.
☒ Yes. Enter your local general sales tax rate, but omit the percentage sign.
For example, if your local general sales tax rate was 2.5%, enter 2.5. If your
local general sales tax rate changed or you lived in more than one locality in
the same state during 2025, see the instructions for line 3 of the worksheet 3. 1.000000

4. Did you enter -0- on line 2?

- ☐ No. Skip lines 4 and 5 and go to line 6.
☒ Yes. Enter your state general sales tax rate (shown in the table heading for
your state), but omit the percentage sign. For example, if your state general
sales tax rate is 6%, enter 6.0 4. 6.000000

5. Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places). . . 5. 0.166667

6. Did you enter -0- on line 2?

- ☐ No. Multiply line 2 by line 3.
☒ Yes. Multiply line 1 by line 5. If you lived in more than one locality
in the same state during 2025, see the instructions for line 6 of the
worksheet. 6. 197

7. Enter your state and local general sales taxes paid on specified items, if any. See the instructions for line 7 of the worksheet 7. _____

8. Deduction for general sales taxes. Add lines 1, 6, and 7. Enter the result here and the total from all your state and local general sales tax deduction worksheets, if you completed more than one, on Schedule A, line 5a. Be sure to check the box on that line 8. 1,375

Optional Sales Tax Table Computation

State:	FL			
Income:	217,135			
Family Size*:	1			
Amount from table:	1,179			
Days:	365			
Deduction:	1,179			

* "Over 5" is the maximum number in family size for the optional sales tax tables in Schedule A Instructions. Returns with a family size of 6 or more will display a "6" on this line.

Modified Adjusted Gross Income (MAGI)
Form 8582, Line 6

(This page is not filed with the return. It is for your records only.)

2025

Name(s) as shown on return

ROSEMARIE SCHER

Tax ID Number

Income

Regular tax

Alt Min Tax

Wages	162,009	162,009
Interest income before Series EE bond exclusion	31,887	31,887
Dividend income	23,239	23,239
Taxable state and local refunds		
Alimony received		
Nonpassive business income or (loss)		
Schedule D and Form 4797		
Taxable IRA distributions		
Taxable pensions and annuities		
Nonpassive partnership income or (loss) (including overall PTP gains and sold PTP losses) ..		
Nonpassive S corporation income or (loss)		
Nonpassive estate and trust income or (loss)		
Real Estate Mortgage Investment Conduits (REMICs)		
Royalty Income		
Net rental real estate gains for a real estate professional or non-passive rental		
Overall loss from the entire disposition of a passive activity		
Nonpassive farm income or (loss)		
Unemployment compensation		
Other income		
Total income	217,135	217,135

Adjustments

Educator expenses		
Certain business expenses of reservists, performing artists, and fee-based government officials		
Health savings account deduction		
Moving expenses		
Self-employed SEP, SIMPLE, and qualified plans		
Self-employed health insurance deduction		
Penalty on early withdrawal of savings		
Alimony paid		
Other adjustments		
Total adjustments	0	0
Subtract total adjustments from total income	217,135	217,135
MAGI adjustment from input screen E2		
Modified adjusted gross income	217,135	217,135

Partner's Adjusted Basis Worksheet, page 1

(This page is not filed with the return. It is for your records only.)

2025

Name of Partner: ROSEMARIE SCHER

SS

Name of Partnership: 846 BOCA LLC

EIN

A. Partner's share of partnership liabilities (Sch K-1, Item K)

A. 5,594

B. Partner's share of partnership liabilities from PRIOR year

B. (5,247)

C. Increases (Decrease) in share of Partnership Liabilities during this tax period

C. 347

1. Adjusted Basis from preceding year

1. 296,433

2. Capital contributions of property

a. Gain (if any) recognized this year on contribution of property to partnership

2 a.

b. Cash contributed during the year

b.

c. Adjusted basis of property contributed during the year

c.

d. Partnership interest acquired other than by cash or property

d.

Total additional contributions (Total lines 2a-2d)

2.

3. Items of Income or Gain for this period

a. Ordinary Income (Sch K-1, Line 1)

3 a.

b. Real Estate Rental Income (Sch K-1, Line 2)

b. 97

c. Other Rental Income (Sch K-1, Line 3c)

c.

d. Interest, Dividends & Royalties (Sch K-1, Lines 5, 6a & 7)

d. 109

e. Capital Gain (Sch K-1, Lines 8 & 9a)

e.

f. Other Portfolio Income (Sch K-1, Line 11a)

f.

g. Section 1231 Gain (Sch K-1, Line 10)

g.

h. Other Income (Sch K-1, Line 11i)

h.

i. Tax Exempt Income (Sch K-1, Lines 18a & b)

i.

j. Excess Depletion Adjustment

j.

k. Increase from Recapture of Business Credits

k.

l. Gain from 179 disposition

l.

(See IRC § 49(a), 50(a), 50(c)(2) & 1371 (d))

Total Items of Income or Gains (Total lines 3a-3l)

3. 206

4. Increase in Partnership Share of Partnership Liabilities from line C above

4. 347

5. Total increases in basis (combine lines 1 through 4)

5. 296,986

6. Cash Distributions to the Partner during the year

6. 13,000

7. Decrease in Partner's Share of Partnership Liabilities from line C above

7.

8. Decrease for Non-Deductible Expenses/Credit Adjustments

8.

9. Subtotal - basis after all distributions and other decreases (Line 5 minus lines 6-8)

9. 283,986

10. Items of Losses and Deductions (Allowed for the current year)

a. Ordinary Loss (Page 2, Col d, Line 10a)

10 a.

b. Real Estate Rental Loss (Page 2, Col d, Line 10b)

b.

c. Other Rental Loss (Page 2, Col d, Line 10c)

c.

d. Capital Loss (Page 2, Col d, Line 10d)

d.

e. Other Portfolio Loss (Page 2, Col d, Line 10e)

e.

f. Section 1231 Loss (Page 2, Col d, Line 10f)

f.

g. Other Loss (Page 2, Col d, Line 10g)

g.

h. Charitable Contributions (Page 2, Col d, Line 10h)

h.

i. Section 179 Expense (Page 2, Col d, Line 10i)

i.

j. Portfolio Income Expenses (Page 2, Col d, Line 10j)

j.

k. Other Deductions (Page 2, Col d, Line 10k)

k.

l. Interest Expense on Investment Debt (Page 2, Col d, Line 10l)

l.

m. Section 59(e) Expenditures (Page 2, Col d, Line 10m)

m.

n. Other decreases (Page 2, Col d, Line 10n)

n.

o. Loss from 179 disposition (Page 2, Col d, Line 10o)

o.

Total Items of Losses and Deductions (Total lines 10a-10o)

10.

11. Adjusted Basis of Partnership Interest (Cannot be negative) (Line 9-Line 10)

11. 283,986

Form **8995**

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-0074
2025

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Attach to your tax return.
Go to www.irs.gov/Form8995 for instructions and the latest information.

Attachment
Sequence No. **55**

Your taxpayer identification number
[REDACTED]

ROSEMARIE SCHER

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$197,300 (\$394,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 0	
3	Qualified business net (loss) carryforward from the prior year	3 (32,289)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 0	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 0
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 0	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 0	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9 0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 0
11	Taxable income before qualified business income deduction (see instructions)	11 195,967	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 23,239	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 172,728	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 34,546
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15 0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (32,289)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0)

Line 11 Enter your taxable income figured before any QBI deduction, computed as follows:
Form 1040 or 1040-SR, line 11a, 217,135
minus Form 1040 or 1040-SR, Schedule 1-A, Part II, line 13, .. 0
minus Form 1040 or 1040-SR, line 12e, 21,168
Taxable income figured before any QBI deduction..... 195,967

QBI Explanation Worksheet

Form 1040

(This page is not filed with the return. It is for your records only.)

2025

Name(s) as shown on return

Tax ID Number

ROSEMARIE SCHER

Name of business activity

KLP: 846 NW 83RD LANE BOCA RATON FL 3

As reported

As allowed on 1040
after limitations

1. Ordinary business income (loss)	0	0
2. Rental income (loss)	97	
3. Royalty income (loss)		
4. Section 1231 gain (loss)		
5. Other income (loss)		
6. Section 179 deduction		
7. Other deductions		
8. Deduction for half of SE tax		
9. Self-employed health insurance deduction		
10. Self-employed pension deduction		
11. QBI amount carried to Form 8995 / 8995-A		0
12. W-2 wages carried to Form 8995 / 8995-A		
13. UBI of qualified property carried to Form 8995 / 8995-A		339,536
14. Section 199A REIT dividends		
15. 199(A)(g) deduction		
16. QBI allocable to cooperative payments		
17. W-2 wages allocable to cooperative payments		

The income amount from line 11 will show on one of the following lines, depending on circumstances:

- ☐ Form 8995, line 1
- ☐ Form 8995-A, line 2
- ☐ Form 8995-A, Schedule A, line 2
- ☐ Form 8995-A, Schedule A, line 16
- ☐ Form 8995-A, Schedule B, line 3
- ☐ Form 8995-A, Schedule C, line 1

Note: The Tax Cuts and Jobs Act and the related proposed regulations state that losses or deductions that were disallowed, suspended, limited, or carried over from taxable years ending before January 1, 2018 (including under sections 465, 469, 704(d), and 1366(d)), are not taken into account in a later taxable year for purposes of computing QBI.

Carryover Worksheet
List of items that will carryover to the 2026 tax return

(This page is not filed with the return. It is for your records only.)

2025

Name(s) as shown on return

Tax ID Number

ROSEMARIE SCHER

Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations	
Contributions subject to 60% of AGI limitations	
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	
Contributions subject to 30% of AGI limitations	
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	
Taxable state and local refunds to Schedule 1 (Form 1040) line 1	
State/local taxes paid in 2026 to flow to the Schedule A	
State donations and contributions carryover	
State overpayment applied to next year	

Expenses

Office in home operating expenses			
Office in home excess casualty losses and depreciation			
Disallowed investment interest expense	AMT		Reg. Tax
Section 179 expense			
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use			
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use			

Losses

Short-term capital loss	AMT	Reg. Tax
Long-term capital loss	AMT	Reg. Tax
Net operating loss	AMT	Reg. Tax
Excess business loss from Form 461 (becomes part of NOL next year)	AMT	Reg. Tax
Qualified REIT and PTP loss carryover		
QBI loss carryover		32,289
Nonrecaptured net section 1231 losses from WK_1231C	AMT	Reg. Tax

Credits

Mortgage interest credit			
Credit for prior year minimum tax			
Foreign Tax credit	AMT		Reg. Tax
District of Columbia first time home owner's credit			
Residential clean energy credit			

Other

Preparer Fee			
Overpayment applied to next year's estimates			
Estimated Tax Payment 1		Estimated Tax Payment 2	
Estimated Tax Payment 3		Estimated Tax Payment 4	
Federal tax liability for 2210 calculation			38,439
State tax liability for state 2210 calculation			
IRA basis	Taxpayer	Spouse	
Disaster distributions taxable in 2026	Taxpayer	Spouse	
Disaster distributions taxable in 2027	Taxpayer	Spouse	
Excess repayments from 8915-F	Taxpayer	Spouse	

Passive Activity

846 BOCA LLC	15,439
--------------	--------

At Risk Limitations

Form 1040 or 1041 Name(s) as shown on return		Passive Activity Deduction Worksheet (This page is not filed with the return. It is for your records only.)	2025 Tax ID Number
ROSEMARIE SCHER			

PAN 1 Activity 846 BOCA LLC Form K1/E pg 2 100% Disposed Of NO

Regular Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized in Current Year	Losses Suspended To Next Year
Operating	(15,536)	97	(97)	(15,439)
Form 4797 - Part I				
Form 4797 - Part II				
Schedule D - Line 5				
Schedule D - Line 12				
TOTALS	(15,536)	97	(97)	(15,439)

Alternative Minimum Tax Loss Calculations

	Prior Year Suspended Losses	Current Year Income/Loss	Utilized in Current Year	Losses Suspended To Next Year
Operating	(8,116)	97	(97)	(8,019)
Form 4797 - Part I				
Form 4797 - Part II				
Schedule D - Line 5				
Schedule D - Line 12				
TOTALS	(8,116)	97	(97)	(8,019)

EEA

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
846 BOCA LLC	97	0	8,116	0	8,019
Total. Enter on Part I, lines 2a, 2b, and 2c	97	0	8,116		

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Total			1.00		

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
846 BOCA LLC	E LN 28	8,019	1	8,019
Total		8,019	1.00	8,019

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
846 BOCA LLC	E LN 28	8,116	8,019	97
Total		8,116	8,019	97

Account Transaction Summary

2025

Name(s) as shown on return

ROSEMARIE SCHER

Tax ID Number

XXX-XX-

Account #1

Financial Institution

WELLS FARGO

Routing Transit Number

Account Number

Account Type



DS
2

Federal Main Form

Federal Deposit

7,690

Net Deposit

7,690

PLEASE VERIFY BANK INFORMATION

- 1. Bank Name
- 2. Bank Routing Transit Number
- 3. Bank Account Number
- 4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize PETER H MARTINSEN CPA LLC to use this account.

DocuSigned by:

2/2/2026

DocuSigned by:
Your Signature

Date

Spouse's Signature (If Married Filing Jointly)

Date

Part V

Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
846 BOCA LLC	97	0	15,536	0	15,439
Total. Enter on Part I, lines 2a, 2b, and 2c	97	0	15,536		15,439

Part VI

Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Total			1.00		

Part VII

Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
846 BOCA LLC	E LN 28	15,439	1	15,439
Total		15,439	1.00	15,439

Part VIII

Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
846 BOCA LLC	E LN 28	15,536	15,439	97
Total		15,536	15,439	97

[account](#) [account](#) [Planning & tools](#) [More](#)



ROSEMARIE SCHER
457 - STATE OF FLORIDA DEFERRED COMPENSATION PLAN-457:
[REDACTED]
Last Login : 3/1/26, 9:05 AM ET

My Investments (as of 03/24/2026)

Your funds are being professionally managed through the Nationwide ProAccount™ program, by Nationwide Investment Advisors, LLC. If you have questions, please call 1-888-401-5272.

[View investment election](#) | [Research available funds](#) [Help](#) [Log out](#)

[By Fund](#) [By Asset Class](#) **[By Source then Fund](#)** [By Fund then Source](#)

Salary Reduction				
Fund	Asset Class	Investment	Balance	Payroll Deduction
American Funds Emerging Markets Bond Fund - Class R-6	<u>Bonds</u>	410.1775	7.9700	\$3,122.92
Subtotal:				\$476,387.06 \$35

Fund	Asset Class	Units	Cost	Current Value	Gain/Loss
------	-------------	-------	------	---------------	-----------

**Value Fund -
Class R6**

Ticker:
JMVYX

**New World
Fund(SM) -
Class R6**

International
Stocks

167.2446	92.2300	\$16,115.47	-\$
----------	---------	-------------	-----

Ticker:
RNWGX

**NRS Florida
Fixed Fund**

Short-Term
Investments

N/A	N/A	\$187,990.23	
-----	-----	--------------	--

N/A

**Small-Cap
Value Equity
Trust D**

Small Cap
Stocks

85.2373	38.1300	\$3,180.90	-
---------	---------	------------	---

Ticker:
XX436

**T Rowe
Price Equity
Income
Trust B**

Large Cap
Stocks

1,032.4688	40.4700	\$42,080.24	-\$
------------	---------	-------------	-----

Subtotal: \$476,387.06 \$35

Ticker:

XX465

T. Rowe

Price

Dividend

Growth

Fund - I

Class

Large Cap
Stocks

395.9929

81.0100

\$31,582.04

\$

Ticker:

PDGIX

T. Rowe

Price

Overseas

Stock Fund -

I Class

International
Stocks

1,724.1092

15.9100

\$29,278.24

-\$1,

Ticker:

TROIX

Subtotal: \$476,387.06 \$35

		IS TO	1971	UNIT/SH	1.00
		GLAC		1.5	
Ticker:					
REGGX					
Dodge & Cox Income Class X					
	<u>Bonds</u>	2,586.3097	12.8000	\$0.00	\$33,
Ticker:					
DOXIX					
Fidelity Blue Chip Growth K6 Fund					
	<u>Large Cap Stocks</u>	470.9114	41.5700	\$19,683.73	\$
Ticker:					
FBCGX					
Fidelity Contrafund K6					
	<u>Large Cap Stocks</u>	794.7175	32.2500	\$25,980.21	\$1,
Ticker:					
FLCNX					
Fixed Assets					
	<u>Short-Term Investments</u>	N/A	N/A	\$12,344.18	\$1
JPMorgan Mid Cap					
	<u>Mid Cap Stocks</u>	296.0288	32.6000	\$9,412.76	
Subtotal:				\$476,387.06	\$35

	Category	Shares	Price	Value	Cost
T. Rowe Price Spectrum Income Fund - I Class	<u>Bonds</u>	893.4617	11.2100	\$9,304.05	\$
Ticker: TSPNX					
T. Rowe Price US Mid Cap Growth Equity Trust D	<u>Mid Cap Stocks</u>	208.4915	45.6500	\$9,451.07	\$
Ticker: XX201					
Vanguard Real Estate Index Fund - Institutional Shares	<u>Specialty</u>	490.974	19.2700	\$9,195.39	\$
Ticker: VGSNX					
Vanguard Total International	<u>International Stocks</u>	263.8614	163.2900	\$45,409.70	-\$2
Subtotal:				\$476,387.06	\$35

Stock Index
Fund -
Institutional
Shares

Ticker:
VTSNX

Vanguard(R)
Institutional
Index Fund -
Institutional
Plus Shares

Large Cap
Stocks

37.0714 524.7800 \$19,143.19 \$

Ticker: VTIIX

Wasatch
Small Cap
Growth
Fund -
Institutional
Class

Small Cap
Stocks

89.8337 36.0600 \$3,112.74 \$

Ticker:
WIAEX

Subtotal: \$476,387.06 \$35

Note: Because of rounding, percentages may not total 100%.

The figures shown represent past performance and do not guarantee future results. Investment return, principal value and current performance fluctuate, so account value at the time of the withdrawal may be higher or lower than the amount invested. Current performance may be lower or higher than the performance data quoted.

Review your investments

It's always a good idea to stay on top of your investment strategy. Contact us if we can help.

Use My Investment PlannerSM created by Nationwide Investment Advisors LLC in partnership with global investment management firm Wilshire Associates. Answering a few questions can help you get the fund recommendations that are right for you.

Summary

10/11/2023 10:41:23

Total Value

\$2,900,465.70

Table View 1M 3M 6M YTD 1Y 2Y

Accounts

Account Name	Type	Cash & Cash Investments	Account Value	Day Change \$	Day Change %	
Investment						
Designated Bene Individual ...567	Brokerage	\$99,846.40	\$2,459,898.01	+33,451.00	+1.36%	More
Contributory ...195	IRA	\$67,574.04	\$440,567.69	+32,003.90	+7.27%	More
Investment Total		\$167,420.44	\$2,900,465.70	+65,454.90	+2.29%	

+ Add a Non-Schwab Account

Holdings

Positions

Equities										
Symbol / Name	Quantity	Price	Price Change \$ (%)	Market Value	Day Change \$ (%)	Cost Basis	Gain / Loss \$ (%)	Rating	Reinvest	% of Holdings
ALTT ABBOTT LABS	473	\$104.51	+30.16 (5.43%)	\$44,207.73	+570.35 (1.28%)	\$12,677.19	+31,530.54 (246.72%)	B	-	1.52%
BBVI BBVIE INC	59	\$209.42	+33.22 (16.33%)	\$12,296.78	+155.09 (1.26%)	\$4,958.80	+7,337.98 (147.49%)	B	-	0.42%
VCENT VOCENTURE PLC IRELAND FCLASS	202	\$189.2001	+1.2549 (0.66%)	\$38,218.42	+671.69 (1.76%)	\$11,091.42	+27,127.00 (244.60%)	B	-	1.32%
ALPHA ALPHABET INC CLASS CLASS A	540	\$290.745	+30.705 (1.1%)	\$157,002.30	+3141.73 (2.01%)	\$7,872.90	+149,129.40 (1,906.65%)	D	-	5.41%
ALPHA ALPHABET INC CLASS CLASS C	540	\$269.47	+10.07 (3.75%)	\$156,313.80	+840.00 (0.54%)	\$7,330.11	+148,983.69 (2,032.46%)	C	-	5.39%
PPLE PPLE INC	3,444	\$253.6786	+20.199 (7.94%)	\$874,357.90	+37,788.76 (4.33%)	\$67,075.33	+807,282.57 (1,203.55%)	A	-	30.15%
WHL CSTCO WHEL CORP NEW	390	\$677.088	+147.16 (2.16%)	\$263,399.64	+1,583.81 (0.6%)	\$23,690.26	+239,709.38 (1,012.65%)	D	-	10.12%
ASTEN ASTENAL CO	452	\$44.986	+3.335 (7.42%)	\$20,333.22	+12.64 (0.21%)	\$5,756.91	+14,576.31 (253.02%)	B	-	0.70%
RANGER RANGER W W INC	26	\$1,070.335	+10.03 (0.93%)	\$27,878.71	+320.51 (1.16%)	\$5,400.81	+22,477.90 (416.27%)	B	-	0.96%
ITUIT ITUIT	240	\$421.465	+10.225 (2.41%)	\$101,151.60	+2,600.00 (2.56%)	\$13,356.13	+87,795.47 (657.91%)	B	-	3.49%
ITUIT ITUITIVE SURGICAL INC	171	\$470.845	+1.033 (0.22%)	\$80,514.50	+10.10 (0.01%)	\$6,634.12	+73,880.38 (1,113.61%)	B	-	2.78%
ENER EXTERIA ENERGY INC	3,000	\$91.78	+10.16 (11.07%)	\$275,340.00	+1,120.50 (0.41%)	\$48,557.22	+226,782.78 (467.45%)	D	-	9.45%
IKS IKS INC CLASS CLASS B	674	\$52.7491	+3.7409 (7.10%)	\$35,552.89	+1,120.50 (3.15%)	\$11,449.52	+24,103.37 (210.42%)	B	-	1.23%

Rosemarie Scher M.

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