

**CANDIDATE OATH
JUDICIAL OFFICE**

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

RECEIVED

2024 APR 15 AM 11:38

**MIAMI-DADE
ELECTIONS**

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: LINDA SINGER STEIN

Check box if two last names without hyphen. (Name cannot be changed after qualifying.)

Check box if name includes nickname. (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the judicial office of County Judge (Office) N/A (District #)

11 (Circuit #), 22 (Group or Seat #); my legal residence is MIAMI-DADE County, Florida;

I am a qualified elector of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the constitution and laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent to the office I seek; I have resigned from any office which I am required to resign pursuant to s. 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes (only applicable if elected and when term of office begins): I am a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 105.031(4) F.S.).

YES, I Do _____ NO, I Do Not X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X Lynda Singer Stein (305) 445-0777 STEINLINDA22@YAHOO.COM
Signature of Candidate Telephone Number Email Address

Address of Legal Residence City State ZIP Code

STATE OF FLORIDA
COUNTY OF Miami-Dade

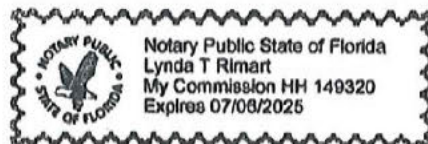
Lynda J. Rimart
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence

this 15 day of April, 2024

Personally Known OR Produced Identification

Type of Identification Produced: FL Drivers License



Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 3 of this form):

L IH N - d uh s IH ng er s t ay n

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity
n/a	n/a

RECEIVED
2024 APR 15 AM 11:38
MIAMI-DADE
ELECTIONS

Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is _____, I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is _____. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: _____

STATE OF FLORIDA

COUNTY OF _____

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means

of online notarization OR physical presence

this _____ day of _____, 20____.

Personally Known OR Produced Identification

Type of Identification Produced: _____

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/15/2024

General Information

Name: Hon Linda Singer Stein
 Address: North Dade Justice Center 15555 Biscayne Blvd. RM. 208, North Miami, FL 33160 PID 29069
 County: Miami-Dade

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (11Th)	Elected Constitutional Officer	County Court Judge

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Judge	11TH JUDICIAL CIRCUIT, MIAMI-DADE COUNTY	COUNTY COURT JUDGE GROUP 22

Net Worth

My Net Worth as of December 31, 2023 was \$ 1,025,485.04.

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, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 40,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

RECEIVED
 2024 APR 15 AM 11:08
 MIAMI-DADE
 ELECTIONS

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/15/2024

Description of Asset	Value of Asset
Loan to Campaign Account of Linda Singer Stein	\$ 10,000.00
Hyundai Elantra	\$ 8,163.00
Bonds	\$ 4,600.00
Life Insurance	\$ 10,000.00
Jewelry	\$ 2,000.00
First Horizon Checking Account	\$ 16,494.24
Florida Division of Retirement	\$ 108,340.00
ABLE United Savings Account: Vanguard Total Bond Market Index Fund, Vanguard Total Stock Market Index Fund and iShares MSCI EAFE International Index Fund	\$ 3,094.62
Merrill Lynch Bank Deposit Program	\$ 15,366.00
Amazon.com	\$ 53,179.00
Apple	\$ 182,903.50
CVS Healthgroup	\$ 23,688.00
Kimberly Clark	\$ 27,339.75
Nextera Energy, Inc.	\$ 101,435.80
BLF Fed Fund	\$ 30,603.00
Bank of America Cash Account	\$ 7,042.92
Blackrock Floating Rate Income Portfolio	\$ 23,663.42
Amgen, Inc.	\$ 28,802.00
Blackrock, Inc.	\$ 32,472.00
Home Depot	\$ 34,655.00
Lockheed Martin Corp.	\$ 22,662.00
Discovery Communications 3.8% 3/13/2024	\$ 14,925.75
Texas Instruments	\$ 17,046.00
Abbvie, Inc. (ABBV)	\$ 27,119.75
Gilead Sciences, Inc. 3.5% 2/1/2025	\$ 9,838.40
Vngrd RealEst Indx Inst	\$ 5,142.22
SmCap Val Eq D	\$ 2,583.66
Wasatch SmCap Gr Inst	\$ 2,600.21

RECEIVED
 2024 APR 15 AM 11:38
 MIAMI-DADE
 ELECTIONS

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/15/2024

Description of Asset	Value of Asset
AmFds New Wld R6	\$ 5,154.33
TRowePr Ovrseas Stk	\$ 12,981.36
Vngrd Ttl IntlStkindx Inst	\$ 7,792.51
JPM MdCap	\$ 5,114.31
TRowePr US	\$ 5,130.99
Fid Contra K6	\$ 5,090.07
TRowePr Eq Inc B	\$ 15,357.48
TRowePr Divd Gr I	\$ 10,221.02
TRowePr Gr Stk B	\$ 10,154.44
Vngrd Inst Pls	\$ 7,645.61
AmFds Emrg Mkt Bd R6	\$ 12,816.83
DodgeCox Inc I	\$ 84,216.25
TRowePr Spctrm Inc	\$ 15,336.27
Nationwide Retirement Solutions Fixed Assets	\$ 48,157.95

RECEIVED
 2024 APR 15 AM 11:38
 MAHLE-DADE
 ELECTIONS

Liabilities		
LIABILITIES IN EXCESS OF \$1,000:		
Name of Creditor	Address of Creditor	Amount of Liability
Logas Group, LLC.	c/o Master Real Estate, 18851 NE 29th Ave., Aventura, FL 33180	\$ 36,000.00
Highmark Residential, LLC.	5429 LBJ Freeway, #800, Dallas, TX 65240	\$ 7,035.00
Nationwide Retirement Solutions	P.O. Box 182797, Columbus, OH 43218-2797	\$ 17,895.66
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:		
Name of Creditor	Address of Creditor	Amount of Liability
N/A		

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/15/2024

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 2023 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 2023 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

RECEIVED
 2024 APR 15 AM 11:38
 MIAMI-DADE
 ELECTIONS

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/15/2024

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 Form6 and that the facts stated in it are true.

Linda Singer Stein

Digitally signed: 04/15/2024

Filed with COE: 04/15/2024

RECEIVED
2024 APR 15 AM 11:38
MIAMI-DADE
ELECTIONS

Ashley Lukis
Chair
Michelle Anchors
Vice Chair
William P. Cervone
Tina Descovich
Freddie Figgers
Luis M. Fusté
Wengay M. Newton, Sr.
Jim Waldman



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"

**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 Linda Singer Stein
 Filer PID #: 29069

Date Filed: 4/15/2024
 Disclosure Received: 2023 Full and Public Disclosure of Financial Interests
 Filing ID: 939988

Receipt Print Date: 4/15/2024

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.

RECEIVED
2024 APR 15 AM 11:38
 MIAMI-DADE
 ELECTIONS

RECEIVED

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, ending _____

See separate instructions.

Your first name and middle initial _____ Last name _____

Linda A Stein

Your social security number _____

2024 APR 15 AM 11:39

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

Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see Instructions. _____ Apt. no. _____

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

Miami, FL

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

MIAMI-DADE 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)

Check only one box.

Married filing jointly (even if only one had income)
 Married filing separately (MFS) Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets

At any time during 2023, 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

Standard Deduction

Someone can claim: You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	Child tax credit	Credit for other dependents
Stein						<input checked="" type="checkbox"/>

Income

1 a Total amount from Form(s) W-2, box 1 (see instructions).....	1a	179,529.
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 29.....	1f	
g Wages from Form 8919, line 6.....	1g	
h Other earned income (see instructions).....	1h	
i Nontaxable combat pay election (see instructions).....	1i	
z Add lines 1a through 1h.....	1z	179,529.
2 a Tax-exempt interest.....	2a	
b Taxable interest.....	2b	816.
3 a Qualified dividends.....	3a	3,004.
b Ordinary dividends.....	3b	3,775.
4 a IRA distributions.....	4a	
b Taxable amount.....	4b	
5 a Pensions and annuities.....	5a	
b Taxable amount.....	5b	
6 a Social security benefits.....	6a	
b Taxable amount.....	6b	
c If you elect to use the lump-sum election method, check here (see instructions).....		
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here.....	7	55,409.
8 Additional income from Schedule 1, line 10.....	8	
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income.....	9	239,529.
10 Adjustments to income from Schedule 1, line 26.....	10	
11 Subtract line 10 from line 9. This is your adjusted gross income.....	11	239,529.
12 Standard deduction or itemized deductions (from Schedule A).....	12	20,800.
13 Qualified business income deduction from Form 8995 or Form 8995-A.....	13	
14 Add lines 12 and 13.....	14	20,800.
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.....	15	218,729.

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.

Standard Deduction for —
 • Single or Married filing separately, \$13,850
 • Married filing jointly or Qualifying surviving spouse, \$27,700
 • Head of household, \$20,800
 • If you checked any box under Standard Deduction, see instructions.

TAXPAYER'S COPY

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814	16	46,709.
	2	<input type="checkbox"/> 4972	17	
	3	<input type="checkbox"/>	18	46,709.
	17	Amount from Schedule 2, line 3	19	
	18	Add lines 16 and 17	20	
	19	Child tax credit or credit for other dependents from Schedule 8812	21	0.
	20	Amount from Schedule 3, line 8	22	46,709.
	21	Add lines 19 and 20	23	1,502.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	24	48,211.

Payments	25	Federal income tax withheld from:	25d	33,932.
	a	Form(s) W-2	25a	33,932.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	33,932.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	620.
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	620.
	33	Add lines 25d, 26, and 32. These are your total payments	33	34,552.

If you have a qualifying child, attach Sch. EIC.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid.	34	
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	
	b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number		
36	Amount of line 34 you want applied to your 2024 estimated tax	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions	37	13,659.
	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

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.)
<i>[Signature]</i>		Judge	
Spouse's signature	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	<i>[Signature]</i>	3/7/24		
Firm's name	Phone no.	Firm's EIN		
Firm's address				

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

TAXPAYER'S COPY
 MIAMI-DADE COLLECTIONS
 RECEIVED
 2024 APR 15 AM 11:39
 Form 1040 (2023)

SCHEDULE 2
(Form 1040)

Additional Taxes

OMB No. 1545-0074

2023

Attachment
Sequence No. 02

Department of the Treasury
Internal Revenue Service

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

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

Your social security number

Linda A Stein

Part I Tax

1	Alternative minimum tax. Attach Form 6251.....	1	0.
2	Excess advance premium tax credit repayment. Attach Form 8962.....	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.....	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE.....	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137.....	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919.....	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6.....	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here. <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H.....	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required.....	10	
11	Additional Medicare Tax. Attach Form 8959.....	11	
12	Net investment income tax. Attach Form 8960.....	12	1,502.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12.....	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares.....	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.....	15	
16	Recapture of low-income housing credit. Attach Form 8611.....	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2023

RECEIVED
 2024 APR 15 AM 11:39
 MIAMI-DADE
 ELECTIONS

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	Reserved for future use	19	
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.	21	1,502.

Schedule 2 (Form 1040) 2023

RECEIVED
 2024 APR 15 AM 11:39
 MIAMI-DADE
 ELECTIONS

SCHEDULE 3
(Form 1040)

Additional Credits and Payments

OMB No. 1545-0074

2023

Attachment
Sequence No. **03**

Department of the Treasury
Internal Revenue Service

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

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

Your social security number

Linda A Stein

Part 1 Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required.....		1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441.....		2	
3	Education credits from Form 8863, line 19.....		3	
4	Retirement savings contributions credit. Attach Form 8880.....		4	
5a	Residential clean energy credit from Form 5695, line 15.....		5a	
b	Energy efficient home improvement credit from Form 5695, line 32.....		5b	
6	Other nonrefundable credits:			
a	General business credit. Attach Form 3800.....	6a		
b	Credit for prior year minimum tax. Attach Form 8801.....	6b		
c	Adoption credit. Attach Form 8839.....	6c		
d	Credit for the elderly or disabled. Attach Schedule R.....	6d		
e	Reserved for future use.....	6e		
f	Clean vehicle credit. Attach Form 8936.....	6f		
g	Mortgage interest credit. Attach Form 8396.....	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859.....	6h		
i	Qualified electric vehicle credit. Attach Form 8834.....	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911.....	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912.....	6k		
l	Amount on Form 8978, line 14. See instructions.....	6l		
m	Credit for previously owned clean vehicles. Attach Form 8936.....	6m		
z	Other nonrefundable credits. List type and amount: _____	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z.....		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20.....		8	0.

(continued on page 2)

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

Schedule 3 (Form 1040) 2023

RECEIVED
 2024 APR 15 AM 11:39
 MIAMI-DADE
 ELECTIONS

Part II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962.....	9	
10	Amount paid with request for extension to file (see instructions).....	10	
11	Excess social security and tier 1 RRTA tax withheld.....	11	620.
12	Credit for federal tax on fuels. Attach Form 4136.....	12	
13	Other payments or refundable credits:		
a	Form 2439.....	13a	
b	Credit for repayment of amounts included in income from earlier years.....	13b	
c	Elective payment election amount from Form 3800, Part III, line 6, column (i).....	13c	
d	Deferred amount of net 965 tax liability (see instructions).....	13d	
z	Other payments or refundable credits. List type and amount:	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z.....	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31.....	15	620.

Schedule 3 (Form 1040) 2023

RECEIVED
 2024 APR 15 AM 11:39
 MIAMI-DADE
 ELECTIONS

SCHEDULE B
(Form 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2023

Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

Your social security number

Linda A Stein

Part I		Amount
Interest	1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address: <u>First Horizon Bank</u>	17.
	<u>First Horizon Bank</u>	799.
2 Add the amounts on line 1		816.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815		
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b		816.

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Note: If line 4 is over \$1,500, you must complete Part III.

Part II		Amount
Ordinary Dividends	5 List name of payer: <u>Merril Lynch</u>	3,775.
6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b		3,775.

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

Note: If line 6 is over \$1,500, you must complete Part III.

Part III		Yes	No
Foreign Accounts and Trusts	7a At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	b If you are required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
	c If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:		
	8 During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions		X

RECEIVED
 2024 APR 15 AM 11:39
 MIAMI-DADE
 ELECTIONS

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

Linda A Stein

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	59,304.	3,895.		55,409.
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 55,409.

Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instrs				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

RECEIVED
 2024 APR 15 AM 11:39
 MIAMI-DADE
 COLLECTIONS

Part III Summary

- 16 Combine lines 7 and 15 and enter the result.....
- If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
 - If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
 - If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

16 55,409.

- 17 Are lines 15 and 16 both gains?
- Yes. Go to line 18.
- No. Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet.....

18

19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet.....

19

- 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?
- Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.
- No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.

- 21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:
- The loss on line 16; or
 - (\$3,000), or if married filing separately, (\$1,500)

21

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

- 22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?
- Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.
- No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Schedule D (Form 1040) 2023

RECEIVED
 2024 APR 15 AM 11:39
 MIAMI-DADE
 ELECTIONS

Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.
Go to www.irs.gov/Form1116 for instructions and the latest information.

Name

Linda A Stein

ID no. as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Section 951A category income c Passive category income e Section 901(j) income g Lump-sum distributions
b Foreign branch category income d General category income f Certain income re-sourced by treaty

h Resident of (name of country)

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Possession			Total (Add columns A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. possession.....	OTHER COUNTRY			
1 a Gross income from sources within country shown above and of the type checked above (see instructions): See Statement 1	1,989.			1 a 1,989.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions..... <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement).....				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions).....	20,800.			
b Other deductions (attach statement).....				
c Add lines 3a and 3b.....	20,800.			
d Gross foreign source income (see instructions).....	3,775.			
e Gross income from all sources (see instructions).....	239,529.			
f Divide line 3d by line 3e (see instructions).....	0.015760			
g Multiply line 3c by line 3f.....	328.			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions).....				
b Other interest expense.....				
5 Losses from foreign sources.....				
6 Add lines 2, 3g, 4a, 4b, and 5.....	328.			6 328.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2.....				7 1,661.

RECEIVED
2024 APR 15 AM 11:39
MIAMI-DADE
COUNTY

Part II Foreign Taxes Paid or Accrued (see instructions)

C O U N T R Y	Credit is claimed for taxes (you must check one) (l) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add columns (q) through (t))
		In foreign currency			In U.S. dollars					
		(i) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	(q) Dividends	(r) Rents and royalties		
A	1099 taxes									
B										
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2..... **8**

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I.	9	
10	Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions). (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10	
11	Add lines 9 and 10.	11	
12	Reduction in foreign taxes (see instructions).	12	
13	Taxes reclassified under high tax kickout (see instructions).	13	
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit.	14	
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions.	15	1,661.
16	Adjustments to line 15 (see instructions).	16	
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17	1,661.
18	Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption. Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	216,943.
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1".	19	0.007656389
20	Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions. Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.	20	46,709.
21	Multiply line 20 by line 19 (maximum amount of credit).	21	358.
22	Increase in limitation (section 960(c)) (see instructions).	22	
23	Add lines 21 and 22.	23	358.
24	Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV. See instructions.	24	

RECEIVED
 2024 APR 15 AM 11:39
 MIAMI-DADE
 COLLECTIONS

Part IV Summary of Credits From Separate Parts III (see instructions)

25	Credit for taxes on section 951A category income.	25	
26	Credit for taxes on foreign branch category income.	26	
27	Credit for taxes on passive category income.	27	
28	Credit for taxes on general category income.	28	
29	Credit for taxes on section 901(j) income.	29	
30	Credit for taxes on certain income re-sourced by treaty.	30	
31	Credit for taxes on lump-sum distributions.	31	
32	Add lines 25 through 31.	32	
33	Enter the smaller of line 20 or line 32.	33	
34	Reduction of credit for international boycott operations. See instructions for line 12.	34	
35	Subtract line 34 from line 33. This is your foreign tax credit. Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a.	35	

Form **8867**

(Rev. November 2023)

Department of the Treasury
Internal Revenue Service

Part Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and
Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

For tax year

20 23

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

Linda A Stein

Preparer's name

Taxpayer identification number

Preparer tax identification number

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.			
• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.			
• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List those documents provided by the taxpayer, if any, that you relied on:			

6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 8867 (Rev. 11-2023)

RECEIVED
2024 APR 15 AM 11:39
FAMI-DADE
SECTIONS

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; and
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

RECEIVED
 2024 APR 15 AM 11:40
 MIAMI-DADE
 ELECTIONS

Net Investment Income Tax - Individuals, Estates, and Trusts

Attach to your tax return.

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

Linda A Stein

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)

Table with 8 main rows and sub-rows (4a, 4b, 4c, 5a, 5b, 5c, 5d) for investment income. Total investment income is 60,000.

Part II Investment Expenses Allocable to Investment Income and Modifications

Table with 11 rows for investment expenses. Total deductions and modifications are 0.

Part III Tax Computation

Table with 21 rows for tax computation. Net investment income tax for individuals is 1,502.

RECEIVED 2024 APR 15 AM 11:40

Client

Linda A Stein

3/07/24

05:29PM

Statement 1
Form 1116, Line 1a - Passive Category Income
Gross Income From Sources Outside U.S.

Foreign country or U.S. possession: Other Country

Dividends.....		\$	771.
Gross Foreign Source Qualified Dividends.....	3,004.		
Foreign Source Qualified Dividend Adjustment.....	<u>-1,786.</u>		
Net Foreign Source Qualified Dividends.....			<u>1,218.</u>
	Total	\$	<u><u>1,989.</u></u>

RECEIVED
 2024 APR 15 AM 11:40
 MIAMI-DADE
 ELECTIONS

Client Linda A Stein

3/07/24

2024 APR 15 AM 11:40

05:29PM

Wage Schedule

Taxpayer - Employer	Wages	Federal W/H	FICA	MIAMI-DADE ELECTIONS Medicare	State W/H	Local W/H
State of Florida Jeff Atwater, CFO	169,529.	32,827.	9,932.	2,462.		
St Thomas University	10,000.	1,105.	620.	145.		
Grand Total	<u>179,529.</u>	<u>33,932.</u>	<u>10,552.</u>	<u>2,607.</u>	<u>0.</u>	<u>0.</u>

Form 1040, 1040-SR, or 1040-NR, Line 3a
Qualified Dividends

Merril Lynch		3,004.
Total		<u>3,004.</u>

QTP Distribution Worksheet

Beneficiary - Stein

1. Total distributed earnings from QTP's	0.
2. Adjusted higher education expenses allocated to QTP's	0.
3. Adjusted elementary and secondary school expenses allocated to QTP's (\$10,000 max)	0.
4. Total adjusted education expenses allocated to QTP's	0.
5. Total amount of QTP's distributed	16,312.
6. QTP factor (divide line 4 by line 5)	
7. Nontaxable amount of QTP earnings (line 1 x line 6)	0.
8. Taxable amount of QTP earnings (subtract line 7 from line 1)	0.
9. Taxable rollovers	0.
10. Taxable amount of all QTP's (add line 8 and 9)	<u>0.</u>

Tax Bracket Worksheet (Form 1040, 1040-SR, or 1040-NR, Line 16)

Capital Gain Rates (Capital Gain/Sch. D Tax Worksheet)	Income	Tax
10% ordinary tax bracket (\$0 - \$15,700)	\$ 15,700.	\$ 1,570.
12% ordinary tax bracket (\$15,701 - \$59,850)	44,150.	5,298.
22% ordinary tax bracket (\$59,851 - \$95,350)	35,500.	7,810.
24% ordinary tax bracket (\$95,351 - \$182,100)	86,750.	20,820.
32% ordinary tax bracket (\$182,101 - \$231,250)	33,625.	10,760.
15% capital gain bracket	3,004.	451.
Total using capital gain rates	<u>\$ 218,729.</u>	<u>\$ 46,709.</u>

* Ordinary income would have to increase by over \$15,525 to begin being taxed in the next 35% tax bracket (\$231,251 - \$578,100)

Client

Linda A Stein

3/07/24

05:29PM

Qualified Dividends and Capital Gain Tax Worksheet (Form 1040, 1040-SR, or 1040-NR, Line 16)

1. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 15	218,729.
2. Enter amount from Form 1040, 1040-SR, or 1040-NR, line 3a	3,004.
3. Are you filing Schedule D? <input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D, but do not enter less than zero <input type="checkbox"/> No. Enter amount from Form 1040, 1040-SR, or 1040-NR, line 7	0.
4. Add lines 2 and 3	3,004.
5. Subtract line 4 from line 1. If 0 or less, enter 0.	215,725.
6. Enter: \$44,625 if single or married filing separately, \$89,250 if married filing jointly or qualifying surviving spouse, \$59,750 if head of household	59,750.
7. Enter the smaller of line 1 or line 6	59,750.
8. Enter the smaller of line 5 or line 7	59,750.
9. Subtract line 8 from line 7. This amount is taxed at 0%	0.
10. Enter the smaller of line 1 or line 4	3,004.
11. Enter the amount from line 9	0.
12. Subtract line 11 from line 10	3,004.
13. Enter: \$492,300 if single, \$276,900 if married filing separately, \$553,850 if married filing jointly or qualifying surviving spouse, \$523,050 if head of household.	523,050.
14. Enter the smaller of line 1 or line 13	218,729.
15. Add lines 5 and 9	215,725.
16. Subtract line 15 from line 14. If 0 or less, enter 0.	3,004.
17. Enter the smaller of line 12 or line 16	3,004.
18. Multiply line 17 by 15% (.15)	451.
19. Add lines 9 and 17	3,004.
20. Subtract line 19 from line 10	0.
21. Multiply line 20 by 20% (.20)	0.
22. Figure the tax on the amount on line 5. (Use the Tax Table or Tax Computation Worksheet)	46,258.
23. Add lines 18, 21, and 22	46,709.
24. Figure the tax on the amount on line 1. (Use the Tax Table or Tax Computation Worksheet)	47,219.
25. Tax on all taxable income (including capital gain distributions). Enter the smaller of line 23 or line 24 here and on Form 1040, 1040-SR, or 1040-NR, line 16	46,709.

Federal Income Tax Withheld

State of Florida Jeff Atwater, CFO
 St Thomas University

32,827.
 1,105.
 Total 33,932.

MIAMI-DADE COLLECTIONS

2024 APR 15 AM 11:40

RECEIVED

Client

Linda A Stein

2024 APR 15 AM 11:40

05:29PM

3/07/24

Form 1116, Page 1, Line 3d
Gross Foreign Source Income

MIAMI-DADE
ELECTIONS

Category of income - Passive

Other Country	
Dividend income.....	\$ 771.
Gross qualifying dividends.....	3,004.
Total	\$ <u>3,775.</u>

Form 1116, Page 1, Line 3e
Gross Income from All Sources

Wages, salaries, tips, etc.....	179,529.
Taxable interest.....	816.
Ordinary dividends.....	3,775.
Capital gain and other gains.....	55,409.
Total	\$ <u>239,529.</u>

Taxable Income Limitation (Form 1116, Line 18)
(Taxpayers who completed Schedule D)

1. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 15	218,729.
2. Enter your worldwide 28% gains	0.
3. Multiply line 2 by 0.2432	0.
4. Enter your worldwide 25% gains	0.
5. Multiply line 4 by 0.3243	0.
6. Enter worldwide 20% gains & qualified dividends	0.
7. Multiply line 6 by 0.4595	0.
8. Enter worldwide 15% gains & qualified dividends	3,004.
9. Multiply line 8 by 0.5946	1,786.
10. Enter worldwide 0% gains & qualified dividends	0.
11. Add lines 3, 5, 7, 9 and 10	1,786.
12. Subtract line 11 from line 1. Enter on Form 1116, line 18	<u>216,943.</u>

Taxable Income Limitation (AMT) (Form 1116, Line 18)
(Taxpayers who completed Part III of Form 6251)

1. Enter the amount from Form 6251, line 4	239,529.
2. Enter your worldwide 28% gains	N/A
3. Multiply line 2 by N/A	N/A
4. Enter your worldwide 25% gains (Form 6251, Line 36)	0.
5. Multiply line 4 by 0.1071	0.
6. Enter worldwide 20% gains & qual. div. (Form 6251, Line 33)	0.
7. Multiply line 6 by 0.2857	0.
8. Enter worldwide 15% gains & qual. div. (Form 6251, Line 30)	3,004.
9. Multiply line 8 by 0.4643	1,395.
10. Enter worldwide 0% gains & qual. div. (Form 6251, Line 23)	0.
11. Add lines 3, 5, 7, 9 and 10	1,395.
12. Subtract line 11 from line 1. Enter on Form 1116, line 18	<u>238,134.</u>

Client

Linda A Stein

3/07/24

05:29PM

Investment Interest Expense (Form 4952, Line 1)

Schedule A	1.
Schedule A (from pass-through entities)	0.
Schedule C	0.
Schedule E, page 1	0.
Schedule E, page 2	0.
Total Investment Interest Expense	<u>1.</u>

Gross Investment Income (Form 4952, Line 4a)

Interest Income	816.
Dividend Income	3,775.
Child's Investment Income - Form 8814	0.
Gross Investment Income - Schedule C	0.
Gross Investment Income - Schedule E	0.
Publicly Traded Partnership Income	0.
Other Net Investment Income - K-1	0.
Other Net Investment Income - K-1 Adjustment	0.
Gross Investment Income Adjustment	0.
Annuity Income - Taxpayer	0.
Annuity Income - Spouse	0.
Total	<u>4,591.</u>

Form 8960, Line 13

Modified Adjusted Gross Income Worksheet

1. Enter your Adjusted Gross Income.....	\$ 239,529.
2a. Foreign Earned Income Exclusion (Form 2555, line 42).....	0.
2b. Deductions reported on Form 2555, line 44 allocable to your Foreign Earned Income Exclusion.....	0.
3. Adjustments for certain CFCs and certain PFICs.....	0.
3a. Adjustment from Form 1041, K-1, Code H (if positive amount).....	0.
4. Sum of lines 1, 2a, 2b, 3, and 3a.....	<u>\$ 239,529.</u>

RECEIVED
 2024 APR 15 AM 11:40
 MIAMI-DADE
 ELECTIONS

Client

Linda A Stein

3/07/24

5:29 PM

	2023	2022	Diff
INCOME			
Wages, salaries, tips, etc.....	179,529	151,617	27,912
Interest income.....	816	79	737
Dividend income.....	3,775	3,989	-214
Capital gain or loss.....	55,409	42,395	13,014
Total income.....	239,529	198,080	41,449
ADJUSTMENTS TO INCOME			
Total adjustments.....	0	0	0
Adjusted gross income.....	239,529	198,080	41,449
ITEMIZED DEDUCTIONS			
Taxes.....	1,695	1,415	280
Interest.....	1	0	1
Contributions.....	1,164	890	274
Total itemized deductions.....	2,860	2,305	555
TAX COMPUTATION			
Standard deduction.....	20,800	19,400	1,400
Larger of itemized or standard deduction	20,800	19,400	1,400
Taxable income.....	218,729	178,680	40,049
Tax before credits.....	46,709	31,052	15,657
CREDITS			
Child tax credit & other dependent cr....	0	1,000	-1,000
Total credits.....	0	1,000	-1,000
Tax after credits.....	46,709	30,052	16,657
OTHER TAXES			
Other taxes.....	1,502	0	1,502
Total tax.....	48,211	30,052	18,159
PAYMENTS & REFUNDABLE CREDITS			
Federal income tax withheld.....	33,932	29,179	4,753
Excess FICA and RRTA tax withheld.....	620	0	620
Total payments.....	34,552	29,179	5,373
REFUND OR AMOUNT DUE			
Amount you owe.....	13,659	873	12,786
TAX RATES			
Ordinary income tax bracket.....	32.0%	24.0%	8.0%
Effective tax rate.....	22.0%	16.8%	5.2%

MIAMI-DADE
ELECTIONS

2024 APR 15 AM 11:40

RECEIVED

a Employee's social security number		Payroll organization code 22-25-11-13-110		Intradepartment number 0000000215	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 169,528.96		2 Federal income tax withheld 32,826.96	
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 160,200.00		4 Social security tax withheld 9,932.40	
		5 Medicare wages and tips 169,792.96		6 Medicare tax withheld 2,462.00	
		7 Social security tips		10 Dependent care benefits	
d Control number 018138 01/05		11 Nonqualified plans		12a See instructions for box 12 G 264.00	
e Employee's first name, mi, and last name LINDA S STEIN		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b DD 22,140.48	
		14 Other 125 6,522.56		12c	
				12d	
				12e	
f Employee's address and ZIP code		15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.
				19 Local income tax	20 Locality name

FORM **W-2** WAGE AND TAX STATEMENT **2023**

OMB No. 1545-0048
Department of the Treasury - Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

a Employee's social security number		Payroll organization code 22-25-11-13-110		Intradepartment number 0000000215	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 169,528.96		2 Federal income tax withheld 32,826.96	
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 160,200.00		4 Social security tax withheld 9,932.40	
		5 Medicare wages and tips 169,792.96		6 Medicare tax withheld 2,462.00	
		7 Social security tips		10 Dependent care benefits	
d Control number 018138 01/05		11 Nonqualified plans		12a See instructions for box 12 G 264.00	
e Employee's first name, mi, and last name LINDA S STEIN		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b DD 22,140.48	
		14 Other 125 6,522.56		12c	
				12d	
				12e	
f Employee's address and ZIP code		15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.
				19 Local income tax	20 Locality name

FORM **W-2** WAGE AND TAX STATEMENT **2023**

OMB No. 1545-0048
Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA327W Rev. 06/09/2023

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

RECEIVED
 2024
 APR 15 AM 11:30
 AMT-DATED
 FOTOM

2023 W-2 and Earnings Summary

Form W-2 Wage and Tax Statement	
Copy C — For EMPLOYEE'S RECORDS 2023	
<small>This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.</small>	
Control number	OYY34 2419 01030
Employer's name, address, and ZIP code	
ST THOMAS UNIVERSITY INC 16401 NW 37TH AVE MIAMI GARDENS FL 33054	
Employee's name, address, and ZIP code	
LINDA SINGER STEIN	
1 Wages, tips, other comp.	10000.00
2 Federal income tax withheld	1105.24
3 Social security wages	10000.00
4 Social security tax withheld	620.00
5 Medicare wages and tips	10000.00
6 Medicare tax withheld	145.00
7 Social security tips	
8 Allocated tips	
9	10 Dependent care benefits
11 Nonqualified plans	12a
	12b
13 Statutory employee Retirement plan Third-party sick pay	12c
	12d
Employee's social security no.	
14	
Employer ID number (EIN)	
59-0949880	
15a Employer's state ID number	16 State wages, tips, etc.
	17 State income tax
18 Local wages, tips, etc.	19 Local income tax
	20 Locality name

	Wages, Tips, Other Comp. Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages and Tips Box 5 of W-2
Gross Pay	\$10,000.00	\$10,000.00	\$10,000.00
Less: Non-Taxable Earnings	\$0.00	\$0.00	\$0.00
Less: Retirement Deductions	\$0.00	N/A	N/A
Less: Other Pre-tax Deductions	\$0.00	\$0.00	\$0.00
Less: Third Party Sick Pay	\$0.00	\$0.00	\$0.00
Less: Excess Wages	N/A	\$0.00	N/A
Total Reported Wages	\$10,000.00	\$10,000.00	\$10,000.00
	Fed Income Box 2 of W-2	Social Security Box 4 of W-2	Medicare Box 6 of W-2
Tax Withheld	\$1,105.24	\$620.00	\$145.00

LINDA SINGER STEIN

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

RECEIVED
 2024 APR 15 AM 11:40
 MIAMI-DADE
 COLLECTIONS

Form W-2 Wage and Tax Statement	
Copy B — To Be Filed With 2023	
<small>This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.</small>	
Control number	OYY34 2419 01030
Employer's name, address, and ZIP code	
ST THOMAS UNIVERSITY INC 16401 NW 37TH AVE MIAMI GARDENS FL 33054	
Employee's name, address, and ZIP code	
LINDA SINGER STEIN	
1 Wages, tips, other comp.	10000.00
2 Federal income tax withheld	1105.24
3 Social security wages	10000.00
4 Social security tax withheld	620.00
5 Medicare wages and tips	10000.00
6 Medicare tax withheld	145.00
7 Social security tips	
8 Allocated tips	
9	10 Dependent care benefits
11 Nonqualified plans	12a
	12b
13 Statutory employee Retirement plan Third-party sick pay	12c
	12d
Employee's social security no.	
14	
Employer ID number (EIN)	
59-0949880	
15a Employer's state ID number	16 State wages, tips, etc.
	17 State income tax
18 Local wages, tips, etc.	19 Local income tax
	20 Locality name

Form W-2 Wage and Tax Statement	
Copy 2 — To Be Filed With 2023	
<small>This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.</small>	
Control number	OYY34 2419 01030
Employer's name, address, and ZIP code	
ST THOMAS UNIVERSITY INC 16401 NW 37TH AVE MIAMI GARDENS FL 33054	
Employee's name, address, and ZIP code	
LINDA SINGER STEIN	
1 Wages, tips, other comp.	10000.00
2 Federal income tax withheld	1105.24
3 Social security wages	10000.00
4 Social security tax withheld	620.00
5 Medicare wages and tips	10000.00
6 Medicare tax withheld	145.00
7 Social security tips	
8 Allocated tips	
9	10 Dependent care benefits
11 Nonqualified plans	12a
	12b
13 Statutory employee Retirement plan Third-party sick pay	12c
	12d
Employee's social security no.	
14	
Employer ID number (EIN)	
59-0949880	
15a Employer's state ID number	16 State wages, tips, etc.
	17 State income tax
18 Local wages, tips, etc.	19 Local income tax
	20 Locality name

Form W-2 Wage and Tax Statement	
Copy 2 — To Be Filed With 2023	
<small>This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.</small>	
Control number	OYY34 2419 01030
Employer's name, address, and ZIP code	
ST THOMAS UNIVERSITY INC 16401 NW 37TH AVE MIAMI GARDENS FL 33054	
Employee's name, address, and ZIP code	
LINDA SINGER STEIN	
1 Wages, tips, other comp.	10000.00
2 Federal income tax withheld	1105.24
3 Social security wages	10000.00
4 Social security tax withheld	620.00
5 Medicare wages and tips	10000.00
6 Medicare tax withheld	145.00
7 Social security tips	
8 Allocated tips	
9	10 Dependent care benefits
11 Nonqualified plans	12a
	12b
13 Statutory employee Retirement plan Third-party sick pay	12c
	12d
Employee's social security no.	
14	
Employer ID number (EIN)	
59-0949880	
15a Employer's state ID number	16 State wages, tips, etc.
	17 State income tax
18 Local wages, tips, etc.	19 Local income tax
	20 Locality name

Linda Singer Stein Full and Public Disclosure of Financial Interests (Form 6, Part D
Income) 2023

Income:

Social Security Administration, 16900 NW 12th Ave., Miami, FL 33169-05708 – benefits paid solely to disabled adult child into a Representative Payee account \$1,367 per month for the benefit of the disabled child (amount in account is less than \$1,000). First Horizon Bank, 18841 NE 29th Ave., Aventura, FL 33180

RECEIVED

2024 APR 15 AM 11:40

MIAMI-DADE
ELECTIONS

Linda Singer Stein Campaign Account
 2600 South Douglas Road, Suite 900
 Coral Gables, FL 33134

Regions Bank
 Coral Gables, FL

0104

4/9/2024

PAY TO THE ORDER OF MIAMI-DADE COUNTY

\$**7,224.64

Seven Thousand Two Hundred Twenty-Four and 64/100*****

DOLLARS



MIAMI-DADE COUNTY

PROTECTED AGAINST FRAUD



[Handwritten Signature]

MEMO 2024 QUALIFYING FEE/MDC COUNTY COURT JUDGE, group # 22



OFFICIAL RECEIPT
 MIAMI-DADE COUNTY-FLORIDA

No.8251112

RECEIVED FROM *Linda Singer Stein*

DATE 4 / 15 / 24
 MONTH DAY YEAR

ADDRESS *2600 South Douglas Rd # 900*
Coral Gables FL 33134
CITY STREET ADDRESS STATE ZIP

CASH \$ _____
 CHECKS \$ 7,224.64

AMOUNT OF: *Seven thousand two hundred twenty-four and 64/100* DOLLARS, AND 64 CENTS

TOTAL \$ 7,224.64

FOR PAYMENT OF *Qualifying fee County Court Judge Group 22*

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: *elections*

By: *Nelva Rabugh-Garcia*

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

RECEIVED
 MIAMI-DADE ELECTIONS
 2024 APR 15 AM 11:37