Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2025** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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	Last name	Your social security number
JACQUES	BOUDIN	
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
MARGARET A	BOUDIN	

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

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
ESTERO	FL	34135

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

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 Check only one box.

☐ Single
☑ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS). Enter spouse's SSN above and full name here:
☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)
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)

If more than four dependents, see instructions and check here . . ☐

	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.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	0
b	Household employee wages not reported on Form(s) W-2	1b	0
c	Tip income not reported on line 1a (see instructions)	1c	0
d	*Medicaid waiver payments not reported on Form(s) W-2* (see instructions)	1d	0
e	Taxable dependent care benefits from Form 2441, line 26	1e	0
f	Employer-provided adoption benefits from Form 8839, line 31	1f	0
g	Wages from Form 8919, line 6	1g	0
h	Other earned income (see instructions). Enter type and amount:	1h	0
i	Nontaxable combat pay election (see instructions) 1i 0		
z	Add lines 1a through 1h	1z	0

Attach Sch. B if required.

2a	Tax-exempt interest 2a 0		b Taxable interest	2b	0
3a	Qualified dividends 3a 0		b Ordinary dividends	3b	0
c	Check if your child's dividends are included in 1 ☐ Line 3a		2 ☐ Line 3b		
4a	IRA distributions 4a 0		b Taxable amount	4b	0
c	Check if (see instructions) 1 ☐ Rollover		2 ☐ QCD 3 ☐		
5a	Pensions and annuities 5a 0		b Taxable amount	5b	0
c	Check if (see instructions) 1 ☐ Rollover		2 ☐ PSO 3 ☐		
6a	Social security benefits 6a 72096		b Taxable amount	6b	2024
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐				
7a	Capital gain or (loss). Attach Schedule D if required			7a	0
b	Check if: ☐ Schedule D not required ☐ *Includes child's capital gain or (loss)*				
8	Additional income from Schedule 1, line 10			8	0
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**			9	2024
10	Adjustments to income from Schedule 1, line 26			10	
11a	Subtract line 10 from line 9. This is your **adjusted gross income**			11a	2024

Tax and Credits

11b	Amount from line 11a (adjusted gross income)	11b	2024
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)	12e	31500
13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	0
b	Additional deductions from Schedule 1-A, line 38	13b	0
14	Add lines 12e, 13a, and 13b	14	31500
15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	0
16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your **total tax**	24	0

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.

Payments and Refundable Credits

25	Federal income tax withheld from:				
a	Form(s) W-2	25a			
b	Form(s) 1099	25b	598		
c	Other forms (see instructions)	25c	6927		
d	Add lines 25a through 25c			25d	7525
26	2025 estimated tax payments and amount applied from 2024 return			26	
	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	
33	Add lines 25d, 26, and 32. These are your **total payments**			33	7525

If you have a qualifying child, you may need to 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	7525
35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	7525
b	Routing number c Type: ☐ Checking ☐ Savings		
d	Account number		
36	Amount of line 34 you want **applied to your 2026 estimated tax** 36		

Direct deposit? See instructions.

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	
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 | 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: Jacques Boudin	Date: 3-1-26	Your occupation: RETIRED	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, **both** must sign. Margaret A Boudin	Date: 3-1-26	Spouse's occupation: RETIRED	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name			Phone no.	
Firm's address			Firm's EIN	

Form **4852**
(Rev. September 2020)
Department of the Treasury
Internal Revenue Service

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

▶ Attach to Form 1040, 1040-SR, or 1040-X.
▶ Go to *www.irs.gov/Form4852* for the latest information.

OMB No. 1545-0074
Attachment Sequence No. 04

You must take the following steps before filing Form 4852

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- If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS will also send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you to file with your return.

1 Name(s) shown on return
Jacques Boudin

2 Your social security number

3 Address
[redacted], Estero, FL 34135

4 Enter year in space provided and check one box. For the tax year ending December 31, 2025,
I have been unable to obtain (or have received an incorrect) ☐ Form W-2 **OR** ☑ Form 1099-R.
I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code
Fidelity Investments Institutional Operations Co., 100 Magellan Way KW1C, Covington, KY 41015-1987

6 Employer's or payer's TIN (if known)
04-6568107

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a	Wages, tips, and other compensation	f	State income tax withheld
b	Social security wages		(Name of state)
c	Medicare wages and tips	g	Local income tax withheld
d	Social security tips		(Name of locality)
e	Federal income tax withheld	h	Social security tax withheld
		i	Medicare tax withheld

8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

a	Gross distribution	f	Federal income tax withheld
b	Taxable amount	g	State income tax withheld
c	Taxable amount not determined ☐		(Name of state)
d	Total distribution ☐	h	Local income tax withheld
e	Capital gain (included on line 8b)		(Name of locality)
		i	Employee contributions
		j	Distribution codes

9 How did you determine the amounts on lines 7 and 8 above?
The Company named on line 5 provided a 1099-R which erroneously reported distributions as taxable which I hereby rebut as being instead delayed payments of earnings from non-federally related activities nor related to a federal office per IRC section 3401a) and 3121(a).

10 Explain your efforts to obtain Form W-2, Form 1099-R (original or corrected), or Form W-2c, Corrected Wage and Tax Statement.
None

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about developments related to Form 4852, such as legislation enacted after it was published, go to *www.irs.gov/Form4852*.

Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R (original or corrected) and is completed by you or your representatives when **(a)** your employer or payer doesn't issue you a Form W-2 or Form 1099-R, or **(b)** an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return before any supporting forms or schedules.

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1 Name(s) shown on return	2 Your social security number
Jacques Boudin	

3 Address
, Estero, FL 34135

4 **Enter year in space provided and check one box.** For the tax year ending December 31, 2025 ,
I have been unable to obtain (or have received an incorrect) ☐ Form W-2 **OR** ☑ Form 1099-R.
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5 Employer's or payer's name, address, and ZIP code	6 Employer's or payer's TIN (if known)
Lincoln Natl Life Ins Co., P.O. Box 1110, Fort Wayne, IN 46801	35-0472300

7 **Form W-2.** Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation		f State income tax withheld	
b Social security wages		(Name of state)	
c Medicare wages and tips		g Local income tax withheld	
d Social security tips		(Name of locality)	
e Federal income tax withheld		h Social security tax withheld	
		i Medicare tax withheld	

8 **Form 1099-R.** Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution		f Federal income tax withheld	
b Taxable amount		g State income tax withheld	
c Taxable amount not determined	☐	(Name of state)	
d Total distribution	☐	h Local income tax withheld	
e Capital gain (included on line 8b)		(Name of locality)	
		i Employee contributions	
		j Distribution codes	

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The Company named on line 5 provided a 1099-R which erroneously reported distributions as taxable which I hereby rebut as being instead delayed payments of earnings from non-federally related activities nor related to a federal office per IRC section 3401a) and 3121(a).

10 Explain your efforts to obtain Form W-2, Form 1099-R (original or corrected), or Form W-2c, Corrected Wage and Tax Statement.
None

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1 Name(s) shown on return
Margaret A Boudin

2 Your social security number

3 Address
, Estero, FL 34135

4 Enter year in space provided and check one box. For the tax year ending December 31, **2025** ,
I have been unable to obtain (or have received an incorrect) ☐ Form W-2 **OR** ☑ Form 1099-R.
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5 *Employer's or payer's name, address, and ZIP code*
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6 *Employer's or payer's* TIN (if known)
35-0472300

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8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

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5 Employer's or payer's name, address, and ZIP code	6 Employer's or payer's TIN (if known)
Commonwealth of Pennsylvania, Public School Employees' Retirement System, 5 N 5th Street, Harrisburg, PA 17101-1905	23-1739115

7 Form W-2: Enter wages, tips, other compensation, and taxes withheld.

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b Social security wages		(Name of state)	
c Medicare wages and tips		g Local income tax withheld	
d Social security tips		(Name of locality)	
e Federal income tax withheld		h Social security tax withheld	
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8 **Form 1099-R.** Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution		f Federal income tax withheld	0
b Taxable amount		g State income tax withheld	
c Taxable amount not determined	☐	(Name of state)	
d Total distribution	☐	h Local income tax withheld	
e Capital gain (included on line 8b)		(Name of locality)	
		i Employee contributions	
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None

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Internal Revenue Service

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

▶ Attach to Form 1040, 1040-SR, or 1040-X.
▶ Go to *www.irs.gov/Form4852* for the latest information.

OMB No. 1545-0074
Attachment Sequence No. 04

You must take the following steps before filing Form 4852

• Attempt to get your Form W-2, Form W-2c, or Form 1099-R (original or corrected) from your employer or payer before contacting the IRS or filing Form 4852.

• If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS will also send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you to file with your return.

1 Name(s) shown on return	2 Your social security number
Jacquest Boudin	

3 Address
Estero, FL 34135

4 **Enter year in space provided and check one box.** For the tax year ending December 31, 2025,
I have been unable to obtain (or have received an incorrect) ☐ Form W-2 **OR** ☑ Form 1099-R.
I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code	6 Employer's or payer's TIN (if known)
National Financial Services LLC, PO Box 28019, Albuquerque, NM 87125-8019	04-3523567

7 **Form W-2.** Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation		f State income tax withheld	
b Social security wages		(Name of state)	
c Medicare wages and tips		g Local income tax withheld	
d Social security tips		(Name of locality)	
e Federal income tax withheld		h Social security tax withheld	
		i Medicare tax withheld	

8 **Form 1099-R.** Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution		f Federal income tax withheld	0
b Taxable amount		g State income tax withheld	
c Taxable amount not determined	☐	(Name of state)	
d Total distribution	☐	h Local income tax withheld	
e Capital gain (included on line 8b)		(Name of locality)	
		i Employee contributions	
		j Distribution codes	

9 How did you determine the amounts on lines 7 and 8 above?
The Company named on line 5 provided a 1099-R which erroneously reported distributions as taxable which I hereby rebut as being instead delayed payments of earnings from non-federally related activities nor related to a federal office per IRC section 3401a) and 3121(a).

10 Explain your efforts to obtain Form W-2, Form 1099-R (original or corrected), or Form W-2c, Corrected Wage and Tax Statement.
None

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about developments related to Form 4852, such as legislation enacted after it was published, go to *www.irs.gov/Form4852*.

Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R (original or corrected) and is completed by you or your representatives when **(a)** your employer or payer doesn't issue you a Form W-2 or Form 1099-R, or **(b)** an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return before any supporting forms or schedules.

You should always attempt to get your Form W-2, Form W-2c, or Form 1099-R (original or corrected) from your employer or payer before contacting the IRS or filing Form 4852. If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS will also send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

Form **4852**
(Rev. September 2020)
Department of the Treasury
Internal Revenue Service

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

▶ Attach to Form 1040, 1040-SR, or 1040-X.
▶ Go to *www.irs.gov/Form4852* for the latest information.

OMB No. 1545-0074
Attachment Sequence No. **04**

You must take the following steps before filing Form 4852

• Attempt to get your Form W-2, Form W-2c, or Form 1099-R (original or corrected) from your employer or payer before contacting the IRS or filing Form 4852.

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1 Name(s) shown on return	2 **Your social security number**
Margaret Boudin	[redacted]

3 Address
[redacted], Estero, FL 34135

4 **Enter year in space provided and check one box.** For the tax year ending December 31, 2025,
☐ I have been unable to obtain (or have received an incorrect) ☐ Form W-2 **OR** ☑ Form 1099-R.
I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 *Employer's or payer's name, address, and ZIP code*	6 *Employer's or payer's* TIN (if known)
PRUCO LIFE INSURANCE CO., PO BOX 13467, PHILADELPHIA, PA 19176	22-1944557

7 **Form W-2.** Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation		f State income tax withheld	
b Social security wages		(Name of state)	
c Medicare wages and tips		g Local income tax withheld	
d Social security tips		(Name of locality)	
e Federal income tax withheld		h Social security tax withheld	
		i Medicare tax withheld	

8 **Form 1099-R.** Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution		f Federal income tax withheld	200
b Taxable amount		g State income tax withheld	
c Taxable amount not determined	☐	(Name of state)	
d Total distribution	☐	h Local income tax withheld	
e Capital gain (included on line 8b)		(Name of locality)	
		i *Employee contributions*	
		j Distribution codes	

9 How did you determine the amounts on lines 7 and 8 above?
The Company named on line 5 provided a 1099-R which erroneously reported distributions as taxable which I hereby rebut as being instead delayed payments of earnings from non-federally related activities nor related to a federal office per IRC section 3401a) and 3121(a).

10 Explain your efforts to obtain Form W-2, Form 1099-R (original or corrected), or Form W-2c, Corrected Wage and Tax Statement.
None

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Form **4852**
(Rev. September 2020)
Department of the Treasury
Internal Revenue Service

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1 Name(s) shown on return
Jacques Boudin

2 Your social security number
[redacted]

3 Address
[redacted]ro, FL 34135

4 Enter year in space provided and check one box. For the tax year ending December 31, 2025,
I have been unable to obtain (or have received an incorrect) ☐ Form W-2 **OR** ☑ Form 1099-R.
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5 *Employer's or payer's name, address, and ZIP code*
PRUCO LIFE INSURANCE CO., PO BOX 13467, PHILADELPHIA, PA 19176

6 *Employer's or payer's* TIN (if known)
22-1944557

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation		f State income tax withheld	
b Social security wages		(Name of state)	
c Medicare wages and tips		g Local income tax withheld	
d Social security tips		(Name of locality)	
e Federal income tax withheld		h Social security tax withheld	
		i Medicare tax withheld	

8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution		f Federal income tax withheld	398
b Taxable amount		g State income tax withheld	
c Taxable amount not determined	☐	(Name of state)	
d Total distribution	☐	h Local income tax withheld	
e Capital gain (included on line 8b)		(Name of locality)	
		i Employee contributions	
		j Distribution codes	

9 How did you determine the amounts on lines 7 and 8 above?
The Company named on line 5 provided a 1099-R which erroneously reported distributions as taxable which I hereby rebut as being instead delayed payments of earnings from non-federally related activities nor related to a federal office per IRC section 3401a) and 3121(a).

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Form **SSA-1099-R-OP1** (01-2026)
Discontinue Prior Editions

FORM SSA-1099 -- SOCIAL SECURITY BENEFIT STATEMENT

2025

- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE FACTS ABOUT YOUR 2025 SOCIAL SECURITY BENEFIT STATEMENT AND NOTICE 703 FOR MORE INFORMATION.

Box 1. Name
MARGARET A BOUDIN

Box 2. Beneficiary's Social Security Number
[redacted]

Box 3. Benefits paid in 2025	Box 4. Benefits Repaid to SSA in 2025	Box 5. Net Benefits for 2025 (Box 3 minus Box 4)
$28,728.00	NONE	$28,728.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or Direct deposit	$23,227.40
Medicare Part B premiums deducted from your benefits	$2,220.00
Medicare Prescription Drug premiums (PART D) deducted from your benefits	$579.60
Voluntary Federal Income Tax Withheld	$2,701.00
Total Additions	$28,728.00
Benefits for 2025	$28,728.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld
$2,701.00

Box 7. Address
MARGARET A BOUDIN
[redacted]
ESTERO FL 34135-8441

Box 8. Claim Number
(Use this number if you need to contact SSA.)
[redacted]

DO NOT RETURN THIS FORM TO SSA OR IRS

Form **SSA-1099-R-OP1** (01-2026)
Discontinue Prior Editions

FORM SSA-1099 -- SOCIAL SECURITY BENEFIT STATEMENT

2025

- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE FACTS ABOUT YOUR 2025 SOCIAL SECURITY BENEFIT STATEMENT AND NOTICE 703 FOR MORE INFORMATION.

Box 1. Name	Box 2. Beneficiary's Social Security Number
JACQUES BOUDIN	[redacted]

Box 3. Benefits paid in 2025	Box 4. Benefits Repaid to SSA in 2025	Box 5. Net Benefits for 2025 (Box 3 minus Box 4)
$43,368.00	NONE	$43,368.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or Direct deposit	$36,342.40
Medicare Part B premiums deducted from your benefits	$2,220.00
Medicare Prescription Drug premiums (PART D) deducted from your benefits	$579.60
Voluntary Federal Income Tax Withheld	$4,226.00
Total Additions	$43,368.00
Benefits for 2025	$43,368.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld
$4,226.00

Box 7. Address
JACQUES BOUDIN
[redacted]
ESTERO FL 34135-8441

Box 8. Claim Number
(Use this number if you need to contact SSA.)

DO NOT RETURN THIS FORM TO SSA OR IRS

This corrected 1099-DIV form is submitted to rebut a document known to have been transmitted to the IRS by the entity identified below as PAYER, erroneously alleging payment to the party identified below as RECIPIENT of "gains, profits or income" made in the course of conducting transactions as a "Federal Instrumentality".

No payments were received by RECIPIENT as reported by PAYER in connection with a "federal Instrumentality" or any federally connected privileged taxable activity that would constitute income under relevant tax law.

Under penalties of perjury, we declare that we have examined this statement and to the best of our knowledge and belief it is true, correct and complete.

Jacques Boudin — Date: 3-1-2026

Margaret Boudin — Date: 3-1-2026

COMMONWEALTH FINANCIAL NETWORK
275 WYMAN ST STE 400
WALTHAM MA 02451

2025 TAX REPORTING STATEMENT

MARGARET A BOUDIN

Account No. [redacted] Customer Service: 215-579-4941
Recipient ID No. [redacted] Payer Fed ID Number: 04-3523567

eDelivered

MARGARET A BOUDIN
JACQUES BOUDIN

ESTERO FL 34135

Payer's Name and Address:
NATIONAL FINANCIAL SERVICES LLC
499 WASHINGTON BLVD
JERSEY CITY, NJ 07310

Form 1099-DIV *

2025 Dividends and Distributions

Copy B for Recipient
(OMB No. 1545-0110)

1a Total Ordinary Dividends	[redacted]	6 Investment Expenses	0.00
1b Qualified Dividends	[redacted]	7 Foreign Tax Paid	0.00
2a Total Capital Gain Distributions	0.00	8 Foreign Country or U.S. Possession	
2b Unrecap. Sec 1250 Gain	0.00	9 Cash Liquidation Distributions	0.00
2c Section 1202 Gain	0.00	10 Non-Cash Liquidation Distributions	0.00
2d Collectibles (28%) Gain	0.00	12 Exempt Interest Dividends	0.00
2e Section 897 Ordinary Dividends	0.00	13 Specified Private Activity Bond Interest Dividends	0.00
2f Section 897 Capital Gain	0.00	14 State	0.00
3 Nondividend Distributions	0.00	15 State Identification No.	
4 Federal Income Tax Withheld	0.00	16 State Tax Withheld	0.00
5 Section 199A Dividends	0.00		

This corrected 1099-INT form is submitted to rebut a document known to have been transmitted to the IRS by the entity identified below as PAYER, erroneously alleging payment to the party identified below as RECIPIENT of "gains, profits or income" made in the course of conducting transactions as a "Federal Instrumentality".

No payments were received by RECIPIENT as reported by PAYER in connection with a "federal instrumentality" or any federally connected privileged taxable activity that would constitute income under relevant tax law.

Under penalties of perjury, we declare that we have examined this statement and to the best of our knowledge and belief it is true, correct and complete.

Jacques Boudin — Date: 3-1-2026

Margaret Boudin — Date: 3-1-2026

COMMONWEALTH FINANCIAL NETWORK
275 WYMAN ST STE 400
WALTHAM MA 02451

2025 TAX REPORTING STATEMENT

MARGARET A BOUDIN

Account No. [redacted] Customer Service: 215-579-4941
Recipient ID No. [redacted] Payer's Fed ID Number: 04-3523567

eDelivered

MARGARET A BOUDIN
JACQUES BOUDIN
[redacted]
ESTERO FL 34135

Payer's Name and Address:
NATIONAL FINANCIAL SERVICES LLC
499 WASHINGTON BLVD
JERSEY CITY, NJ 07310

Form 1099-INT *

2025 Interest Income

Copy B for Recipient
(OMB No. 1545-0112)

1 Interest Income	0.00	10 Market Discount	
2 Early Withdrawal Penalty		11 Bond Premium	0.00
3 Interest on U.S. Savings Bonds and Treas. Obligations	0.00	12 Bond Premium on U.S. Treasury Obligations	0.00
4 Federal Income Tax Withheld	0.00	13 Bond Premium on Tax-Exempt Bond	0.00
5 Investment Expenses	0.00	14 Tax-Exempt Bond CUSIP no.	0.00
6 Foreign Tax Paid	0.00	15 State	
7 Foreign Country or U.S. Possession	0.00	16 State Identification No	
8 Tax-Exempt Interest		17 State Tax Withheld	0.00
9 Specified Private Activity Bond Interest	0.00		

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

01/19/2026 9066000000

This corrected 1099-INT form is submitted to rebut a document known to have been transmitted to the IRS by the entity identified below as PAYER, *erroneously alleging* payment to the party identified below as RECIPIENT of "gains, profits or income" made in the course of conducting transactions as a "Federal Instrumentality".

No payments were received by RECIPIENT as reported by PAYER in connection with a "federal Instrumentality" or any federally connected privileged taxable activity that would constitute income under relevant tax law.

Under penalties of perjury, we declare that we have examined this statement and to the best of our knowledge and belief it is true, correct and complete.

Jacques Boudin — Date: 3-1-2026

Margaret Boudin — Date: 3-1-2026

BY WHOM PAID — DIRECT INQUIRIES TO: 800-385-8664
FULTON BANK N. A.
P.O. BOX 4887
LANCASTER PA 17604

IMPORTANT TAX RETURN DOCUMENT ENCLOSED
Temp Return Service Requested

CORRECTED (If Checked) ☐

Payer's TIN: 23-1928421
Recipient's TIN: XXX-XX-
PAYER'S RTN (OPTIONAL)

1 Interest income: 0
2 Early withdrawal penalty
3 Interest on U.S. Savings Bonds and Treasury obligations

TO WHOM PAID
OMB No. 1545-0112
2025
Interest Income
FORM 1099-INT

154787 1 MB 0.672 490
JACQUES BOUDIN
OR MARGARET BOUDIN
ESTERO, FL 34135-8441

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

4 Federal income tax withheld
5 Investment expenses
6 Foreign tax paid

Account Number (see instructions)	7 Foreign country or U.S. territory	8 Tax-exempt interest	9 Specified private activity bond interest	10 Market discount
XXXXX				
11 Bond premium	12 Bond premium on Treasury obligations	13 Bond premium on tax-exempt bond	14 Tax-exempt and tax credit bond CUSIP no.	FACTA filing requirement ☐
15 State	16 State identification no.	17 State tax withheld		

3-FULT-1991-02 260122
00001-00001-154787 001012993

COPY B For Recipient — INTEREST STATEMENT FOR 2025 — Keep this copy for your record

This corrected 1099-INT form is submitted to rebut a document known to have been transmitted to the IRS by the entity identified below as PAYOR, erroneously alleging distributions to the party identified below as Recipient of "gains, profits or income" made in the course of conducting transactions with a "Federal Instrumentality".

No payments were received by RECIPIENT from PAYOR in connection with a "Federal Instrumentality" or any federally connected taxable activity that would constitute income under relevant tax law.

Under penalties of perjury, I declare that I have examined this statement and to the best of my knowledge and belief it is true, correct and complete.

Margaret Boudin

Margaret Boudin

3-1-2026

Date

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. (215) 612-5900 FREEDOM CREDIT UNION 626 JACKSONVILLE ROAD SUITE 250 WARMINSTER PA 18974-4862	Payer's RTN (optional) 236084751	OMB No. 1545-0112 Form **1099-INT** (Rev. January 2024)	**Interest Income**
	1 Interest income $ 0		
	2 Early withdrawal penalty $	For calendar year 2025	
PAYER'S TIN 23-2403099 / RECIPIENT'S TIN XXX-XX-	3 Interest on U.S. Savings Bonds and Treasury obligations $		**Copy B For Recipient**
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code BOUDIN MARGARET A ESTERO FL 34135	4 Federal income tax withheld $	5 Investment expenses $	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
	6 Foreign tax paid $	7 Foreign country or U.S. territory	
	8 Tax-exempt interest $	9 Specified private activity bond interest $	
	10 Market discount $	11 Bond premium $	
FATCA filing requirement ☐	12 Bond premium on Treasury obligations $	13 Bond premium on tax-exempt bond $	
Account number (see instructions) XXXXXX	14 Tax-exempt and tax credit bond CUSIP no.	15 State / 16 State identification no.	17 State tax withheld $

Form **1099-INT** (Rev. 1-2024) (keep for your records) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service

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Margaret Boudin

Margaret Boudin

3-1-2026

Date

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	Payer's RTN (optional)	OMB No. 1545-0112	**Interest Income**
ACHIEVA CREDIT UNION 1659 ACHIEVA WAY DUNEDIN, FL 34698 (727) 431-7680	1 Interest income 0	Form **1099-INT** (Rev. January 2024) For calendar year 2025	
PAYER'S TIN: 59-0729366 / RECIPIENT'S TIN: XXX-XX-	2 Early withdrawal penalty $ 0.00		**Copy B** **For Recipient**
	3 Interest on U.S. Savings Bonds and Treasury obligations $ 0.00		
RECIPIENT'S name MARGARET BOUDIN	4 Federal income tax withheld $ 0.00	5 Investment expenses $0.00	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.)	6 Foreign tax paid $ 0.00	7 Foreign country or U.S. territory	
City or town, state or province, country, and ZIP or foreign postal code ESTERO, FL 34135-8441	8 Tax-exempt interest $ 0.00	9 Specified private activity bond interest $0.00	
	10 Market discount $	11 Bond premium $	
FATCA filing requirement ☐	12 Bond premium on Treasury obligations $	13 Bond premium on tax-exempt bond $	
Account number (see instructions)	14 Tax-exempt and tax credit bond CUSIP no.	15 State / 16 State identification no.	17 State tax withheld $ 0.00 $

Form **1099-INT** (Rev. 1-2024) (keep for your records) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service