# FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2018

Please print or type your name, mailing address, agency name, and position below:

LAST NAME — FIRST NAME — MIDDLE NAME:
Eskamani Anna Vishkaee

MAILING ADDRESS:
126 North Mills Avenue

CITY: Orlando ZIP: FL COUNTY: 32801

NAME OF AGENCY:
House of Representatives

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
House District 47

**CHECK** IF THIS IS A FILING BY A CANDIDATE ☑

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS

MAY 31 2019

RECEIVED

277954

PROCESSED

## PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2018 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 18 was $ $10,337.77.

## PART B -- ASSETS

**HOUSEHOLD GOODS AND PERSONAL EFFECTS:**

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 effects (described above) is $ 14,000

**ASSETS INDIVIDUALLY VALUED AT OVER $1,000:**

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|---|---|
| 2016 Honda HRV (same car as last year, but depreciated in market value) | $14,000 |
| | |
| | |
| | |

## PART C -- LIABILITIES

**LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):**

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|---|---|
| Fairwinds Credit Union, 135 W. Central Blvd, Orlando, FL 32801 (Car Loan for HRV) | $10,583.96 |
| | |
| | |
| | |

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|---|---|
| | |
| | |
| | |



(Continued on reverse side)

## PART D -- 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 2018 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 2018 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2018 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME (See instructions on page 5):**

| NAME OF SOURCE OF INCOME EXCEEDING $1,000 | ADDRESS OF SOURCE OF INCOME | AMOUNT |
|---|---|---|
| | | |
| | | |

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|---|---|---|---|
| | | | |
| | | | |

## PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

| | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
|---|---|---|---|
| NAME OF BUSINESS ENTITY | | | |
| ADDRESS OF BUSINESS ENTITY | | | |
| PRINCIPAL BUSINESS ACTIVITY | | | |
| POSITION HELD WITH ENTITY | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | | | |
| NATURE OF MY OWNERSHIP INTEREST | | | |

## PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

## OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

**SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE**

**STATE OF FLORIDA**
**COUNTY OF** ORANGE

Sworn to (or affirmed) and subscribed before me this 28 day of MAY, 2019 by ANNA ESCAMILLA

Virginia McCue
(Signature of Notary Public--State of Florida)

Virginia McCue
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification DRIVERS LICENSE

Type of Identification Produced DRIVERS LICENSE

Notary Public State of Florida
Virginia McCue
My Commission GG 109996
Expires 05/20/2021

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature _____ Date _____

**Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.**

**IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE** ☑

Form **8879**

Department of the Treasury
Internal Revenue Service

# IRS *e-file* Signature Authorization

► **Return completed Form 8879 to your ERO. (Don't send to the IRS.)**

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

OMB No. 1545-0074

**2018**

Submission Identification Number (SID) ▶

Taxpayer's name
ANNA V ESKAMANI

Social security number
[redacted]

Spouse's name

Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, 2018 (Whole dollars only)

| | | | |
|---|---|---|---|
| 1 | Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35) | 1 | 84,056. |
| 2 | Total tax (Form 1040, line 15; Form 1040NR, line 61) | 2 | 11,796. |
| 3 | Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a) | 3 | 11,622. |
| 4 | Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) | 4 | |
| 5 | Amount you owe (Form 1040, line 22; Form 1040NR, line 75) | 5 | 174. |

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

[X] I authorize JOTKOFF & ASSOCIATES, CPA, PA to enter or generate my PIN [redacted]
ERO firm name — Enter five digits, but don't enter all zeros

as my signature on my tax year 2018 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► TAXPAYER Date ►

**Spouse's PIN: check one box only**

[ ] I authorize COPY to enter or generate my PIN
ERO firm name — Enter five digits, but don't enter all zeros

as my signature on my tax year 2018 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► Date ►

## Practitioner PIN Method Returns Only – continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. [redacted]
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ► ALAN JOTKOFF, CPA-PFS, CFP, CLU Date ►

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

FILE ONLY IF YOU ARE MAKING A PAYMENT WITH FORM 1040. RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO THE "UNITED STATES TREASURY." PLEASE WRITE YOUR SOCIAL SECURITY NUMBER, DAYTIME PHONE NUMBER, AND " 2018 FORM 1040" ON YOUR CHECK OR MONEY ORDER. PLEASE DO NOT SEND CASH. ENCLOSE, BUT DO NOT STAPLE OR ATTACH, YOUR PAYMENT WITH THIS VOUCHER.

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MAKE YOUR CHECK PAYABLE TO THE "UNITED STATES TREASURY" AND
MAIL FORM 1040-V PAYMENTS TO:

INTERNAL REVENUE SERVICE
P.O. BOX 1214
CHARLOTTE, NC 28201-1214

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Form **1040-V** (2018)

▼ **Detach Here and Mail With Your Payment and Return** ▼

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Department of the Treasury
Internal Revenue Service (99) **2018**

# Form 1040-V Payment Voucher

- ► Use this voucher when making a payment with Form 1040.
- ► Do not staple this voucher or your payment to Form 1040.
- ► Make your check or money order payable to the 'United States Treasury.'
- ► Write your social security number (SSN) on your check or money order.

| Enter the amount of your payment ..... ► | 174. |
|---|---|

FDIA8601L 08/06/18 1030

ANNA V ESKAMANI
1302 E GORE ST
ORLANDO FL 32806

INTERNAL REVENUE SERVICE
P.O. BOX 1214
CHARLOTTE NC 28201-1214

590986370 HK ESKA 30 0 201812 610

Form **1040** Department of the Treasury — Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2018** OMB No. 1545-0074 IRS Use Only — Do not write or staple in this space.

Filing status: [X] Single [ ] Married filing jointly [ ] Married filing separately [ ] Head of household [ ] Qualifying widow(er)

Your first name and initial: ANNA V ESKAMANI | Last name | Your social security number: [redacted]

Your standard deduction: [ ] Someone can claim you as a dependent [ ] You were born before January 2, 1954 [ ] You are blind

If joint return, spouse's first name and initial | Last name | Spouse's social security number

Spouse standard deduction: [ ] Someone can claim your spouse as a dependent [ ] Spouse was born before January 2, 1954 [ ] Spouse is blind [ ] Spouse itemizes on a separate return or you were dual-status alien

[X] Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
1302 E GORE ST

Presidential Election Campaign (see inst.) [ ] You [ ] Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.
ORLANDO, FL 32806

If more than four dependents, see inst. and ✓ here ▶ [ ]

**Dependents** (see instructions):

| (1) First name Last name | (2) Social security number | (3) Relationship to you | (4) ✓ if qualifies for (see inst.): Child tax credit | Credit for other dependents |
|---|---|---|---|---|
| | | | [ ] | [ ] |
| | | | [ ] | [ ] |
| | | | [ ] | [ ] |

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

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.

TAXPAYER COPY

Your signature | Date | Your occupation: DIRECTOR | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

| Preparer's name | Preparer's signature | PTIN | Firm's EIN | Check if: |
|---|---|---|---|---|
| ALAN JOTKOFF, CPA-PFS, CFP | ALAN JOTKOFF, CPA-PFS, CF | P01205460 | 59-2225580 | [X] 3rd Party Designee |

Firm's name ▶ JOTKOFF & ASSOCIATES, CPA, PA | Phone no. (321) 984-7345 | [ ] Self-employed

Firm's address ▶ 2100 MEADOWLANE AVENUE MELBOURNE, FL 32904-4952

**BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.** FDIA0112L 01/08/19 Form **1040** (2018)

Form 1040 (2018) Page **2**

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | | 1 | 84,056. |
| 2a | Tax-exempt interest | 2a | b Taxable interest | 2b | |
| 3a | Qualified dividends | 3a | b Ordinary dividends | 3b | |
| 4a | IRAs, pensions, and annuities | 4a | b Taxable amount | 4b | |
| 5a | Social security benefits | 5a | b Taxable amount | 5b | |
| 6 | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 | | | 6 | 84,056. |
| 7 | Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 | | | 7 | 84,056. |
| 8 | **Standard deduction or itemized deductions** (from Schedule A) | | | 8 | 12,000. |
| 9 | Qualified business income deduction (see instructions) | | | 9 | |
| 10 | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter –0– | | | 10 | 72,056. |
| 11 | a Tax (see inst.) 11,796. (check if any from: 1 [ ] Form(s) 8814 2 [ ] Form 4972 3 [ ] ) b **Add** any amount from Schedule 2 and check here ▶ [ ] | | | 11 | 11,796. |
| 12 | a Child tax credit/credit for other dependents b **Add** any amount from Schedule 3 and check here ▶ [ ] | | | 12 | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | | | 13 | 11,796. |
| 14 | Other taxes. Attach Schedule 4 | | | 14 | |
| 15 | Total tax. Add lines 13 and 14 | | | 15 | 11,796. |
| 16 | Federal income tax withheld from Forms W-2 and 1099 | | | 16 | 11,622. |
| 17 | Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863 Add any amount from Schedule 5 | | | 17 | |
| 18 | Add lines 16 and 17. These are your total payments | | | 18 | 11,622. |

**Standard Deduction for –**
- Single or married filing separately, $12,000
- Married filing jointly or Qualifying widow(er), $24,000
- Head of household, $18,000
- If you checked any box under Standard deduction, see instructions.

**Refund**

| | | | |
|---|---|---|---|
| 19 | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you **overpaid** | 19 | |
| 20a | Amount of line 19 you want **refunded to you.** If Form 8888 is attached, check here ▶ [ ] | 20a | |
| | Direct deposit? See instructions. ▶ b Routing number ▶ c Type: [ ] Checking [ ] Savings ▶ d Account number | | |
| 21 | Amount of line 19 you want **applied to your 2019 estimated tax** ▶ 21 | | |
| **Amount You Owe** 22 | **Amount you owe.** Subtract line 18 from line 15. For details on how to pay, see instructions ▶ | 22 | 174. |
| 23 | Estimated tax penalty (see instructions) ▶ 23 | | |

Go to *www.irs.gov/Form1040* for instructions and the latest information. Form **1040** (2018)

ANNA V ESKAMANI [redacted]

**STATEMENT 1**
**FORM 1040**
**WAGE SCHEDULE**

| TAXPAYER - EMPLOYER | WAGES | FEDERAL W/H | FICA | MEDI-CARE | STATE W/H | LOCAL W/H |
|---|---|---|---|---|---|---|
| PLANNED PARENTHOOD | 34,876. | 4,224. | 2,231. | 522. | | |
| STATE OF FLORIDA | 4,220. | 401. | 270. | 63. | | |
| NEO PHILANTHROPY | 44,960. | 6,997. | 2,788. | 652. | | |
| GRAND TOTAL | 84,056. | 11,622. | 5,289. | 1,237. | 0. | 0. |

ANNA V ESKAMANI [redacted]

## FEDERAL INCOME TAX WITHHELD

| | |
|---|---|
| PLANNED PARENTHOOD | 4,224. |
| STATE OF FLORIDA | 401. |
| NEO PHILANTHROPY | 6,997. |
| TOTAL | 11,622. |

## FORM 8965
## SHARED RESPONSIBILITY PAYMENT

STEP 1: ALL FILERS

1. CAN SOMEONE CLAIM YOU AS A DEPENDENT?
   - NO. CONTINUE.
2. DID YOU, AND EVERYONE ELSE IN YOUR TAX HOUSEHOLD HAVE QUALIFYING HEALTH COVERAGE FOR EVERY MONTH OF THE TAX YEAR, OR HAVE A COVERAGE EXEMPTION THAT COVERED ALL OF THE TAX YEAR, OR A COMBINATION OF QUALIFYING HEALTH CARE COVERAGE AND COVERAGE EXEMPTION(S) FOR EVERY MONTH OF THE TAX YEAR?
   - YES. STOP. YOU DO NOT OWE A SHARED RESPONSIBILITY PAYMENT.

ANNA V ESKAMANI [redacted]

THE TAX REFORM IMPACT SUMMARY DISPLAYS A COMPARISON OF THE ACTUAL 2017 AND 2018 TAX RETURN AMOUNTS. ADDITIONAL INFORMATION WILL BE NOTED ON CONTINUING PAGES WHEN THE AMOUNTS SPECIFIC TO THIS TAX RETURN MAY DIFFER DUE TO THE TAX CUTS AND JOBS ACT.

| | 2017 | 2018 |
|---|---|---|
| **INCOME** | | |
| TOTAL INCOME | 59,468 | 84,056 |
| **ADJUSTMENTS TO INCOME** | | |
| TUITION AND FEES DEDUCTION | 4,000 | 0 |
| TOTAL ADJUSTMENTS | 4,000 | 0 |
| ADJUSTED GROSS INCOME | 55,468 | 84,056 |
| **ITEMIZED DEDUCTIONS** | | |
| TAXES | 658 | 989 |
| TOTAL ITEMIZED DEDUCTIONS | 658 | 989 |
| **TAX COMPUTATION** | | |
| STANDARD DEDUCTION | 6,350 | 12,000 |
| LARGER OF ITEMIZED OR STANDARD DEDUCTION | 6,350 | 12,000 |
| INCOME PRIOR TO EXEMPTION DEDUCTION | 49,118 | 72,056 |
| EXEMPTION DEDUCTION | 4,050 | 0 |
| TAXABLE INCOME | 45,068 | 72,056 |
| TAX BEFORE CREDITS | 7,008 | 11,796 |
| **NONREFUNDABLE CREDITS** | | |
| TOTAL NONREFUNDABLE CREDITS | 0 | 0 |
| TAX AFTER CREDITS | 7,008 | 11,796 |
| **OTHER TAXES** | | |
| TOTAL TAX | 7,008 | 11,796 |
| **PAYMENTS AND REFUNDABLE CREDITS** | | |
| INCOME TAX WITHHELD | 7,997 | 11,622 |
| TOTAL PAYMENTS AND REFUNDABLE CREDITS | 7,997 | 11,622 |
| **REFUND OR AMOUNT DUE** | | |
| AMOUNT OVERPAID | 989 | 0 |
| AMOUNT REFUNDED TO YOU | 989 | 0 |
| AMOUNT YOU OWE | 0 | 174 |
| **TAX RATES** | | |
| MARGINAL TAX RATE | 25.0% | 22.0% |
| EFFECTIVE TAX RATE | 15.5% | 16.4% |

ANNA V ESKAMANI [redacted]

## TAX COMPUTATION

THE TAX CUTS AND JOBS ACT INCREASED THE STANDARD DEDUCTION FROM $6,350 IN 2017, TO $12,000 IN 2018.

THE TAX CUTS AND JOBS ACT ELIMINATED THE DEDUCTION FOR PERSONAL EXEMPTIONS IN 2018.

| | 2018 | 2017 | DIFF |
|---|---|---|---|
| **INCOME** | | | |
| WAGES, SALARIES, TIPS, ETC | 84,056 | 59,468 | 24,588 |
| TOTAL INCOME | 84,056 | 59,468 | 24,588 |
| **ADJUSTMENTS TO INCOME** | | | |
| TUITION AND FEES DEDUCTION | 0 | 4,000 | -4,000 |
| TOTAL ADJUSTMENTS | 0 | 4,000 | -4,000 |
| ADJUSTED GROSS INCOME | 84,056 | 55,468 | 28,588 |
| **ITEMIZED DEDUCTIONS** | | | |
| TAXES | 989 | 658 | 331 |
| TOTAL ITEMIZED DEDUCTIONS | 989 | 658 | 331 |
| **TAX COMPUTATION** | | | |
| STANDARD DEDUCTION | 12,000 | 6,350 | 5,650 |
| LARGER OF ITEMIZED OR STANDARD DEDUCTION | 12,000 | 6,350 | 5,650 |
| INCOME PRIOR TO EXEMPTION DEDUCTION | 72,056 | 49,118 | 22,938 |
| EXEMPTION DEDUCTION | 0 | 4,050 | -4,050 |
| TAXABLE INCOME | 72,056 | 45,068 | 26,988 |
| TAX BEFORE CREDITS | 11,796 | 7,008 | 4,788 |
| **CREDITS** | | | |
| TOTAL CREDITS | 0 | 0 | 0 |
| TAX AFTER CREDITS | 11,796 | 7,008 | 4,788 |
| **OTHER TAXES** | | | |
| TOTAL TAX | 11,796 | 7,008 | 4,788 |
| **PAYMENTS** | | | |
| FEDERAL INCOME TAX WITHHELD | 11,622 | 7,997 | 3,625 |
| TOTAL PAYMENTS | 11,622 | 7,997 | 3,625 |
| **REFUND OR AMOUNT DUE** | | | |
| AMOUNT OVERPAID | 0 | 989 | -989 |
| AMOUNT REFUNDED TO YOU | 0 | 989 | -989 |
| AMOUNT YOU OWE | 174 | 0 | 174 |
| **TAX RATES** | | | |
| MARGINAL TAX RATE | 22.0% | 25.0% | -3.0% |
| EFFECTIVE TAX RATE | 16.4% | 15.5% | 0.9% |

# 2018 W-2 and EARNINGS SUMMARY

**Employee Reference Copy**

**W-2 Wage and Tax Statement 2018**

Copy C for employee's records. OMB No. 1545-0008

| d Control number | Dept. | Corp. | Employer use only |
|---|---|---|---|
| 000352 ATLA/LIR | 952 | | T 60 |

c Employer's name, address, and ZIP code

PLANNED PARENTHOOD OF
SOUTHWEST AND CENTRAL
736 CENTRAL AVE
SARASOTA FL 34236

Batch #03432

e/f Employee's name, address, and ZIP code

ANNA VISHKAEE ESKAMANI
1302 E. GORE STREET
ORLANDO FL 32806

| b Employer's FED ID number | a Employee's SSA number |
|---|---|
| 59-1274328 | [redacted] |
| 1 Wages, tips, other comp. 34876.21 | 2 Federal income tax withheld 4223.75 |
| 3 Social security wages 35981.51 | 4 Social security tax withheld 2230.85 |
| 5 Medicare wages and tips 35981.51 | 6 Medicare tax withheld 521.73 |
| 7 Social security tips | 8 Allocated tips |
| 9 Verification Code 7e93-dc19-5685-9f0c | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a See instructions for box 12 C 20.70 |
| 14 Other | 12b E 1105.30 |
| | 12c |
| | 12d |
| | 13 Stat emp. Ret. plan X 3rd party sick pay |
| 15 State FL / Employer's state ID no. | 16 State wages, tips, etc. |
| 17 State income tax | 18 Local wages, tips, etc. |
| 19 Local income tax | 20 Locality name |

**This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.**

1. The following information reflects your final 2018 pay stub plus any adjustments submitted by your employer.

| | | | | |
|---|---|---|---|---|
| Gross Pay | 36842.39 | Social Security Tax Withheld Box 4 of W-2 | 2230.85 | FL State Income Tax Box 17 of W-2 |
| Fed. Income Tax Withheld Box 2 of W-2 | 4223.75 | Medicare Tax Withheld Box 6 of W-2 | 521.73 | SUI/SDI/FLI Box 14 of W-2 |

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | FL State Wages, Tips, Etc. Box 16 of W-2 |
|---|---|---|---|---|
| Gross Pay | 36,842.39 | 36,842.39 | 36,842.39 | |
| Plus GTL (C-Box 12) | 20.70 | 20.70 | 20.70 | |
| Less 403(b) (E-Box 12) | 1,105.30 | N/A | N/A | |
| Less Other Cafe 125 | 881.58 | 881.58 | 881.58 | |
| Reported W-2 Wages | 34,876.21 | 35,981.51 | 35,981.51 | |

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept

ANNA VISHKAEE ESKAMANI
1302 E. GORE STREET
ORLANDO FL 32806

Social Security Numb[redacted]
Taxable Marital Status: SINGLE
Exemptions/Allowances:
FEDERAL: 2
STATE: No State Income Tax



Fold and Detach Here


| 1 Wages, tips, other comp. 34876.21 | 2 Federal income tax withheld 4223.75 |
|---|---|
| 3 Social security wages 35981.51 | 4 Social security tax withheld 2230.85 |
| 5 Medicare wages and tips 35981.51 | 6 Medicare tax withheld 521.73 |
| d Control number 000352 ATLA/LIR / Dept. 952 | Corp. / Employer use only T 60 |

c Employer's name, address, and ZIP code

PLANNED PARENTHOOD OF
SOUTHWEST AND CENTRAL
736 CENTRAL AVE
SARASOTA FL 34236

| b Employer's FED ID number 59-1274328 | a Employee's SSA number [redacted] |
|---|---|
| 7 Social security tips | 8 Allocated tips |
| 9 Verification Code | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a C 20.70 |
| 14 Other | 12b E 1105.30 |
| | 12c |
| | 12d |
| | 13 Stat emp. Ret. plan X 3rd party sick pay |

e/f Employee's name, address and ZIP code

ANNA VISHKAEE ESKAMANI
1302 E. GORE STREET
ORLANDO FL 32806

| 15 State FL / Employer's state ID no. | 16 State wages, tips, etc. |
|---|---|
| 17 State income tax | 18 Local wages, tips, etc. |
| 19 Local income tax | 20 Locality name |


FOLD AND DETACH HERE

**Federal Filing Copy**

**W-2 Wage and Tax Statement 2018**


| 1 Wages, tips, other comp. 34876.21 | 2 Federal income tax withheld 4223.75 |
|---|---|
| 3 Social security wages 35981.51 | 4 Social security tax withheld 2230.85 |
| 5 Medicare wages and tips 35981.51 | 6 Medicare tax withheld 521.73 |
| d Control number 000352 ATLA/LIR / Dept. 952 | Corp. / Employer use only T 60 |

c Employer's name, address, and ZIP code

PLANNED PARENTHOOD OF
SOUTHWEST AND CENTRAL
736 CENTRAL AVE
SARASOTA FL 34236

| b Employer's FED ID number 59-1274328 | a Employee's SSA number [redacted] |
|---|---|
| 7 Social security tips | 8 Allocated tips |
| 9 Verification Code | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a C 20.70 |
| 14 Other | 12b E 1105.30 |
| | 12c |
| | 12d |
| | 13 Stat emp. Ret. plan X 3rd party sick pay |

e/f Employee's name, address and ZIP code

ANNA VISHKAEE ESKAMANI
1302 E. GORE STREET
ORLANDO FL 32806

| 15 State FL / Employer's state ID no. | 16 State wages, tips, etc. |
|---|---|
| 17 State income tax | 18 Local wages, tips, etc. |
| 19 Local income tax | 20 Locality name |


FOLD AND DETACH HERE

**FL State Reference Copy**

**W-2 Wage and Tax Statement 2018**


| 1 Wages, tips, other comp. 34876.21 | 2 Federal income tax withheld 4223.75 |
|---|---|
| 3 Social security wages 35981.51 | 4 Social security tax withheld 2230.85 |
| 5 Medicare wages and tips 35981.51 | 6 Medicare tax withheld 521.73 |
| d Control number 000352 ATLA/LIR / Dept. 952 | Corp. / Employer use only T 60 |

c Employer's name, address, and ZIP code

PLANNED PARENTHOOD OF
SOUTHWEST AND CENTRAL
736 CENTRAL AVE
SARASOTA FL 34236

| b Employer's FED ID number 59-1274328 | a Employee's SSA number [redacted] |
|---|---|
| 7 Social security tips | 8 Allocated tips |
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| | 12c |
| | 12d |
| | 13 Stat emp. Ret. plan X 3rd party sick pay |

e/f Employee's name, address and ZIP code

ANNA VISHKAEE ESKAMANI
1302 E. GORE STREET
ORLANDO FL 32806

| 15 State FL / Employer's state ID no. | 16 State wages, tips, etc. |
|---|---|
| 17 State income tax | 18 Local wages, tips, etc. |
| 19 Local income tax | 20 Locality name |


**FL State Filing Copy**

**W-2 Wage and Tax Statement 2018**

**Notice to Employee**

**Do you have to file?** Refer to the Form 1040 Instructions to determine if you are required to file a tax return. Even if you do not have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

**Earned income credit (EIC).** You may be able to take the EIC for 2018 if your adjusted gross income (AGI) is less than a certain amount. The amount of credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2018 or if income is earned for services provided while you were an inmate at a penal institution. For 2018 income limits and more information, visit www.irs.gov/EITC. Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

**Clergy and religious workers.** If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA at www.SSA.gov.

**Cost of employer-sponsored health coverage (if such cost is provided by the employer).** The reporting in Box 12, using Code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with Code DD is not taxable.**

**Credit for excess taxes.** If you had more than one employer in 2018 and more than $7,960.80 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than $4,674.60 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 Instructions and Pub. 505, Tax Withholding and Estimated Tax.

**Instructions for Employee**

**Box 1.** Enter this amount on the wages line of your tax return.

**Box 2.** Enter this amount on the federal income tax withheld line of your tax return.

**Box 5.** You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

**Box 6.** This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

**Box 8.** This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. On Form 4137 you will calculate the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

**Box 9.** If you are e-filing and if there is a code in this box, enter it when prompted by your software. The only valid characters are the letters A-H and numerals 0-9. This code assists the IRS in validating the W-2 data submitted with your return. The code is not entered on paper-filed returns.

**Box 10.** This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over $5,000 also is included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

**Box 11.** This amount is **(a)** reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or **(b)** included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $18,500 ($12,500 if you only have SIMPLE plans; $21,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $18,500. Deferrals under code H are limited to $7,000.

However, if you were at least age 50 in 2018, your employer may have allowed an additional deferral of up to $6,000 ($3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the instructions for Form 1040.

**Note.** *If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.*

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in boxes 1, 3, or 5)

Q—Nontaxable combat pay. See the instructions for Form 1040 for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your Health Savings Account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan.

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan.

DD—Cost of employer-sponsored health coverage. **The amount reported with Code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

**Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

**Box 14.** Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

**Note:** *Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.*

## Form W-2 Wage and Tax Statement 2018 — Copy C, for employee's records

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.

| | | | |
|---|---|---|---|
| d Control number [redacted] | Void | c Employer's name, address, and ZIP code<br>NEO PHILANTHROPY INC<br>45 W 36TH STREET FL 6<br>NEW YORK NY 10018 | Department of the Treasury - Internal Revenue Service<br>OMB No. 1545-0008 |
| b Employer's identification number<br>13-3191113 | a Employee's social security number [redacted] | | 1 Wages, tips, other compensation: 44959.96 — 2 Federal income tax withheld: 6997.39 |
| 13 Statutory Employee / Retirement plan / Third-party sick pay | | | 3 Social Security wages: 44959.96 — 4 Social Security tax withheld: 2787.52 |
| 12 See instrs. for Box 12 / 14 Other | e Employee's name, address, and ZIP code<br>ANNA ESKAMANI<br>1302 E GORE STREET<br>ORLANDO FL 32806 | | 5 Medicare wages and tips: 44959.96 — 6 Medicare tax withheld: 651.92 |
| | | | 7 Social Security tips — 8 Allocated Tips |
| | | | 10 Dependent care benefits — 11 Nonqualified plans |
| | | | Verification Code [redacted] |

| 15 State | Employer's state I.D. No. | 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 2018 — Copy B, to be filed with employee's FEDERAL tax return

| | | | |
|---|---|---|---|
| d Control number [redacted] | Void | c Employer's name, address, and ZIP code<br>NEO PHILANTHROPY INC<br>45 W 36TH STREET FL 6<br>NEW YORK NY 10018 | Department of the Treasury - Internal Revenue Service<br>OMB No. 1545-0008 |
| b Employer's identification number<br>13-3191113 | a Employee's social security number [redacted] | | 1 Wages, tips, other compensation: 44959.96 — 2 Federal income tax withheld: 6997.39 |
| 13 Statutory Employee / Retirement plan / Third-party sick pay | | | 3 Social Security wages: 44959.96 — 4 Social Security tax withheld: 2787.52 |
| 12 See instrs. for Box 12 / 14 Other | e Employee's name, address, and ZIP code<br>ANNA ESKAMANI<br>1302 E GORE STREET<br>ORLANDO FL 32806 | | 5 Medicare wages and tips: 44959.96 — 6 Medicare tax withheld: 651.92 |
| | | | 7 Social Security tips — 8 Allocated Tips |
| | | | 10 Dependent care benefits — 11 Nonqualified plans |
| | | | Verification Code [redacted] |

| 15 State | Employer's state I.D. No. | 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 2018

| | | | |
|---|---|---|---|
| d Control number | Void<br>X | c Employer's name, address, and ZIP code | Department of the Treasury - Internal Revenue Service<br>OMB No. 1545-0008 |
| b Employer's identification number | a Employee's social security number | | 1 Wages, tips, other compensation — 2 Federal income tax withheld |
| 13 Statutory Employee / Retirement plan / Third-party sick pay | | | 3 Social Security wages — 4 Social Security tax withheld |
| 12 See instrs. for Box 12 / 14 Other | e Employee's name, address, and ZIP code | | 5 Medicare wages and tips — 6 Medicare tax withheld |
| | | | 7 Social Security tips — 8 Allocated Tips |
| | | | 10 Dependent care benefits — 11 Nonqualified plans |
| | | | Verification Code |

| 15 State | Employer's state I.D. No. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
|---|---|---|---|---|---|---|
| | | | | | | |

| | | | |
|---|---|---|---|
| | a Employee's social security number [redacted] | Payroll organization code 11-21-21-90-047 | Intradepartment number 0000000002 |
| b Employer identification number 59-6001874 | | 1 Wages, tips, other compensation 4,220.19 | 2 Federal income tax withheld 400.68 |
| c Employer's name, address, and ZIP code<br>State of Florida<br>Chief Financial Officer<br>200 E Gaines Street<br>Tallahassee, Florida 32399-0356 | | 3 Social security wages 4,353.80 | 4 Social security tax withheld 269.94 |
| | | 5 Medicare wages and tips 4,353.80 | 6 Medicare tax withheld 63.13 |
| | | 7 Social security tips | 10 Dependent care benefits |
| d Control number 001054 01/07 | | 11 Nonqualified plans | 12a See instructions for box 12 DD 1,385.68 |
| e Employee's first name, mi, and last name<br>ANNA V ESKAMANI<br>126 N MILLS AVE<br>ORLANDO, FL 32801 | | 13 Statutory employee ☐ Retirement plan ☐ Third-Party sick pay ☐ | 12b |
| | | 14 Other 125 100.00 | 12c |
| | | | 12d |
| f Employee's address and ZIP code | | | 12e |

| 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** **2018**

OMB No. 1545-0008

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 [redacted] | Payroll organization code 11-21-21-90-047 | Intradepartment number 0000000002 |
| b Employer identification number 59-6001874 | | 1 Wages, tips, other compensation 4,220.19 | 2 Federal income tax withheld 400.68 |
| c Employer's name, address, and ZIP code<br>State of Florida<br>Chief Financial Officer<br>200 E Gaines Street<br>Tallahassee, Florida 32399-0356 | | 3 Social security wages 4,353.80 | 4 Social security tax withheld 269.94 |
| | | 5 Medicare wages and tips 4,353.80 | 6 Medicare tax withheld 63.13 |
| | | 7 Social security tips | 10 Dependent care benefits |
| d Control number 001054 01/07 | | 11 Nonqualified plans | 12a See instructions for box 12 DD 1,385.68 |
| e Employee's first name, mi, and last name<br>ANNA V ESKAMANI<br>126 N MILLS AVE<br>ORLANDO, FL 32801 | | 13 Statutory employee ☐ Retirement plan ☐ Third-Party sick pay ☐ | 12b |
| | | 14 Other 125 100.00 | 12c |
| | | | 12d |
| f Employee's address and ZIP code | | | 12e |

| 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** **2018**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service


**Copy C - For EMPLOYEE'S RECORDS**
AA827W Rev. 04/12/2018

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.

| FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number | 1 Payments received for qualified tuition and related expenses | OMB No. 1545-1574 | |
|---|---|---|---|
| The University of Central Florida Board of Trustees<br>Student Account Services<br>4000 Central Florida Boulevard<br>Orlando FL 32816<br>Contact: 407-823-2433<br>ECSI: 866-428-1098 | $4,246.52<br>2 | **2018**<br>Form **1098-T** | **Tuition Statement** |

| FILER'S federal identification no. | STUDENT'S taxpayer identification no. | 3 If this box is checked, your educational institution has changed its reporting method for 2018 [ ] | **Copy B** For Student |
|---|---|---|---|
| STUDENT'S name, street address, city, state, and ZIP code<br>ANNA VISHKAEE ESKAMANI<br>857 SPRING OAK CIRCLE<br>ORLANDO FL 32828 | | 4 Adjustments made for a prior year<br>6 Adjustments to scholarships or grants for a prior year | 5 Scholarships or grants<br>7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2019 [ ] |
| Service Provider/Acct No. (see instr.)<br>2243387 | 8 Checked if at least half-time student [X] | 9 Checked if a graduate student [X] | 10 Ins. contract reimb./refund |

This is important tax information and is being furnished to the Internal Revenue Service. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.

Form **1098-T** (keep for your records) www.irs.gov/1098t Department of the Treasury-Internal Revenue Service

If you have any general questions, please visit http://www.ecsi.net/taxinfo.html for information regarding your tax documents and to obtain contact information for ECSI. If you have any questions regarding the financial information on your 1098-T, please contact your school directly.

Neither your school nor ECSI can answer tax questions or provide tax advice, you must contact your tax professional.

Transaction History

| Trans Date | Box # | Trans Description | Trans Amt |
|---|---|---|---|
| / / | | Direct Payments | $4,708.12 |
| / / | Box 1 | QTRE Payments | $4,246.52 |

Transaction History

| Trans Date | Box # | Trans Description | Trans Amt |
|---|---|---|---|

For a complete listing of your student account transactions, please access your student account online through the student portal provided by your institution.

## Instructions for Student

You, or the person who can claim you as a dependent, may be able to claim an education credit on Form 1040 or Form 1040A. This statement has been furnished to you by an eligible educational institution in which you are enrolled, or by an insurer who makes reimbursements or refunds of qualified tuition and related expenses to you. This statement may help you claim an education credit. To see if you qualify for a credit, and for help in calculating the amount of your credit, see Pub. 970, Tax Benefits for Education; Form 8863, Education Credits; and the Form 1040 or 1040A instructions.

Your institution must include its name, address, and information contact telephone number on this statement. It may also include contact information for a service provider. Although the filer or the service provider may be able to answer certain questions about the statement, do not contact the filer or the service provider for explanations of the requirements for (and how to figure) any education credit that you may claim.

**Student's taxpayer identification number (TIN).** For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete TIN to the IRS. **Caution:** If your TIN is not shown in this box, your school was not able to provide it. Contact your school if you have questions.

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

**Box 1.** Shows the total payments received by an eligible educational institution in 2018 from any source for qualified tuition and related expenses less any reimbursements or refunds made during 2018 that relate to those payments received during 2018.

**Box 2.** Reserved.

**Box 3.** Shows whether your educational institution changed its reporting method for 2018. It has changed its method of reporting if the method (payments received) used for 2018 is different than the reporting method (amounts billed) for 2017. You should be aware of this change in figuring your education credits.

**Box 4.** Shows any adjustment made by an eligible educational institution for a prior year for qualified tuition and related expenses that were reported on a prior year Form 1098-T. This amount may reduce any allowable education credit that you claimed for the prior year (may result in an increase in tax liability for the year of the refund). See "recapture" in the index to Pub. 970 to report a reduction in your education credit or tuition and fees deduction.

**Box 5.** Shows the total of all scholarships or grants administered and processed by the eligible educational institution. The amount of scholarships or grants for the calendar year (including those not reported by the institution) may reduce the amount of the education credit you claim for the year.