FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2019

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: 32801 COUNTY: Orange

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:

277954
Processed

FLORIDA
COMMISSION ON ETHICS

MAY 28 2020

RECEIVED

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 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 19 was $ $27,146.

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 $ $4,000

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 care as last year, but depreciated in market value)	$13,000.00
SunTrust Checking + Savings Account & Fairwinds Checking Account	$2,956.18
Retirement Accounts (VALIC, TIAA, & FRS)	$23,269.69

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)	$7,359.66
American Express Credit Card	$8,720.04

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2019 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 by means of ☑ physical presence or ☐ online notarization, this 27 day of May 2020 by [redacted]

(Signature of Notary Public--State of Florida)

Notary Public State of Florida
Tyler Wade
My Commission GG 126594
Expires 07/20/2021

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

Personally Known _____ *OR* Produced Identification ✓

Type of Identification Produced Florida License

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 ☐

2019 TAX RETURN

GOVERNMENT COPY

Client: ESKAMANI

Prepared for:
ANNA V ESKAMANI
126 N MILLS AVENUE
ORLANDO, FL 32801

Prepared by:
ALAN JOTKOFF, CPA-PFS, CFP, CLU
JOTKOFF & ASSOCIATES, CPA, PA
2100 MEADOWLANE AVENUE
MELBOURNE, FL 32904-4952
(321) 984-7345

Date: MAY 18, 2020

Comments:

Route to: _____ _____ _____ _____

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 " 2019 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.

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

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

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V** (2019)

Department of the Treasury
Internal Revenue Service (99)

2019

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.

[redacted]

Enter the amount of your payment ►	2,986.

FDIA8601L 09/03/19 1030

ANNA V ESKAMANI
126 N MILLS AVENUE
ORLANDO FL 32801

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

[redacted]

Form **1040** Department of the Treasury — Internal Revenue Service (99)

U.S. Individual Income Tax Return

2019 | OMB No. 1545-0074 | IRS Use Only — Do not write or staple in this space.

Filing Status Check only one box.

[X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)

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

Your first name and middle initial	Last name	Your social security number
ANNA V ESKAMANI		[redacted]
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.

126 N MILLS AVENUE

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

ORLANDO, FL 32801

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

If more than four dependents, see instructions and ✓ here ► [ ]

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, 1955 [ ] Are blind **Spouse:** [ ] Was born before January 2, 1955 [ ] Is blind

Dependents (see instructions):

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	119,556.
2a	Tax-exempt interest 2a	b Taxable int. Att. Sch. B if reqd	2b	
3a	Qualified dividends 3a	b Ordinary div. Att. Sch. B if reqd	3b	
4a	IRA distributions 4a	b Taxable amount	4b	
c	Pensions and annuities 4c	d Taxable amount	4d	
5a	Social security benefits 5a	b Taxable amount	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► [ ]		6	
7a	Other income from Schedule 1, line 9		7a	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income** ►		7b	119,556.
8a	Adjustments to income from Schedule 1, line 22		8a	
b	Subtract line 8a from line 7b. This is your **adjusted gross income** ►		8b	119,556.
9	**Standard deduction or itemized deductions** (from Schedule A)	9 12,200.		
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10		
11a	Add lines 9 and 10		11a	12,200.
b	**Taxable income.** Subtract line 11a from line 8b. If zero or less, enter -0-		11b	107,356.

Standard Deduction for —
- Single or Married filing separately, $12,200
- Married filing jointly or Qualifying widow(er), $24,400
- Head of household, $18,350
- If you checked any box under *Standard Deduction*, see instructions.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2019)

12a	**Tax** (see inst.) Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	12a	19,940.
b	Add Schedule 2, line 3, and line 12a and enter the total ►	12b	19,940.
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total ►	13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	19,940.
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	
16	Add lines 14 and 15. This is your **total tax** ►	16	19,940.
17	Federal income tax withheld from Forms W-2 and 1099	17	16,954.
18	Other payments and refundable credits:		
a	Earned income credit (EIC)	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	
e	Add lines 18a through 18d. These are your **total other payments and refundable credits** ►	18e	
19	Add lines 17 and 18e. These are your **total payments** ►	19	16,954.

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid**	20	
21a	Amount of line 20 you want **refunded to you.** If Form 8888 is attached, check here ► ☐	21a	
b	Routing number ►		
c	Type: ☐ Checking ☐ Savings		
d	Account number ►		
22	Amount of line 20 you want **applied to your 2020 estimated tax** ►	22	

Direct deposit? See instructions.

Amount You Owe

23	**Amount you owe.** Subtract line 19 from line 16. For details on how to pay, see instructions ►	23	2,986.
24	Estimated tax penalty (see instructions)	24	

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS ? See instructions. ☐ **Yes.** Complete below. ☒ **No**

(Other than paid preparer) 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.

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

Your signature: Anna V. Eskamani	Date 5/22/20	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 your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name: ALAN JOTKOFF, CPA-PFS, CFP	Preparer's signature: ALAN JOTKOFF, CPA-PFS, CF	Date: 5/18/20	PTIN: P01205460	Check if: ☒ 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			Firm's EIN ► 59-2225580	

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
STATE OF FLORIDA	28,206.	2,735.	1,804.	422.		
NEO PHILANTHROPY	91,350.	14,219.	5,664.	1,325.		
GRAND TOTAL	119,556.	16,954.	7,468.	1,747.	0.	0.

	a Employee's social security number [redacted]	Payroll organization code 11-21-21-90-047	Intradepartment number 0000000014
b Employer identification number 59-6001874		1 Wages, tips, other compensation 28,206.12	2 Federal income tax withheld 2,734.68
c Employer's name, address, and ZIP code State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 29,097.00	4 Social security tax withheld 1,804.01
		5 Medicare wages and tips 29,097.00	6 Medicare tax withheld 421.91
		7 Social security tips	10 Dependent care benefits
d Control number 000981 01/07		11 Nonqualified plans	12a See instructions for box 12 DD 8,884.00
e Employee's first name, mi, and last name ANNA V ESKAMANI 126 N MILLS AVE ORLANDO, FL 32801		13 Statutory employee ☐ Retirement plan ☒ Third-Party sick pay ☐	12b
		14 Other 125 600.00	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** **2019**

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 0000000014
b Employer identification number 59-6001874		1 Wages, tips, other compensation 28,206.12	2 Federal income tax withheld 2,734.68
c Employer's name, address, and ZIP code State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 29,097.00	4 Social security tax withheld 1,804.01
		5 Medicare wages and tips 29,097.00	6 Medicare tax withheld 421.91
		7 Social security tips	10 Dependent care benefits
d Control number 000981 01/07		11 Nonqualified plans	12a See instructions for box 12 DD 8,884.00
e Employee's first name, mi, and last name ANNA V ESKAMANI 126 N MILLS AVE ORLANDO, FL 32801		13 Statutory employee ☐ Retirement plan ☒ Third-Party sick pay ☐	12b
		14 Other 125 600.00	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** **2019**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy C - **For EMPLOYEE'S RECORDS**
[redacted] Rev. 04/24/2019

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.

Anna Eskamani - 10867 - NEO Philanthropy, Inc.

W-2

Scan QR code to go to TurboTax and import your W-2 information and file your return. Or by typing this into your browser: https://turbotax.intuit.com/affiliate/ultipaper

Form W-2 Wage & Tax Statement 2019

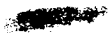
Copy B - To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service — OMB No. 1545-0008

a Employee's social security number [redacted]	**1** Wages, tips, other compensation 91350.00	**2** Federal income tax withheld 14218.74
c Employer's name, address, and ZIP code NEO Philanthropy 45 West 36th Street 6th Floor New York, NY 10018 USA	**3** Social security wages 91350.00	**4** Social security tax withheld 5663.70
	5 Medicare wages and tips 91350.00	**6** Medicare tax withheld 1324.58
	7 Social security tips 0.00	**8** Allocated tips 0.00
b Employer identification number (EIN) 13-3191113	**9**	**10** Dependent care benefits 0.00
e Employee's name, address, and ZIP code Anna Eskamani 126 N Mills Avenue Orlando Orlando, FL 32801	**11** Nonqualified plans 0.00	**13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐
	12 See instructions for box 12	**14** Other

15 State	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



Form **1095-C**
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

▶ Do not attach to your tax return. Keep for your records.
▶ Go to *www.irs.gov/Form1095C* for instructions and the latest information.

☐ VOID
☐ CORRECTED

OMB No. 1545-2251

2019

Part I Employee

1 Name of employee (first name, middle initial, last name)			2 Social security number (SSN)
ANNA	V	ESKAMANI	[redacted]

3 Street address (including apartment no.)		
126 N MILLS AVE		
4 City or town	**5** State or province	**6** Country and ZIP or foreign postal code
ORLANDO	FL	US 32801

Applicable Large Employer Member (Employer)

7 Name of employer	8 Employer identification number (EIN)
OFFICE OF LEGISLATIVE SERVICES	47-5215847
9 Street address (including room or suite no.)	**10** Contact telephone number
111 W. MADISON ST., RM 701	850-488-6803

11 City or town	12 State or province	13 Country and ZIP or foreign postal code
Tallahassee	FL	US 32399

Part II Employee Offer of Coverage

Plan Start Month (enter 2-digit number):

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1E												
15 Employee Required Contribution (see instructions)	$ 15.00	$	$	$	$	$	$	$	$	$	$	$	$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☒

	(a) Name of covered individual(s) First name, middle initial, last name			(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
							Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17	ANNA	V	ESKAMANI	XXX-XX[redacted]		☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
18						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number The University of Central Florida Board of Trustees Student Account Services 4000 Central Florida Boulevard Orlando FL 32816 Contact: 407-823-2433 ECSI: 866-428-1098	1 Payments received for qualified tuition and related expenses $2,148.26	OMB No. 1545-1574 **2019** Form **1098-T**	**Tuition Statement**
	2		

FILER'S federal identification no. 59-2924021	STUDENT'S taxpayer identification no. [redacted]	3	**Copy B** **For Student**
STUDENT'S name, street address, city, state, and ZIP code ANNA VISHKAEE ESKAMANI 126 N. MILLS AVENUE ORLANDO FL 32801		4 Adjustments made for a prior year	5 Scholarships or grants
		6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2020 [ ]
Service Provider/Acct No. (see instr.) [redacted]	8 Checked if at least half-time student [ ]	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	$2,313.26
/ /	Box 1	QTRE Payments	$2,148.26

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 2019 from any source for qualified tuition and related expenses less any reimbursements or refunds made during 2019 that relate to those payments received during 2019.

Box 2. Reserved.

FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2019

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

FOR OFFICE USE ONLY: 277954

PROCESSED
FLORIDA
COMMISSION ON ETHICS
MAY 29 2020
RECEIVED

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

MAILING ADDRESS:
126 North Mills Avenue

CITY: Orlando | ZIP: 32801 | COUNTY: Orange

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 ☑

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 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 19 was $ $27,146.

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 $ $4,000

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 care as last year, but depreciated in market value)	$13,000.00
SunTrust Checking + Savings Account & Fairwinds Checking Account	$2,956.18
Retirement Accounts (VALIC, TIAA, & FRS)	$23,269.69

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)	$7,359.66
American Express Credit Card	$8,720.04

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2019 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 _____
Sworn to (or affirmed) and subscribed before me by means of
☐ physical presence or ☐ online notarization, this _____ day of
_____, 20 ____ by _____.

_____
(Signature of Notary Public--State of Florida)

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

Personally Known _____ *OR* Produced Identification _____

Type of Identification Produced _____

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 ☐

2019 TAX RETURN

GOVERNMENT COPY

Client: ESKAMANI

Prepared for: ANNA V ESKAMANI
126 N MILLS AVENUE
ORLANDO, FL 32801

Prepared by: ALAN JOTKOFF, CPA-PFS, CFP, CLU
JOTKOFF & ASSOCIATES, CPA, PA
2100 MEADOWLANE AVENUE
MELBOURNE, FL 32904-4952
(321) 984-7345

Date: MAY 18, 2020

Comments:

Route to: _____ _____ _____ _____

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 " 2019 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.

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

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

Form **1040-V** (2019)

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

Department of the Treasury
Internal Revenue Service (99)

2019

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 ►	2,986.

FDIA8601L 09/03/19 1030

[redacted]

ANNA V ESKAMANI
126 N MILLS AVENUE
ORLANDO FL 32801

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

[redacted]

Form **1040** Department of the Treasury — Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2019** OMB No. 1545-0074 IRS Use Only — Do not write or staple in this space.

Filing Status Check only one box. [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)

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

Your first name and middle initial	Last name	**Your social security number**
ANNA V ESKAMANI		[redacted]
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.

126 N MILLS AVENUE

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

ORLANDO, FL 32801

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

If more than four dependents, see instructions and ✓ here ► [ ]

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, 1955 [ ] Are blind **Spouse:** [ ] Was born before January 2, 1955 [ ] Is blind

Dependents (see instructions):

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	119,556.
2a	Tax-exempt interest	2a	b Taxable int. Att. Sch. B if reqd	2b	
3a	Qualified dividends	3a	b Ordinary div. Att. Sch. B if reqd	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
c	Pensions and annuities	4c	d Taxable amount	4d	
5a	Social security benefits	5a	b Taxable amount	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► [ ]			6	
7a	Other income from Schedule 1, line 9			7a	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income** ►			7b	119,556.
8a	Adjustments to income from Schedule 1, line 22			8a	
b	Subtract line 8a from line 7b. This is your **adjusted gross income** ►			8b	119,556.
9	**Standard deduction or itemized deductions** (from Schedule A)		9 12,200.		
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A		10		
11a	Add lines 9 and 10			11a	12,200.
b	**Taxable income.** Subtract line 11a from line 8b. If zero or less, enter -0-			11b	107,356.

Standard Deduction for —
- Single or Married filing separately, $12,200
- Married filing jointly or Qualifying widow(er), $24,400
- Head of household, $18,350
- If you checked any box under *Standard Deduction*, see instructions.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2019)

12a	**Tax** (see inst.) Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	12a	19,940.
b	Add Schedule 2, line 3, and line 12a and enter the total ►	12b	19,940.
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total ►	13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	19,940.
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	
16	Add lines 14 and 15. This is your **total tax** ►	16	19,940.
17	Federal income tax withheld from Forms W-2 and 1099	17	16,954.
18	Other payments and refundable credits:		
a	Earned income credit (EIC)	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	
e	Add lines 18a through 18d. These are your **total other payments and refundable credits** ►	18e	
19	Add lines 17 and 18e. These are your **total payments** ►	19	16,954.

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid**	20	
21a	Amount of line 20 you want **refunded to you.** If Form 8888 is attached, check here ► ☐	21a	
b	Routing number ►	c Type: ☐ Checking ☐ Savings	
d	Account number ►		
22	Amount of line 20 you want **applied to your 2020 estimated tax** ►	22	

Direct deposit? See instructions.

Amount You Owe

23	**Amount you owe.** Subtract line 19 from line 16. For details on how to pay, see instructions ►	23	2,986.
24	Estimated tax penalty (see instructions)	24	

Third Party Designee (Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS ? See instructions. ☐ **Yes.** Complete below. ☒ **No**

Designee's name ► Phone no. ► Personal identification number (PIN) ►

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.

Your signature: Anna V. Eskamani	Date 5/22/20	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 your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name: ALAN JOTKOFF, CPA-PFS, CFP	Preparer's signature: ALAN JOTKOFF, CPA-PFS, CF	Date: 5/18/20	PTIN: P01205460	Check if: ☒ 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			Firm's EIN ► 59-2225580	

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
STATE OF FLORIDA	28,206.	2,735.	1,804.	422.		
NEO PHILANTHROPY	91,350.	14,219.	5,664.	1,325.		
GRAND TOTAL	119,556.	16,954.	7,468.	1,747.	0.	0.

	a Employee's social security number [redacted]	Payroll organization code 11-21-21-90-047	Intradepartment number 0000000014
b Employer identification number 59-6001874		1 Wages, tips, other compensation 28,206.12	2 Federal income tax withheld 2,734.68
c Employer's name, address, and ZIP code State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 29,097.00	4 Social security tax withheld 1,804.01
		5 Medicare wages and tips 29,097.00	6 Medicare tax withheld 421.91
		7 Social security tips	10 Dependent care benefits
d Control number 000981 01/07		11 Nonqualified plans	12a See instructions for box 12 DD 8,884.00
e Employee's first name, mi, and last name ANNA V ESKAMANI 126 N MILLS AVE ORLANDO, FL 32801		13 Statutory employee ☐ Retirement plan ☒ Third-Party sick pay ☐	12b
		14 Other 125 600.00	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** **2019**

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

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	a Employee's social security number [redacted]	Payroll organization code 11-21-21-90-047	Intradepartment number 0000000014
b Employer identification number 59-6001874		1 Wages, tips, other compensation 28,206.12	2 Federal income tax withheld 2,734.68
c Employer's name, address, and ZIP code State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 29,097.00	4 Social security tax withheld 1,804.01
		5 Medicare wages and tips 29,097.00	6 Medicare tax withheld 421.91
		7 Social security tips	10 Dependent care benefits
d Control number 000981 01/07		11 Nonqualified plans	12a See instructions for box 12 DD 8,884.00
e Employee's first name, mi, and last name ANNA V ESKAMANI 126 N MILLS AVE ORLANDO, FL 32801		13 Statutory employee ☐ Retirement plan ☒ Third-Party sick pay ☐	12b
		14 Other 125 600.00	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** **2019**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA927W Rev. 04/24/2019

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.

Anna Eskamani - 10867 - NEO Philanthropy, Inc.

W-2

Scan QR code to go to TurboTax and import your W-2 information and file your return. Or by typing this into your browser: https://turbotax.intuit.com/affiliate/ultipaper

Form W-2 Wage & Tax Statement 2019
Copy B - To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service — OMB No. 1545-0008

a Employee's social security number [redacted]	**1** Wages, tips, other compensation 91350.00	**2** Federal income tax withheld 14218.74
c Employer's name, address, and ZIP code NEO Philanthropy 45 West 36th Street 6th Floor New York, NY 10018 USA	**3** Social security wages 91350.00	**4** Social security tax withheld 5663.70
	5 Medicare wages and tips 91350.00	**6** Medicare tax withheld 1324.58
	7 Social security tips 0.00	**8** Allocated tips 0.00
b Employer identification number (EIN) 13-3191113	**9**	**10** Dependent care benefits 0.00
e Employee's name, address, and ZIP code Anna Eskamani 126 N Mills Avenue Orlando Orlando, FL 32801	**11** Nonqualified plans 0.00	**13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐
	12 See instructions for box 12	**14** Other

15 State	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

600118

Form **1095-C**
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

▶ Do not attach to your tax return. Keep for your records.
▶ Go to *www.irs.gov/Form1095C* for instructions and the latest information.

☐ VOID
☐ CORRECTED

OMB No. 1545-2251

2019

Part I Employee

1 Name of employee (first name, middle initial, last name)			2 Social security number (SSN)
ANNA	V	ESKAMANI	[redacted]

3 Street address (including apartment no.)	4 City or town	5 State or province	6 Country and ZIP or foreign postal code
126 N MILLS AVE	ORLANDO	FL	US 32801

Applicable Large Employer Member (Employer)

7 Name of employer	8 Employer identification number (EIN)
OFFICE OF LEGISLATIVE SERVICES	47-5215847

9 Street address (including room or suite no.)	10 Contact telephone number
111 W. MADISON ST., RM 701	850-488-6803

11 City or town	12 State or province	13 Country and ZIP or foreign postal code
Tallahassee	FL	US 32399

Part II Employee Offer of Coverage

Plan Start Month (enter 2-digit number):

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1E												
15 Employee Required Contribution (see instructions)	$ 15.00	$	$	$	$	$	$	$	$	$	$	$	$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☒

	(a) Name of covered individual(s) First name, middle initial, last name			(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
							Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17	ANNA	V	ESKAMANI	XXX-X[redacted]		☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
18						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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	**Tuition Statement**
The University of Central Florida Board of Trustees Student Account Services 4000 Central Florida Boulevard Orlando FL 32816 Contact: 407-823-2433 ECSI: 866-428-1098	$2,148.26 2	**2019** Form **1098-T**	

FILER'S federal identification no.	STUDENT'S taxpayer identification no.	3	**Copy B** **For Student**
59-2924021	[redacted]		

STUDENT'S name, street address, city, state, and ZIP code	4 Adjustments made for a prior year	5 Scholarships or grants	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.
ANNA VISHKAEE ESKAMANI 126 N. MILLS AVENUE ORLANDO FL 32801	6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2020 [ ]	

Service Provider/Acct No. (see instr.)	8 Checked if at least half-time student [ ]	9 Checked if a graduate student [X]	10 Ins. contract reimb./refund
[redacted]			

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	$2,313.26
/ /	Box 1	QTRE Payments	$2,148.26

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 2019 from any source for qualified tuition and related expenses less any reimbursements or refunds made during 2019 that relate to those payments received during 2019.

Box 2. Reserved.