FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2020

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

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS
MAY 25 2021
RECEIVED
277954

PROCESSED

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

MAILING ADDRESS:
126 N. 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, 2020 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 20 was $ 47,033.

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 $ 3,000

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)	$10,000
Suntrust Checking + Savings Account & Fairwinds Checking Account	$6,646.98
Retirement Accounts (VALID, TIAA & FRS)	$31,666.82

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)	$2,666.39
American Express Credit Card	$1,614.96

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 2020 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 2020 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2020 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

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

☐ **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.

Anna V. Eskamani

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 21 day of May, 2021 by Anna V. Eskamani

Katherine Vasquez

(Signature of Notary Public--State of Florida)

Katherine Vasquez
Notary Public
State of Florida
Comm# HH004498
Expires 8/3/2024

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

Personally Known _____ *OR* Produced Identification ✓

Type of Identification Produced FL Driver 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, Anna V. Eskamani, 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.

Anna V. Eskamani
Signature

5/21/2021
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**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

► **ERO must obtain and retain completed Form 8879.**

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

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
ANNA V ESKAMANI	[redacted]
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	128,206.
2	Total tax	2	21,873.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	18,866.
4	Amount you want refunded to you	4	
5	Amount you owe	5	3,021.

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent 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 the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize JOTKOFF & ASSOCIATES, CPA, PA (ERO firm name) to enter or generate my PIN [redacted] (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

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

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

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

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

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only – continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

ERO's signature ► 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

Form **1040** Department of the Treasury — Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2020** 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 your 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. If you have a foreign address, also complete spaces below. State ZIP code

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

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] No

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

Age/Blindness **You:** [ ] Were born before January 2, 1956 [ ] Are blind **Spouse:** [ ] Was born before January 2, 1956 [ ] Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ► [ ]

(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	128,206.
Attach Sch. B if required. 2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► [ ]			7	
8	Other income from Schedule 1, line 9			8	
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ►			9	128,206.
10	Adjustments to income:				
	a From Schedule 1, line 22	10a			
	b Charitable contributions if you take the standard deduction. See instructions	10b			
	c Add lines 10a and 10b. These are your **total adjustments to income** ►			10c	
11	Subtract line 10c from line 9. This is your **adjusted gross income** ►			11	128,206.
12	**Standard deduction or itemized deductions** (from Schedule A)			12	12,400.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	12,400.
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-			15	115,806.

Standard Deduction for —
- Single or Married filing separately, $12,400
- Married filing jointly or Qualifying widow(er), $24,800
- Head of household, $18,650
- 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** (2020)

W-2 Federal Filing Copy Wage and Tax Statement 2020

Copy B to be filed with employee's Federal Income Tax Return

1 Wages, tips, other comp. 100000.08	2 Federal income tax withheld 16135.44
3 Social security wages 100000.08	4 Social Security tax withheld 6200.00
5 Medicare wages and tips 100000.08	6 Medicare tax withheld 1450.00
d Control number	Employer use only

c Employer's name, address, and ZIP code
NEO PHILANTHROPY
45 WEST 36TH STREET
6TH FLOOR
NEW YORK NY 10018

b Employer's FED ID number 13-3191113	a Employee's SSA number [redacted]
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
	13 Stat emp / Ret. plan / 3rd party sick pay

e Employee's name, address, and ZIP code
ANNA ESKAMANI
126 N MILLS AVENUE ORLANDO
ORLANDO FL 32801

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 W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2 State, City, Local Filing Copy Wage and Tax Statement 2020

Copy 2 to be filed with employee's State/City/Local Income Tax Return

1 Wages, tips, other comp. 100000.08	2 Federal income tax withheld 16135.44
3 Social security wages 100000.08	4 Social Security tax withheld 6200.00
5 Medicare wages and tips 100000.08	6 Medicare tax withheld 1450.00
d Control number	Employer use only

c Employer's name, address, and ZIP code
NEO PHILANTHROPY
45 WEST 36TH STREET
6TH FLOOR
NEW YORK NY 10018

b Employer's FED ID number 13-3191113	a Employee's SSA number [redacted]
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
	13 Stat emp / Ret. plan / 3rd party sick pay

e Employee's name, address, and ZIP code
ANNA ESKAMANI
126 N MILLS AVENUE ORLANDO
ORLANDO FL 32801

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 W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2 State, City, Local Filing Copy Wage and Tax Statement 2020

Copy 2 to be filed with employee's State/City/Local Income Tax Return

1 Wages, tips, other comp. 100000.08	2 Federal income tax withheld 16135.44
3 Social security wages 100000.08	4 Social Security tax withheld 6200.00
5 Medicare wages and tips 100000.08	6 Medicare tax withheld 1450.00
d Control number	Employer use only

c Employer's name, address, and ZIP code
NEO PHILANTHROPY
45 WEST 36TH STREET
6TH FLOOR
NEW YORK NY 10018

b Employer's FED ID number 13-3191113	a Employee's SSA number [redacted]
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
	13 Stat emp / Ret. plan / 3rd party sick pay

e Employee's name, address, and ZIP code
ANNA ESKAMANI
126 N MILLS AVENUE ORLANDO
ORLANDO FL 32801

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 W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2 Employee Reference Copy Wage and Tax Statement 2020

Copy C for Employee Records

1 Wages, tips, other comp. 100000.08	2 Federal income tax withheld 16135.44
3 Social security wages 100000.08	4 Social Security tax withheld 6200.00
5 Medicare wages and tips 100000.08	6 Medicare tax withheld 1450.00
d Control number	Employer use only

c Employer's name, address, and ZIP code
NEO PHILANTHROPY
45 WEST 36TH STREET
6TH FLOOR
NEW YORK NY 10018

b Employer's FED ID number 13-3191113	a Employee's SSA number [redacted]
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
	13 Stat emp / Ret. plan / 3rd party sick pay

e Employee's name, address, and ZIP code
ANNA ESKAMANI
126 N MILLS AVENUE ORLANDO
ORLANDO FL 32801

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 W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

2020 W-2 and EARNINGS SUMMARY

UKG™

[redacted]

This Earning Summary section is included with your W-2 to help describe portions in more detail.

1. The following information reflects your final pay statement plus employer adjustments that comprise your W-2 statement

Earnings Description	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages
Gross Wages	100000.08	100000.08	100000.08
Less Exempt Wages			
Less Deferred Comp			
Less Housing/Transportation			
Less Dependent Care			
Less Sec 125			
Less Excess Wages			
Taxable Wages (Reported on Form W-2)	100000.08 Box 1 of W-2	100000.08 Box 3 of W-2	100000.08 Box 5 of W-2

2. Employee W-4 Profile To change your employee W-4 profile information, file a new W-4 with the payroll department

FIT: S 1 SIT Res: FLSIT S 0 SIT Work: FLSIT S 0

600120

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

2020

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

Employee's Age on January 1

Plan Start Month (enter 2-digit number): 01

	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												
17 ZIP Code													

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	$1,069.13 2	**2020** Form **1098-T**	

FILER'S federal identification no.	STUDENT'S TIN	3		**Copy B** **For Student**
59-2924021	[redacted]			
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	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.
		6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2021 [ ]	
Service Provider/Acct No. (see instr.) [redacted]87	8 Checked if at least half-time student [ ]	9 Checked if a graduate student [X]	10 Ins. contract reimb./refund	

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				Transaction History			
Trans Date	Box #	Trans Description	Trans Amt	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 1040-SR. 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 is required to support any claim for an education credit. Retain this statement for your records. To see if you qualify for a credit, and for help in calculating the amount of your credit, see Pub. 970, Form 8863, and the Instructions for Forms 1040 and 1040-SR.

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 2020 from any source for qualified tuition and related expenses less any reimbursements or refunds made during 2020 that relate to those payments received during 2020.

Box 2. Reserved.

Box 3. Reserved.

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.

Tip. You may be able to increase the combined value of an education credit and certain educational assistance (including Pell Grants) if the student includes some or all of the educational assistance in income in the year it is received. For details, see Pub. 970.