FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2021

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

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS
JUN 09 2022
RECEIVED

PROCESSED

27795H

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, 2021 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 21 was $ 53,171.88 .

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)	$9,000
Suntrust (Truist) Checking + Savings Account & Fairwinds Checking Out	$6053.36
Retirement Accounts (VALIC, TIAA, FRS)	$39,314.14

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
American Express Credit Card	4,195.62

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 2021 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 2021 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. Ejhaman

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 8 day of June, 2022 by Anna V. Ejhaman.

Omar Trinidad
(Signature of Notary Public--State of Florida)

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

Personally Known _____ *OR* Produced Identification √

Type of Identification Produced FLDL

Notary Public State of Florida
Omar Trinidad
My Commission
HH 222578
Exp. 1/31/2026

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 ☐

2021 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
3219847345

Date: MAY 9, 2022

Comments:

Route to: _____ _____ _____ _____

JOTKOFF & ASSOCIATES, P.A.
Certified Public Accountants & Financial Planners

2100 Meadowlane Avenue
West Melbourne, Florida 32904-4952
Email: Jotkoff@Jotkoff.com
Web: www.Jotkoff.com
Brevard 3219847345 Broward (954) 432-4033 Nassau (904) 310-5392

May 9, 2022

ANNA V ESKAMANI
126 N MILLS AVENUE
ORLANDO, FL 32801

Dear Anna,

Thank you for using Jotkoff & Associates to prepare your **2021 Income Tax Return**. Enclosed is your tax return that we have prepared from information you provided. Please review the return carefully.

Your Income Tax return will be electronically filed with the Internal Revenue Service upon our receipt from you of a signed Form 8879 - IRS e-file Signature Authorization.

No tax is payable with the filing of this return.

There is an overpayment of $247, of which $247 has been applied to your 2022 estimated tax.

Your 2022 estimated tax payment schedule is listed below.

Mail your payments to the address shown on your estimated tax payment vouchers. Envelopes are enclosed for your convenience.
Or you can pay online at: https://www.irs.gov/payments/direct-pay

Due Date		Federal
4/18/22	$	453
6/15/22		700
9/15/22		700
1/17/23		700
	$	2,553

Please be sure to call if you have any questions.

Sincerely,

Alan M. Jotkoff, CPA/PFS®, CFP®, CLU®, CGMA®

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, 2021 (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	135,206.
2	Total tax	2	23,386.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	20,433.
4	Amount you want refunded to you	4	
5	Amount you owe	5	

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

☒ 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

Mail to: INTERNAL REVENUE SERVICE
P.O. BOX 1300
CHARLOTTE, NC 28201-1300

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year — Due 4/18/2022

2022 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order ►	453.

[redacted]

[redacted]

ANNA V ESKAMANI

126 N MILLS AVENUE
ORLANDO, FL 32801

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

[redacted]

Mail to:

INTERNAL REVENUE SERVICE
P.O. BOX 1300
CHARLOTTE, NC 28201-1300

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year — Due 6/15/2022

2022 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order ►	700.

[redacted]

ANNA V ESKAMANI

126 N MILLS AVENUE
ORLANDO, FL 32801

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

[redacted]

Mail to:

INTERNAL REVENUE SERVICE
P.O. BOX 1300
CHARLOTTE, NC 28201-1300

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year –
Due 9/15/2022

2022 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order ►	700.

[redacted]

ANNA V ESKAMANI

126 N MILLS AVENUE
ORLANDO, FL 32801

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

[redacted]

Mail to: INTERNAL REVENUE SERVICE
P.O. BOX 1300
CHARLOTTE, NC 28201-1300

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year — Due 1/17/2023

2022 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order . . . . . ► 700.

[redacted]

ANNA V ESKAMANI

126 N MILLS AVENUE
ORLANDO, FL 32801

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

[redacted]

a Employee's social security number	Payroll organization code	Intradepartment number
[redacted]	11-21-21-90-047	0000000038

b Employer identification number	1 Wages, tips, other compensation	2 Federal income tax withheld
59-6001874	28,206.12	2,711.76

c Employer's name, address, and ZIP code	3 Social security wages	4 Social security tax withheld
State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356	29,097.00	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	11 Nonqualified plans	12a See instructions for box 12
000957 01/06		DD 9,761.52

e Employee's first name, mi, and last name	13 Statutory employee ☐ / Retirement plan ☒ / Third-Party sick pay ☐	12b
ANNA V ESKAMANI 126 N MILLS AVE ORLANDO, FL 32801	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** **2021**

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	Payroll organization code	Intradepartment number
[redacted]	11-21-21-90-047	0000000038

b Employer identification number	1 Wages, tips, other compensation	2 Federal income tax withheld
59-6001874	28,206.12	2,711.76

c Employer's name, address, and ZIP code	3 Social security wages	4 Social security tax withheld
State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356	29,097.00	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	11 Nonqualified plans	12a See instructions for box 12
000957 01/06		DD 9,761.52

e Employee's first name, mi, and last name	13 Statutory employee ☐ / Retirement plan ☒ / Third-Party sick pay ☐	12b
ANNA V ESKAMANI 126 N MILLS AVE ORLANDO, FL 32801	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** **2021**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy C - **For EMPLOYEE'S RECORDS**
AA127W Rev. 07/12/2021

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.

W-2 Federal Filing Copy — Wage and Tax Statement 2021

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

1 Wages, tips, other comp.	2 Federal income tax withheld
106999.92	17720.88
3 Social security wages	**4 Social Security tax withheld**
106999.92	6634.00
5 Medicare wages and tips	**6 Medicare tax withheld**
106999.92	1551.50

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	a Employee's SSA number
13-3191113	[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
		SO

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 2021

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

1 Wages, tips, other comp.	2 Federal income tax withheld
106999.92	17720.88
3 Social security wages	**4 Social Security tax withheld**
106999.92	6634.00
5 Medicare wages and tips	**6 Medicare tax withheld**
106999.92	1551.50

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	a Employee's SSA number
13-3191113	[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 2021

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

1 Wages, tips, other comp.	2 Federal income tax withheld
106999.92	17720.88
3 Social security wages	**4 Social Security tax withheld**
106999.92	6634.00
5 Medicare wages and tips	**6 Medicare tax withheld**
106999.92	1551.50

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	a Employee's SSA number
13-3191113	[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 2021

Copy C for Employee Records

1 Wages, tips, other comp.	2 Federal income tax withheld
106999.92	17720.88
3 Social security wages	**4 Social Security tax withheld**
106999.92	6634.00
5 Medicare wages and tips	**6 Medicare tax withheld**
106999.92	1551.50

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	a Employee's SSA number
13-3191113	[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

2021 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	106999.92	106999.92	106999.92
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)	106999.92 Box 1 of W-2	106999.92 Box 3 of W-2	106999.92 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

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	$2,128.26 2	**2021** Form **1098-T**	

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

STUDENT'S name, street address, city, state, and ZIP code	4 Adjustments made for a prior year	5 Scholarships or grants
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 includes amounts for an academic period beginning January - March 2022 [ ]

Service Provider/Acct No. (see instr.)	8 Checked if at least half-time student [X]	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	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 2021 from any source for qualified tuition and related expenses less any reimbursements or refunds made during 2021 that relate to those payments received during 2021.

Box 2. Reserved.

Box 3. Reserved.

Thank you!