

General Information

Name: Hon Anna Vishkahee Eskamani PID 277954

AGENCY INFORMATION

Organization	Suborganization	Title
House Of Representatives	Elected Constitutional Officer	State Representative

Net Worth

My Net Worth as of December 31, 2024 was \$ 82,280.06.

Assets

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 effect is \$ 111,279.27.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
2021 Honda Accord Hybrid Touring	\$ 22,456.00
Truist Checking + Savings Account & Fairwinds Checking Account	\$ 6,783.17
Retirement Accounts (VALIC, TIAA, FRS, AMERICAN FUNDS)	\$ 82,040.10

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
American Express Credit Card	200 Vesey Street, New York City, NY 10285	\$ 8,054.69
Fairwinds Credit Union	135 W Central Blvd, Orlando, FL 3280120,944.52	\$ 20,944.52

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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 2024 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 2024 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
See Attached			

Interests in Specified Businesses

Business Entity # 1
N/A

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- I certify that I have completed the required training under Section 112.3142, F.S.
- Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Anna Vishkahee Eskamani

Digitally signed: 07/01/2025

Filed with COE: 07/01/2025

2024 TAX RETURN

CLIENT 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
321-984-7345

Date: APRIL 15, 2025

Comments:

Route to: _____

2024 Individual Return
prepared for:

ANNA V ESKAMANI

126 N MILLS AVENUE
ORLANDO, FL 32801

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
(321) 984-7345

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 (321) 984-7345 Broward (954) 432-4033 Nassau (904) 310-5392

April 15, 2025

ANNA V ESKAMANI
126 N MILLS AVENUE
ORLANDO, FL 32801

Dear Anna,

Thank you for using Jotkoff & Associates to prepare your **2024 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.

There is a balance due of \$3,345.

Make your check payable to the "United States Treasury" and mail your Form 1040-V payment voucher "certified return receipt" on or before October 15, 2025 to:

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

Your 2025 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
4/15/25	\$ 800
6/16/25	800
9/15/25	800
1/15/26	800

	\$ 3,200

As an alternative to paying by paper check, federal income tax payments can be made using the IRS Direct Pay electronic payment method. This service is free and can be used to pay your individual tax bill or estimated tax payment directly from your checking or savings account. To access online, visit www.irs.gov/payments/directpay for more information.

Please be sure to call if you have any questions.

Sincerely,

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

IRS e-file Signature Authorization

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶ [REDACTED]

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

Part I Tax Return Information – Tax Year Ending December 31, 2024 (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	147,398.
2	Total tax	2	24,914.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	21,610.
4	Amount you want refunded to you	4	
5	Amount you owe	5	3,345.

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

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

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. **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**

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 " 2024 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 TO:

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

Form 1040-V (2024)

Separate here and mail with your payment and return.

Department of the Treasury
Internal Revenue Service

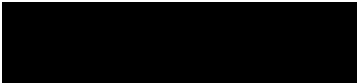
2024

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 ▶	3,345.
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FDIA8601L 07/19/24 1032



ANNA V ESKAMANI
126 N MILLS AVENUE
ORLANDO FL 32801

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

MAKE YOUR CHECK PAYABLE TO THE "UNITED STATES TREASURY"
 INCLUDE YOUR SSN, DAYTIME PHONE # AND "2024 FORM 4868"
 MAIL YOUR PAYMENT TO:

INTERNAL REVENUE SERVICE
 P.O. BOX 1302
 CHARLOTTE, NC 28201-1302

▼ DETACH HERE ▼

Form 4868 Department of the Treasury Internal Revenue Service		Application for Automatic Extension of Time To File U.S. Individual Income Tax Return		1032 FDIA4601L 07/18/24
		For calendar year 2024, or other tax year beginning		2024
Part I Identification		Part II Individual Income Tax		
1	ANNA V ESKAMANI JOTKOFF & ASSOCIATES, CPA, PA 2100 MEADOWLANE AVENUE MELBOURNE, FL 32904		4	Estimate of total tax liability for 2024 .. \$ <u>24,914.</u>
2	3		5	Total 2024 payments <u>21,610.</u>
			6	Balance due. Subtract line 5 from line 4. See instructions..... <u>3,304.</u>
			7	Amount you're paying (see instructions)..... <u>3,304.</u>
			8	Check here if you're "out of the country" and a U.S. citizen or resident. See instructions..... <input type="checkbox"/>
			9	Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding..... <input type="checkbox"/>

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, ending _____ See separate instructions.

Your first name and middle initial ANNA V ESKAMANI Last name Your social security number

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. 126 N MILLS AVENUE Apt. no. Presidential Election Campaign

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

Foreign country name Foreign province/state/county Foreign postal code [] You [] Spouse

Filing Status [X] Single [] Head of household (HOH) [] Married filing jointly (even if only one had income) [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS) [] If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? [] 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, 1960 [] Are blind Spouse: [] Was born before January 2, 1960 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main income table with columns for line numbers and amounts. Rows include: 1a Total amount from Form(s) W-2, box 1 (147,398); 2a Tax-exempt interest; 3a Qualified dividends; 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss); 8 Additional income from Schedule 1; 9 Total income (147,398); 10 Adjustments to income; 11 Adjusted gross income (147,398); 12 Standard deduction or itemized deductions (14,600); 13 Qualified business income deduction; 14 Total deductions (14,600); 15 Taxable income (132,798).

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

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

Standard Deduction for — Single or Married filing separately, \$14,600; Married filing jointly or Qualifying surviving spouse, \$29,200; Head of household, \$21,900; If you checked any box under Standard Deduction, see instructions.

Tax and Credits

Table with 2 columns: Description and Amount. Rows include Tax (16), Amount from Schedule 2 (17), Add lines 16 and 17 (18), Child tax credit (19), Amount from Schedule 3 (20), Add lines 19 and 20 (21), Subtract line 21 from line 18 (22), Other taxes (23), and Add lines 22 and 23 (24).

Payments

Table with 2 columns: Description and Amount. Rows include Federal income tax withheld (25a-d), 2024 estimated tax payments (26), Earned income credit (27), Additional child tax credit (28), American opportunity credit (29), Reserved for future use (30), Amount from Schedule 3 (31), Add lines 27, 28, 29, and 31 (32), and Add lines 25d, 26, and 32 (33).

If you have a qualifying child, attach Sch. EIC.

Refund

Table with 2 columns: Description and Amount. Rows include If line 33 is more than line 24 (34), Amount of line 34 you want refunded (35a), Routing number and Type (35b-c), Account number (35d), and Amount of line 34 you want applied to your 2025 estimated tax (36).

Direct deposit? See instructions.

Amount You Owe

Table with 2 columns: Description and Amount. Rows include Subtract line 33 from line 24 (37) and Estimated tax penalty (38).

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. [X] Yes. Complete below. [] No

Designee's name: ALAN JOTKOFF CPA-PFS, CFP, CLU; Phone no.: 321-984-7345; 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.

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

Table for signatures and dates. Includes fields for Your signature, Spouse's signature, Date, Your occupation (DIRECTOR), Spouse's occupation, and Email address.

Paid Preparer Use Only

Table for preparer information. Includes fields for Preparer's name, signature, date (4/15/25), PTIN, Firm's name (JOTKOFF & ASSOCIATES, CPA, PA), address (2100 MEADOWLANE AVENUE, MELBOURNE, FL 32904), and phone number (321-984-7345).

Go to www.irs.gov/Form1040 for instructions and the latest information.

Qualified Business Income Deduction Simplified Computation

2024

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form8995 for instructions and the latest information.

Attachment
Sequence No. **55**

Name(s) shown on return

ANNA V ESKAMANI

Your taxpayer identification number

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.
Use this form if your taxable income, before your qualified business income deduction, is at or below \$191,950 (\$383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	ANNA V ESKAMANI		0.
ii			
iii			
iv			
v			

2 Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	0.	
3 Qualified business net (loss) carryforward from the prior year.	3	(0.)	
4 Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0.	
5 Qualified business income component. Multiply line 4 by 20% (0.20)			5 0.
6 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0.	
7 Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year.	7	(0.)	
8 Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0.	
9 REIT and PTP component. Multiply line 8 by 20% (0.20)			9 0.
10 Qualified business income deduction before the income limitation. Add lines 5 and 9			10 0.
11 Taxable income before qualified business income deduction (see instructions)	11	132,798.	
12 Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	0.	
13 Subtract line 12 from line 11. If zero or less, enter -0-	13	132,798.	
14 Income limitation. Multiply line 13 by 20% (0.20)			14 26,560.
15 Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)			15 0.
16 Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16 (0.)
17 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17 (0.)

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

ANNA V ESKAMANI

STATEMENT 1
FORM 1040
WAGE SCHEDULE

<u>TAXPAYER - EMPLOYER</u>	<u>WAGES</u>	<u>FEDERAL W/H</u>	<u>FICA</u>	<u>MEDI- CARE</u>	<u>STATE W/H</u>	<u>LOCAL W/H</u>
STATE OF FLORIDA	28,206.	2,433.	1,804.	422.		
NEO PHILANTHROPY	119,192.	19,177.	7,390.	1,728.		
GRAND TOTAL	<u>147,398.</u>	<u>21,610.</u>	<u>9,194.</u>	<u>2,150.</u>	<u>0.</u>	<u>0.</u>

ANNA V ESKAMANI

QUALIFIED BUSINESS INCOME

TRADE OR BUSINESS NAME: ANNA V ESKAMANI

TAXPAYER IDENTIFICATION NUMBER:

BUSINESS INCOME.....
 QUALIFIED BUSINESS INCOME 0.

TAX BRACKET WORKSHEET (FORM 1040, 1040-SR, OR 1040-NR, LINE 16)

ORDINARY INCOME RATES (TAX TABLE/TAX COMPUTATION WKS)	INCOME	TAX
10% ORDINARY TAX BRACKET (\$0 - \$11,600).....	\$ 11,600.	\$ 1,160.
12% ORDINARY TAX BRACKET (\$11,601 - \$47,150).....	35,550.	4,266.
22% ORDINARY TAX BRACKET (\$47,151 - \$100,525).....	53,375.	11,743.
24% ORDINARY TAX BRACKET (\$100,526 - \$191,950).....	32,273.	7,746.
TAXABLE INCOME	<u>\$ 132,798.</u>	
TOTAL TAX USING ORDINARY INCOME RATES		<u>\$ 24,914.</u>

* ORDINARY INCOME WOULD HAVE TO INCREASE BY OVER \$59,152
 TO BEGIN BEING TAXED IN THE NEXT 32% TAX BRACKET (\$191,951 - \$243,725)

FEDERAL INCOME TAX WITHHELD

STATE OF FLORIDA	2,433.
NEO PHILANTHROPY	<u>19,177.</u>
TOTAL	<u><u>21,610.</u></u>

DO NOT MAIL --- WORKSHEET COPY ONLY

Form **2210**

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

OMB No. 1545-0140

2024

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to www.irs.gov/Form2210 for instructions and the latest information.

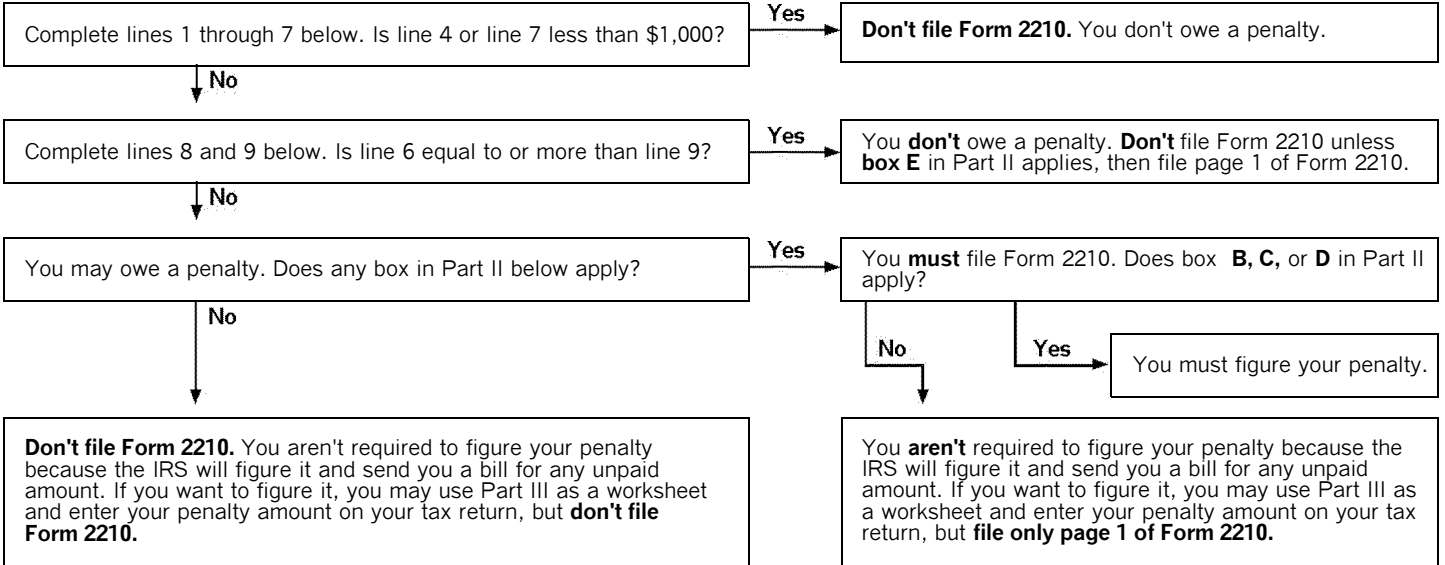
Attachment
Sequence No. **06**

Name(s) shown on tax return

Identifying number

ANNA V ESKAMANI

Do You Have To File Form 2210?



Part I Required Annual Payment

1	Enter your 2024 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	24,914.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	
3	Other payments and refundable credits (see instructions)	3	(0.)
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	24,914.
5	Multiply line 4 by 90% (0.90)	5	22,423.
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	21,610.
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	3,304.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	25,296.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	22,423.

Next: Is line 9 more than line 6?

- No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.
- Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.
 - If box **B, C, or D** applies, you must figure your penalty and file Form 2210.
 - If box **A or E** applies (but not **B, C, or D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

Part II Reasons for Filing. Check applicable boxes. If none apply, don't file Form 2210.

- A** You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B** You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** You filed or are filing a joint return for either 2023 or 2024, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B, C, or D** applies).

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form **2210** (2024)

Part III Penalty Computation (See the instructions if you're filing Form 1040-NR.)

Section A – Figure Your Underpayment		Payment Due Dates			
		(a) 4/15/24	(b) 6/15/24	(c) 9/15/24	(d) 1/15/25
10 Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions	10	5,605.	5,606.	5,606.	5,606.
11 Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II.	11	5,403.	5,403.	5,402.	5,402.

Complete lines 12 through 18 of one column before going to line 12 of the next column.

12 Enter the amount, if any, from line 18 in the previous column.	12				
13 Add lines 11 and 12	13		5,403.	5,402.	5,402.
14 Add the amounts on lines 16 and 17 in the previous column.	14		202.	405.	609.
15 Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11.	15	5,403.	5,201.	4,997.	4,793.
16 If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-.	16		0.	0.	
17 Underpayment. If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18.	17	202.	405.	609.	813.
18 Overpayment. If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column.	18				

Section B – Figure the Penalty (Use the Worksheet for Form 2210, Part III, Section B – Figure the Penalty in the instructions.)

19 Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part III, Section B – Figure the Penalty. Include this amount on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. Don't file Form 2210 unless you checked a box in Part II.	19				41.
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ANNA V ESKAMANI

Required Installment	Payment			Penalty				
	Date	Type *	Amount	Underpayment	Days Late	Rate	Amount of Penalty **	Penalty per Period
FIRST QTR 5,605.	4/15/24	2	5,403.	202.	61	0.080	2.69	
	6/15/24	2	202.					
TOTAL SECOND QTR 5,606.	6/15/24	2	5,201.	405.	92	0.080	8.14	2.69
	9/15/24	2	405.					
TOTAL THIRD QTR 5,606.	9/15/24	2	4,997.	609.	107	0.080	14.24	8.14
TOTAL RATE CHANGE	12/31/24			609.	15	0.070	1.75	14.24
	1/15/25	2	609.					1.75
TOTAL FOURTH QTR 5,606.	1/15/25	2	4,793.	813.	90	0.070	14.03	
	4/15/25	5	813.					
TOTAL								14.03

TOTAL UNDERPAYMENT PENALTY **41.**

* 1 = Overpayment
 2 = Withholding
 3 = Estimate
 4 = Extension
 5 = Paid with return

** Underpayment $\times \frac{\text{Days Late}}{366/365} \times \text{Rate}$

ANNA V ESKAMANI

	2024	2023	DIFF
INCOME			
WAGES, SALARIES, TIPS, ETC.....	147,398	141,722	5,676
BUSINESS INCOME.....	0	3,775	-3,775
TOTAL INCOME.....	147,398	145,497	1,901
ADJUSTMENTS TO INCOME			
DEDUCTIBLE PART OF SELF-EMPLOYMENT TAX...	0	267	-267
TOTAL ADJUSTMENTS.....	0	267	-267
ADJUSTED GROSS INCOME.....	147,398	145,230	2,168
ITEMIZED DEDUCTIONS			
TAXES.....	1,018	1,256	-238
TOTAL ITEMIZED DEDUCTIONS.....	1,018	1,256	-238
TAX COMPUTATION			
STANDARD DEDUCTION.....	14,600	13,850	750
LARGER OF ITEMIZED OR STANDARD DEDUCTION	14,600	13,850	750
QUALIFIED BUSINESS INCOME DEDUCTION.....	0	702	-702
TAXABLE INCOME.....	132,798	130,678	2,120
TAX BEFORE CREDITS.....	24,914	24,763	151
CREDITS			
TOTAL CREDITS.....	0	0	0
TAX AFTER CREDITS.....	24,914	24,763	151
OTHER TAXES			
SELF-EMPLOYMENT TAX.....	0	533	-533
TOTAL TAX.....	24,914	25,296	-382
PAYMENTS & REFUNDABLE CREDITS			
FEDERAL INCOME TAX WITHHELD.....	21,610	20,887	723
ESTIMATED TAX PAYMENTS.....	0	2,800	-2,800
TOTAL PAYMENTS.....	21,610	23,687	-2,077
REFUND OR AMOUNT DUE			
UNDERPAYMENT PENALTY.....	41	0	41
AMOUNT YOU OWE.....	3,345	1,609	1,736
TAX RATES			
ORDINARY INCOME TAX BRACKET.....	24.0%	24.0%	0.0%
EFFECTIVE TAX RATE.....	18.8%	19.4%	-0.6%

ANNA V ESKAMANI

Federal

Payment Number	Date Due	2024 Overpayment Credit Applied	Balance Due	Check or money order number or credit card confirmation number	Amount Paid <small>(do not include any credit card convenience fee)</small>	Date paid
1	4/15/25		800.			
2	6/16/25		800.			
3	9/15/25		800.			
4	1/15/26		800.			
5						
6						
7						
8						
Total			3,200.			

State: _____

State

Payment Number	Date Due	2024 Overpayment Credit Applied	Balance Due	Check or money order number or credit card confirmation number	Amount Paid <small>(do not include any credit card convenience fee)</small>	Date paid
1						
2						
3						
4						
5						
6						
7						
8						
Total						

This document is for your records. Please use it to record your estimated tax payments and bring it with you for reference in the preparation of your 2025 tax return.

2025 Estimated Tax Worksheet

ANNA V ESKAMANI

Keep for Your Records

1	Adjusted gross income you expect in 2025 (see instructions)	1	147,398.
2a	Deductions.	2a	15,000.
	<ul style="list-style-type: none"> • If you plan to itemize deductions, enter the estimated total of your itemized deductions. • If you don't plan to itemize deductions, enter your standard deduction. 		
b	If you can take the qualified business income deduction, enter the estimated amount of the deduction.	2b	
c	Add lines 2a and 2b	2c	15,000.
3	Subtract line 2c from line 1.	3	132,398.
4	Tax. Figure your tax on the amount on line 3 by using the 2025 Tax Rate Schedules. Caution: <i>If you will have qualified dividends or a net capital gain, or expect to exclude or deduct foreign earned income or housing, see Worksheets 2-5 and 2-6 in Pub. 505 to figure the tax.</i>	4	24,623.
5	Alternative minimum tax from Form 6251	5	
6	Add lines 4 and 5. Add to this amount any other taxes you expect to include in the total on Form 1040 or 1040-SR, line 16.	6	24,623.
7	Credits (see instructions). Do not include any income tax withholding on this line.	7	
8	Subtract line 7 from line 6. If zero or less, enter -0-.	8	24,623.
9	Self-employment tax (see instructions)	9	
10	Other taxes (see instructions)	10	
11a	Add lines 8 through 10. 100% OF LINE 11C ELECTED	11a	24,623.
b	Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and section 1341 credit.	11b	
c	Total 2025 estimated tax. Subtract line 11b from line 11a. If zero or less, enter -0-.	11c	24,623.
12a	Multiply line 11c by 90% (66-2/3% for farming and fishing)	12a	24,623.
b	Required annual payment based on prior year's tax (see instructions)	12b	24,914.
c	Required annual payment to avoid a penalty. Enter the smaller of line 12a or 12b. Caution: <i>Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the amount on line 12c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimate on line 11c is as accurate as possible. Even if you pay the required annual payment, you may still owe tax when you file your return. If you prefer, you can pay the amount shown on line 11c. For details, see chapter 2 of Pub. 505.</i>	12c	24,623.
13	Income tax withheld and estimated to be withheld during 2025 (including income tax withholding on pensions, annuities, certain deferred income, and Additional Medicare Tax withholding)	13	21,610.
14a	Subtract line 13 from line 12c	14a	3,013.
	Is the result zero or less? <input type="checkbox"/> Yes. Stop here. You are not required to make estimated tax payments. <input checked="" type="checkbox"/> No. Go to line 14b.		
b	Subtract line 13 from line 11c	14b	3,013.
	Is the result less than \$1,000? <input type="checkbox"/> Yes. Stop here. You are not required to make estimated tax payments. <input checked="" type="checkbox"/> No. Go to line 15 to figure your required payment.		
15	Rounded balance.	15	3,200.
16	Overpayment of estimated tax applied to next tax year.	16	
17	Total of estimated tax payments to be mailed with vouchers.	17	3,200.
18	If the first payment you are required to make is due April 15, 2025, enter 1/4 of line 14a (minus any 2024 overpayment that you are applying to this installment) here, and on your estimated tax payment voucher(s) if you are paying by check or money order	18	800.

ANNA V ESKAMANI

2025 ESTIMATED TAX WORKSHEET - ADJUSTED GROSS INCOME

<u>INCOME</u>	<u>THIS YEAR</u>	<u>DIFFERENCE</u>	<u>NEXT YEAR</u>
WAGES	147,398.	0.	147,398.
TOTAL INCOME	147,398.	0.	147,398.
ESTIMATED ADJUSTED GROSS INCOME			<u>147,398.</u>

2025 ESTIMATED TAX WORKSHEET - ALTERNATIVE MINIMUM TAXALTERNATIVE MINIMUM TAXABLE INCOME

1. ENTER AMOUNT FROM 1040ES WORKSHEET LINE 3 (IF NOT ITEMIZING, ENTER ES WORKSHEET LINE 1 AND GO TO LINE 3 BELOW)	147,398.
3. TAX REFUND	0.
4. DISPOSITIONS, SMALL BUS. STOCK, AND INCENTIVE STOCK OPTIONS ADJ.	0.
5. OTHER ADJUSTMENTS	0.
6. ALTERNATIVE MINIMUM TAXABLE INCOME	<u>147,398.</u>

ALTERNATIVE MINIMUM TAX

7. EXEMPTION	88,100.
8. SUBTRACT LINE 7 FROM LINE 6	59,298.
9. TAX	15,417.
10. ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT	0.
11. TENTATIVE MINIMUM TAX	15,417.
12. TAX FROM ES WORKSHEET	24,623.
13. ALTERNATIVE MINIMUM TAX (LINE 11 MINUS LINE 12)	<u>0.</u>

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

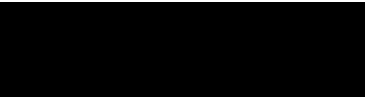
Calendar Year —
Due 4/15/2025

2025 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 '2025 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 ▶	800.
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FDIA1901L 07/18/24 1032



ANNA V ESKAMANI

126 N MILLS AVENUE
ORLANDO, FL 32801

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

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 **6/16/2025**

2025 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 '2025 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 ▶	800.
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FDIA1902L 07/18/24 1032



ANNA V ESKAMANI

126 N MILLS AVENUE
ORLANDO, FL 32801

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

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 9/15/2025

2025 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 '2025 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 ▶	800.
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FDIA1904L 07/18/24

1032



ANNA V ESKAMANI

126 N MILLS AVENUE
ORLANDO, FL 32801

INTERNAL REVENUE SERVICE
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CHARLOTTE NC 28201-1300

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

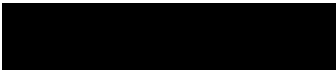
Calendar Year —
Due 1/15/2026

2025 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 '2025 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 ▶	800.
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FDIA1905L 07/18/24 1032



ANNA V ESKAMANI

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ORLANDO, FL 32801

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300