2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 07/03/2023

General Information

Name: Hon Anna Vishkahee Eskamani

Address: 1507 E CONCORD ST, ORLANDO, FL 32803 **PID 277954**

County:

AGENCY INFORMATION

Organization	Suborganization	Title
House Of Representatives	Elected Constitutional Officer	State Representative

Net Worth

My Net Worth as of December 31, 2022 was $ 48,743.21.

Filed with COE: 07/03/2023

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 $ 3,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
2016 Honda HRV (same car as last year, but depreciated in market value)	$ 8,000.00
Truist Checking + Savings Account & Fairwinds Checking Account	$ 6,980.20
Retirement Accounts (VALIC, TIAA, FRS)	$ 35,981.35

Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
American Express Credit Card	200 Vesey St New York, NY 10281	$ 5,218.34

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Filed with COE: 07/03/2023

Income

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income.

☑ I elect to file a copy of my 2022 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):

Business Entity	Major Sources of Business Income	Address	Principal Business Activity of Source

Interests in Specified Businesses

Business Entity # 1
N/A

Training

☐ 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.

Filed with COE: 07/03/2023

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: **07/03/2023**

Filed with COE: 07/03/2023

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, 2022 (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	143,062.
2	Total tax	2	25,769.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	20,867.
4	Amount you want refunded to you	4	
5	Amount you owe	5	2,102.

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

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 " 2022 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** (2022)

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

Department of the Treasury
Internal Revenue Service

2022

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 ..... ►	2,102-

FDIA8601L 07/19/22 1032

[redacted]

ANNA V ESKAMANI
126 N MILLS AVENUE
ORLANDO FL 32801

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

[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 4/18/2023

2023 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 '2023 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-

FDIA1901L 12/13/22 1032

[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 6/15/2023

2023 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 '2023 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.

FDIA1902L 07/26/22 1032

[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 9/15/2023

2023 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 '2023 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-

FDIA1904L 07/26/22 1032

[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 1/16/2024

2023 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 '2023 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.

FDIA1905L 07/26/22 1032

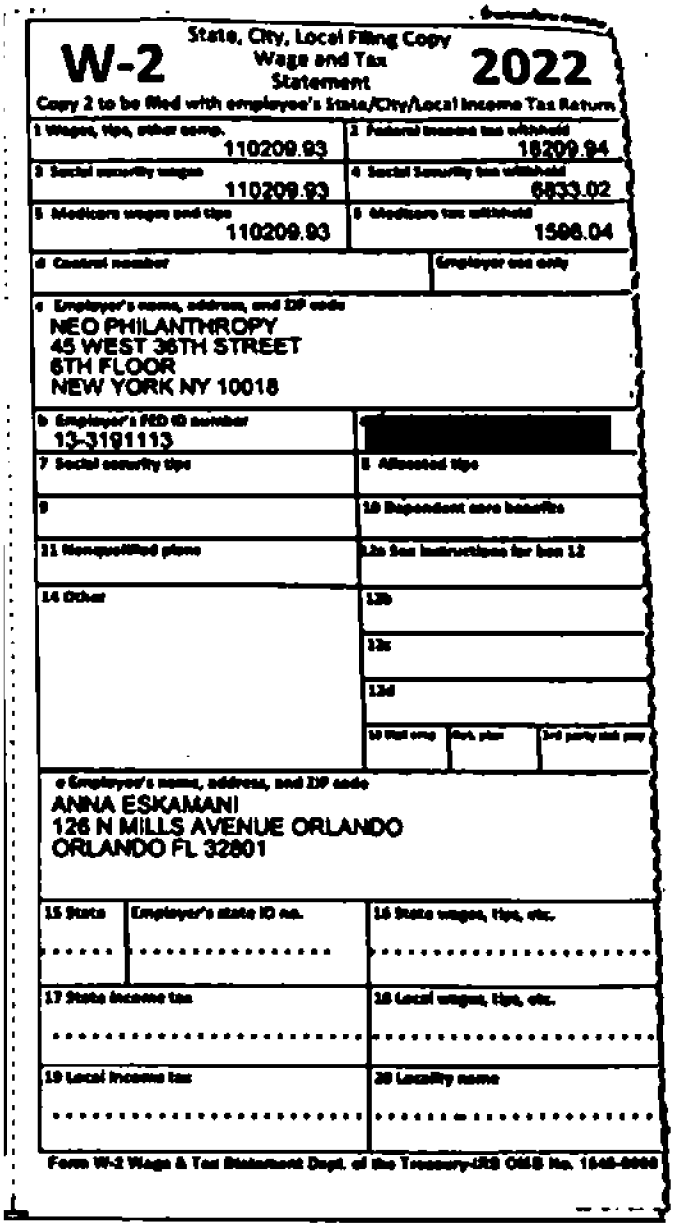
[redacted]

ANNA V ESKAMANI

126 N MILLS AVENUE
ORLANDO, FL 32801

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

[redacted]



State, City, Local Filing Copy

W-2 Wage and Tax Statement **2022**

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

1 Wages, tips, other comp. 110209.93	2 Federal income tax withheld 18209.94
3 Social security wages 110209.93	4 Social security tax withheld 6833.02
5 Medicare wages and tips 110209.93	6 Medicare tax withheld 1598.04
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	[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

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

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

NEW AMERICAN LEADERS
530 7TH AVE, FLOOR M1
C/O SPACE530
NEW YORK, NY 10018

OMB No. 1545-0116

2022

Form **1099-NEC**

Nonemployee Compensation

Copy B
For Recipient

1 Nonemployee compensation
$ 5,000.00

2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐

PAYER'S TIN
45-3770977

RECIPIENT'S TIN
[redacted]

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

ANNA VISHKAEE ESKAMANI
126 NORTH MILLS AVENUE
ORLANDO, FL 32801

3

4 Federal income tax withheld
$

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Account number (see instructions)

5 State tax withheld	6 State/Payer's state no.	7 State income
$	FL /	$

Form **1099-NEC** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

2H8164 2.000

FORM **W-2** **WAGE AND TAX STATEMENT** **2022**

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 11-21-21-90-042	Intradepartment number 0000000050
b Employer identification number 59-6001874		1 Wages, tips, other compensation 28,206.12	2 Federal income tax withheld 2,657.28
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, 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 000982 01/06		11 Nonqualified plans	12a See instructions for box 12 DD 9,761.52
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** **2022**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy C - **For EMPLOYEE'S RECORDS**
AA227W Rev. 08/12/2022

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number 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 $1,079.13 2	OMB No. 1545-1574 **2022** Form **1098-T**	**Tuition Statement**
FILER'S federal identification no. 59-2924021	STUDENT'S TIN [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	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 2023 [ ]	
Service Provider/Acct No. (see instr.) 2243387	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 https://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

Transaction History

Trans Date	Box #	Trans Description	Trans Amt

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

2022

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

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													