2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/23/2024

General Information

Name: Hon Anna Vishkahee Eskamani

PID 277954

AGENCY INFORMATION

Organization	Suborganization	Title
House Of Representatives	Elected Constitutional Officer	State Representative

CANDIDATE FOR

Position	Agency Name	Position sought or held
State Representative	Florida House	State House District 42

Net Worth

My Net Worth as of December 31, 2023 was $ 84,402.19.

Filed with COE: 05/23/2024

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 $ 35,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
2021 Honda Accord Hybrid Touring	$ 32,000.00
Truist Checking + Savings Account & Fairwinds Checking Account	$ 6,602.64
Retirement Accounts (VALIC, TIAA, FRS, AMERICAN FUNDS)	$ 71,675.36

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	$ 6,221.78
Fairwinds Credit Union	135 W Central Blvd, Orlando, FL 32801	$ 24,654.03

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Filed with COE: 05/23/2024

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 2023 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 2023 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

Filed with COE: 05/23/2024

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: **05/23/2024**

Filed with COE: 05/23/2024

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, 2023 (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	145,230.
2	Total tax	2	25,296.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	20,887.
4	Amount you want refunded to you	4	
5	Amount you owe	5	1,609.

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 " 2023 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** (2023)

Separate here and mail with your payment and return.

Department of the Treasury
Internal Revenue Service

2023

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 ..... ►	1,609.

FDIA8601L 07/26/23 1032

[redacted]

ANNA V ESKAMANI
126 N MILLS AVENUE
ORLANDO FL 32801

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

[redacted]

Form **1040** Department of the Treasury — Internal Revenue Service **U.S. Individual Income Tax Return** **2023** OMB No. 1545-0074 IRS Use Only — Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, _____, ending _____, _____ See separate instructions.

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

Filing Status Check only one box.
☒ Single ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, 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)? (See instructions.) ☐ Yes ☒ 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, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ 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) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Income

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.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	141,722.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	141,722.

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	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	3,775.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	145,497.
10	Adjustments to income from Schedule 1, line 26				10	267.
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	145,230.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	13,850.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	702.
14	Add lines 12 and 13				14	14,552.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	130,678.

Standard Deduction for —
- Single or Married filing separately, $13,850
- Married filing jointly or Qualifying surviving spouse, $27,700
- Head of household, $20,800
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	24,763.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	24,763.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	24,763.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	533.
	24	Add lines 22 and 23. This is your **total tax**	24	25,296.
Payments	25	Federal income tax withheld from:		
		a Form(s) W-2 — 25a: 20,887.		
		b Form(s) 1099 — 25b:		
		c Other forms (see instructions) — 25c:		
		d Add lines 25a through 25c	25d	20,887.
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return	26	2,800.
	27	Earned income credit (EIC) — 27:		
	28	Additional child tax credit from Schedule 8812 — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Reserved for future use — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	23,687.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.		b Routing number _____ c Type: ☐ Checking ☐ Savings; d Account number _____		
	36	Amount of line 34 you want **applied to your 2024 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	1,609.
	38	Estimated tax penalty (see instructions) — 38:		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes.** Complete below. ☐ **No**

Designee's name: ALAN JOTKOFF, CPA-PFS, CFP, CLU Phone no.: 321-984-7345 Personal identification number (PIN): [redacted]

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		DIRECTOR	[redacted]
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
ALAN JOTKOFF, CPA-PFS, CFP	ALAN JOTKOFF, CPA-PFS, CF	2/09/24	[redacted]	☐ Self-employed

Firm's name: JOTKOFF & ASSOCIATES, CPA, PA Phone no. 321-984-7345

Firm's address: 2100 MEADOWLANE AVENUE, MELBOURNE, FL 32904 Firm's EIN: 59-2225580

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ANNA V ESKAMANI

Your social security number [redacted]

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	3,775.
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
z	Other income. List type and amount:	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your **additional income**. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	3,775.

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	267.
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1(Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	267.

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ANNA V ESKAMANI

Your social security number [redacted]

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	0.
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE			4	533.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6			
7	Total additional social security and Medicare tax. Add lines 5 and 6			7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐			8	
9	Household employment taxes. Attach Schedule H			9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required			10	
11	Additional Medicare Tax. Attach Form 8959			11	
12	Net investment income tax. Attach Form 8960			12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares			14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000			15	
16	Recapture of low-income housing credit. Attach Form 8611			16	

(continued on page 2)

[redacted] 06/22/23

Part II Other Taxes *(continued)*

17	Other additional taxes:				
a	Recapture of other credits. List type, form number, and amount: _____	**17a**			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	**17b**			
c	Additional tax on HSA distributions. Attach Form 8889	**17c**			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	**17d**			
e	Additional tax on Archer MSA distributions. Attach Form 8853	**17e**			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	**17f**			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	**17g**			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	**17h**			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	**17i**			
j	Section 72(m)(5) excess benefits tax	**17j**			
k	Golden parachute payments	**17k**			
l	Tax on accumulation distribution of trusts	**17l**			
m	Excise tax on insider stock compensation from an expatriated corporation	**17m**			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	**17n**			
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	**17o**			
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	**17p**			
q	Any interest from Form 8621, line 24	**17q**			
z	Any other taxes. List type and amount: _____ _____	**17z**			
18	Total additional taxes. Add lines 17a through 17z			**18**	
19	Reserved for future use			**19**	
20	Section 965 net tax liability installment from Form 965-A	**20**			
21	Add lines 4, 7 through 16, and 18. These are your **total other taxes**. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			**21**	533.

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to *www.irs.gov/ScheduleC* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **09**

Name of proprietor	Social security number (SSN)
ANNA V ESKAMANI	[redacted]

A Principal business or profession, including product or service (see instructions): CONSULTANT

B Enter code from instructions: [redacted]

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify)

G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses. [X] Yes [ ] No

H If you started or acquired this business during 2023, check here [X]

I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions [ ] Yes [X] No

J If "Yes," did you or will you file required Form(s) 1099? [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked [ ]	1	4,375.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	4,375.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	4,375.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6	7	4,375.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instr.):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	600.
				b	Energy efficient commercial buildings deduction (attach Form 7205)	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	600.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	3,775.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	3,775.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.**
• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a [ ] All investment is at risk.
32b [ ] Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation. ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) _____

44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:

a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30.

TELEPHONE	600.

48	**Total other expenses.** Enter here and on line 27a	48	600.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.
Go to *www.irs.gov/ScheduleSE* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 17

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

ANNA V ESKAMANI

Social security number of person with **self-employment** income [redacted]

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had $400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ	1b	

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	3,775.
3	Combine lines 1a, 1b, and 2	3	3,775.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	3,486.
	Note: If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c	Combine lines 4a and 4b. If less than $400, **stop**; you don't owe self-employment tax. **Exception:** If less than $400 and you had **church employee income**, enter -0- and continue	4c	3,486.
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income — 5a		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-	5b	0.
6	Add lines 4c and 5b	6	3,486.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023	7	160,200.
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $160,200 or more, skip lines 8b through 10, and go to line 11 — 8a: 142,613.		
b	Unreported tips subject to social security tax from Form 4137, line 10 — 8b		
c	Wages subject to social security tax from Form 8919, line 10 — 8c		
d	Add lines 8a, 8b, and 8c	8d	142,613.
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	17,587.
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)	10	432.
11	Multiply line 6 by 2.9% (0.029)	11	101.
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**, or **Form 1040-SS, Part I, line 3**	12	533.
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** — 13: 267.		

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

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

OMB No. 1545-2294

2023

Attachment Sequence No. **55**

Name(s) shown on return: ANNA V ESKAMANI

Your taxpayer identification number: [redacted]

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 $182,100 ($364,200 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	[redacted]	3,508.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	3,508.	
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	3,508.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5 702.
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			10 702.
11	Taxable income before qualified business income deduction (see instructions)	11	131,380.	
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	131,380.	
14	Income limitation. Multiply line 13 by 20% (0.20)			14 26,276.
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)			15 702.
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.)

STATEMENT 1
FORM 1040
WAGE SCHEDULE

TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI-CARE	STATE W/H	LOCAL W/H
STATE OF FLORIDA	28,206.	2,535.	1,804.	422.		
NEO PHILANTHROPY	113,516.	18,352.	7,038.	1,646.		
GRAND TOTAL	141,722.	20,887.	8,842.	2,068.	0.	0.

ANNA V ESKAMANI [redacted]

QUALIFIED BUSINESS INCOME

TRADE OR BUSINESS NAME:	ANNA V ESKAMANI
TAXPAYER IDENTIFICATION NUMBER:	[redacted]
BUSINESS INCOME	3,775.
ALLOCATED DEDUCTION FOR ONE-HALF OF SELF-EMPLOYMENT TAX	-267.
QUALIFIED BUSINESS INCOME	3,508.

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 - $11,000)	$ 11,000.	$ 1,100.
12% ORDINARY TAX BRACKET ($11,001 - $44,725)	33,725.	4,047.
22% ORDINARY TAX BRACKET ($44,726 - $95,375)	50,650.	11,143.
24% ORDINARY TAX BRACKET ($95,376 - $182,100)	35,303.	8,473.
TAXABLE INCOME	$ 130,678.	
TOTAL TAX USING ORDINARY INCOME RATES		$ 24,763.

* ORDINARY INCOME WOULD HAVE TO INCREASE BY OVER $51,422
TO BEGIN BEING TAXED IN THE NEXT 32% TAX BRACKET ($182,101 - $231,250)

FEDERAL INCOME TAX WITHHELD

STATE OF FLORIDA	2,535.
NEO PHILANTHROPY	18,352.
TOTAL	20,887.

NET NONFARM PROFIT OR (LOSS) (SCHEDULE SE, LINE 2)

	TAXPAYER
SCHEDULE C	3,775.
SCHEDULE E, PAGE 2 (FROM SCH. K-1)	0.
OTHER INCOME (SCHEDULE 1, LINE 8)	0.
SECTION 1256 CONTRACTS	0.
MINISTER WAGES	0.
MINISTER HOUSING ALLOWANCE	0.
MINISTER PARSONAGE - UTILITIES	0.
EMPLOYEE BUSINESS EXPENSES	0.
NET NONFARM INCOME ADJUSTMENT	0.
TOTAL NET NONFARM PROFIT OR (LOSS)	3,775.

	2023	2022	DIFF
INCOME			
WAGES, SALARIES, TIPS, ETC	141,722	138,416	3,306
BUSINESS INCOME	3,775	0	3,775
OTHER INCOME	0	5,000	-5,000
TOTAL INCOME	145,497	143,416	2,081
ADJUSTMENTS TO INCOME			
DEDUCTIBLE PART OF SELF-EMPLOYMENT TAX	267	354	-87
TOTAL ADJUSTMENTS	267	354	-87
ADJUSTED GROSS INCOME	145,230	143,062	2,168
ITEMIZED DEDUCTIONS			
TAXES	1,465	1,218	247
CONTRIBUTIONS	0	300	-300
TOTAL ITEMIZED DEDUCTIONS	1,465	1,518	-53
TAX COMPUTATION			
STANDARD DEDUCTION	13,850	12,950	900
LARGER OF ITEMIZED OR STANDARD DEDUCTION	13,850	12,950	900
QUALIFIED BUSINESS INCOME DEDUCTION	702	0	702
TAXABLE INCOME	130,678	130,112	566
TAX BEFORE CREDITS	24,763	25,062	-299
CREDITS			
TOTAL CREDITS	0	0	0
TAX AFTER CREDITS	24,763	25,062	-299
OTHER TAXES			
SELF-EMPLOYMENT TAX	533	707	-174
TOTAL TAX	25,296	25,769	-473
PAYMENTS & REFUNDABLE CREDITS			
FEDERAL INCOME TAX WITHHELD	20,887	20,867	20
ESTIMATED TAX PAYMENTS	2,800	2,800	0
TOTAL PAYMENTS	23,687	23,667	20
REFUND OR AMOUNT DUE			
AMOUNT YOU OWE	1,609	2,102	-493
TAX RATES			
ORDINARY INCOME TAX BRACKET	24.0%	24.0%	0.0%
EFFECTIVE TAX RATE	19.4%	19.8%	-0.4%

2024

Record of Estimated Tax Payments

ANNA V ESKAMANI [redacted]0

Federal

Payment Number	Date Due	2023 Overpayment Credit Applied	Balance Due	Check or money order number or credit card confirmation number	Amount Paid (do not include any credit card convenience fee)	Date paid
1	4/15/24		1,000.			
2	6/17/24		1,000.			
3	9/16/24		1,000.			
4	1/15/25		1,000.			
5						
6						
7						
8						
Total			4,000.			

State: _____

State

Payment Number	Date Due	2023 Overpayment Credit Applied	Balance Due	Check or money order number or credit card confirmation number	Amount Paid (do not include any credit card convenience fee)	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 2024 tax return.

2023 2024 FEDERAL ESTIMATED TAX WORKSHEET PAGE 1

[redacted]

2024 Estimated Tax Worksheet **ANNA V ESKAMANI** *Keep for Your Records*

1	Adjusted gross income you expect in 2024 (see instructions)		1	145,230.
2a	Deductions.		2a	14,600.
	• 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	702.
c	Add lines 2a and 2b		2c	15,302.
3	Subtract line 2c from line 1		3	129,928.
4	**Tax.** Figure your tax on the amount on line 3 by using the **2024 Tax Rate Schedules.** **Caution:** *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*		4	24,225.
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	24,225.
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	24,225.
9	Self-employment tax (see instructions)		9	533.
10	Other taxes (see instructions)		10	
11a	Add lines 8 through 10 100% OF LINE 11C ELECTED		11a	24,758.
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 2024 estimated tax.** Subtract line 11b from line 11a. If zero or less, enter -0-		11c	24,758.
12a	Multiply line 11c by 90% (66-2/3% for farmers and fishermen)	12a 24,758.		2024 TAX ELECTED
b	Required annual payment based on prior year's tax (see instructions)	12b 25,296.		
c	**Required annual payment to avoid a penalty.** Enter the **smaller** of line 12a or 12b		12c	24,758.
	Caution: *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.*			
13	Income tax withheld and estimated to be withheld during 2024 (including income tax withholding on pensions, annuities, certain deferred income, and Additional Medicare Tax withholding)		13	20,887.
14a	Subtract line 13 from line 12c	14a 3,871.		
	Is the result zero or less?			
	☐ **Yes.** Stop here. You are not required to make estimated tax payments.			
	☒ **No.** Go to line 14b.			
b	Subtract line 13 from line 11c	14b 3,871.		
	Is the result less than $1,000?			
	☐ **Yes.** Stop here. You are not required to make estimated tax payments.			
	☒ **No.** Go to line 15 to figure your required payment.			
15	Rounded balance		15	4,000.
16	Overpayment of estimated tax applied to next tax year		16	
17	Total of estimated tax payments to be mailed with vouchers		17	4,000.
18	If the first payment you are required to make is due April 15, 2024, enter 1/4 of line 14a (minus any 2023 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	1,000.

ANNA V ESKAMANI [redacted]

2024 ESTIMATED TAX WORKSHEET - ADJUSTED GROSS INCOME

INCOME	THIS YEAR	DIFFERENCE	NEXT YEAR
WAGES	141,722.	0.	141,722.
BUSINESS INCOME (LOSS)	3,775.	0.	3,775.
TOTAL INCOME	145,497.	0.	145,497.

ADJUSTMENTS TO INCOME	THIS YEAR	DIFFERENCE	NEXT YEAR
DEDUCTIBLE PORTION OF SELF-EMPLOYMENT TAX **	267.	0.	267.
TOTAL ADJUSTMENTS TO INCOME	267.	0.	267.

ESTIMATED ADJUSTED GROSS INCOME	145,230.

** RECALCULATED USING ESTIMATED SELF-EMPLOYMENT EARNINGS

2024 ESTIMATED TAX WORKSHEET - ALTERNATIVE MINIMUM TAX

ALTERNATIVE 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)	144,528.
3. TAX REFUND	0.
4. DISPOSITIONS, SMALL BUS. STOCK, AND INCENTIVE STOCK OPTIONS ADJ.	0.
5. OTHER ADJUSTMENTS	0.
6. ALTERNATIVE MINIMUM TAXABLE INCOME	144,528.

ALTERNATIVE MINIMUM TAX

7. EXEMPTION	85,700.
8. SUBTRACT LINE 7 FROM LINE 6	58,828.
9. TAX	15,295.
10. ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT	0.
11. TENTATIVE MINIMUM TAX	15,295.
12. TAX FROM ES WORKSHEET	24,225.
13. ALTERNATIVE MINIMUM TAX (LINE 11 MINUS LINE 12)	0.

ANNA V ESKAMANI [redacted]

2024 ESTIMATED TAX WORKSHEET - TAX AND EARNINGS FROM SELF EMPLOYMENT

		TAXPAYER
1.	FARM	0.
2.	SCHEDULE C	3,775.
3.	SCHEDULE E, PAGE 2 (FROM SCH. K-1)	0.
4.	RELIGIOUS ORDER	0.
5.	OTHER INCOME (SCHEDULE 1, LINE 8)	0.
6.	SECTION 1256 CONTRACTS	0.
7.	MINISTER WAGES	0.
8.	MINISTER HOUSING ALLOWANCE	0.
9.	MINISTER PARSONAGE - UTILITIES	0.
10.	EMPLOYEE BUSINESS EXPENSES (2106)	0.
11.	NET PROFIT FROM SELF EMPLOYMENT ADJUSTMENT	0.
12.	TOTAL NET PROFIT FROM SELF EMPLOYMENT	3,775.
13.	NET EARNINGS FROM SELF EMPLOYMENT (MULTIPLY LINE 12 BY 0.9235, NOT INCLUDING SE INC. IF UNDER $434 AND CHURCH EMPLOYEE INCOME IF UNDER $108)	3,486.
14.	MULTIPLY LINE 13 BY 0.029	101.
15.	MAXIMUM INCOME SUBJ. TO SOCIAL SECURITY TAX	168,600.
16.	EXPECTED WAGES SUBJ. TO SOCIAL SECURITY TAX	142,613.
17.	REMAINING MAXIMUM INCOME POSSIBLY SUBJECT TO SE TAX (LINE 15 LESS LINE 16)	25,987.
18.	LESSER OF LINE 17 OR 13	3,486.
19.	MULTIPLY LINE 18 BY 0.124	432.
20.	ADD LINES 14 AND 19	533.
21.	MULTIPLY LINE 20 BY 0.50	267.

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 4/15/2024

2024 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 '2024 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 ►	1,000.

FDIA1901L 06/21/23 1032

[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 6/17/2024

2024 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 '2024 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 ..... ►	1,000.

FDIA1902L 06/21/23 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 9/16/2024

2024 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 '2024 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 ..... ►	1,000.

FDIA1904L 06/21/23 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 1/15/2025

2024 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 '2024 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 ..... ►	1,000.

FDIA1905L 06/21/23 1032

[redacted]

[redacted]

ANNA V ESKAMANI

126 N MILLS AVENUE
ORLANDO, FL 32801

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

[redacted]

Payer's Name:
repower fund
2136 Ford Parkway #5523
Saint Paul, MN 55116

2023 Form 1099-NEC Nonemployee Compensation

OMB No. 1545-0116

Copy B For Recipient

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.

For questions about this form, contact repower fund at 612-469-2002

Recipient's Name:

ANNA ESKAMANI
126 NORTH MILLS AVENUE
ORLANDO, FL 32801

Payer's federal identification number:	**Recipient's identification number:**
35-2191193	[redacted]

Box 1: Nonemployee Compensation
$4,375.00

Instructions for Recipient

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax.If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling $5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form1099NEC*.

Free File Program. Go to *www.irs.gov/FreeFile* to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

a Employee's social security number	Payroll organization code	Intradepartment number
[redacted]	11-21-21-90-042	0000000062

b Employer identification number (EIN)	1 Wages, tips, other compensation	2 Federal income tax withheld
59-6001874	28,206.12	2,534.76

c Employer's name, address, and ZIP code	3 Social security wages	4 Social security tax withheld
State of Florida Jimmy Patronis, 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
000992 01/05		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
		12e
f Employee's address and ZIP code		

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** **2023**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

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a Employee's social security number	Payroll organization code	Intradepartment number
[redacted]	11-21-21-90-042	0000000062

b Employer identification number (EIN)	1 Wages, tips, other compensation	2 Federal income tax withheld
59-6001874	28,206.12	2,534.76

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d Control number	11 Nonqualified plans	12a See instructions for box 12
000992 01/05		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
		12e
f Employee's address and ZIP code		

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** **2023**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA327W Rev. 06/09/2023

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

Anna Eskamani - 10867 - NEO Philanthropy, Inc.

W-2

Form W-2 Wage & Tax Statement 2023
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

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

a Employee's social security number [redacted]	1 Wages, tips, other compensation 113516.40	2 Federal income tax withheld 18351.85
c Employer's name, address, and ZIP code NEO Philanthropy 1001 Avenue of the Americas 12th FL New York, NY 10018 USA	3 Social security wages 113516.40	4 Social security tax withheld 7038.02
	5 Medicare wages and tips 113516.40	6 Medicare tax withheld 1645.99
	7 Social security tips 0.00	8 Allocated tips 0.00
b Employer identification number (EIN) 13-3191113	9	10 Dependent care benefits 0.00
e Employee's name, address, and ZIP code Anna Eskamani 126 N Mills Avenue Orlando Orlando, FL 32801	11 Nonqualified plans 0.00	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐
	12 See instructions for box 12	14 Other

15 State	Employer's state ID No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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	$3,251.39	**2023** Form **1098-T**	

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

STUDENT'S name, street address, city, state, and ZIP code	4 Adjustments made for a prior year	5 Scholarships or grants	This is important tax information and is being furnished to the Internal Revenue Service. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
ANNA VISHKAEE ESKAMANI 126 N. MILLS AVENUE ORLANDO FL 32801			
	6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2024 [ ]	

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 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

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 2023 from any source for qualified tuition and related expenses less any reimbursements or refunds made during 2023 that relate to those payments received during 2023.

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.

Box 6. Shows adjustments to scholarships or grants for a prior year. This amount may affect the amount of any allowable tuition and fees deduction or education credit that you claimed for the prior year. You may have to file an amended income tax return (Form 1040X) for the prior year.

Box 7. Shows whether the amount in box 1 includes amounts for an academic period beginning January-March 2024. See Pub. 970 for how to report these amounts.

Box 8. Shows whether you are considered to be carrying at least one-half the normal full-time workload for your course of study at the reporting institution.

Box 9. Shows whether you are considered to be enrolled in a program leading to a graduate degree, graduate-level certificate, or other recognized graduate-level educational credential.

Box 10. Shows the total amount of reimbursements or refunds of qualified tuition and related expenses made by an insurer. The amount of reimbursements or refunds for the calendar year may reduce the amount of any education credit you can claim for the year (may result in an increase in tax liability for the year of the refund).

Future developments. For the latest information about developments related to Form 1098-T and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1098t.

More information about 1098-E/T is available in our document Student Loan Tax Incentives.

Press your browser's "Back" button to return to the list of tax documents, return to the My Account page or Logout.