

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/24/2025

General Information

Name: Hon Ramiro Manalich

CONFIDENTIAL

PID 83225

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (20Th)	Elected Constitutional Officer	Circuit Judge

Net Worth

My Net Worth as of May 23, 2025 was \$ 1,543,124.64.

2024 Form 6 - Full and Public Disclosure of Financial Interests

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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 \$ 48,500.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Suncoast Credit Union	\$ 6,111.94
Primary residence home	\$ 1,100,000.00
State of FL Def Comp Plan/Nationwide Charles Schwab	\$ 30,126.49
State of FL DROP Account	\$ 675,541.44
Spouse's {REDACTED}	\$ 74,546.75
Spouse's U.S. Retirement Partners 401K Plan	\$ 2,473.46
Miami Dolphins - 2 seats plus parking	\$ 6,503.00
See Attached	

2024 Form 6 - Full and Public Disclosure of Financial Interests

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Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Mortgage SunCoast Credit Union	P.O. Box 11904, Tampa, FL 33680	\$ 350,110.92
2nd home 1 year lease expiring 9-30-25 at 4,100 per month	{REDACTED}	\$ 16,400.00
2024 Hyundai Elantra Hybrid	Hyundai Motor Finance, P.O. Box 650805, Dallas, TX 75265-0805	\$ 22,847.27
See Attached		

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
Venture Capital One Credit Card	P.O. Box 60519, City of Industry, CA 91716	\$ 9,787.31
Venture X Capital One Credit Card	P.O. Box 60519, City of Industry, CA 91716	\$ 1,816.76

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

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you 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.

Ramiro Manalich

Digitally signed: 06/24/2025

Filed with COE: 06/24/2025

FORM 6 ATTACHMENT
PART B - ASSETS

2018 Hyundai Sonata	\$ 10,000.00
2024 Hyundai Elantra	\$ 20,000.00
Furniture	\$ 11,000.00
Jewelry	\$ 1,500.00
Clothing	\$ 6,000.00
Subtotal	\$ 48,500.00

Primary residence home	\$ 1,100,000.00
------------------------	-----------------

Suncoast Credit Union	
P.O. Box 11904	
Tampa, FL 33680	
Savings	\$ 100.73
Checking	\$ 1,774.69
Money Market	\$ 42.43
Cert of Deposit	\$ 4,194.09

State of FL Def Comp Plan/Nationwide/Charles Schwab	\$	30,126.49
10 W Nationwide Blvd., 201 T		
Columbus, OH 43215-2751		

State of FL DROP Account	\$ 675,541.44
FL Retirement System Pension Plan	
P.O. Box 9000	
Tallahassee, FL 32315-9000	

Spouse's [REDACTED]	401A Special Pay Plan	\$	74,546.75
U.S. Bencor Mid America			
P.O. Box 24927			
Lakeland, FL 32802-4927			

Spouse's U.S. Retirement Partners 401K Plan	\$	2,473.46
U.S. Bencor Mid America		
P.O. Box 24927		
Lakeland, FL 32802-4927		

Maimi Dolphins - 2 seats plus parking	\$ 6,503.00
347 Don Shula Drive	
Miami Gardens, FL 33056	

Subtotal	\$ 1,895,303.08
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Assets under \$1,000 not reported:

\$ 283.82

Souse's deferred comp. plan

U.S. Bencor Mid America

P.O. Box 24927

Lakeland, FL 32802-4927

JUDGE RAMIRO MAÑALICH

FORM 6 ATTACHMENT

PART C - Liabilities over \$1,000:

Mortgage
Sun Coast Credit Union \$ 350,110.92
P.O. Box 11904
Tampa, FL 33680

2nd home 1 year lease expiring 9-30-25 at \$4,100 per month \$ 16,400.00

Chicago, IL
Leasing Agent: Willowbridge-Chicago, 1110 Jorie Blvd., Suite 300
Oak Brook IL60523

2024 Hyundai Elantra Hybrid \$ 22,847.27
Hyundai Motor Finance
P.O. Box 650805
Dallas, TX 75265-0805

All reported liabilities total..... \$ 389,358.19

Unreported Liabilities

Venture Capital One Credit Card \$9,787.31
P.O. Box 60519
City of Industry , CA 91716

Venture X Capital One Credit Card \$ 1,816.76
P.O. Box 60519
City of Industry, CA 91716

All unreported liabilities total..... \$ 11,604.07

Net worth calculation:

Household goods and personal effects	\$ 48,500.00
Assets worth more than \$1,000.00	\$ 1,895,303.08
Assets under \$1,000 not reported above	\$ 283.82
Total assets	\$1,944,086.90

Reported Liabilities	\$ 389,358.19
Unreported liabilities	\$ 11,604.07
Total Liabilities	\$ 400,962.26

All Assets	\$ 1,944,086.90
Total Liabilities	- \$ 400,962.26

Net worth

\$ 1,543,124.64

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

RAMIRO**MANALICH**

Social security number

Spouse's name

MANALICH

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	390,127
2	Total tax	2	72,140
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	71,100
4	Amount you want refunded to you	4	3,547
5	Amount you owe	5	

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize **U.S. TAX ACCOUNTING, LLC** to enter or generate my PIN **[REDACTED]** as my signature on the income tax return (original or amended) I am now authorizing.

ERO firm name

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 ▶ **04/04/25**

Spouse's PIN: check one box only

☒ I authorize **U.S. TAX ACCOUNTING, LLC** to enter or generate my PIN **[REDACTED]** as my signature on the income tax return (original or amended) I am now authorizing.

ERO firm name

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 ▶ **04/04/25****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 ▶ **BARBARA GODZIK GOULET** Date ▶ **04/04/25**

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8879** (Rev. 01-2021)

Form 1040

Bank Account Verification

2024

Name

Taxpayer Identification Number

RAMIRO MANALICH & [REDACTED] MANALICH

You have indicated that you would like to receive a refund via direct deposit or make a tax payment via electronic funds withdrawal (EFW) from your bank account(s). Note that electronic funds can only be withdrawn from the primary account. Make sure sufficient funds are available in the primary account. Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If there are any changes please make them on this form. Sign and date at the bottom to indicate upon your review and verification that all account(s) listed are correct and return it to our office.

Primary Account

Name of Financial Institution SUNCOAST CREDIT UNION
Routing Transit Number [REDACTED]
Account Number [REDACTED]
Type of Account CHECKING
Joint Account? NO

\$3,547 IS SCHEDULED TO BE DIRECT DEPOSITED TO THIS ACCOUNT

Secondary Account #1

Name of Financial Institution
Routing Transit Number
Account Number
Type of Account
Joint Account?

Secondary Account #2

Name of Financial Institution
Routing Transit Number
Account Number
Type of Account
Joint Account?

Taxpayer Signature RAMIRO MANALICH

Date

Spouse Signature [REDACTED] MANALICH

Date

DO NOT SUBMIT THIS DOCUMENT TO IRS

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning , 2024, ending , 20

See separate instructions.

Your first name and middle initial
RAMIRO

Last name
MANALICH

Your social security number
[REDACTED]

If joint return, spouse's first name and middle initial
[REDACTED]

Last name
MANALICH

Spouse's social security number
[REDACTED]

Home address (number and street). If you have a P.O. box, see instructions.
[REDACTED]

Apt. no.
[REDACTED]

City, town or post office. If you have a foreign address, also complete spaces below.
[REDACTED]

State
[REDACTED]

ZIP code
[REDACTED]

Foreign country name
[REDACTED]

Foreign province/state/county
[REDACTED]

Foreign postal code
[REDACTED]

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 ☒ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS)
☐ Head of household (HOH) ☐ 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: _____

☐ 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)? (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 ☒ Spouse: ☒ Were born before January 2, 1960 ☐ Are blind ☐ Is blind

Dependents
(see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instr.): Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

If more than four dependents, see instructions and check here ☐

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)

1b Household employee wages not reported on Form(s) W-2

1c Tip income not reported on line 1a (see instructions)

1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)

1e Taxable dependent care benefits from Form 2441, line 26

1f Employer-provided adoption benefits from Form 8839, line 29

1g Wages from Form 8919, line 6

1h Other earned income (see instructions)

1i Nontaxable combat pay election (see instructions)

1j Add lines 1a through 1h

2a Tax-exempt interest

3a Qualified dividends

4a IRA distributions

5a Pensions and annuities

6a Social security benefits

c If you elect to use the lump-sum election method, check here (see instructions)

2b Taxable interest

3b Ordinary dividends

4b Taxable amount

5b Taxable amount

6b Taxable amount

1a 260,885

1b

1c

1d

1e

1f

1g

1h

1i

1j 260,885

2a

2b 1,221

3a

3b

4a

4b

5a 128,021

5b 128,021

6a

6b

Standard Deduction
See Standard Deduction Chart on the last page of this form.

Tax and Credits

Payments

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

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	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	390,127
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	390,127
12	Standard deduction or itemized deductions (from Schedule A)	12	32,300
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	32,300
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	357,827
16	Tax (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐	16	71,963
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	71,963
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	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	71,963
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	177
24	Add lines 22 and 23. This is your total tax	24	72,140
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	48,878
b	Form(s) 1099	25b	22,222
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	71,100
26	2024 estimated tax payments and amount applied from 2023 return	26	
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	4,587
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	4,587
33	Add lines 25d, 26, and 32. These are your total payments	33	75,687

Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,547
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	3,547
Direct deposit? See instructions.	b Routing number [REDACTED] c Type: ☒ Checking ☐ Savings		
	d Account number [REDACTED]		
	36 Amount of line 34 you want applied to your 2025 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	
	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. ☐ NoDesignee's name **BARBARA GODZIK GOULET**Phone no. **239-597-7009**

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.			
	Your signature	Date	Your occupation JUDGE	If the IRS sent you an Identity Protection PIN, enter it here (see instr.) *****
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation
	[REDACTED]		[REDACTED]	[REDACTED]
	Phone no.	Email address	[REDACTED]	
Paid Preparer Use Only	Preparer's name BARBARA GODZIK GOULET		Preparer's signature BARBARA GODZIK GOULET	
			PTIN *****	Check if: ☐ Self-employed
	Firm's name U.S. TAX ACCOUNTING, LLC		Date 04/04/25	
	Firm's address 8985 FONTANA DEL SOL WAY		Phone no. 239-597-7009	
	Firm's address NAPLES FL 34109		Firm's EIN 82-4236360	

Go to www.irs.gov/Form1040SR for instructions and the latest information.Form **1040-SR** (2024)

Standard Deduction Chart*Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* on page 1 **2**

IF your filing status is...	AND the number of boxes checked is...	THEN your standard deduction is...
Single	1	\$16,550
	2	18,500
Married filing jointly	1	\$30,750
	2	32,300
	3	33,850
	4	35,400
Qualifying surviving spouse	1	\$30,750
	2	32,300
Head of household	1	\$23,850
	2	25,800
Married filing separately**	1	\$16,150
	2	17,700
	3	19,250
	4	20,800

* Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

** You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.

Go to www.irs.gov/Form1040SR for instructions and the latest information.

Form **1040-SR** (2024)

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

2024

Attachment
Sequence No. **02**

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

Your social security number

RAMIRO MANALICH

MANALICH

Part I Tax

1 Additions to tax:			
a Excess advance premium tax credit repayment. Attach Form 8962	1a		
b Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b		
c Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c		
d Recapture of net EPE from Form 4255, line 2a, column (i)	1d		
e Excessive payments (EP) from Form 4255. Check applicable box and enter amount (i) ☐ Line 1a, column (n) (ii) ☐ Line 1c, column (n) (iii) ☐ Line 1d, column (n) (iv) ☐ Line 2a, column (n)	1e		
f 20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a, column (o) (ii) ☐ Line 1c, column (o) (iii) ☐ Line 1d, column (o) (iv) ☐ Line 2a, column (o)	1f		
y Other additions to tax (see instructions):	1y		
z Add lines 1a through 1y		1z	
2 Alternative minimum tax. Attach Form 6251		2	
3 Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17		3	

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE		4	
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	131
12 Net investment income tax. Attach Form 8960		12	46
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)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040) 2024

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	Recapture of net EPE from Form 4255, line 1d, column (I)		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	177

Schedule 2 (Form 1040) 2024

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

2024

Attachment
Sequence No. **03**

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

Your social security number

RAMIRO MANALICH & MANALICH

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount:	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	4,587
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b	
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
z	Other refundable credits (see instructions):	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	4,587

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2024

Additional Medicare Tax

OMB No. 1545-0074

2024Attachment
Sequence No. **71**Department of the Treasury
Internal Revenue Service

If any line does not apply to you, leave it blank. See separate instructions.

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

Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

RAMIRO MANALICH**MANALICH**

Your social security number

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	264,588	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	264,588	
5	Enter the following amount for your filing status:			
	Married filing jointly \$250,000			
	Married filing separately \$125,000			
	Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		14,588
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		131

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8		
9	Enter the following amount for your filing status:			
	Married filing jointly \$250,000			
	Married filing separately \$125,000			
	Single, Head of household, or Qualifying surviving spouse \$200,000	9	250,000	
10	Enter the amount from line 4	10	264,588	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	0	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		0
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status:			
	Married filing jointly \$250,000			
	Married filing separately \$125,000			
	Single, Head of household, or Qualifying surviving spouse \$200,000	15	250,000	
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		0
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18		131
----	--	----	--	-----

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	3,837	
20	Enter the amount from line 1	20	264,588	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,837	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		0
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24		

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8959** (2024)

Net Investment Income Tax— Individuals, Estates, and Trusts

Attach to your tax return.

OMB No. 1545-2227

2024

Attachment
Sequence No. 72Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

RAMIRO MANALICH

MANALICH

Your social security number or EIN

Part I Investment Income

Section 6013(g) election (see instructions)

Section 6013(h) election (see instructions)

Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)	1	1,221
2	Ordinary dividends (see instructions)	2	
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	
c	Combine lines 4a and 4b	4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	1,221

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	
b	State, local, and foreign income tax (see instructions)	9b	
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-	12	1,221
13	Modified adjusted gross income (see instructions)	13	390,127
14	Threshold based on filing status (see instructions)	14	250,000
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	140,127
16	Enter the smaller of line 12 or line 15	16	1,221
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	46
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8960 (2024)

Filing Status: ☐ 1 Single ☒ 2 Married filing jointly ☐ 3 Married filing separately ☐ 4 Head of household* ☐ 5 Qualifying widow(er)*

MFS spouse name:

*Qualifying person that is a child but not a dependent

Taxpayer first name and initial

RAMIRO

Last name

MANALICH

Taxpayer social security number

If a joint return, spouse's first name and initial

Last name

MANALICH

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

Presidential Election Campaign

Taxpayer ☐Spouse ☐

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

Foreign country name

Foreign province/state/country

Foreign postal code

At anytime during 2024, did you receive, sell, send, exchange, or otherwise acquire financial interest in any digital assets?

Yes ☐ No ☒6a ☒ Taxpayer. If someone can claim you as a dependent, do not check box 6ab ☒ Spouse

Boxes checked on 6a and 6b

2

Children on 6c who lived with you

Children on 6c who did not live with you

Dependents on 6c not entered above

Total. Add lines above

2

6c Dependents:

(1) First name

Last name

(2) Social security number

(3) Relationship to you

(4) ☒ if qualifies for

Child tax credit

Other dependents

If more than four

dependents,

✓ here ☐Income
(Schedule 1)

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7 260,885

8a Taxable interest. Attach Schedule B if required

8a 1,221

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

9a

b Qualified dividends

9b

10 Taxable refunds, credits, or offsets of state and local income taxes

10

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

13

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amount

15b

16a Pensions and annuities

16a

128,021

b Taxable amount

16b

128,021

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount

20b

21 Other income. List type and amount

21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income

22

390,127

Adjusted
GrossIncome
(Schedule 1)

23 Educator expenses

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

27 Deductible part of self-employment tax. Attach Schedule SE

27

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction

29

30 Penalty on early withdrawal of savings

30

31a Alimony paid b Recipient's SSN

31a

32 IRA deduction

32

33 Student loan interest deduction

33

34 Reserved for future use

34

35 Reserved for future use

35

36 Add lines 23 through 35

36

37 Subtract line 36 from line 22. This is your adjusted gross income

37

390,127

Form 1040		Tax Return Reconciliation Worksheet, Page 2		2024	
Name RAMIRO MANALICH & MANALICH		Tp TIN			
38 Amount from line 37 (adjusted gross income)		38		390,127	
Tax and Credits (Schedules 2, 3)	39a Check ☒ You were born before January 2, 1960, ☐ Blind. ☒ Spouse was born before January 2, 1960, ☐ Blind. Total boxes checked ▶ 39a		2		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b				
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$14,600 Married filing jointly or Qualifying widow(er), \$29,200 Head of household, \$21,900	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40		32,300
	41 Subtract line 40 and 40b from line 38		41		357,827
	42 Qualified business income deduction (see instructions)		42		
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43		357,827
	44 Tax (see instr.). Check if any from: a ☐ Form 8814 b ☐ Form 4972 c ☐		44		71,963
	45 Alternative minimum tax (see instructions). Attach Form 6251		45		
	46 Additions to tax (Excess advance premium tax credit repayment and clean vehicle repayment)		46		
	47 Add lines 44, 45, and 46 ▶		47		71,963
	48 Foreign tax credit. Attach Form 1116 if required		48		
	49 Credit for child and dependent care expenses. Attach Form 2441		49		
50 Education credits from Form 8863, line 19		50			
51 Retirement savings contributions credit. Attach Form 8880		51			
52 Child tax credit/credit for other dependents		52			
53 Residential energy credits. Attach Form 5695		53			
54 Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐		54			
55 Add lines 48 through 54. These are your total credits		55			
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶		56		71,963	
Other Taxes (Schedule 2)	57 Self-employment tax. Attach Schedule SE		57		
	58 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919		58		
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59		
	60a Household employment taxes from Schedule H		60a		
	b First-time homebuyer credit repayment. Attach Form 5405 if required		60b		
Payments (Schedule 3)	61 Taxes from: a ☒ Form 8959 b ☒ Form 8960 c ☐ Instructions; enter code(s) SEE STATEMENT		61		177
	62 Section 965 net tax liability installment from Form 965-A		62		
	63 Add lines 56 through 61. This is your total tax ▶		63		72,140
	64 Federal income tax withheld from:				
	a Form(s) W-2		64a		48,878
	b Form(s) 1099		64b		22,222
	c Other forms		64c		
	65 2024 estimated tax payments and amount applied from 2023 return		65		
	66 Earned income credit (EIC)		66		
	67 Additional child tax credit. Attach Schedule 8812		67		
68 American opportunity credit from Form 8863, line 8		68			
69 Recovery rebate credit		69			
70 Net premium tax credit. Attach Form 8962		70			
71 Amount paid with request for extension to file		71			
72 Excess social security and tier 1 RRTA tax withheld		72		4,587	
73 Credit for federal tax on fuels. Attach Form 4136		73			
74 Other payments and refundable credits		74			
75 Total pymts. Add lines 64 - 74.		75		75,687	
Refund	76 If line 75 is more than line 63, subtract line 63 from line 75. This is the amount you overpaid		76		3,547
	77a Amount of line 76 you want refunded to you. If Form 8888 is attached, check here ▶ ☐		77a		3,547
	b Routing number ☐ c Type: ☒ Checking ☐ Savings				
	d Account number ☐				
78 Amount of line 76 you want applied to your 2025 estimated tax ▶		78			
Amount You Owe	79 Amount you owe. Subtract line 75 from line 63. For details on how to pay, see instructions ▶		79		
	80 Estimated tax penalty (see instructions)		80		
Int/Pen Date filed Int Fail to file Fail to pay Total					
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No		Personal identification no. (PIN) ☐		
	Designee's Name ▶ BARBARA GODZIK GOULET		Phone no. ▶ 239-597-7009		
Other Info	Taxpayer Daytime phone number		Taxpayer's Occupation JUDGE		
	Spouse's Occupation HUMAN RESOURCES		IRS Identity Protection PIN *****		
	Email address JMANALICH@COMCAST.NET		IRS Identity Protection PIN		
☒ Taxpayer ☐ Spouse		Email address			

Name

RAMIRO MANALICH & [REDACTED] MANALICH

Taxpayer Identification Number

Standard Deduction Worksheet

1. Enter the amount shown below for your filing status.

- Single or Married filing separately - \$14,600
- Married filing jointly or qualifying widow(er) - \$29,200
- Head of household - \$21,900

1. 29,200

2. Can you (or your spouse if married, filing jointly) be claimed as a dependent?

- ☒ No. Skip line 3; enter the amount from line 1 on line 4.
☐ Yes. Go to line 3.

3. Is your earned income more than \$850?

- ☐ Yes. Add \$450 to your earned income. Enter the total.
☐ No. Enter \$1,300

3.

4. Enter the smaller of line 1 or line 3. If under 65 and not blind, continue to line 6. Otherwise, go to line 5.

4. 29,200

5. Check if:
- ☒
- You were 65 or older,
- ☐
- Blind;
- ☒
- Spouse was 65 or older,
- ☐
- Blind. Total boxes checked 2

5. 3,100

If 65 or older or blind, multiply \$1,550 (\$1,950 if single or head of household) by the number in the box above

6. Add lines 4 and 5. Enter the total here and on Form 1040 or 1040-SR, line 12

6. 32,300

Dependent Modified Adjusted Gross Income Worksheet

1. Are you required to file a tax return?

- ☐ No. Do not include Dependent's modified adjusted gross income in Claiming Taxpayer's household income.
☐ Yes. Include Modified Adjusted Gross Income in claiming taxpayer's household income.

2. Adjusted Gross Income. Enter the amount from Form 1040, Line 11

2.

3. Enter tax-exempt interest from Form 1040, line 2a

3.

4. Enter any amounts from your Form 2555, lines 45 and 50

4.

5. Subtotal. Combine lines 2 through 4

5.

6. Enter the total Social Security benefits from Form 1040, line 6a

6.

7. Enter the taxable Social Security benefits from Form 1040, line 6b

7.

8. Nontaxable Social Security benefits. Subtract line 7 from line 6

8.

9. Dependent Modified Adjusted Gross Income for Claiming Taxpayer's Form 8962.

9.

Add lines 5 and 8

Name

RAMIRO MANALICH

Taxpayer Identification Number

Worksheet for Nonrailroad Employees

- | | | |
|---|----|--------|
| 1. Add all social security tax withheld (but not more than \$10453.20 for each employer). This tax should be shown in box 4 of your Forms W-2. Enter the total here | 1. | 15,040 |
| 2. Enter any uncollected social security tax on tips or group-term life insurance included in the total on Form 1040, Schedule 2, line 13 | 2. | |
| 3. Add lines 1 and 2. If \$10453.20 or less, stop here. You cannot claim the credit | 3. | 15,040 |
| 4. Social security tax limit | 4. | 10,453 |
| 5. Credit. Subtract line 4 from line 3. Enter the credit on Form 1040, Schedule 3, line 11 | 5. | 4,587 |

Worksheet for Railroad Employees

- | | | |
|--|----|--|
| 1. Add all social security and tier 1 RRTA tax withheld (but not more than \$10453.20 for each employer). Box 4 of your Forms W-2 should show social security and box 14 should show tier 1 RRTA tax. Enter the total here | 1. | |
| 2. Enter any uncollected social security and tier 1 RRTA tax on tips or group-term life insurance included in the total on Form 1040, Schedule 2, line 13 | 2. | |
| 3. Add lines 1 and 2. If \$10453.20 or less, stop here. You cannot claim the credit | 3. | |
| 4. Social security and tier 1 RRTA tax limit | 4. | |
| 5. Credit. Subtract line 4 from line 3. Enter the credit on Form 1040, Schedule 3, line 11 | 5. | |

Federal Statements

Form 1040 Reconciliation Worksheet, Line 61 - Other Taxes

<u>Description</u>	<u>Amount</u>
FORM 8959	\$ 131
FORM 8960	46
TOTAL	<u>\$ 177</u>

Federal Statements

STATE OF FLORIDA

Form W-2, Box 12

Description	Amount
SECTION 457(B) CONTRIBUTIONS	\$ 3,600
COST OF EMPLOYER-SPONSORED HEALTH COVERAGE	22,386
TOTAL	<u>\$ 25,986</u>

STATE OF FLORIDA

Form W-2, Box 14 - Other

Description	Amount
IRC SECTION 125 FLEXIBLE BENEFITS PROGRAM	\$ 3,534
TOTAL	<u>\$ 3,534</u>

Federal Filing Status Optimization Report

Tax Year 2024

	JOINT 4764	TAXPAYER 4764TP	SPOUSE 4764SP	MARRIED FILING SEPARATE
INCOME:				
SALARY & WAGES	260,885	260,885	0	260,885
INTEREST	1,221	1,221	0	1,221
DIVIDENDS	0	0	0	0
BUSINESS INCOME/LOSS	0	0	0	0
CAPITAL GAIN/LOSS	0	0	0	0
OTHER GAIN/LOSS	0	0	0	0
TAXABLE IRA DISTRIBUTIONS	0	0	0	0
TAXABLE PENSIONS/ANNUITIES	128,021	28,740	99,281	128,021
RENT AND ROYALTIES	0	0	0	0
PARTNERSHIP/S CORP INCOME	0	0	0	0
ESTATE AND TRUST INCOME	0	0	0	0
REMIC INCOME/LOSS	0	0	0	0
FARM RENTAL INCOME	0	0	0	0
FARM INCOME/LOSS	0	0	0	0
TAXABLE SOCIAL SECURITY	0	0	0	0
OTHER INCOME/LOSS	0	0	0	0
TOTAL INCOME	390,127	290,846	99,281	390,127
ADJUSTMENTS:				
MOVING EXPENSES	0	0	0	0
DEDUCTIBLE PART OF SE TAX	0	0	0	0
KEOGH/SEP/SIMPLE DEDUCTIONS	0	0	0	0
SE HEALTH INSURANCE DEDUCTION	0	0	0	0
ALIMONY PAID	0	0	0	0
IRA DEDUCTION	0	0	0	0
STUDENT LOAN INTEREST DEDUCTION	0	0	0	0
OTHER ADJUSTMENTS	0	0	0	0
TOTAL ADJUSTMENTS	0	0	0	0
ADJUSTED GROSS INCOME	390,127	290,846	99,281	390,127
DEDUCTIONS:				
MEDICAL	0	0	0	0
TAXES	8,011	5,000	858	5,858
INTEREST	8,630	8,630	0	8,630
CONTRIBUTIONS	0	0	0	0
CASUALTY/THEFT/MISCELLANEOUS	0	0	0	0
TOTAL ITEMIZED DEDUCTIONS, OR	0	0	0	0
STANDARD DEDUCTION	32,300	16,150	16,150	32,300
QUAL BUSINESS INCOME DEDUCTION	0	0	0	0
TAXABLE INCOME	357,827	274,696	83,131	357,827
TAX COMPUTATION:				
MARGINAL TAX BRACKET	24.0%	35.0%	22.0%	
TAX ON TAXABLE INCOME	71,963	66,518	13,341	79,859
ALTERNATIVE MINIMUM TAX	0	0	0	0
ADDITIONS TO TAX	0	0	0	0
TAX BEFORE CREDITS	71,963	66,518	13,341	79,859
FOREIGN TAX CREDIT	0	0	0	0
CHILD CARE CREDIT	0	0	0	0
CHILD TAX & OTHER DEP CREDIT	0	0	0	0
OTHER CREDITS	0	0	0	0
TOTAL CREDITS	0	0	0	0
SELF-EMPLOYMENT TAX	0	0	0	0
TAX ON RETIREMENT PLANS, ETC.	0	0	0	0
OTHER TAXES	177	1,302	0	1,302
TOTAL OTHER TAXES	177	1,302	0	1,302
TOTAL TAX	72,140	67,820	13,341	81,161
INCOME TAX WITHHELD	71,100	55,563	15,537	71,100
ESTIMATED TAX PAYMENTS	0	0	0	0
REFUNDABLE CREDITS	4,587	4,587	0	4,587
OTHER TAX PAYMENTS	0	0	0	0
TOTAL PAYMENTS	75,687	60,150	15,537	75,687
NET DUE/-REFUND	-3,547	7,670	-2,196	5,474
PENALTIES AND INTEREST	0	45	0	45
DUE/-REFUND	-3,547	7,715	-2,196	5,519

MARRIED FILING JOINT WILL GENERATE A TENTATIVE FEDERAL TAX SAVINGS OF \$9,066

	NIIT	Capital Gain Distribution	Public Safety Officer Exclusion	Federal Withholding	State Withholding	Local Withholding
A	—			8,851		
B	—			6,686		
C	—					
D	—			6,685		
E	—					
F	—					
G	—					
H	—					
I	—					
J	—					
K	—					
L	—					
M	—					
N	—					
O	—					
Taxpayer				6,685		
Spouse				15,537		
Total				22,222		

Form **1040****Salaries & Wages Report****2024**

Name

Taxpayer Identification Number

RAMIRO MANALICH & JANE E KNOBLE MANALICH

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A T	STATE OF FLORIDA	186,897	37,344	168,600
B T	US RETIREMENT PARTNERS	73,988	11,534	73,988
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer		260,885	48,878	242,588
Spouse		260,885	48,878	242,588
Totals		260,885	48,878	242,588

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	10,453	190,600	2,764				3,534
B	4,587	73,988	1,073				
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	15,040	264,588	3,837				3,534
Spouse	15,040	264,588	3,837				3,534
Totals	15,040	264,588	3,837				3,534

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer						
Spouse						
Totals						

Form **1040****Two Year Comparison Report - Page 1****2023 & 2024**

Name

Taxpayer Identification Number

RAMIRO MANALICH & JANE E KNOBLE MANALICH

		2023	2024	Differences
		MFJ	MFJ	
Filing Status				
Dependents		0	0	
1. Salaries and wages	1.	308,069	260,885	-47,184
2. Interest income	2.	1,043	1,221	178
3. Tax exempt interest income	3.			
4. Dividend income	4.			
5. Qualified dividend income	5.			
6. Taxable state/local refunds	6.			
7. Alimony received	7.			
8. Business income/loss	8.			
9. Capital gain/loss	9.			
10. Other gains/losses	10.			
11. Taxable IRA distributions	11.			
12. Taxable pensions	12.	83,530	128,021	44,491
13. Rent and royalty income including farm rental	13.			
14. Partnership/S corp income	14.			
15. Estate or trust income	15.			
16. Farm income/loss	16.			
17. Unemployment compensation	17.			
18. Taxable social security	18.			
19. Other income	19.			
20. Total income	20.	392,642	390,127	-2,515
21. Moving expenses	21.			
22. Deductible part of self-employment tax	22.			
23. SEP/SIMPLE/Qualified plans deductions	23.			
24. SE health insurance	24.			
25. Penalty on early withdrawal of savings	25.			
26. Alimony paid	26.			
27. IRA deductions	27.			
28. Student loan interest	28.			
29. Other adjustments	29.			
30. Adjusted gross income	30.	392,642	390,127	-2,515
31. Medical	31.			
32. Taxes	32.	8,409	8,011	-398
33. Interest	33.	8,553	8,630	77
34. Contributions	34.	400		-400
35. Casualty losses	35.			
36. Miscellaneous expenses	36.			
37. Allowable itemized deductions	37.	17,362	16,641	-721
38. Standard deduction	38.	30,700	32,300	1,600
		STANDARD	STANDARD	
39. Deduction taken	39.	30,700	32,300	1,600
40. Taxable income before Qual Bus Inc Ded (QBID)	40.	361,942	357,827	-4,115
41. QBID	41.	0	0	
42. Taxable income	42.	361,942	357,827	-4,115

Form **1040****Two Year Comparison Report - Page 2****2023 & 2024**

Name

RAMIRO MANALICH & JANE E KNOBLE MANALICH

Taxpayer Identification Number

		2023	2024	
43.	Taxable income from 2YR page 1, line 42	361,942	357,827	1,115
44.	Tax on taxable income	73,666	71,963	-1,703
45.	Alternative minimum tax			
46.	Excess advance premium tax credit & other advanced repayment			
47.	Child care credit			
48.	Education credits			
49.	Retirement savings credit			
50.	Child & other dependent tax credit			
51.	General business credit			
52.	Other credits			
53.	Total credits			
54.	Net tax liability	73,666	71,963	-1,703
55.	Self-employment taxes			
56.	Other taxes	607	177	-430
57.	Total tax	74,273	72,140	-2,133
58.	Income tax withheld	74,954	71,100	-3,854
59.	Estimated tax payments			
60.	Earned income credit			
61.	Additional Child tax credit			
62.	Other refundable tax credits	1,067	4,587	3,520
63.	Other payments			
64.	Total payments	76,021	75,687	-334
65.	Tax due/-refund	-1,748	-3,547	-1,799
66.	Penalties and interest			
67.	Net tax due/-refund	-1,748	-3,547	-1,799
68.	Refund applied to estimated tax payments			
69.	Refund received	-1,748	-3,547	-1,799
70.	Effective tax rate	21.0 %	20.0 %	

Two Year Comparison - Tax Reconciliation Marginal Tax Rates

	2023	2023 Marginal	2024	2024 Marginal
	Taxable Income	Tax Rate	Taxable Income	Tax Rate
Ordinary income	361,942	24.0 %	357,827	24.0 %
Capital income		%		%
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%

Form **1040****Federal Tax Projection Worksheet 1 - Tax Computation****2024 & 2025**

PROJECTION DATE: APRIL 04, 2025

Name

RAMIRO MANALICH & JANE E KNOBLE MANALICH

Taxpayer Identification Number

		2024	2025	Differences
		MFJ	MFJ	
I n c o m e	Filing Status			
	Dependents			
	1. Salaries and wages	260,885	260,885	
	2. Interest income	1,221	1,221	
	3. Dividend income			
	4. Taxable state/local refunds			
	5. Alimony received			
	6. Business income/loss			
	7. Capital gain/loss			
	8. Other gains/losses			
	9. Taxable IRA distributions			
	10. Taxable pensions and annuities	128,021	128,021	
	11. Schedule E income/loss			
	12. Farm income/loss			
	13. Unemployment benefits			
	14. Taxable social security benefits			
	15. Other income			
	16. Total income	390,127	390,127	
A d j u s t m e n t s	17. Moving expenses			
	18. Deductible part of self-employment tax			
	19. SEP/SIMPLE/Qualified plans deductions			
	20. Self-employed health insurance deduction			
	21. Penalty on early withdrawal of savings			
	22. Alimony paid			
	23. IRA deductions			
	24. Student loan interest deduction			
	25. Other adjustments			
	26. Adjusted gross income	390,127	390,127	
D e d u c t i o n s	27. Medical			
	28. State/local income or sales taxes	1,782	1,782	
	29. Real estate taxes	6,229	6,229	
	30. Personal property taxes			
	31. Total State/Local taxes. Add lines 28 - 30	8,011	8,011	
	32. State/Local taxes allowed. Lower of line 31 or \$10,000 (\$5,000 if MFS)	8,011	8,011	
	33. Other taxes			
	34. Interest	8,630	8,630	
	35. Contributions			
	36. Casualty losses from a federally declared disaster			
	37. Miscellaneous expenses (including qualified disaster loss)			
	38. Allowable itemized deductions	16,641	16,641	
	39a. Standard deduction	32,300	33,200	900
	39b. Reserved for future use			
		STANDARD	STANDARD	
	40. Deduction taken	32,300	33,200	900
	41. Subtract line 40 from line 26	357,827	356,927	-900
	42. Qualified business income deduction			
	43. Taxable income	357,827	356,927	-900

Form **1040****Federal Tax Projection Worksheet 2 - Tax Computation****2024 & 2025**

PROJECTION DATE: APRIL 04, 2025

Name

RAMIRO MANALICH & JANE E KNOBLE MANALICH

Taxpayer Identification Number

	Filing Status		2024	2025	Differences
			MFJ	MFJ	
	44. Taxable income from TPW page 1, line 43	44.	357,827	356,927	-900
	45. Tax on taxable income	45.	71,963	71,356	-607
	46. Taxes from Forms 4972, 8814, and add'l taxes	46.			
	47. Alternative minimum tax	47.			
	48. Add lines 45, 46, and 47	48.	71,963	71,356	-607
	49. Foreign tax credit	49.			
T	50. Child and dependent care credit	50.			
a	51. Education credits	51.			
x	52. Retirement savings credit	52.			
	53. Credit for the elderly	53.			
C	54. Child tax credit/credit for other dependents	54.			
o	55. Energy Efficient Home Improvement Credit	55.			
m	56. Previously owned clean vehicles credit (Form 8936)	56.			
p	57. New clean vehicles credit (Form 8936)	57.			
u	58. Mortgage interest credit	58.			
t	59. D.C. first-time homebuyer credit	59.			
a	60. Residential Clean Energy Credit	60.			
t	61. Adoption credit	61.			
i	62. General business credit	62.			
o	63. Prior year minimum tax credit	63.			
n	64. Other credits	64.			
	65. Total credits	65.			
	66. Net tax liability	66.	71,963	71,356	-607
	67. Self-employment tax	67.			
	68. Tax on unreported tips	68.			
	69. Tax on IRA or qualified plans	69.			
	70. Household employment taxes	70.			
	71. First-time homebuyer credit repayment	71.			
	72. Reserved	72.			
	73. Additional Medicare Tax	73.	131	131	
	74. Net Investment Income Tax	74.	46	46	
	75. Other taxes	75.			
	76. Total tax	76.	72,140	71,533	-607
	77. Income tax withheld	77.	71,100	71,100	
	78. Estimated tax payments	78.		8,280	8,280
	79. Earned income credit	79.			
	80. Additional child tax credit	80.			
	81. Reserved	81.			
	82. Reserved	82.			
	83. Other payments	83.	4,587	4,122	-465
	84. Total payments	84.	75,687	83,502	7,815
	85. Net tax due/-refund	85.	-3,547	-11,969	-8,422
	86. Marginal Tax Rate - Ordinary Income	86.	24.0 %	24.0 %	
	87. Marginal Tax Rate - Capital Income	87.	%	%	
	88. Effective Tax Rate	88.	20.0 %	20.0 %	

Form **1040****Federal Tax Projection - Add'l Medicare, Net Investment Income Tax****2025**

PROJECTION DATE: APRIL 04, 2025

Name

RAMIRO MANALICH & JANE E KNOBLE MANALICH

Taxpayer Identification Number

Additional Medicare Tax (Form 8959)

1. Taxpayer medicare wages and tips from Form W-2, box 5	1.	264,588	
2. Spouse medicare wages and tips from Form W-2, box 5	2.		
3. Taxpayer self-employment income from Schedule SE, Part I, line 6	3.		
4. Spouse self-employment income from Schedule SE, Part I, line 6	4.		
5. Total earned income	5.	264,588	
6. Enter \$200,000 (\$250,000 if married filing jointly, \$125,000 if married filing separately)	6.	250,000	
7. Earned income subject to the Additional Medicare Tax. Subtract line 6 from line 5. If zero or less, enter -0-	7.	14,588	
8. Additional Medicare Tax on Earned Income. Multiply line 7 by 0.9% (0.009) and enter on the Tax Projection Worksheet line 73	8.	131	

Additional Medicare Tax Withholding (From Form(s) W-2). Enter on the Tax Projection Worksheet, line 77, income tax withheld

Tax on Net Investment Income (Form 8960)

1. Taxable interest	1.	1,221	
2. Ordinary dividends	2.		
3. Annuities	3.		
4. Rental real estate, royalties, partnerships, S Corps, trusts, trades or businesses	4.		
5. Net gains on disposition of property (other than property held in an active trade or business)	5.		
6. Reserved	6.		
7. Other modifications to investment income	7.		
8. Total investment income. Combine lines 1 through 7	8.	1,221	
9. Adjusted gross income	9.	390,127	
10. Foreign earned income exclusion	10.		
11. Deductions allocable to excluded income	11.		
12. Subtract line 11 from line 10	12.		
13. Modified adjusted gross income. Add lines 9 and 12	13.	390,127	
14. Enter \$200,000 if single or head of household; \$250,000 if married filing jointly or qualifying surviving spouse; \$125,000 if married filing separately	14.	250,000	
15. Subtract line 14 from line 13. If zero or less, enter -0-	15.	140,127	
16. Enter the smaller of line 8 or line 15. If zero or less, enter -0-	16.	1,221	
17. Net Investment Income Tax. Multiply line 16 by 3.8% (.038) and enter on the Tax Projection Worksheet line 74	17.	46	

Form **1040**

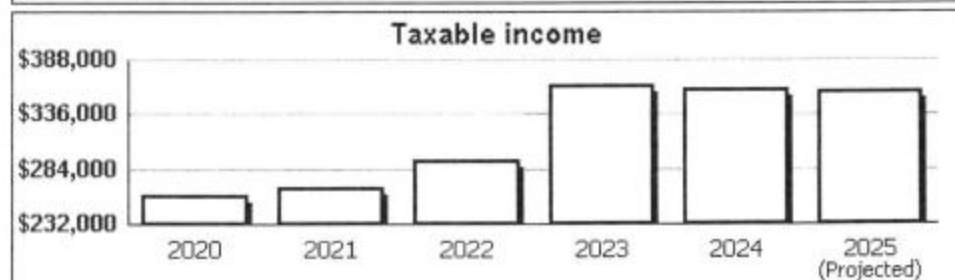
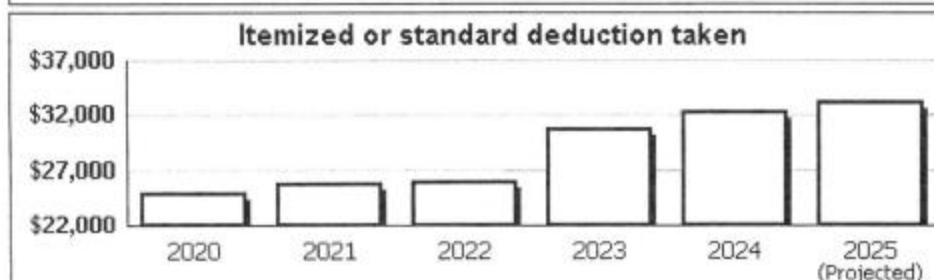
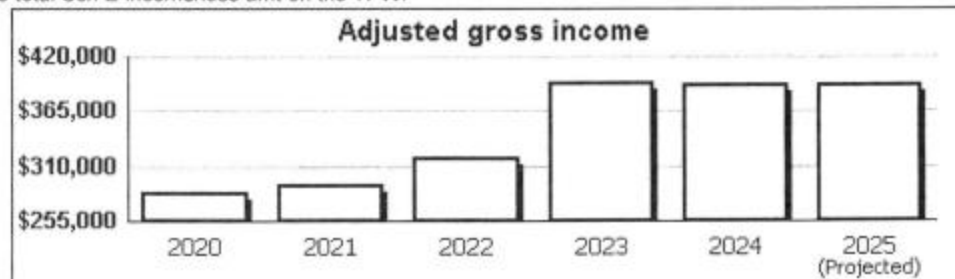
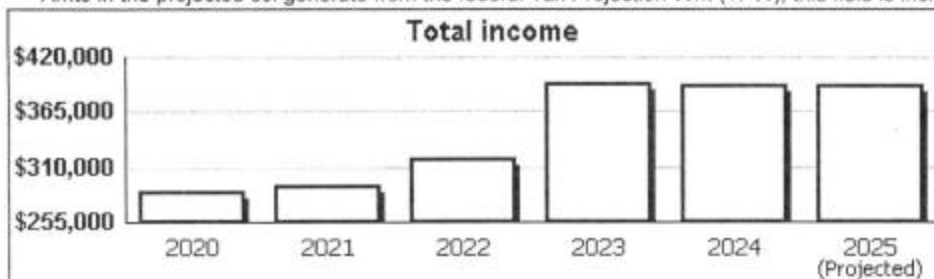
Tax Return History Report - Page 1

2024Name **RAMIRO MANALICH & JANE E KNOBLE MANALICH**

Taxpayer Identification Number

	2020	2021	2022	2023	2024	2025 PROJECTED
Filing Status	MFJ	MFJ	MFJ	MFJ	MFJ	MFJ
Salaries and wages	282,026	289,021	307,162	308,069	260,885	260,885
Interest income	1,176	801	323	1,043	1,221	1,221
Dividend income						
Business income/loss						
Capital gains/losses						
Other gains/losses						
IRA distributions, pensions, annuities			8,840	83,530	128,021	128,021
Rent, royalty, farm rental income						
Partnership/S corp income						.
Estate or trust income						.
Farm income/loss						
Other income/loss						
Total income	283,202	289,822	316,325	392,642	390,127	390,127
Total adjustments	300					
Adjusted gross income	282,902	289,822	316,325	392,642	390,127	390,127
Allowable itemized deductions	19,421	17,412	17,149	17,362	16,641	16,641
Standard deduction	24,800	25,700	25,900	30,700	32,300	33,200
Itemized or standard deduction taken	24,800	25,700	25,900	30,700	32,300	33,200
Exemptions						
Taxable income before Qual Bus Inc Ded	258,102	264,122	290,425	361,942	357,827	356,927
Qual Bus Inc Ded						
Taxable income	258,102	264,122	290,425	361,942	357,827	356,927

* Amts in the projected col generate from the federal Tax Projection Wrk (TPW); this field is incl in the total Sch E income/loss amt on the TPW.



Form **1040**

Tax Return History Report - Page 2

2024Name **RAMIRO MANALICH & JANE E KNOBLE MANALICH**

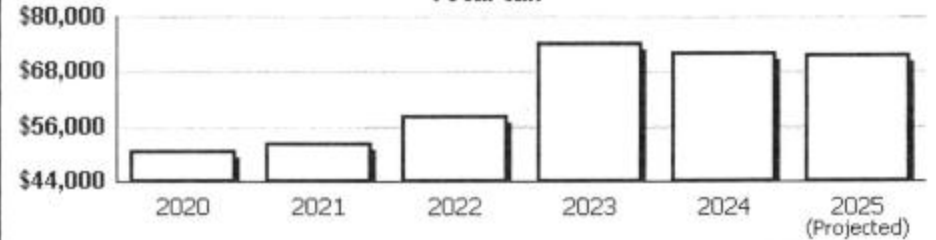
Taxpayer Identification Number

	2020	2021	2022	2023	2024	2025 PROJECTED
Taxable income	258,102	264,122	290,425	361,942	357,827	356,927
Tax on taxable income and Form 8962	50,103	51,431	57,373	73,666	71,963	71,356
Alternative minimum tax						
Total credits						
Net tax liability	50,103	51,431	57,373	73,666	71,963	71,356
Self-employment taxes						
Other taxes	414	437	550	607	177	177
Total tax	50,517	51,868	57,923	74,273	72,140	71,533
Income tax withheld	57,698	59,018	64,364	74,954	71,100	71,100
Estimated tax payments						8,280
Other payments				1,067	4,587	4,122
Total payments	57,698	59,018	64,364	76,021	75,687	83,502
Total due/-refund	-7,181	-7,150	-6,441	-1,748	-3,547	-11,969
Penalties and interest						
Net tax due/-refund	-7,181	-7,150	-6,441	-1,748	-3,547	-11,969
Refund applied to estimated tax payments						
Refund received	-7,181	-7,150	-6,441	-1,748	-3,547	
Marginal tax rate	24.0 %	24.0 %	24.0 %	24.0 %	24.0 %	24.0 %
Effective tax rate	20.0 %	20.0 %	20.0 %	21.0 %	20.0 %	20.0 %

Total credits



Total tax



Total payments



Marginal tax rate



Form **1040****Reconciliation Worksheet - Taxable Income & Tax****2024**

Name

RAMIRO MANALICH & JANE E KNOBLE MANALICH

Taxpayer Identification Number

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income, further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status **MARRIED FILING JOINTLY**Tax Pct Total Tax (In 27) divided Total Taxable Income (In 19) **20.0 %**Tax Method **TAX RATE SCHEDULE**

Tax using ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:

Tax using capital gains rates

Tax using Ordinary rates

Tax savings

	Taxable Amount	Marginal Tax Rate	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	357,827	24.0 %	71,963	\$201,050 - \$383,900	26,073
Capital Income		%			
Capital Income - 1250		%			
Capital Income - 1202		%			

*Tax on taxable ordinary income under \$100,000 is determined using IRS Tax Tables that impose the same amount of tax on taxable income within \$50 intervals. Therefore, the column (b) Tax may not be calculated as column (a) times the applicable line tax rate.

Income taxed at ordinary rates

	(a) Taxable Income	(b) Tax*
1. 10% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$23,200	1a. 23,200	1b. 2,323
2. 12% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$71,100	2a. 71,100	2b. 8,535
3. 22% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$106,750	3a. 106,750	3b. 23,479
4. 24% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$182,850	4a. 156,777	4b. 37,626
5. 32% rate	5a.	5b.
6. 35% rate	6a.	6b.
7. 37% rate	7a.	7b.
8. Total ordinary taxable income and ordinary tax. Add lines 1 through 7	8a. 357,827	8b. 71,963

Income taxed at capital gains rates

9. 0% capital gains rate	9a.	9b.
10. 15% capital gains rate	10a.	10b.
11. 20% capital gains rate	11a.	11b.
12. 25% capital gains rate Unrecaptured Section 1250 Gain	12a.	12b.
13. 28% capital gains rate Small business stock, collectibles	13a.	13b.
14. Total taxable capital gains and capital gains tax. Add lines 9 through 13	14a.	14b.

Total taxable income

15. Total ordinary taxable income. Enter the amount from line 8a.	15. 357,827
16. Total capital gains taxable income. Enter the amount from line 14a.	16.
17. Add lines 15 and 16.	17. 357,827
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.
19. Taxable income reported on 1040/1040SR, line 15, (1040NR, line 15). Subtract line 18 from line 17.	19. 357,827

Total tax

20. Total ordinary tax. Enter the amount from line 8b.	20. 71,963
21. Total capital gains tax. Enter the amount from line 14b.	21.
22. Tax on child's interest and dividend.	22.
23. Tax on lump-sum distribution.	23.
24. Other taxes.	24.
25. Add lines 20 through 24.	25. 71,963
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.	26.
27. Total tax reported on 1040/1040SR, line 16, (1040NR, line 16). Subtract line 26 from line 25.	27. 71,963

Form **1040****Reconciliation Worksheet - Projected Taxable Income & Tax****2025**

Name

RAMIRO MANALICH & JANE E KNOBLE MANALICH

Taxpayer Identification Number

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how projected 2025 tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status **MARRIED FILING JOINTLY**Tax Pct Total Tax (In 24) divided by Total Taxable Income (In 19) **20.0%**Tax Method **TAX RATE SCHEDULES**
☐ Tax using ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:

☐ Tax using capital gains rates

☐ Tax using Ordinary rates

☐ Tax savings

	Taxable Amount	Tax Rate Marginal	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	356,927	24.0%	71,356	\$206,700 - \$394,600	37,673
Capital Income		%			
Capital Income - 1250		%			
Capital Income - 1202		%			

Projected Income taxed at ordinary rates

	(a) Taxable Income	(b) Tax
1. 10.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$23,850	1a. 23,850	1b. 2,385
2. 12.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$73,100	2a. 73,100	2b. 8,772
3. 22.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$109,750	3a. 109,750	3b. 24,145
4. 24.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$187,900	4a. 150,227	4b. 36,054
5. 32.0% rate	5a.	5b.
6. 35.0% rate	6a.	6b.
7. 37.0% rate	7a.	7b.
8. Total projected ordinary taxable income and ordinary tax. Add lines 1 through 7.	8a. 356,927	8b. 71,356

Projected Income taxed at capital gains rates

9. 0% capital gains rate	9a.	9b.
10. 15% capital gains rate	10a.	10b.
11. 20% capital gains rate	11a.	11b.
12. 25% capital gains rate Unrecaptured Section 1250 Gain	12a.	12b.
13. 28% capital gains rate Small business stock, collectibles	13a.	13b.
14. Total projected taxable capital gains and capital gains tax. Add lines 9 through 13.	14a.	14b.

Total projected taxable income

15. Total ordinary taxable income. Enter the amount from line 8a.	15. 356,927
16. Total capital gains taxable income. Enter the amount from line 14a.	16.
17. Add lines 15 and 16.	17. 356,927
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.
19. Projected taxable income reported on Federal Tax Projection Worksheet. Subtract line 18 from line 17.	19. 356,927

Total projected tax

20. Total ordinary tax. Enter the amount from line 8b.	20. 71,356
21. Total capital gains tax. Enter the amount from line 14b.	21.
22. Add lines 20 and 21.	22. 71,356
23. Enter the tax allocated to the net exclusion amount from the Tax Projection Foreign Earned Income Tax Worksheet, line 5.	23.
24. Total projected 2025 tax reported on Federal Tax Projection Worksheet 2. Subtract line 23 from line 22	24. 71,356

Taxpayer Name	<u>RAMIRO</u>	<u>MANALICH</u>
Spouse Name	<u>JANE E</u>	<u>KNOBLE MANALICH</u>

DO NOT SUBMIT THIS DOCUMENT TO IRS UNLESS REQUESTED TO DO SO

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN *******Taxpayer Declarations****Perjury Statement**

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent

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. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or 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 my electronic income tax return and, if applicable, my Electronic Funds Withdrawal consent.

I am signing this Tax Return/Form and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Date (all numerics) 04/04/25

Taxpayer's PIN (enter five numbers, other than all zeroes)



Spouse's PIN (enter five numbers, other than all zeroes)

**Form 1310 Signature and Verification**

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of person claiming refund

Date

Employee Reference Copy		Wage and Tax		2024	
Statement		OMB No. 1545-0048			
Control number		Dept.	Corp.	Employer use only	
00123 PHIL/3BH		999XXX		A	
Employer's name, address, and ZIP code					
US RETIREMENT PARTNERS 99 SOUTH WOOD AVENUE ISELIN NJ 08830					
Batch #00928					
If Employee's name, address, and ZIP code					
JANE ELLEN KNOBLE MANALICH '656 WINDING CYPRESS DRIVE NAPLES FL 34114					
Employer's FED ID number		a Employee's SSA number			
Wages, tips, other comp.		2 Federal income tax withheld			
73988.00		11533.94			
Social security wages		4 Social security tax withheld			
73988.00		4587.26			
Medicare wages and tips		6 Medicare tax withheld			
73988.00		1072.83			
Social security tips		8 Allocated tips			
		10 Dependent care benefits			
1 Nonqualified plans		12a See instructions for box 12			
4 Other		12b			
		12c			
		12d			
13 Stat emp		Ret. plan 3rd party sick pay			
5 State		Employer's state ID no.		16 State wages, tips, etc.	
FL					
7 State income tax				18 Local wages, tips, etc.	
9 Local income tax				20 Locality name	

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	FL State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	75,138.00	75,138.00	75,138.00	
Less Medical FSA	1,150.00	1,150.00	1,150.00	
Reported W-2 Wages	73,988.00	73,988.00	73,988.00	

2. Employee Name and Address.

JANE ELLEN KNOBLE MANALICH
7656 WINDING CYPRESS DRIVE
NAPLES FL 34114

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Wages, tips, other comp.		2 Federal income tax withheld			
73988.00		11533.94			
Social security wages		4 Social security tax withheld			
73988.00		4587.26			
Medicare wages and tips		6 Medicare tax withheld			
73988.00		1072.83			
Control number		Dept.	Corp.	Employer use only	
00123 PHIL/3BH		999XXX		A	
Employer's name, address, and ZIP code					
US RETIREMENT PARTNERS 99 SOUTH WOOD AVENUE ISELIN NJ 08830					
Employer's FED ID number		a Employee's SSA number			
26-0829701					
Social security tips		8 Allocated tips			
		10 Dependent care benefits			
1 Nonqualified plans		12a See instructions for box 12			
4 Other		12b			
		12c			
		12d			
13 Stat emp		Ret. plan 3rd party sick pay			
If Employee's name, address and ZIP code					
JANE ELLEN KNOBLE MANALICH '656 WINDING CYPRESS DRIVE NAPLES FL 34114					
5 State		Employer's state ID no.		16 State wages, tips, etc.	
FL					
7 State income tax				18 Local wages, tips, etc.	
9 Local income tax				20 Locality name	

1 Wages, tips, other comp.		2 Federal income tax withheld			
73988.00		11533.94			
3 Social security wages		4 Social security tax withheld			
73988.00		4587.26			
5 Medicare wages and tips		6 Medicare tax withheld			
73988.00		1072.83			
d Control number		Dept.	Corp.	Employer use only	
100123 PHIL/3BH		999XXX		A	
c Employer's name, address, and ZIP code					
US RETIREMENT PARTNERS 99 SOUTH WOOD AVENUE ISELIN NJ 08830					
b Employer's FED ID number		a Employee's SSA number			
26-0829701					
7 Social security tips		8 Allocated tips			
		10 Dependent care benefits			
11 Nonqualified plans		12a			
14 Other		12b			
		12c			
		12d			
13 Stat emp		Ret. plan 3rd party sick pay			
e/f Employee's name, address and ZIP code					
JANE ELLEN KNOBLE MANALICH 7656 WINDING CYPRESS DRIVE NAPLES FL 34114					
15 State		Employer's state ID no.		16 State wages, tips, etc.	
FL					
17 State income tax				18 Local wages, tips, etc.	
19 Local income tax				20 Locality name	

1 Wages, tips, other comp.		2 Federal income tax withheld			
73988.00		11533.94			
3 Social security wages		4 Social security tax withheld			
73988.00		4587.26			
5 Medicare wages and tips		6 Medicare tax withheld			
73988.00		1072.83			
d Control number		Dept.	Corp.	Employer use only	
100123 PHIL/3BH		999XXX		A	
c Employer's name, address, and ZIP code					
US RETIREMENT PARTNERS 99 SOUTH WOOD AVENUE ISELIN NJ 08830					
b Employer's FED ID number		a Employee's SSA number			
26-0829701					
7 Social security tips		8 Allocated tips			
		10 Dependent care benefits			
11 Nonqualified plans		12a			
14 Other		12b			
		12c			
		12d			
13 Stat emp		Ret. plan 3rd party sick p			
e/f Employee's name, address and ZIP code					
JANE ELLEN KNOBLE MANALICH 7656 WINDING CYPRESS DRIVE NAPLES FL 34114					
15 State		Employer's state ID no.		16 State wages, tips, etc.	
FL					
17 State income tax				18 Local wages, tips, etc.	
19 Local income tax				20 Locality name	

Federal Filing Copy
W-2 Wage and Tax Statement 2024
OMB No. 1545-0048

FL State Filing Copy
W-2 Wage and Tax Statement 2024
OMB No. 1545-0048

FL State Filing Copy
W-2 Wage and Tax Statement 2024
OMB No. 1545-0048

7656 WINDING CYPRESS DRIV
NAPLES, FL 34114

Account number (see instructions)

11 1st year of desig. Roth contrib.

12 FATCA
Date of payment

10 Amount allocable to RIR within 5 years

13 Date of payment

14 State tax withheld

15 State/Payer's state no.

16 State distribution

17 Local tax withheld

18 Name of locality

19 Local distribution

20 Your percentage of total distribution

21 Total employee contributions

22 Other

23 Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

24 Department of the Treasury - Internal Revenue Service

Form 1099-R

PAYER'S TIN

7656 WINDING CYPRESS DRIV
NAPLES, FL 34114

RECIPIENT'S TIN

7656 WINDING CYPRESS DRIV
NAPLES, FL 34114

11 1st year of desig. Roth contrib.

12 FATCA
Date of payment

10 Amount allocable to RIR within 5 years

13 Date of payment

14 State tax withheld

15 State/Payer's state no.

16 State distribution

17 Local tax withheld

18 Name of locality

19 Local distribution

20 Your percentage of total distribution

21 Total employee contributions

22 Other

23 Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

24 Department of the Treasury - Internal Revenue Service

Form 1099-R

PAYER'S TIN

7656 WINDING CYPRESS DRIV
NAPLES, FL 34114

RECIPIENT'S TIN

7656 WINDING CYPRESS DRIV
NAPLES, FL 34114

11 1st year of desig. Roth contrib.

12 FATCA
Date of payment

10 Amount allocable to RIR within 5 years

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15 State/Payer's state no.

16 State distribution

17 Local tax withheld

18 Name of locality

19 Local distribution

20 Your percentage of total distribution

21 Total employee contributions

22 Other

23 Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

24 Department of the Treasury - Internal Revenue Service

COLUMBUS, OH 43218 877-677-3678		not determined		4 Federal income tax withheld		File this copy with your state, city, or local income tax return, when required.
PAYER'S TIN		3 Capital gain (included in box 2a)		\$0.685.00		
73-0948330		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RAMIRO MANALICH 7856 WINDING CYPRESS DR NAPLES, FL 34114-2784		7 Distribution code(s) 7		8 Other		
10 Amount allocable to RRR within 5 years		11 1st year of design. Roth contrib.		12 FATCA filing requirement		14 State tax withheld
13 Date of payment		17 Local tax withheld		15 State/Payer's state no. FL		16 State distribution \$28,740.00
18 Name of locality		19 Local distribution				

Form 1099-R www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NATIONWIDE RETIREMENT SOLUTIONS, INC PUBLIC SECTOR WEST REGION PO BOX 182797 COLUMBUS, OH 43218 877-677-3678		1 Gross distribution \$28,740.00		OMB No. 1545-0119 2024 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2a Taxable amount \$28,740.00		2b Taxable amount not determined		Total distribution		
PAYER'S TIN		3 Capital gain (included in box 2a)		4 Federal income tax withheld		Copy C For Recipient's Records
73-0948330		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RAMIRO MANALICH 7856 WINDING CYPRESS DR NAPLES, FL 34114-2784		7 Distribution code(s) 7		8 Other		
9a Your percentage of total distribution		9b Total employee contributions		This information is being furnished to the IRS.		
10 Amount allocable to RRR within 5 years		11 1st year of design. Roth contrib.		12 FATCA filing requirement		14 State tax withheld
13 Date of payment		17 Local tax withheld		15 State/Payer's state no. FL		16 State distribution \$28,740.00
18 Name of locality		19 Local distribution				

Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NATIONWIDE RETIREMENT SOLUTIONS, INC PUBLIC SECTOR WEST REGION PO BOX 182797 COLUMBUS, OH 43218 877-677-3678		1 Gross distribution \$28,740.00		OMB No. 1545-0119 2024 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2a Taxable amount \$28,740.00		2b Taxable amount not determined		Total distribution		
PAYER'S TIN		3 Capital gain (included in box 2a)		4 Federal income tax withheld		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
73-0948330		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RAMIRO MANALICH 7856 WINDING CYPRESS DR NAPLES, FL 34114-2784		7 Distribution code(s) 7		8 Other		
9a Your percentage of total distribution		9b Total employee contributions		This information is being furnished to the IRS.		
10 Amount allocable to RRR within 5 years		11 1st year of design. Roth contrib.		12 FATCA filing requirement		14 State tax withheld
13 Date of payment		17 Local tax withheld		15 State/Payer's state no.		16 State distribution

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NATIONWIDE RETIREMENT SOLUTIONS, INC PUBLIC SECTOR WEST REGION PO BOX 182797 COLUMBUS, OH 43218 677-677-3678		1 Gross distribution \$28,740.00		OMB No. 1545-0119 2024 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$28,740.00			
PAYER'S TIN 73-0948330		2b Taxable amount not determined ☐		Total distribution ☐	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RAMIRO MANALICH 7656 WINDING CYPRESS DR NAPLES, FL 34114-2784		3 Capital gain (included in box 2a)		4 Federal income tax withheld \$6,685.00	
		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
		7 Distribution code(s) 7		8 Other	
		9a Your percentage of total distribution		9b Total employee contributions	
10 Amount allocable to RRR within 5 years	11 1st year of design Roth contrib.	12 FATCA filing requirement	14 State tax withheld	15 State/Payer's state no. FL	16 State distribution \$28,740.00
		13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution

Form 1099-R www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

Copy 2
File this copy with your state, city, or local income tax return, when required.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NATIONWIDE RETIREMENT SOLUTIONS, INC PUBLIC SECTOR WEST REGION PO BOX 182797 COLUMBUS, OH 43218 677-677-3678		1 Gross distribution \$28,740.00		OMB No. 1545-0119 2024 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$28,740.00			
PAYER'S TIN 73-0948330		2b Taxable amount not determined ☐		Total distribution ☐	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RAMIRO MANALICH 7656 WINDING CYPRESS DR NAPLES, FL 34114-2784		3 Capital gain (included in box 2a)		4 Federal income tax withheld \$6,685.00	
		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
		7 Distribution code(s) 7		8 Other	
		9a Your percentage of total distribution		9b Total employee contributions	
10 Amount allocable to RRR within 5 years	11 1st year of design Roth contrib.	12 FATCA filing requirement	14 State tax withheld	15 State/Payer's state no. FL	16 State distribution \$28,740.00
Account number (see instructions)		13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution

Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

Copy C
For Recipient's Records

This information is being furnished to the IRS.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NATIONWIDE RETIREMENT SOLUTIONS, INC PUBLIC SECTOR WEST REGION PO BOX 182797 COLUMBUS, OH 43218 677-677-3678		1 Gross distribution \$28,740.00		OMB No. 1545-0119 2024 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$28,740.00			
PAYER'S TIN 73-0948330		2b Taxable amount not determined ☐		Total distribution ☐	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RAMIRO MANALICH 7656 WINDING CYPRESS DR NAPLES, FL 34114-2784		3 Capital gain (included in box 2a)		4 Federal income tax withheld \$6,685.00	
		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
		7 Distribution code(s) 7		8 Other	
		9a Your percentage of total distribution		9b Total employee contributions	
10 Amount allocable to RRR within 5 years	11 1st year of design Roth contrib.	12 FATCA filing requirement	14 State tax withheld	15 State/Payer's state no. FL	16 State distribution \$28,740.00
Account number (see instructions)		13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution

Form 1099-R www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

Copy B
Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the IRS.

7655 WINDING CYPRESS DRIV
NAPLES, FL 34114

Account number (see instructions)

11 1st year of desig. Roth contrib.

FATCA
10 Amount allocable to IRR within 5 years

7 Distribution code(s)

8 Other

9a Your percentage of total distribution

9b Total employee contributions

14 State tax withheld

15 State/Payer's state no.

16 Name of locality

17 Local tax withheld

18 State distribution

19 Local distribution

Department of the Treasury - Internal Revenue Service

Form 1099-R

CORRECTED (if checked)

PAYERS name, street address, city or town, state or province, county, ZIP or foreign postal code, and telephone no.
CHARLES SCHWAB TRUST BANK
COLLIER COUNTY DIST 401A SPP FL RO
21800 SCHWAB WAY
AUSTIN, TX 78758

PAYER'S TIN

82-3967259

RECIPIENT'S TIN

RECIPIENT'S name, street address (incl. apt. no.), city or town, state or province, county, ZIP or foreign postal code
KNOBLE MAWALICH, JANE ELLEN
7655 WINDING CYPRESS DRIV
NAPLES, FL 34114

Account number (see instructions)

11 1st year of desig. Roth contrib.

FATCA
10 Amount allocable to IRR within 5 years

14 State tax withheld

15 State/Payer's state no.

16 Name of locality

17 Local tax withheld

18 State distribution

19 Local distribution

Department of the Treasury - Internal Revenue Service

Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.

OMB No. 1545-0119
2024
Form 1099-R

1 Gross distribution
\$ 40,500.00
2a Taxable amount
\$ 40,500.00
3 Capital gain (included
in box 2a)
\$ 8,851.00
4 Federal income tax withheld
\$ 8,851.00
5 Employee contributions
(Designated Roth contributions or
insurance premiums)
\$
6 Other
\$
7 Distribution code(s)

Total
distribution

9a Your percentage of total distribution

9b Total employee contributions

14 State tax withheld

15 State/Payer's state no.

16 Name of locality

17 Local tax withheld

18 State distribution

19 Local distribution

Department of the Treasury - Internal Revenue Service

Form 1099-R

CORRECTED (if checked)

PAYERS name, street address, city or town, state or province, county, ZIP or foreign postal code, and telephone no.
CHARLES SCHWAB TRUST BANK
COLLIER COUNTY DIST 401A SPP FL RO
21800 SCHWAB WAY
AUSTIN, TX 78758

PAYER'S TIN

82-3967259

RECIPIENT'S TIN

RECIPIENT'S name, street address (incl. apt. no.), city or town, state or province, county, ZIP or foreign postal code
KNOBLE MAWALICH, JANE ELLEN
7655 WINDING CYPRESS DRIV
NAPLES, FL 34114

11 1st year of desig. Roth contrib.

FATCA
10 Amount allocable to IRR within 5 years

14 State tax withheld

15 State/Payer's state no.

16 Name of locality

17 Local tax withheld

18 State distribution

19 Local distribution

Department of the Treasury - Internal Revenue Service

Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.

OMB No. 1545-0119
2024
Form 1099-R

1 Gross distribution
\$ 40,500.00
2a Taxable amount
\$ 40,500.00
3 Capital gain (included
in box 2a)
\$ 8,851.00
4 Federal income tax withheld
\$ 8,851.00
5 Employee contributions
(Designated Roth contributions or
insurance premiums)
\$
6 Other
\$
7 Distribution code(s)

Total
distribution

9a Your percentage of total distribution

9b Total employee contributions

14 State tax withheld

15 State/Payer's state no.

16 Name of locality

17 Local tax withheld

18 State distribution

19 Local distribution

Department of the Treasury - Internal Revenue Service

a. Employer's social security number [REDACTED]		Payroll organization code 22-20-20-00-110		Intradepartment number 0000000050	
b. Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 186,896.64		2 Federal income tax withheld 37,344.12	
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 168,600.00		4 Social security tax withheld 10,453.20	
		5 Medicare wages and tips 190,496.64		6 Medicare tax withheld 2,762.20	
		7 Social security tips		10 Dependent care benefits	
d. Control number 017604 01/07		11 Nonqualified plans		12a See instructions for box 12 G 3,600.00	
e. Employee's first name, mi, and last name RAMIRO MANALICH 7656 WINDING CYPRESS DRIVE NAPLES, FL 34114-0000		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		12b DD 22,386.48	
		14 Other 125 3,533.88		12c	
				12d	
				12e	
f. Employee's address and ZIP code		15 State wages, tips, etc.		16 State income tax	
15 State Employer's state ID number		17 State wages, tips, etc.		18 Local wages, tips, etc.	
		19 State income tax		20 Local income tax	
		21 Local wages, tips, etc.		22 Locality name	

FORM **W-2** WAGE AND TAX STATEMENT **2024**

OMB No. 1545-0048

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. Employer's social security number [REDACTED]		Payroll organization code 22-20-20-00-110		Intradepartment number 0000000050	
b. Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 186,896.64		2 Federal income tax withheld 37,344.12	
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 168,600.00		4 Social security tax withheld 10,453.20	
		5 Medicare wages and tips 190,496.64		6 Medicare tax withheld 2,762.20	
		7 Social security tips		10 Dependent care benefits	
d. Control number 017604 01/07		11 Nonqualified plans		12a See instructions for box 12 G 3,600.00	
e. Employee's first name, mi, and last name RAMIRO MANALICH 7656 WINDING CYPRESS DRIVE NAPLES, FL 34114-0000		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		12b DD 22,386.48	
		14 Other 125 3,533.88		12c	
				12d	
				12e	
f. Employee's address and ZIP code		15 State wages, tips, etc.		16 State income tax	
15 State Employer's state ID number		17 State wages, tips, etc.		18 Local wages, tips, etc.	
		19 State income tax		20 Local income tax	
		21 Local wages, tips, etc.		22 Locality name	

FORM **W-2** WAGE AND TAX STATEMENT **2024**

OMB No. 1545-0048

Department of the Treasury - Internal Revenue Service

Copy C - EMPLOYEE'S RECORDS
PATRONIS RECORDS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a nondiscrimination notice or other document may be required for you if this income is taxable and you fail to report it.

☐ CORRECTED (if checked)

PAYER FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 58,781.46		OMB No. 1545-0119 2024 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B			
			2a Taxable amount \$ 58,781.46						
			2b Taxable amount not determined ☐				Total distribution ☐		
PAYER'S TIN 59-1354377		RECIPIENT'S TIN [REDACTED]		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 6,685.80	Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS.		
RECIPIENT JANE E KNOBLE-MANALICH 7656 WINDING CYPRESS DRIVE NAPLES FL 34114-2784		5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$					
		7 Distribution code(s) 7	IRA/ SEP/ SIMPLE ☐	8 Other \$	%				
		9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00					
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐		14 State tax withheld \$		15 State/Payer's state no.	16 State distribution \$
Account number (see instructions) [REDACTED]		13 Date of payment		17 Local tax withheld \$		18 Name of locality		19 Local distribution \$	

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 58,781.46		OMB No. 1545-0119 2024 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C			
			2a Taxable amount \$ 58,781.46						
			2b Taxable amount not determined ☐				Total distribution ☐		
PAYER'S TIN 59-1354377		RECIPIENT'S TIN [REDACTED]		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 6,685.80	For Recipient's Records This information is being furnished to the IRS.		
RECIPIENT JANE E KNOBLE-MANALICH 7656 WINDING CYPRESS DRIVE NAPLES FL 34114-2784		5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$					
		7 Distribution code(s) 7	IRA/ SEP/ SIMPLE ☐	8 Other \$	%				
		9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00					
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐		14 State tax withheld \$		15 State/Payer's state no.	16 State distribution \$
Account number (see instructions) [REDACTED]		13 Date of payment		17 Local tax withheld \$		18 Name of locality		19 Local distribution \$	

Form 1099-R

(keep for your records)

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Department of the Treasury - Internal Revenue Service

