

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/24/2025

General Information

Name: Mr John Albert Sgromolo III

PID 311515

AGENCY INFORMATION

Organization	Suborganization	Title
Clay County	Elected Constitutional Officer	County Commissioner District 1

Net Worth

My Net Worth as of December 31, 2024 was \$ 223,500.00.

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 \$ 50,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
House	\$ 515,000.00
Roth IRA	\$ 50,000.00
Retirement (FRS)	\$ 25,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
M and T Bank (Mortgage)	One M&T Plaza, Buffalo, NY 14203	\$ 325,000.00
Kia Car Loan	P.O. Box 660891, Dallas, TX 75266-0891	\$ 30,000.00
Federal Student Aid Loans	P.O. Box 84, Washington, D.C. 20044	\$ 11,500.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2024 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☒ I elect to file a copy of my 2024 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

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

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

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

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

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

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

Signature of Reporting Official or Candidate

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

John Albert Sgromolo III

Digitally signed: 06/24/2025

Filed with COE: 06/24/2025



2024 Federal Tax Return Filing
Instructions
FOR THE YEAR ENDING
December 31, 2024

Prepared for	JOHN A SGROMOLO III CALLIE W SGROMOLO	
Tax Summary	Gross Income.....	\$163944
	Adjusted Gross Income.....	\$162679
	Total Deductions.....	\$29200
	Total Taxable Income.....	\$133479
	Total Tax.....	\$14271
	Total Payments.....	\$11506
	Refund Amount.....	\$0
	Amount You Owe.....	\$2832
Make check payable to		
Mailing Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.	

Instructions

If you e-filed your return and it has been accepted, you will get notified via text or email if you opted for that option.

If you have a balance due being paid by check or are paper filing the return, mail it to the address indicated.

Keep a copy of your return and supporting documents for your records.

INTERNAL REVENUE SERVICE
P O Box 1214
Charlotte, NC 28201-1214

Fold here for #10 envelope

INTERNAL REVENUE SERVICE
P O Box 1214
Charlotte, NC 28201-1214

Fold here for 6x9 envelope

Fold here for #10 envelope

2024 TWO YEAR COMPARISON

JOHN A SGROMOLO III & CALLIE W SGROMOLO

Keep for Your Records

	2024	2023	Difference
Filing status	MFJ	MFJ	
INCOME:			
Wages, salaries, tips, etc.	163,944	167,689	-3,745
Interest income			
Ordinary dividend income			
IRA distributions and pension income			
Taxable social security income			
Capital gain or (loss) (Schedule D)			
Schedule 1 - Income			
Refunds of state and local taxes			
Alimony received			
Business income or (loss) (Schedule C)			
Other gains or (losses) (Form 4797)			
Rental real estate, partnerships, estates, etc. (Schedule E)			
Farm income or (loss) (Schedule F)			
Unemployment compensation			
Other income			
Total income	163,944	167,689	-3,745
ADJUSTMENTS:			
Schedule 1 - Adjustments			
Educator expenses			
Busn expenses for reservists, performing artists, etc.			
Health savings account deduction			
Moving expenses			
Deductible part of self-employment tax			
Self-employed SEP, SIMPLE and qualified plans deduction			
Self-employed health insurance			
Penalty on early withdrawal of savings			
Alimony paid			
IRA contributions			
Student loan interest deduction	1,265	154	1,111
Archer MSA deduction			
Other adjustments			
Total adjustments	1,265	154	1,111
ADJUSTED GROSS INCOME:	162,679	167,535	-4,856
DEDUCTIONS:			
Standard deduction or Itemized deductions	29,200	27,700	1,500
Charitable contributions if taking standard deduction	N/A		
If itemized, Schedule A deductions:			
Medical and dental expenses			
Sales, income, and other taxes paid	10,000		10,000
Interest paid	16,324		16,324
Gifts to charity			
Casualty and theft losses			
Other miscellaneous deductions			
Qualified business income deduction			
TAXABLE INCOME:	133,479	139,835	-6,356

2024 TWO YEAR COMPARISON

JOHN A SGROMOLO III & CALLIE W SGROMOLO

Keep for Your Records

	2024	2023	Difference
TAX COMPUTATION (BEFORE CREDITS):			
Tax	19,471	21,379	-1,908
Tax calculation method	TCW	TCW	
Schedule 2 - Taxes			
Additions to Tax			
Alternative minimum tax			
Total taxes	19,471	21,379	-1,908
Tax rate	22%	22%	
CREDITS:			
Child and other dependents tax credit	4,000	2,000	2,000
Schedule 3 - Non-Refundable Credits			
Foreign tax credit			
Child care credit	1,200	600	600
Education credit			
Retirement savings contribution credit			
Other credits			
Total credits	5,200	2,600	2,600
OTHER TAXES:			
Schedule 2 - Other Taxes			
Self-employment tax			
Additional tax on IRAs			
Other taxes			
TOTAL TAXES:	14,271	18,779	-4,508
PAYMENTS:			
Federal income tax withheld	11,506	17,216	-5,710
Estimated payments made			
Earned income credit			
Refundable child tax credit or additional child tax credit			
American opportunity credit			
Schedule 3 - Refundable Credits & Payments			
ACA premium tax credit			
Qualified sick and family leave credit			
Other payments			
Total payments	11,506	17,216	-5,710
AMOUNT DUE / REFUND:			
Amount overpaid			
Overpayment applied to next year			
Refund:			
Amount due	2,832	1,563	1,269
Penalty	67		67

Tax Calculation Methods:

Sch D = Sch D tax worksheet
Sch J = Inc Aver for Farmer/Fisherman
FEITW = Foreign Earned Income Tax WS

QDCGTW = Qual Div Cap Gain Tax WS
F8615 = Child with unearned income

TCW = Tax Comp Worksheet (rates)
TABLE = Tax Table

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 JOHN A		Last name SGROMOLO III	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial CALLIE W		Last name SGROMOLO	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 1978 Protection Point		Apt. no.	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
City, town, or post office. If you have a foreign address, also complete spaces below. Fleming Island		State FL	
Foreign country name		ZIP code 32003	
Foreign province/state/county		Foreign postal code	

Filing Status ☐ Single ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box. ☒ Married filing jointly (even if only one had income)

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: ☐ Were born before January 2, 1960 ☐ Are blind Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Charlie	Sgromolo	[REDACTED]	SON	☒	
Sloane	Sgromolo	[REDACTED]	DAUGHTER	☒	

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 163,944
	b Household employee wages not reported on Form(s) W-2	1b
	c Tip income not reported on line 1a (see instructions)	1c
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d
	e Taxable dependent care benefits from Form 2441, line 26	1e
	f Employer-provided adoption benefits from Form 8839, line 29	1f
	g Wages from Form 8919, line 6	1g
	h Other earned income (see instructions)	1h
	i Nontaxable combat pay election (see instructions) 1i	
	z Add lines 1a through 1h	1z 163,944

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. Attach Sch. B if required. Standard Deduction for: • Single or Married filing separately, \$14,600 • Married filing jointly or Qualifying surviving spouse, \$29,200 • Head of household, \$21,900 • If you checked any box under Standard Ded., see instructions.	2a Tax-exempt interest	2a	b Taxable interest	2b
	3a Qualified dividends	3a	b Ordinary dividends	3b
	4a IRA distributions	4a	b Taxable amount	4b
	5a Pensions and annuities	5a	b Taxable amount	5b
	6a Social security benefits	6a	b Taxable amount	6b
	c If you elect to use the lump-sum election method, check here (see instructions)			
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here			7
	8 Additional income from Schedule 1, line 10			8
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9 163,944
	10 Adjustments to income from Schedule 1, line 26			10 1,265
	11 Subtract line 10 from line 9. This is your adjusted gross income			11 162,679
	12 Standard deduction or itemized deductions (from Schedule A)			12 29,200
	13 Qualified business income deduction from Form 8995 or Form 8995-A			13
	14 Add lines 12 and 13			14 29,200
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income			15 133,479

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	19,471
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	19,471
	19	Child tax credit or credit for other dependents from Schedule 8812	19	4,000
	20	Amount from Schedule 3, line 8	20	1,200
	21	Add lines 19 and 20	21	5,200
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	14,271
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your total tax	24	14,271

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	11,506
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	11,506
	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	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	11,506

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number XXXXXXXXXXXXXXXXXXXX	c	Type: ☐ Checking ☐ Savings
	d	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	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	2,832
	38	Estimated tax penalty (see instructions)	38	67

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes. Complete below. ☒ No		
	Designee's name	Phone no.	Personal identification number (PIN)

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no.	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
	Firm's name	Phone no.			
	Firm's address	Firm's EIN			

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

Form 1040 (2024)

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2024

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **01**

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

Your social security number

JOHN A SGROMOLO III & CALLIE W SGROMOLO

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal

items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount:	8z	0
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	

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

Schedule 1 (Form 1040) 2024

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	1,265
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8i from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount:	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	1,265

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

JOHN A SGROMOLO III & CALLIE W SGROMOLO

Your social security number

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	1,200
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	
5b	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	1,200

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	
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	

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

Schedule 3 (Form 1040) 2024

****DO NOT FILE****
Underpayment of Estimated Tax by
Individuals, Estates, and TrustsAttach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/Form2210 for instructions and the latest information.**2024**Attachment
Sequence No. **06**

Name(s) shown on tax return

JOHN A SGROMOLO III & CALLIE W SGROMOLO

Identifying number

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 4 or line 7 less than \$1,000?	Yes	Don't file Form 2210. You don't owe a penalty.
No		
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	Yes	You don't owe a penalty. Don't file Form 2210 unless box E in Part II applies, then file page 1 of Form 2210.
No		
You may owe a penalty. Does any box in Part II below apply?	Yes	You must file Form 2210. Does box B, C, or D in Part II apply?
No		
No		You must figure your penalty.
Don't file Form 2210. You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but don't file Form 2210.		You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210.

Part I Required Annual Payment

1	Enter your 2024 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	14,271
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	
3	Other payments and refundable credits (see instructions)	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	14,271
5	Multiply line 4 by 90% (0.90)	5	12,844
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	11,506
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	2,765
8	Maximum required annual payment based on prior year's tax (see instructions)	8	20,657
9	Required annual payment. Enter the smaller of line 5 or line 8	9	12,844

Next: Is line 9 more than line 6?

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

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

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

For Paperwork Reduction Act Notice, see separate instructions.

Form 2210 (2024)

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

Section A – Figure Your Underpayment		Payment Due Dates				
		(a) 4/15/24	(b) 6/15/24	(c) 9/15/24	(d) 1/15/25	
10	Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions . . .	10	3,211	3,211	3,211	3,211
11	Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II.	11	2,877	2,877	2,877	2,875

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

12	Enter the amount, if any, from line 18 in the previous column.	12				
13	Add lines 11 and 12.	13		2,877	2,877	2,875
14	Add the amounts on lines 16 and 17 in the previous column.	14		334	668	1,002
15	Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11 . . .	15	2,877	2,543	2,209	1,873
16	If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0	0	
17	Underpayment. If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	334	668	1,002	1,338
18	Overpayment. If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column	18				

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

19	Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part III, Section B -- Figure the Penalty. Include this amount on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. Don't file Form 2210 unless you checked a box in Part II.	19	67
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Form **2210** (2024)

Name(s) shown on return

JOHN A SGROMOLO III & CALLIE W SGROMOLO

Your social security number

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under Married Persons Filing Separately. If you meet these requirements, check this box ☐

B If you or your spouse was a student or was disabled during 2024 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under If You or Your Spouse Was a Student or Disabled, check this box ☐

Part I **Persons or Organizations Who Provided the Care** — You must complete this part.

If you have more than three care providers, see the instructions and check this box ☐

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2024? For example, this generally includes nannies but not daycare centers. (see inst.)	(e) Amount paid (see instructions)
			☐ Yes ☒ No	11,010
			☐ Yes ☐ No	
			☐ Yes ☐ No	

Did you receive
dependent care benefits?

☐ No
☐ Yes

Complete only Part II below.

Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the instructions for Schedule H (Form 1040). If you incurred care expenses in 2024 but didn't pay them until 2025, or if you prepaid in 2024 for care to be provided in 2025, don't include these expenses in column (d) of line 2 for 2024. See the instructions.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box ☐

(a) Qualifying person's name First Last	(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see inst.)	(d) Qualified expenses you incurred and paid in 2024 for the person listed in column (a)
Charlie Sgromolo		☐	11,010
Sloane Sgromolo		☐	
		☐	

- 3** Add the amounts in column (d) of line 2. **Don't** enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31. **3** 6,000
- 4** Enter your **earned income**. See instructions. **4** 85,235
- 5** If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4. **5** 78,709
- 6** Enter the **smallest** of line 3, 4, or 5. **6** 6,000
- 7** Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11. **7** 162,679
- 8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7.

If line 7 is:

If line 7 is:

If line 7 is:

Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0-15,000		.35	\$25,000-27,000		.29	\$37,000-39,000		.23
15,000-17,000		.34	27,000-29,000		.28	39,000-41,000		.22
17,000-19,000		.33	29,000-31,000		.27	41,000-43,000		.21
19,000-21,000		.32	31,000-33,000		.26	43,000-No limit		.20
21,000-23,000		.31	33,000-35,000		.25			
23,000-25,000		.30	35,000-37,000		.24			

- 9a** Multiply line 6 by the decimal amount on line 8. **9a** 1,200
- b** If you paid 2023 expenses in 2024, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c. **9b** 0
- c** Add lines 9a and 9b and enter the result. **9c** 1,200
- 10** Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions. **10** 19,471
- 11** Credit for child and dependent care expenses. Enter the **smaller** of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2. **11** 1,200

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

Form **2441** (2024)

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

**Credits for Qualifying Children
and Other Dependents**

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. **47**

Name(s) shown on return

JOHN A SGROMOLO III & CALLIE W SGROMOLO

Your social security number

Part I Child Tax Credit and Credit for Other Dependents

1 Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	162,679
2a Enter income from Puerto Rico that you excluded	2a	
b Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c Enter the amount from line 15 of your Form 4563	2c	
d Add lines 2a through 2c	2d	
3 Add lines 1 and 2d	3	162,679
4 Number of qualifying children under age 17 with the required social security no. 4 2	4	
5 Multiply line 4 by \$2,000	5	4,000
6 Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number 6	6	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.		
7 Multiply line 6 by \$500	7	
8 Add lines 5 and 7	8	4,000
9 Enter the amount shown below for your filing status. • Married filing jointly--\$400,000 • All other filing statuses--\$200,000	9	400,000
10 Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0
11 Multiply line 10 by 5% (0.05)	11	
12 Is the amount on line 8 more than the amount on line 11? ☐ No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. ☒ Yes. Subtract line 11 from line 8. Enter the result.	12	4,000
13 Enter the amount from Credit Limit Worksheet A	13	18,271
14 Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	4,000

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

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

Schedule 8812 (Form 1040) 2024

2024 WAGES AND SALARIES SUMMARY ATTACHMENT

JOHN A SGROMOLO III & CALLIE W SGROMOLO

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld

St Johns Country Day School 59-0700127 T 85,235 4,260 5,285 FL
BAPTIST MEDICAL CENTER 59-0747311 S 78,709 7,246 5,040 FL

Total

163,944 11,506 10,325

2024 FEDERAL TAX WITHHOLDINGS ATTACHMENT

JOHN A SGROMOLO III & CALLIE W SGROMOLO

W-2	St Johns Country Day Schoo	4,260
W-2	BAPTIST MEDICAL CENTER	7,246

Total to Form 1040/1040-SR line 25d

11,506

2024 FORM 2441 CREDIT LIMIT WORKSHEET - LINE 10

JOHN A SGROMOLO III & CALLIE W SGROMOLO

Keep for Your Records

Complete this worksheet to figure the amount to enter on line 10.

1. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 1. 19,471
2. Enter the amount from Schedule 3 (Form 1040), line 1
(foreign tax credit) and line 6l (Form 8978, line 14) 2. _____
3. Subtract line 2 from line 1. Also enter this amount on Form 2441, line 10.
But if zero or less, stop; you can't take the credit 3. 19,471

2024 FORM 2441 EARNED INCOME WORKSHEET - LINES 4 AND 5

JOHN A SGROMOLO III & CALLIE W SGROMOLO

Keep for Your Records

	Taxpayer (a)	Spouse (b)	Taxpayer (c)	Spouse (d)
1. Amount from Form 1040, line 12			85,235	78,709
2. Form 2555, line 43, excluded as foreign earned income				
3. If member of clergy, amount from line 1 also reported on Schedule SE				
4. If church employee with \$108.28 or more of church income, amount from line 1 also reported on Schedule SE				
5. Add lines 2 through 4				
6. Subtract line 5 from line 1			85,235	78,709
7. Amount from Schedule SE, line 3				
8. Schedule SE deduction claimed on Schedule 1, line 15				
9. Subtract line 8 from line 7				
10. Amount from Schedule SE, line 4b				
11. Amount from Schedule SE, line 5a				
12. Add lines 10 and 11				
13. Amount from Schedule C, line 1, if filing as a statutory employee				
14. Amount of nontaxable combat pay				
15. Self-employment loss from Schedule C, Schedule F, and partnership K-1				
16. Self-employment net earnings less than \$400 from Schedule C, Schedule F, and PTK-1				
17. Add lines 13, 14, 15, and 16				
18. Add lines 6, 9, 12, and 17, but not less than zero			85,235	78,709
19. Student/disabled allowance				
20. Total earned income. Add lines 18 and 19			85,235	78,709

Enter taxpayer earned income (line 20, column c) on Form 2441, line 4.
Enter spouse earned income (line 20, column d) on Form 2441, line 5.

2024 STUDENT LOAN INTEREST DEDUCTION WORKSHEET – SCHEDULE 1, LINE 21

JOHN A SGROMOLO III & CALLIE W SGROMOLO

Keep for Your Records

Before you begin: ✓ Figure any write-in adjustments to be entered on Schedule 1, line 24z (see the instructions for Schedule 1, line 24z).
✓ Be sure you have read the **Exception** in the instructions for this line to see if you can use this worksheet instead of Pub. 970 to figure your deduction.

1. Enter the total interest you paid in 2024 on qualified student loans (see instructions for line 21).
Don't enter more than \$2,500 1. 1,265
2. Enter the amount from Form 1040 or 1040-SR, line 9, plus any foreign earned income exclusion and/or housing exclusion (Form 2555, line 45), any foreign housing deduction (Form 2555, line 50), amount of excluded income from Puerto Rico, and amount of excluded income from American Samoa (Form 4563, line 15) 2. 163,944
3. Enter the total of the amounts from Schedule 1, lines 11 through 20, and 23 and 25 3. 163,944
4. Subtract line 3 from line 2 4. 163,944
5. Enter the amount shown below for your filing status.
 - Single, head of household, or qualifying surviving spouse – \$80,000
 - Married filing jointly – \$165,000..... 5. 165,000
6. Is the amount on line 4 more than the amount on line 5?
No. Skip lines 6 and 7, enter -0- on line 8, and go to line 9.
Yes. Subtract line 5 from line 4 6. 0
7. Divide line 6 by \$15,000 (\$30,000 if married filing jointly). Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000 7. 0
8. Multiply line 1 by line 7 8. 0
9. **Student loan interest deduction.** Subtract line 8 from line 1. Enter the result here and on Schedule 1, line 21. **Don't** include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.) 9. 1,265

2024 SCHEDULE 8812 CREDIT LIMIT WORKSHEET A

JOHN A SGROMOLO III & CALLIE W SGROMOLO

Keep for Your Records

1. Enter the amount from line 18 of your Form 1040, 1040-SR, or Form 1040-NR

1 19,471

2. Add the following amounts (if applicable) from:

Schedule 3, line 1	+	
Schedule 3, line 2	+	1,200
Schedule 3, line 3	+	
Schedule 3, line 4	+	
Schedule 3, line 5b	+	
Schedule 3, line 6d	+	
Schedule 3, line 6f	+	
Schedule 3, line 6i	+	
Schedule 3, line 6m	+	

Enter the total 2 1,200

3. Subtract line 2 from line 1

3 18,271

Complete Credit Limit Worksheet B only if you meet all of the following:

1. You are claiming one or more of the following credits:

- a. Mortgage interest credit, Form 8396.
- b. Adoption credit, Form 8839.
- c. Residential clean energy credit, Form 5695, Part I.
- d. District of Columbia first-time homebuyer credit, Form 8859.

2. You are not filing Form 2555.

3. Line 4 of Schedule 8812 is more than zero.

4. If you are not completing Credit Limit Worksheet B, enter -0-; otherwise, enter the amount from Credit Limit Worksheet B

4

5. Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13

5 18,271

A voucher is printed at the bottom of this page.

**NOTE: This is a new scannable voucher approved by the IRS for filing of the 1040-V for the year 2024.
This is different than the voucher that is on the IRS website.**

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the "United States Treasury".
- ▶ Write your Social Security Number (SSN) on your check or money order.

Mail payment to:

INTERNAL REVENUE SERVICE
P O Box 1214
Charlotte, NC 28201-1214

Form Software Copyright 1996 - 2025 HRB Tax Group, Inc.
24 1040VS1 TXO 1040

Form **1040-V** (2024)

Separate here and mail with your payment and return.

Department of the Treasury
Internal Revenue Service

2024

OMB No. 1545-0074

Form 1040-V Payment Voucher

- ▶ Use Form 1040-V when paying the balance due on Form 1040, Form 1040A, 1040EZ, or 1040NR.
- ▶ Enter your SSN on your check or money order.
- ▶ If your name, address, or SSN is incorrect, see instructions.

Amount you are paying by check or
money order. Make your check or
money order payable to "United States Treasury"

Dollars

2,832

1729

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

JOHN A SGROMOLO III & CALLIE W SGROM INTERNAL REVENUE SERVICE
P O Box 1214
Charlotte, NC 28201-1214

2025 CARRYFORWARD INFORMATION

JOHN A SGROMOLO III & CALLIE W SGROMOLO

Keep for Your Records

Itemized Returns Only – 2024 state and local tax refund (this amount will be proforma'd to

Taxable Refund Worksheet directly and may not be taxable in 2025)

Charitable contributions carryover to 2025	
Estimated short-term capital loss carryover	
Estimated long-term capital loss carryover	
2024 tax liability (for 2025 Form 2210 purposes)	14,271
Form 8839: 2024 carryover of unqualified expenses	
Refund amount applied to 2025	
Disallowed investment interest in 2024	
Additional state taxes paid	
Form 8396: Mortgage interest credit from 2022	
Mortgage interest credit from 2023	
Mortgage interest credit from 2024	
Form 8801: Minimum tax credit carryforward	0
Potential 2025 IRA contribution from 2024 tax refund	

NOL carryforward:

Regular Tax

from 2004	from 2014
from 2005	from 2015
from 2006	from 2016
from 2007	from 2017
from 2008	from 2018
from 2009	from 2019
from 2010	from 2020
from 2011	from 2021
from 2012	from 2022
from 2013	from 2023
Gross NOL generated in 2024	
To be absorbed in carryback period	
Net carryforward from 2024	
Total carryforward to 2025	

AMT Tax

from 2004	from 2014
from 2005	from 2015
from 2006	from 2016
from 2007	from 2017
from 2008	from 2018
from 2009	from 2019
from 2010	from 2020
from 2011	from 2021
from 2012	from 2022
from 2013	from 2023
Gross AMT NOL generated in 2024	
To be absorbed in carryback period	
Net carryforward from 2024	
Total carryforward to 2025	

- The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582, Worksheet 6. Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.
- Foreign Tax Credit carryforward to 2025
- General Business Credit carryforward to 2025
- First-Time Homebuyer Credit Repayment carryforward to 2025
- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
- Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2025.