

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/30/2025

General Information

Name: Mrs Melisa Watts Giovannelli

PID 265757

AGENCY INFORMATION

Organization	Suborganization	Title
Lee County	Affordable Housing Advisory Committee	Committee Member
Lee County Public Schools	Elected Constitutional Officer	

Net Worth

My Net Worth as of June 27, 2025 was \$ 1,364,377.18.

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 \$ 115,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
1848 OCTAVIA STREET LEHIGH ACRES FL	\$ 20,000.00
1917 DIXIE WAY LEHIGH ACRES FL	\$ 20,000.00
1900 DIXIE WAY LEHIGH ACRES FL	\$ 20,000.00
410 WILLIAMS AVE LEHIGH ACRES FL	\$ 20,000.00
511 WILSON DRIE INTERLACHEN FL 32148	\$ 15,000.00
LINCOLN NAUTLIS 2024	\$ 65,000.00
RAYMOND JAMES INVESTMENT	\$ 234,580.11
HORIZON 1	\$ 3,297.56
REGIONS BANK ACCOUNT 1	\$ 12,623.46
REGIONS BANK ACCOUNT 2	\$ 3,092.58
REGIONS BANK ACCOUNT 3	\$ 13,250.33
257 EVERGREEN LANE MINERAL BLUFF GA 30559	\$ 525,000.00
FRS PENSION PLAN	\$ 45,409.43
5083 LEXINGTON BLVD FT MYERS FL 33919	\$ 550,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
PROSPER	221 Main Street, Suite 300, San Francisco, CA 94105	\$ 1,200.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
Cross Country Mortgage	1 Corporate Dr Ste 360 Lake Zurich IL 60047	\$ 218,443.89
Costco Anywhere Visa	PO BOX 790046 ST LOUIS MO 63179	\$ 10,678.13
Truist Loan Services	PO BOX 2306 WILSON NC 27894	\$ 64,461.69

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
Barclays Real Estate Group	3444 MARINATOWN LN STE. 11 N FT MYERS FL 33903	\$ 24,887.00
Lee County School Board	2855 COLONIAL BLVD FT MYERS FL 33901	\$ 49,664.00
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
N/A			

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.

Melisa Watts Giovannelli

Digitally signed: 06/30/2025

Filed with COE: 06/30/2025

LEADERSHIP ADVOCACY SERVICE

FADSS

FLORIDA ASSOCIATION OF DISTRICT SCHOOL SUPERINTENDENTS



Certificate of Completion

THIS IS TO CERTIFY THAT

Melisa W. Giovannel

has completed the 2024 four (4) hours of required ethics training pursuant to Section 112.3142, Florida Statutes, on 12/30/24, which was provided electronically from the Florida Association of District School Superintendents.*

A handwritten signature in black ink, appearing to read "B. Moore".

Brian Moore, General Counsel
Florida Association of District School
Superintendents

A handwritten signature in black ink, appearing to read "Ellen Odom".

Ellen Odom, General Counsel
Escambia County School Board

A handwritten signature in black ink, appearing to read "David Koperski".

David Koperski, School Board Attorney
Pinellas County School Board

A handwritten signature in blue ink, appearing to read "Amy D. Envall".

Amy Envall, Senior Counsel
Sniffen & Spellman, P.A.

A handwritten signature in blue ink, appearing to read "John C. Palmerini".

John C. Palmerini, General Counsel
Orange County School Board



*This certificate does not have to be filed with the Florida Commission on Ethics, but should be maintained in your records and used to "check the box" on you Form 6 or Form 1 for 2024.

Stroemer & Company
14030 Metropolis Ave Ste 200
Fort Myers, FL 33912

Melisa Giovannelli PA
5083 Lexington Blvd
Fort Myers, FL 33919
[REDACTED]

Form 1120-S Return Summary

For calendar year 2024 or tax year beginning , ending
MELISA GIOVANNELLI PA

Ordinary Business Income (Loss)

Total income	24,887	
Total deductions	17,427	
Ordinary business income (loss)		7,460
Total S Corporation taxes		0

Schedule K, Line 18

Ordinary business income (loss)	7,460	
Net rental real estate income (loss)		
Other net rental income (loss)		
Interest income		
Dividends		
Royalties		
Short-term capital gain (loss)		
Long-term capital gain (loss)		
Net Section 1231 gain (loss)		
Other income (loss)		
Section 179 deduction		
Contributions		
Investment interest expense		
Section 59(e)(2) expenditures		
Other deductions		
Foreign taxes paid or accrued		
Income (loss) reconciliation (Schedule K, Line 18)		7,460

Schedule L

	Prior Year	Current Year
Assets		2,756
Liabilities		2,756
Difference	0	0

Schedule M-1

Schedule M-1	7,460
Schedule K, Line 18	7,460
Difference	0

Retained Earnings

	Schedule L	RE Reconciliation Worksheet
AAA	2,656	2,656
UTI		
E&P		
OAA		
Timing		
Total	2,656	2,656

Schedule M-3

Schedule M-3	
Schedule K, Line 18	
Difference	0

Total number of shareholders 1
Total ownership percentage 100.000000

Stroemer & Company
14030 Metropolis Ave Ste 200
Fort Myers, FL 33912
239-433-1002

June 30, 2025

CONFIDENTIAL

Melisa Giovannelli PA
5083 Lexington Blvd
Fort Myers, FL 33919

Dear Melisa:

We have prepared the following returns from information provided by you without verification or audit:

U.S. Income Tax Return for an S Corporation (Form 1120-S)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Stroemer & Company

Filing Instructions

Melisa Giovannelli PA

Form 8879-CORP

E-file Authorization for Corporations

Taxable Year Ended December 31, 2024

Date Due: AS SOON AS POSSIBLE

Remittance: None is required. No amount is due or overpaid.

Signature: You are using the Personal Identification Number (PIN) for signing your return electronically. Form 8879-CORP, *E-file Authorization for Corporations* should be signed and dated by an authorized officer of the corporation and returned to:

Stroemer & Company
14030 Metropolis Ave Ste 200
Fort Myers, FL 33912

Important: Your return will not be filed with the IRS until the signed Form 8879-CORP, *E-file Authorization for Corporations* has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1120-S to the IRS it will delay processing of your return.

Department of the Treasury
Internal Revenue Service

For use with Form 1120 series returns.

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879CORP for the latest information.

Name of corporation

MELISA GIOVANNELLI PA

Employer identification number

Part I Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	
2	Total income (Form 1120-F, Section II, line 11)	2	
3	Total income (loss) (Form 1120-S, line 6)	3	24,887
4	Total income (Form 1120, line _____)	4	

Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's 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 electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **888-353-4537** 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 have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **STROEMER & COMPANY** to enter my PIN as my signature
ERO firm name do not enter all zeros
on the corporation's electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's electronically filed income tax return.

Officer's signature _____ Date **06/18/25** Title **OFFICER****MELISA GIOVANNELLI****Part III Certification and Authentication****ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **MARC WHITFIELD, CPA** Date **06/18/25**

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

**Application for Automatic Extension of Time To File Certain
Business Income Tax, Information, and Other Returns**

OMB No. 1545-0233

▶ **File a separate application for each return.**▶ **Go to www.irs.gov/Form7004 for instructions and the latest information.****Print
or
Type**

Name

MELISA GIOVANNELLI PA

Identifying number

Number, street, and room or suite no. (If P.O. box, see instructions.)

5083 LEXINGTON BLVD

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)

FORT MYERS**FL 33919****Note:** File request for extension by the due date of the return. See instructions before completing this form.**Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns.** See instructions.**1** Enter the form code for the return listed below that this application is for **25**

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

Part II All Filers Must Complete This Part

- 2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐
- 3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4** If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ☐
- 5a** The application is for calendar year **2024**, or tax year beginning , and ending .
- b Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions—attach explanation.)

6 Tentative total tax	6	0
7 Total payments and credits. See instructions	7	0
8 Balance due. Subtract line 7 from line 6. See instructions	8	0

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

Form **7004** (Rev. 12-2018)

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or
is attaching Form 2553 to elect to be an S corporation.Go to www.irs.gov/Form1120S for instructions and the latest information.

2024

For calendar year 2024 or tax year beginning , ending

A	S election effective date 01/01/13	TYPE OR PRINT	Name MELISA GIOVANNELLI PA	D	Employer identification number [REDACTED]
B	Business activity code number (see instructions) 531210		Number, street, and room or suite no. If a P.O. box, see instructions. 5083 LEXINGTON BLVD	E	Date incorporated 01/01/2013
C	Check if Sch. M-3 attached ☐		City or town, state or province, country, and ZIP or foreign postal code FORT MYERS FL 33919	F	Total assets (see instructions) \$ 2,756

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. ☐ Yes ☒ No

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination

I Enter the number of shareholders who were shareholders during any part of the tax year **1**

J Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

Caution: Include only trade or business income and expenses on lines 1a through 22. See the instructions for more information.

Income	1a	Gross receipts or sales	24,887	b	Less returns and allowances		c	Balance	1c	24,887
	2	Cost of goods sold (attach Form 1125-A)							2	
	3	Gross profit. Subtract line 2 from line 1c							3	24,887
	4	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)							4	
	5	Other income (loss) (see instructions—attach statement)							5	
	6	Total income (loss). Add lines 3 through 5							6	24,887
Deductions (see instructions for limitations)	7	Compensation of officers (see instructions—attach Form 1125-E)							7	
	8	Salaries and wages (less employment credits)							8	
	9	Repairs and maintenance							9	
	10	Bad debts							10	
	11	Rents							11	
	12	Taxes and licenses							12	
	13	Interest (see instructions)							13	
	14	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)							14	140
	15	Depletion (do not deduct oil and gas depletion)							15	
	16	Advertising							16	879
	17	Pension, profit-sharing, etc., plans							17	
	18	Employee benefit programs							18	
Tax and Payments	19	Energy efficient commercial buildings deduction (attach Form 7205)							19	
	20	Other deductions (attach statement)				SEE STMT 1			20	16,408
	21	Total deductions. Add lines 7 through 20							21	17,427
	22	Ordinary business income (loss). Subtract line 21 from line 6							22	7,460
	23a	Excess net passive income or LIFO recapture tax (see instructions)			23a				23c	
	b	Tax from Schedule D (Form 1120-S)			23b					
	c	Add lines 23a and 23b (see instructions for additional taxes)								
	24a	Current year's estimated tax payments and preceding year's overpayment credited to the current year			24a					
	b	Tax deposited with Form 7004			24b					
	c	Credit for federal tax paid on fuels (attach Form 4136)			24c					
d	Elective payment election amount from Form 3800			24d						
z	Add lines 24a through 24d							24z		
25	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐							25		
26	Amount owed. If line 24z is smaller than the total of lines 23c and 25, enter amount owed							26		
27	Overpayment. If line 24z is larger than the total of lines 23c and 25, enter amount overpaid							27		
28	Enter amount from line 27: Credited to 2025 estimated tax						Refunded	28		

Sign
HereUnder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements,
and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer)
is based on all information of which preparer has any knowledge.May the IRS discuss this return with the preparer
shown below? See instructions. ☒ Yes ☐ No

OFFICER

Signature of officer	MELISA GIOVANNELLI	Date		Title	
Print/Type preparer's name	MARC WHITFIELD, CPA	Preparer's signature	MARC WHITFIELD, CPA	Date	06/30/25
Firm's name	STROEMER & COMPANY	Check ☐ if self-employed	PTIN	*****	
Firm's address	14030 METROPOLIS AVE STE 200 FORT MYERS, FL 33912	Firm's EIN	32-0394930	Phone no.	239-433-1002

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120-S (2024)

Schedule B Other Information (see instructions)

1	Check accounting method:	a ☒ Cash	b ☐ Accrual	c ☐ Other (specify) _____		Yes	No
2	See the instructions and enter the:	a Business activity REAL ESTATE		b Product or service SALES & MGMT			
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation						X
4	At the end of the tax year, did the corporation:						
	a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below						X
	(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made		
b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below						X
	(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital		
5a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.						X
	(i) Total shares of restricted stock _____						
	(ii) Total shares of non-restricted stock _____						
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.						X
	(i) Total shares of stock outstanding at the end of the tax year _____						
	(ii) Total shares of stock outstanding if all instruments were executed _____						
6	Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide information on any reportable transaction? _____						X
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount ☐ If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.						
8	If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions \$ _____						
9	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions _____						X
10	Does the corporation satisfy one or more of the following? See instructions						X
	a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.						
	b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$30 million and the corporation has business interest expense.						
	c The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach Form 8990 , Limitation on Business Interest Expense Under Section 163(j).						
11	Does the corporation satisfy both of the following conditions?						X
	a The corporation's total receipts (see instructions) for the tax year were less than \$250,000.						
	b The corporation's total assets at the end of the tax year were less than \$250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.						

Schedule B Other Information (see instructions) (continued)

	Yes	No
12 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction \$		X
13 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a Did the corporation make any payments that would require it to file Form(s) 1099?		X
b If "Yes," did or will the corporation file required Form(s) 1099?		
15 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15 \$		X
16 At any time during the tax year, did the corporation: (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		X

Schedule K Shareholders' Pro Rata Share Items

		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1 7,460
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	3c
	4 Interest income	4
	5 Dividends: a Ordinary dividends	5a
	b Qualified dividends	5b
	6 Royalties	6
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a
	b Collectibles (28%) gain (loss)	8b
	c Unrecaptured section 1250 gain (attach statement)	8c
	9 Net section 1231 gain (loss) (attach Form 4797)	9
Credits	10 Other income (loss) (see instructions) Type:	10
	11 Section 179 deduction (attach Form 4562)	11
	12a Cash charitable contributions	12a
	b Noncash charitable contributions	12b
	c Investment interest expense	12c
	d Section 59(e)(2) expenditures Type:	12d
Items Affecting Shareholder Basis	e Other deductions (see instructions) Type:	12e
	13a Low-income housing credit (section 42(j)(5))	13a
	b Low-income housing credit (other)	13b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c
	d Other rental real estate credits (see instructions) Type:	13d
	e Other rental credits (see instructions) Type:	13e
	f Biofuel producer credit (attach Form 6478)	13f
Alternative Minimum Tax (AMT) Items	g Other credits (see instructions) Type:	13g
	14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance ☐	
Inter-national	15a Post-1986 depreciation adjustment	15a
	b Adjusted gain or loss	15b
	c Depletion (other than oil and gas)	15c
	d Oil, gas, and geothermal properties – gross income	15d
	e Oil, gas, and geothermal properties – deductions	15e
	f Other AMT items (attach statement)	15f
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a
	b Other tax-exempt income	16b
	c Nondeductible expenses	16c 276
	d Distributions (attach statement if required) (see instructions)	16d 18,640
	e Repayment of loans from shareholders	16e
	f Foreign taxes paid or accrued	16f

Schedule K Shareholders' Pro Rata Share Items (continued)

		Total amount
Other Information	17a Investment income	17a
	b Investment expenses	17b
	c Dividend distributions paid from accumulated earnings and profits	17c
	d Other items and amounts (attach statement) SEE STATEMENT 2	
Reconciliation	18 Income (loss) reconciliation. Combine the total amounts on lines 1 through 10. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f	18 7,460

Schedule L Balance Sheets per Books

		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash				600
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()	()		
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets			5,982	
b	Less accumulated depreciation	()	()	3,826	2,156
11a	Depletable assets				
b	Less accumulated depletion	()	()		
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()	()		
14	Other assets (attach statement)				
15	Total assets		0		2,756
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock				100
23	Additional paid-in capital				
24	Retained earnings				2,656
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock	()	()		()
27	Total liabilities and shareholders' equity		0		2,756

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**Note:** The corporation may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	7,184	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12e, and 16f (itemize):		6 Deductions included on Schedule K, lines 1 through 12e, and 16f, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	
b Travel and entertainment \$	276		
	276	7 Add lines 5 and 6	
4 Add lines 1 through 3	7,460	8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	7,460

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account

(see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year	14,112			
2 Ordinary income from page 1, line 22	7,460			
3 Other additions				
4 Loss from page 1, line 22				
5 Other reductions STMT 3	276			
6 Combine lines 1 through 5	21,296			
7 Distributions	18,640			
8 Balance at end of tax year. Subtract line 7 from line 6	2,656			

Schedule K-1
(Form 1120-S)

Department of the Treasury
Internal Revenue Service

2024

For calendar year 2024, or tax year

beginning

ending

Shareholder's Share of Income, Deductions,
Credits, etc.

See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number

B Corporation's name, address, city, state, and ZIP code

MELISA GIOVANNELLI PA

5083 LEXINGTON BLVD

FORT MYERS

FL 33919

C IRS Center where corporation filed return

E-FILE

D Corporation's total number of shares

Beginning of tax year 100

End of tax year 100

Part II Information About the Shareholder

E Shareholder's identifying number

F1 Shareholder's name, address, city, state, and ZIP code

MELISA GIOVANNELLI

5083 LEXINGTON BLVD

FORT MYERS

FL 33919

F2 If the shareholder is a disregarded entity, a trust, an estate, or a nominee or similar person, enter the individual or entity responsible for reporting:

TIN

Name

F3 What type of entity is this shareholder?

G Current year allocation percentage 100.000000 %

H Shareholder's number of shares

Beginning of tax year 100

End of tax year 100

I Loans from shareholder

Beginning of tax year \$ 0

End of tax year \$ 0

For IRS Use Only

Final K-1

Amended K-1

OMB No. 1545-0123

Part III Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items

1	Ordinary business income (loss)	13	Credits
	7,460		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	Items affecting shareholder basis
		C*	276
10	Other income (loss)	D	18,640
		17	Other information
		V*	STMT
11	Section 179 deduction		
12	Other deductions		
18	More than one activity for at-risk purposes*		
19	More than one activity for passive activity purposes*		
* See attached statement for additional information.			

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2024

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

MELISA GIOVANNELLI PA

Identifying number

Business or activity to which this form relates

REGULAR DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	140
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	140
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2024)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		☒ Yes	☐ No	24b If "Yes," is the evidence written?		☒ Yes	☐ No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions								25
26 Property used more than 50% in a qualified business use:								
2022 LINCOLN NAUTILUS	12/31/22	70.59%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)	12,000					
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven	5,000					
33 Total miles driven during the year. Add lines 30 through 32	17,000					
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?	X					
36 Is another vehicle available for personal use?	X					

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		X
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		X
39 Do you treat all use of vehicles by employees as personal use?		X
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		X
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		X

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year (see instructions):					
43 Amortization of costs that began before your 2024 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Section 199A Information Worksheet

Form 1120-S

2024

For calendar year 2024 or tax year beginning , ending

Name MELISA GIOVANNELLI PA Employer Identification Number

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	PAGE 1 ACTIVITY				
Column B					
Column C					
Column D					
Column E					

QBI or Qualified PTP items:	Column A	Column B	Column C	Column D	Column E
Ordinary business income (loss)	7,460				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property	5,982				
Other Information:					
QBI allocable to cooperative prmts received					
W-2 wages allocable to qualified payments					
Section 199A(g) deduction					
Section 199A REIT dividends					

Federal Statements

FYE: 12/31/2024

Statement 1 - Form 1120-S, Page 1, Line 20 - Other Deductions

Description	Amount
INTERNET EXPENSE	\$ 1,114
TELEPHONE	1,047
OFFICE SUPPLIES	1,070
PARKING & TOLLS	95
CONTINUING EDUCATION	2,050
INSURANCE EXPENSE	1,281
CLIENT GIFTS	515
BROKER FEES	3,600
MILEAGE REIMBURSEMENT	5,360
50% OF MEALS	276
TOTAL	\$ 16,408

Statement 2 - Form 1120-S, Page 4, Schedule K, Line 17d - Other Items and Amounts

Description	Amount
SECTION 199A INFORMATION - SEE ATTACHED WRK	\$

Statement 3 - Form 1120-S, Page 5, Schedule M-2, Line 5(a) - Other Reductions

Description	Amount
TRAVEL & ENTERTAINMENT	\$ 276
TOTAL	\$ 276

Federal Statements

FYE: 12/31/2024

Melisa Giovannelli**Schedule K-1, Box 16, Code C - Nondeductible Expenses**

Description	Shareholder Amount
PAGE 1 MEALS	\$ 276
TOTAL	\$ 276

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Schedule K-1, Box 17, Code V
Shareholder's Section 199A Information

Form **1120-S**
Schedule K-1

2024

For calendar year 2024 or tax year beginning , ending

Name
MELISA GIOVANNELLI PA
MELISA GIOVANNELLI

Taxpayer Identification Number

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	PAGE 1 ACTIVITY				
Column B					
Column C					
Column D					
Column E					

QBI or Qualified PTP items:

	Column A	Column B	Column C	Column D	Column E
Ordinary business income (loss)	7,460				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property	5,982				

Other Information:

QBI allocable to cooperative prmts received
W-2 wages allocable to qualified payments
Section 199A(g) deduction

Section 199A REIT dividends

Federal Asset Report

Form 1120-S, Page 1

FYE: 12/31/2024

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
2	Leasehold Improvements	1/01/13	3,826				3,826	27	MM S/L	1,530	140
3	Computers/Printers	7/01/18	2,156			X	0	5	HY 200DB	2,156	0
			<u>5,982</u>				<u>3,826</u>			<u>3,686</u>	<u>140</u>
Listed Property:											
1	2022 Lincoln Nautilus	12/31/22	0	70.59			0	0	HY	0	0
			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Grand Totals			5,982				3,826			3,686	140
Less: Dispositions and Transfers			0				0			0	0
Less: Start-up/Org Expense			0				0			0	0
Net Grand Totals			<u>5,982</u>				<u>3,826</u>			<u>3,686</u>	<u>140</u>

Client Copy

Bonus Depreciation Report

FYE: 12/31/2024

Form 1120-S, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
3	Computers/Printers	7/01/18	2,156		0	0	2,156	0
Grand Total			2,156		0	0	2,156	0

Client Copy

Qualified Property Report

FYE: 12/31/2024

Form 1120-S, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Qualified Property
1	2022 Lincoln Nautilus	12/31/22	0	70.59	0
2	Leasehold Improvements	1/01/13	3,826	100.00	3,826
3	Computers/Printers	7/01/18	2,156	100.00	2,156
Grand Total			<u>5,982</u>		<u>5,982</u>

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AMT Asset Report

Form 1120-S, Page 1

FYE: 12/31/2024

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
2	Leasehold Improvements	1/01/13	3,826				3,826	27	MM S/L	1,530	140
3	Computers/Printers	7/01/18	2,156			X	0	5	HY 200DB	2,156	0
			<u>5,982</u>				<u>3,826</u>			<u>3,686</u>	<u>140</u>
Listed Property:											
1	2022 Lincoln Nautilus	12/31/22	0	70.59			0	0	HY	0	0
			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Grand Totals			5,982				3,826			3,686	140
Less: Dispositions and Transfers			0				0			0	0
Net Grand Totals			<u>5,982</u>				<u>3,826</u>			<u>3,686</u>	<u>140</u>

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Depreciation Adjustment Report

FYE: 12/31/2024

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	2	Leasehold Improvements	140	140	0
Page 1	1	3	Computers/Printers	0	0	0
				<u>140</u>	<u>140</u>	<u>0</u>

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Future Depreciation Report FYE: 12/31/25

FYE: 12/31/2024

Form 1120-S, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
2	Leasehold Improvements	1/01/13	3,826	139	139
3	Computers/Printers	7/01/18	2,156	0	0
			<u>5,982</u>	<u>139</u>	<u>139</u>
<u>Listed Property:</u>					
1	2022 Lincoln Nautilus	12/31/22	0	0	0
			<u>0</u>	<u>0</u>	<u>0</u>
Grand Totals			<u>5,982</u>	<u>139</u>	<u>139</u>

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Form **1120-S****Schedule K-1 Summary Worksheet****2024**

Name

Employer Identification Number

MELISA GIOVANNELLI PA

Shareholder Name

SSN/EIN

Column A **MELISA GIOVANNELLI**

Column B

Column C

Column D

Schedule K Items	Column A	Column B	Column C	Column D	SCH K TOTAL
1 Ordinary income	7,460				7,460
2 Net rental RE inc					
3c Net other rental inc					
4 Interest income					
5a Ordinary dividends					
5b Qualified dividends					
6 Royalties					
7 Net ST capital gain					
8a Net LT capital gain					
8b Collectibles 28% gain					
8c Unrecap Sec 1250					
9 Net Sec 1231 gain					
10 Other income (loss)					
11 Sec 179 deduction					
12a Contributions					
12b Invest interest exp					
12c Sec 59(e)(2) exp					
12d Other deductions					
13a Low-inc house 42j5					
13b Low-inc house other					
13c Qualif rehab exp					
13d Rental RE credits					
13e Other rental credits					
13f Biofuel credit					
13g Other credits					
15a Depr adjustment					
15b Adjusted gain (loss)					
15c Depletion					
15d Inc-oil/gas/geoth					
15e Ded-oil/gas/geoth					
15f Other AMT items					
16a Tax-exempt interest					
16b Other tax-exempt					
16c Nonded expense	276				276
16d Distributions	18,640				18,640
16e Shr loan repmts					
16f Foreign taxes					
17a Investment income					
17b Investment expense					
18 Income (loss)	7,460				7,460

Form **1120-S**

Retained Earnings Reconciliation Worksheet

2024

For calendar year 2024 or tax year beginning , ending

Name

Employer Identification Number

MELISA GIOVANNELLI PA

Schedule L - Retained Earnings

Retained Earnings - Unappropriated (Accumulated E&P)	0
Accumulated Adjustments Account	2,656
Undistributed Previously Taxed Income	0
Other Adjustments Account	0
Retained Earnings Timing Differences	0
Schedule L, Line 24 - Retained Earnings	2,656

Schedule M-2 - Retained Earnings

	Accumulated Adjustments Account	Undistributed Previously Taxed Income	Accumulated Earnings and Profits	Other Adjustments Account	Retained Earnings Timing Differences	Total Retained Earnings
Beginning of Year	14,112	0	0	0	0	14,112
Ordinary Income (Loss)	7,460					7,460
Other Additions						
Other Reductions	276					276
Distributions	18,640					18,640
End of Year	2,656	0	0	0	0	2,656

Federal Statements

FYE: 12/31/2024

Form 1120-S, Retained Earnings Reconciliation Worksheet, AAA - Other Reductions

Description	Amount
TRAVEL & ENTERTAINMENT	\$ 276
TOTAL	\$ 276

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Form **1120/1120-S**

Electronic Filing - PDF Attachment Worksheet

2024

For calendar year 2024 or tax year beginning, ending

Name
MELISA GIOVANNELLI PA

Employer Identification Number

Title	Attachment Source	Proforma
AUTOMATICALLY ATTACHED TO RETURN SECTION 199A INFORMATION WORKSHEET SHAREHOLDER SECTION 199A INFORMATION WORKSHEET	SECTION199AINFORMATIONWORKSHEET.PDF SHAREHOLDERSECTION199AINFORMATIONWORKSHEET.PDF	

Shareholder's Basis Worksheet Page 1

Form **1120-S**

2024

Schedule K-1

For calendar year 2024 or tax year beginning

, ending

Name **MELISA GIOVANNELLI PA**
MELISA GIOVANNELLI

Taxpayer Identification Number

Stock Basis

1. Beginning of year stock basis	14,112
2. Capital contributions	
Additions:	
3. Ordinary business income	7,460
4. Net rental income	
5. Interest, dividends, royalties and net capital gains	
6. Net Section 1231 gain	
7. Tax-exempt interest and other income	
8. Other income	
9. Gain on disposal of Section 179 assets	
Total of line 3 through line 9	7,460
10. Other increases	
11. Subtotal (Add line 1 through line 10)	21,572
Subtractions:	
12. Distributions	18,640
13. Total losses and deductions applied against stock basis (See Shareholder's Basis Worksheet Page 3)	276
14. Other decreases	
15. Amount used to restore loan basis	
16. End of year stock basis (Subtract the sum of lines 12 through 15 from line 11)	2,656

Loan Basis

17. Beginning of year loan basis	0
18. Loans to corporation	
19. Loan basis restored - amount used in prior years to offset losses	
20. Other increases	
21. Loan repayments	
22. Total losses and deductions applied against loan basis (See Shareholder's Basis Worksheet Page 3)	
23. Other decreases	
24. End of year loan basis (Subtract the sum of lines 21 through 23 from the sum of lines 17 through 20)	0
25. End of year stock and loan basis (Add line 16 and line 24)	2,656
Principal amount of loan owed to shareholder at end of the year	0

Gain Recognized on Excess Distributions

26. Distributions	18,640
27. Stock basis before distributions and loss items	21,572
28. Gain recognized on excess distributions (Subtract line 27 from line 26)	★ 0

Gain Recognized on Repayment of Shareholder Loan

29. Loan basis at beginning of tax year	
30. Loan basis restored - amount used in prior years to offset losses	
31. Loan basis before loan repayment (Add line 29 and line 30)	
32. Shareholder loan at beginning of tax year	
33. Loan repayments to shareholder during tax year	
34. Nontaxable return of loan basis ((Line 31 divided by line 32) multiplied by line 33)	
35. Gain recognized on repayment of shareholder loan (Subtract line 34 from line 33)	

★ NO GAIN RECOGNIZED IN CURRENT YEAR.

Note to shareholder: This worksheet was prepared based on corporation records. Please consult with your tax advisor for adjustments.

Name

MELISA GIOVANNELLI PA
MELISA GIOVANNELLI

Taxpayer Identification Number

Loss Allocated to Stock and Loan Basis

	Suspended Losses	Current Year Loss	Total Loss	Percent	Allowed Stock Loss	Disallowed Loss	Percent	Allowed Loan Loss	Loss to Carryforward	Total Allowed Loss
Nondeductible noncap expenses		276	276	100.00	276					276
Deductible items:										
Ordinary business loss										
Net rental real estate loss										
Other net rental loss										
Short-term capital loss										
Long-term capital loss										
Net Section 1231 loss										
Other portfolio loss										
Loss disposal oil & gas property										
Gambling losses										
Non-portfolio capital loss										
Other losses										
Section 179 expense										
Cash contributions (60%)										
Cash contributions (30%)										
Noncash contributions (50%)										
Qual conserv contrib (50%)										
Noncash contributions (30%)										
Cap gain prop 50% org (30%)										
Cap gain prop (20%)										
Qual conserv contrib (100%)										

Note to shareholder: This worksheet was prepared based on corporation records. Please consult with your tax advisor for adjustments.

Name

MELISA GIOVANNELLI PA
MELISA GIOVANNELLI

Taxpayer Identification Number

Loss Allocated to Stock and Loan Basis Continued

	Suspended Losses	Current Year Loss	Total Loss	Percent	Allowed Stock Loss	Disallowed Loss	Percent	Allowed Loan Loss	Loss to Carryforward	Total Allowed Loss
Portfolio deductions										
Investment interest expense										
Deductions-royalty income										
Section 59(e)(2) expend										
Preproductive period exp										
Reforestation expense ded										
Soil and water conservation										
Film production expenditures										
Expenditures barrier removal										
Itemized deductions										
Contributions to a CCF										
Penalty on early withdrawal										
Interest debt financed distrib										
Other deductions										
Foreign taxes										
Loss on disposal of 179 assets										
Total deductible items										
Total nonded and deductible items		276	276		276					276

Federal Statements

FYE: 12/31/2024

Form 1120-S, Page 3, Schedule K, Line 16c - Nondeductible Expenses

<u>Description</u>	<u>Amount</u>
PAGE 1 MEALS	\$ 276
TOTAL	\$ 276

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