

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/30/2025

General Information

Name: Hon Rita Harris

PID 300332

AGENCY INFORMATION

Organization	Suborganization	Title
House Of Representatives	Elected Constitutional Officer	State Representative

Net Worth

My Net Worth as of May 1, 2025 was \$ 14,672.00.

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 \$ 16,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
See attached	\$ 28,166.52
See Attached	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
U.S. Department of Education	Greenville, TX 75403-5609	\$ 26,494.45

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
Ally Auto	PO Box 380902, Bloomington, MN 55438-0902	\$ 29,269.01

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.

CPA/Attorney Signature Only

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, **Jason B Blank Esq** prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Jason B Blank Esq

Digitally signed: 06/30/2025

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.

Rita Harris

Digitally signed: 06/30/2025

Filed with COE: 06/30/2025

JENNIFER RITA HARRIS
FORM 6
FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS
2024

PART B- ASSETS

<u>DESCRIPTION</u>	<u>VALUE OF ASSETS</u>
<u>CASH AND EQUIVALENTS</u>	
TRUIST CHECKING ACCT XXX[REDACTED]	\$ 7,940.42
TRUIST CHECKING ACCT XXX[REDACTED]	\$ 10,000.00
TOTAL CASH AND EQUIVALENTS	<u>\$ 17,940.42</u>
<u>RETIREMENT & BROKERAGE ACCOUNTS</u>	
E-TRADE ROTH IRA- XXX[REDACTED]	\$ 1,011.11
CASH/EQU	\$95.92
DEMZ	\$140.64
PRBLX	\$297.01
WGROX	\$323.86
WILNX	\$153.65
E-TRADE JOINT BROKERAGE- XXX03-201	\$ 13,486.29
CASH/EQU	\$93.05
IJR	\$499.87
ITOT	\$2,712.87
SUB	\$791.87
SPMD	\$665.16
SPLG	\$2,605.28
VEA	\$1,549.13
VWO	\$669.94
VTEB	\$3,899.12
E-TRADE JOINT BROKERAGE- XXX80-204	\$ 1,780.41
CASH/EQU	\$1,324.50
DXC	\$106.40
ELDN	\$45.00
GERN	\$228.00
MBOT	\$76.20
SYRS	\$0.30
TSOI	\$0.01
FLORIDA RETIREMENT SYSTEM (FRS)	\$ 11,888.71
FRS Retirement Fund (2040)	
TOTAL RETIREMENT & BROKERAGE ACCOUNTS	<u>\$ 28,166.52</u>

Consent to Use of Tax Return Information

2024 Tax Year

This form is provided to you by BROWN FINANCIAL SERVICES (Tax Preparer).

Federal law requires this consent form be provided to you. Unless authorized by law, we, as your Tax Preparer, cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you would like us to use your tax return information to determine your eligibility for the following product(s), please choose the particular product and check the appropriate box below:

X - Tax Refund - Refund Advance Bank Product

X - Tax Refund - Refund Transfer Bank Product

Printed Name of Taxpayer:

JENNIFER R HARRIS

Taxpayer Signature:

Date: _____

Printed Name of Joint Taxpayer:

JOHN HARRIS

Joint Taxpayer Signature:

Date: _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Home Phone:

Cell Phone:

Invoice and Fee Disclosure

TAX YEAR 2024

Receipt Number:

Site ID:

Date: 04/14/2025

PPID: YOLANDA

Client Name and Address

Office Information

JENNIFER R & JOHN HARRIS
JOHN HARRIS
13547 EYAS ROAD
ORLANDO FL 32837

Fees Related to Tax Preparation Services

Itemized Form Billing Charges

\$ _____

Hourly Charges

\$ _____

Self-Prepared Flat Fee

\$ _____

Pre-Defined Charges

\$ _____

Prior Year Balance / (Overpayment)

\$ _____

Remote Signature Fee^{1,7}

\$ _____

Document Preparation Fee

\$ _____

\$ _____

\$ _____

Fees Related to Software and Transmitting Services

Transmission Fee^{2,7}

\$ _____

Transmitter Fee^{3,7}

\$ _____

Only One Fee will
Apply if Applicable

Technology Fee^{4,7}

\$ 17.00

Electronic Filing (e-filing) Fee⁸

\$ _____

Service Bureau Fee⁵

\$ _____

Bank Fees⁶

\$ _____

Additional Services and Products / Ancillary Products

\$ _____

\$ _____

Total of all Charges

\$ 17.00

Discounts or Credits

(\$ _____)

Tax _____ @ _____

\$ _____

Total Due

\$ 17.00

Amount Expected to be Paid by Financial Institution

\$ _____

Balance Due / (Overpayment)

\$ 17.00

Description of Fees

NOTE: We reserve the right to amend fees or their descriptions as the result of or in reaction to state, federal or regulatory laws.

DEFINITION: Pass Through Fee means charges to Preparer for certain services that it acquires from third parties to enable it (in part) to provide the tax preparation services, which charges Preparer passes through as fees charged to Taxpayer.

¹A fee charged to integrate remote signature technology.

²A fee charged for the transmission of a bank product application through the software.

³In states that prohibit the charging of an additional fee (like the Transmission Fee) to Taxpayers opting to use a bank product, a fee will be charged to all returns for the transmission and security of data / documents through the software.

⁴A fee charged for the cost of programming, communication protocols and the ongoing costs of maintenance, updates and enhancements to the software and the related network infrastructure.

⁵This is a Pass Through Fee charged and set by the Service Bureau. This is a third party, that for a fee, enables Preparer to offer certain Taxpayer services. The Preparer / Network may have added on to this fee.

⁶See bank product application for details.

⁷The Transmission, Transmitter, Technology and Remote Signature fees are Pass Through Fees charged and set by the tax software company. Preparer / Network may have added on to these fees.

⁸A fee charged by Preparer for submitting documents electronically to a tax authority and/or other third party.

ITEMIZED FORM BILLING INVOICE

TAX YEAR 2024

Client Name and Address

Office Information

JENNIFER R & JOHN HARRIS
JOHN HARRIS
13547 EYAS ROAD
ORLANDO FL 32837

Discounts**Amount**

%

Amount

1. Tax Preparation Discount

2. Predefined Discount

3.

4.

5.

Discount Total

()

Description of Payment / Credit

Date Received

Received From

Method

Memo

Amount

Payment / Credit Total

()

IRS e-file Signature Authorization

OMB No. 1545-0074

- **ERO must obtain and retain completed Form 8879.**
 ► **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ►

Taxpayer's name

JENNIFER R HARRIS

Social security number

Spouse's name

JOHN HARRIS

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2024 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	269,327
2	Total tax	2	44,366
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	37,263
4	Amount you want refunded to you	4	30
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

☒ I authorize **BROWN FINANCIAL SERVICES** to enter or generate my PIN **_____** as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

☒ I authorize **BROWN FINANCIAL SERVICES** to enter or generate my PIN **_____** as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only—continue below**Part III Certification and Authentication — Practitioner PIN Method Only****ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. _____**Don't enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► _____ Date ► _____

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

2025 Estimated TaxPayment
Voucher **3**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to **"United States Treasury."** Write your social security number and "2025 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year—Due Sept. 15, 2025Amount of estimated tax you are paying
by check or
money order.**389 00**Pay online at
www.irs.gov/etpaySimple.
Fast.
Secure.

Print or type	Your first name and middle initial	Your last name	Your social security number	
	JENNIFER R	HARRIS		
	If joint payment, complete for spouse			
	Spouse's first name and middle initial	Spouse's last name	Spouse's social security number	
	JOHN	HARRIS		
	Address (number, street, and apt. no.)			
	13547 EYAS ROAD			
City, town, or post office. If you have a foreign address, also complete spaces below.			State	ZIP code
ORLANDO			FL	32837
Foreign country name		Foreign province/county	Foreign postal code	

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

1037 CPTS 4USES1

Separate here.

2025 Estimated TaxPayment
Voucher **2**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to **"United States Treasury."** Write your social security number and "2025 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year—Due June 16, 2025Amount of estimated tax you are paying
by check or
money order.**389 00**Pay online at
www.irs.gov/etpaySimple.
Fast.
Secure.

Print or type	Your first name and middle initial	Your last name	Your social security number	
	JENNIFER R	HARRIS		
	If joint payment, complete for spouse			
	Spouse's first name and middle initial	Spouse's last name	Spouse's social security number	
	JOHN	HARRIS		
	Address (number, street, and apt. no.)			
	13547 EYAS ROAD			
City, town, or post office. If you have a foreign address, also complete spaces below.			State	ZIP code
ORLANDO			FL	32837
Foreign country name		Foreign province/county	Foreign postal code	

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

1037 CPTS 4USES1

Separate here.

2025 Estimated TaxPayment
Voucher **1**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to **"United States Treasury."** Write your social security number and "2025 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year—Due April 15, 2025Amount of estimated tax you are paying
by check or
money order.**389 00**Pay online at
www.irs.gov/etpaySimple.
Fast.
Secure.

Print or type	Your first name and middle initial	Your last name	Your social security number	
	JENNIFER R	HARRIS		
	If joint payment, complete for spouse			
	Spouse's first name and middle initial	Spouse's last name	Spouse's social security number	
	JOHN	HARRIS		
	Address (number, street, and apt. no.)			
	13547 EYAS ROAD			
City, town, or post office. If you have a foreign address, also complete spaces below.			State	ZIP code
ORLANDO			FL	32837
Foreign country name		Foreign province/county	Foreign postal code	

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

1037 CPTS 4USES1

Form 1040-ES (2025)

Record of Estimated Tax Payments (Farming, fishing, and fiscal year taxpayers, see Payment Due Dates.)

Keep for Your Records



Payment number	Payment due date	(a) Amount due	(b) Date paid	(c) Check or money order number, or credit or debit card confirmation number	(d) Amount paid (do not include any convenience fee)	(e) 2024 overpayment credit applied	(f) Total amount paid and credited (add (d) and (e))
1	4/15/2025						
2	6/16/2025						
3	9/15/2025						
4	1/15/2026*						
Total.							

* You do not have to make this payment if you file your 2025 tax return by February 2, 2026, and pay the entire balance due with your return.

Privacy Act and Paperwork Reduction Act Notice. We ask for this information to carry out the tax laws of the United States. We need it to figure and collect the right amount of tax. Our legal right to ask for this information is Internal Revenue Code section 6654, which requires that you pay your taxes in a specified manner to avoid being penalized. Additionally, sections 6001, 6011, and 6012(a) and their regulations require you to file a return or statement for any tax for which you are liable; section 6109 requires you to provide your identifying number. Failure to provide this information, or providing false or fraudulent information, may subject you to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as stated in Code section 6103.

We may disclose the information to the Department of Justice for civil and criminal litigation and to other federal agencies, as provided by law.

We may disclose it to cities, states, the District of Columbia, and U.S. commonwealths or territories to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

If you do not file a return, do not give the information asked for, or give fraudulent information, you may be charged penalties and be subject to criminal prosecution.

Please keep this notice with your records. It may help you if we ask you for other information. If you have any questions about the rules for filing and giving information, please call or visit any Internal Revenue Service office.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return.

If you have suggestions for making this package simpler, we would be happy to hear from you. See the instructions for your income tax return.

Separate here.

Form **1040-ES**
Department of the Treasury
Internal Revenue Service

2025 Estimated Tax**Payment Voucher 4**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to **"United States Treasury."** Write your social security number and "2025 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year—Due Jan. 15, 2026

Amount of estimated tax you are paying by check or money order.

389 00

Pay online at
www.irs.gov/etpay

Simple.
Fast.
Secure.

Print or Type	Your first name and middle initial JENNIFER R	Your last name HARRIS	Your social security number [REDACTED]	
	If joint payment, complete for spouse			
	Spouse's first name and middle initial JOHN	Spouse's last name HARRIS	Spouse's social security number [REDACTED]	
	Address (number, street, and apt. no.) 13547 EYAS ROAD			
	City, town, or post office. If you have a foreign address, also complete spaces below. ORLANDO		State FL	ZIP code 32837
	Foreign country name		Foreign province/county	

2025 Estimated Tax Worksheet

Keep for Your Records

1	Adjusted gross income you expect in 2025 (see instructions)	1	269,327
2a	Deductions	2a	30,000
	• If you plan to itemize deductions, enter the estimated total of your itemized deductions.		
	• If you don't plan to itemize deductions, enter your standard deduction.		
b	If you can take the qualified business income deduction, enter the estimated amount of the deduction	2b	
c	Add lines 2a and 2b	2c	30,000
3	Subtract line 2c from line 1	3	239,327
4	Tax. Figure your tax on the amount on line 3 by using the 2025 Tax Rate Schedules . Caution: If you will have qualified dividends or a net capital gain, or expect to exclude or deduct foreign earned income or housing, see Worksheets 2-5 and 2-6 in Pub. 505 to figure the tax	4	43,132
5	Alternative minimum tax from Form 6251 .	5	
6	Add lines 4 and 5. Add to this amount any other taxes you expect to include in the total on Form 1040 or 1040-SR, line 16	6	43,132
7	Credits (see instructions). Do not include any income tax withholding on this line	7	
8	Subtract line 7 from line 6. If zero or less, enter -0-	8	43,132
9	Self-employment tax (see instructions)	9	
10	Other taxes (see instructions)	10	
11a	Add lines 8 through 10	11a	43,132
b	Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and section 1341 credit	11b	
c	Total 2025 estimated tax. Subtract line 11b from line 11a. If zero or less, enter -0-	11c	43,132
12a	Multiply line 11c by 90% (66 2/3% for farming and fishing)	12a	38,819
b	Required annual payment based on prior year's tax (see instructions)	12b	48,087
c	Required annual payment to avoid a penalty. Enter the smaller of line 12a or 12b Caution: Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the amount on line 12c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimate on line 11c is as accurate as possible. Even if you pay the required annual payment, you may still owe tax when you file your return. If you prefer, you can pay the amount shown on line 11c. For details, see chapter 2 of Pub. 505.	12c	38,819
13	Income tax withheld and estimated to be withheld during 2025 (including income tax withholding on pensions, annuities, certain deferred income, and Additional Medicare Tax withholding)	13	37,263
14a	Subtract line 13 from line 12c Is the result zero or less?	14a	1,556
	☐ Yes. Stop here. You are not required to make estimated tax payments.		
	☒ No. Go to line 14b.		
b	Subtract line 13 from line 11c Is the result less than \$1,000?	14b	5,869
	☐ Yes. Stop here. You are not required to make estimated tax payments.		
	☒ No. Go to line 15 to figure your required payment.		
15	If the first payment you are required to make is due April 15, 2025, enter 1/4 of line 14a (minus any 2024 overpayment that you are applying to this installment) here, and on your estimated tax payment voucher(s) if you are paying by check or money order	15	389

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 JENNIFER R		Last name HARRIS		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial JOHN		Last name HARRIS		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. 13547 EYAS ROAD				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. ORLANDO				State FL	
				ZIP code 32837	
Foreign country name		Foreign province/state/county		Foreign postal code	
				☐ You ☐ Spouse	

Filing Status

☐ Single ☐ Head of household (HOH)

Check only one box.

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

☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

☐ 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):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ☐				☐	☐
				☐	☐
				☐	☐
				☐	☐

Income

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	309,338
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	309,338
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	
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	(40,011)
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	269,327
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	269,327
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	240,127

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 Deduction, see instructions.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	43,715
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	43,715
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	43,715
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	651
	24	Add lines 22 and 23. This is your total tax	24	44,366

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	37,263
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	37,263
	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	
Refund	31	Amount from Schedule 3, line 15	31	7,133
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	7,133
	33	Add lines 25d, 26, and 32. These are your total payments	33	44,396
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	30
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	30

If you have a qualifying child, attach Sch. EIC.	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	
Direct deposit? See instructions.	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	7,133
Amount You Owe	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	7,133
	33	Add lines 25d, 26, and 32. These are your total payments	33	44,396
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	30
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	30
Amount You Owe	b	Routing number <u>XXXXXXXXXX</u> c Type: ☐ Checking ☐ Savings		
	d	Account number <u>XXXXXXXXXXXXXXXXXXXX</u>		
Refund	36	Amount of line 34 you want applied to your 2025 estimated tax	36	
	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	
Amount You Owe	38	Estimated tax penalty (see instructions)	38	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	30
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	30
Amount You Owe	b	Routing number <u>XXXXXXXXXX</u> c Type: ☐ Checking ☐ Savings		
	d	Account number <u>XXXXXXXXXXXXXXXXXXXX</u>		
Refund	36	Amount of line 34 you want applied to your 2025 estimated tax	36	
	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	
Amount You Owe	38	Estimated tax penalty (see instructions)	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes. Complete below. ☐ No		
	Designee's name	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.			
	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	<u>ritaharrisfl@gmail.com</u>	

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☒ Self-employed
	Firm's name	<u>BROWN FINANCIAL SERVICES</u>			Phone no. <u>813-789-6456</u>
	Firm's address	<u>2244 SW SPOONBILL DR PALM CITY FL 34990</u>			Firm's EIN

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2024
Attachment
Sequence No. 01

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

JENNIFER R & JOHN HARRIS

Your social security number

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	(40,011)
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	
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	(40,011)

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	
22	Reserved for future use		22	
23	Archer MSA deduction.		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **02**

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

JENNIFER R & JOHN HARRIS

Your social security number

[REDACTED]

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE		4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919.	6		
7	Total additional social security and Medicare tax. Add lines 5 and 6		7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐		8	
9	Household employment taxes. Attach Schedule H.		9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required		10	
11	Additional Medicare Tax. Attach Form 8959		11	651
12	Net investment income tax. Attach Form 8960		12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12		13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares		14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.		15	
16	Recapture of low-income housing credit. Attach Form 8611.		16	

(continued on page 2)

Part II Other Taxes (continued)**17** Other additional taxes:**a** Recapture of other credits. List type, form number, and amount:**17a****b** Recapture of federal mortgage subsidy, if you sold your home see instructions**17b****c** Additional tax on HSA distributions. Attach Form 8889**17c****d** Additional tax on an HSA because you didn't remain an eligible individual.
Attach Form 8889**17d****e** Additional tax on Archer MSA distributions. Attach Form 8853**17e****f** Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 .**17f****g** Recapture of a charitable contribution deduction related to a fractional interest
in tangible personal property**17g****h** Income you received from a nonqualified deferred compensation plan that fails
to meet the requirements of section 409A**17h****i** Compensation you received from a nonqualified deferred compensation plan
described in section 457A.**17i****j** Section 72(m)(5) excess benefits tax**17j****k** Golden parachute payments**17k****l** Tax on accumulation distribution of trusts**17l****m** Excise tax on insider stock compensation from an expatriated corporation . .**17m****n** Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 .**17n****o** Tax on non-effectively connected income for any part of the year you were a
nonresident alien from Form 1040-NR.**17o****p** Any interest from Form 8621, line 16f, relating to distributions from, and
dispositions of, stock of a section 1291 fund.**17p****q** Any interest from Form 8621, line 24**17q****z** Any other taxes. List type and amount: _____**17z****18** Total additional taxes. Add lines 17a through 17z**18****19** Recapture of net EPE from Form 4255, line 1d, column (I)**19****20** Section 965 net tax liability installment from Form 965-A**20****21** Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes**. Enter here and on Form 1040
or 1040-SR, line 23, or Form 1040-NR, line 23b**21****651**

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

JENNIFER R & JOHN HARRIS

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

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	7,133
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	7,133

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

1037 CPTS 4US0C1

Schedule 3 (Form 1040) 2024

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/ScheduleA for instructions and the latest information.**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16

OMB No. 1545-0074

2024Attachment
Sequence No. **07**

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

JENNIFER R & JOHN HARRIS

Your social security number

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- 1** Medical and dental expenses (see instructions) **1**
- 2** Enter amount from Form 1040 or 1040-SR, line 11 **2**
- 3** Multiply line 2 by 7.5% (0.075) **3**
- 4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- **4**

**Taxes You
Paid**

- 5**
- State and local taxes.

a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☒

5a 1,439

b State and local real estate taxes (see instructions)

5b 3,468

c State and local personal property taxes

5c

d Add lines 5a through 5c

5d 4,907

e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)

5e 4,907

- 6** Other taxes. List type and amount: _____

6

- 7** Add lines 5e and 6

7 4,907**Interest
You Paid****Caution:** Your mortgage interest deduction may be limited. See instructions.

- 8** Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐

a Home mortgage interest and points reported to you on Form 1098. See instructions if limited.

8a 5,258

b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address

8b

c Points not reported to you on Form 1098. See instructions for special rules

8c

d Reserved for future use

8d

e Add lines 8a through 8c

8e 5,258

- 9** Investment interest. Attach Form 4952 if required. See instructions

9

- 10** Add lines 8e and 9

10 5,258**Gifts to
Charity****Caution:** If you made a gift and got a benefit for it, see instructions.

- 11** Gifts by cash or check. If you made any gift of \$250 or more, see instructions

11

- 12** Other than by cash or check. If you made any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500

12

- 13** Carryover from prior year.

13

- 14** Add lines 11 through 13

14**Casualty and
Theft Losses**

- 15** Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions

15**Other
Itemized
Deductions**

- 16** Other—from list in instructions. List type and amount: _____

16**Total
Itemized
Deductions**

- 17** Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12

17 10,165

- 18** If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **09**

Name of proprietor JOHN HARRIS		Social security number (SSN)
A Principal business or profession, including product or service (see instructions) MANAGEMENT AND ADMIN	B Enter code from instructions 541600	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) 13547 EYAS ROAD City, town or post office, state, and ZIP code ORLANDO FL 32837		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses		☒ Yes ☐ No
H If you started or acquired this business during 2024, check here		☐
I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions		☐ Yes ☐ No
J If "Yes," did you or will you file required Form(s) 1099?		☐ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	2,500
2 Returns and allowances	2	
3 Subtract line 2 from line 1.	3	2,500
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	2,500
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	2,500

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

8 Advertising	8	11,886	18 Office expense (see instructions)	18	10,500
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	516	a Vehicles, machinery, and equipment	20a	1,754
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	2,004
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	3,994
15 Insurance (other than health)	15		23 Taxes and licenses	23	3,500
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	4,875
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	2,500	25 Utilities	25	982
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	
			b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28	42,511			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	(40,011)			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040) , line 3, and on Schedule SE , line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041 , line 3. • If a loss, you must go to line 32.	31	(40,011)			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040) , line 3, and on Schedule SE , line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041 , line 3. • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a ☒ All investment is at risk.		
			32b ☐ Some investment is not at risk.		

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2024Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No. **55**

Name(s) shown on return

JENNIFER R & JOHN HARRIS

Your taxpayer identification number

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$191,950 (\$383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	MANAGEMENT AND ADMIN		(40,011)
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c).	2 (40,011)	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	
5	Qualified business income component. Multiply line 4 by 20% (0.20).		5
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20).		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10
11	Taxable income before qualified business income deduction (see instructions)	11 240,127	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 240,127	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 48,025
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (40,011)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 ()

US RET 1040
Qualified Business Income Activities

Name(s)

JENNIFER R & JOHN HARRIS

Tax Identification Number



Trade or Business Name:

MANAGEMENT AND ADMIN

Taxpayer Identification Number:

Business Income..... (40,011)

Qualified Business Income..... (40,011)

Additional Medicare Tax
If any line does not apply to you, leave it blank. See separate instructions.
Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. **71**

Name(s) shown on return

JENNIFER R HARRIS

Your social security number

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	322,317	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	322,317	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		72,317
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		651

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8		
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	9	250,000	
10	Enter the amount from line 4	10	322,317	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

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

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

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18		651
----	--	----	--	-----

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	4,673	
20	Enter the amount from line 1	20	322,317	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	4,674	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24		

Consent to Use of Tax Return Information

2024 Tax Year

This form is provided to you by BROWN FINANCIAL SERVICES (Tax Preparer).

Federal law requires this consent form be provided to you. Unless authorized by law, we, as your Tax Preparer, cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you would like us to use your tax return information to determine your eligibility for the following product(s), please choose the particular product and check the appropriate box below:

X - Tax Refund - Refund Advance Bank Product

X - Tax Refund - Refund Transfer Bank Product

Printed Name of Taxpayer:

JENNIFER R HARRIS

Taxpayer Signature:

Date: _____

Printed Name of Joint Taxpayer:

JOHN HARRIS

Joint Taxpayer Signature:

Date: _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Home Phone:

Cell Phone:

Invoice and Fee Disclosure

TAX YEAR 2024

Receipt Number:

Site ID:

Date: 04/14/2025

PPID: YOLANDA

Client Name and Address

Office Information

JENNIFER R & JOHN HARRIS
JOHN HARRIS
13547 EYAS ROAD
ORLANDO FL 32837

Fees Related to Tax Preparation Services

Itemized Form Billing Charges

\$ _____

Hourly Charges

\$ _____

Self-Prepared Flat Fee

\$ _____

Pre-Defined Charges

\$ _____

Prior Year Balance / (Overpayment)

\$ _____

Remote Signature Fee^{1,7}

\$ _____

Document Preparation Fee

\$ _____

\$ _____

\$ _____

Fees Related to Software and Transmitting Services

Transmission Fee^{2,7}

\$ _____

Transmitter Fee^{3,7}

\$ _____

Only One Fee will
Apply if Applicable

Technology Fee^{4,7}

\$ 17.00

Electronic Filing (e-filing) Fee⁸

\$ _____

Service Bureau Fee⁵

\$ _____

Bank Fees⁶

\$ _____

Additional Services and Products / Ancillary Products

\$ _____

\$ _____

Total of all Charges

\$ 17.00

Discounts or Credits

(\$ _____)

Tax _____ @ _____

\$ _____

Total Due

\$ 17.00

Amount Expected to be Paid by Financial Institution

\$ _____

Balance Due / (Overpayment)

\$ 17.00

Description of Fees

NOTE: We reserve the right to amend fees or their descriptions as the result of or in reaction to state, federal or regulatory laws.

DEFINITION: Pass Through Fee means charges to Preparer for certain services that it acquires from third parties to enable it (in part) to provide the tax preparation services, which charges Preparer passes through as fees charged to Taxpayer.

¹A fee charged to integrate remote signature technology.

²A fee charged for the transmission of a bank product application through the software.

³In states that prohibit the charging of an additional fee (like the Transmission Fee) to Taxpayers opting to use a bank product, a fee will be charged to all returns for the transmission and security of data / documents through the software.

⁴A fee charged for the cost of programming, communication protocols and the ongoing costs of maintenance, updates and enhancements to the software and the related network infrastructure.

⁵This is a Pass Through Fee charged and set by the Service Bureau. This is a third party, that for a fee, enables Preparer to offer certain Taxpayer services. The Preparer / Network may have added on to this fee.

⁶See bank product application for details.

⁷The Transmission, Transmitter, Technology and Remote Signature fees are Pass Through Fees charged and set by the tax software company. Preparer / Network may have added on to these fees.

⁸A fee charged by Preparer for submitting documents electronically to a tax authority and/or other third party.

ITEMIZED FORM BILLING INVOICE

TAX YEAR 2024

Client Name and Address

Office Information

JENNIFER R & JOHN HARRIS
JOHN HARRIS
13547 EYAS ROAD
ORLANDO FL 32837

Discounts**Amount**

%

Amount

1. Tax Preparation Discount

2. Predefined Discount

3.

4.

5.

Discount Total

()

Description of Payment / Credit

Date Received

Received From

Method

Memo

Amount

Payment / Credit Total

()

2025 Estimated TaxPayment
Voucher **3**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to **"United States Treasury."** Write your social security number and "2025 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year—Due Sept. 15, 2025Amount of estimated tax you are paying
by check or
money order.**389 00**Pay online at
www.irs.gov/etpaySimple.
Fast.
Secure.

Print or type	Your first name and middle initial	Your last name	Your social security number	
	JENNIFER R	HARRIS		
	If joint payment, complete for spouse			
	Spouse's first name and middle initial	Spouse's last name	Spouse's social security number	
	JOHN	HARRIS		
	Address (number, street, and apt. no.)			
	13547 EYAS ROAD			
City, town, or post office. If you have a foreign address, also complete spaces below.			State	ZIP code
ORLANDO			FL	32837
Foreign country name		Foreign province/county	Foreign postal code	

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

1037 CPTS 4USES1

Separate here.

2025 Estimated TaxPayment
Voucher **2**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to **"United States Treasury."** Write your social security number and "2025 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year—Due June 16, 2025Amount of estimated tax you are paying
by check or
money order.**389 00**Pay online at
www.irs.gov/etpaySimple.
Fast.
Secure.

Print or type	Your first name and middle initial	Your last name	Your social security number	
	JENNIFER R	HARRIS		
	If joint payment, complete for spouse			
	Spouse's first name and middle initial	Spouse's last name	Spouse's social security number	
	JOHN	HARRIS		
	Address (number, street, and apt. no.)			
	13547 EYAS ROAD			
City, town, or post office. If you have a foreign address, also complete spaces below.			State	ZIP code
ORLANDO			FL	32837
Foreign country name		Foreign province/county	Foreign postal code	

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

1037 CPTS 4USES1

Separate here.

2025 Estimated TaxPayment
Voucher **1**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to **"United States Treasury."** Write your social security number and "2025 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year—Due April 15, 2025Amount of estimated tax you are paying
by check or
money order.**389 00**Pay online at
www.irs.gov/etpaySimple.
Fast.
Secure.

Print or type	Your first name and middle initial	Your last name	Your social security number	
	JENNIFER R	HARRIS		
	If joint payment, complete for spouse			
	Spouse's first name and middle initial	Spouse's last name	Spouse's social security number	
	JOHN	HARRIS		
	Address (number, street, and apt. no.)			
	13547 EYAS ROAD			
City, town, or post office. If you have a foreign address, also complete spaces below.			State	ZIP code
ORLANDO			FL	32837
Foreign country name		Foreign province/county	Foreign postal code	

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

1037 CPTS 4USES1

Form 1040-ES (2025)

Record of Estimated Tax Payments (Farming, fishing, and fiscal year taxpayers, see Payment Due Dates.)

Keep for Your Records



Payment number	Payment due date	(a) Amount due	(b) Date paid	(c) Check or money order number, or credit or debit card confirmation number	(d) Amount paid (do not include any convenience fee)	(e) 2024 overpayment credit applied	(f) Total amount paid and credited (add (d) and (e))
1	4/15/2025						
2	6/16/2025						
3	9/15/2025						
4	1/15/2026*						
Total.							

* You do not have to make this payment if you file your 2025 tax return by February 2, 2026, and pay the entire balance due with your return.

Privacy Act and Paperwork Reduction Act Notice. We ask for this information to carry out the tax laws of the United States. We need it to figure and collect the right amount of tax. Our legal right to ask for this information is Internal Revenue Code section 6654, which requires that you pay your taxes in a specified manner to avoid being penalized. Additionally, sections 6001, 6011, and 6012(a) and their regulations require you to file a return or statement for any tax for which you are liable; section 6109 requires you to provide your identifying number. Failure to provide this information, or providing false or fraudulent information, may subject you to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as stated in Code section 6103.

We may disclose the information to the Department of Justice for civil and criminal litigation and to other federal agencies, as provided by law.

We may disclose it to cities, states, the District of Columbia, and U.S. commonwealths or territories to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

If you do not file a return, do not give the information asked for, or give fraudulent information, you may be charged penalties and be subject to criminal prosecution.

Please keep this notice with your records. It may help you if we ask you for other information. If you have any questions about the rules for filing and giving information, please call or visit any Internal Revenue Service office.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return.

If you have suggestions for making this package simpler, we would be happy to hear from you. See the instructions for your income tax return.

Separate here.

Form **1040-ES**
Department of the Treasury
Internal Revenue Service

2025 Estimated Tax**Payment Voucher 4**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to **"United States Treasury."** Write your social security number and "2025 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year—Due Jan. 15, 2026

Amount of estimated tax you are paying by check or money order.

389 00

Pay online at
www.irs.gov/etpay

Simple.
Fast.
Secure.

Print or Type	Your first name and middle initial JENNIFER R	Your last name HARRIS	Your social security number [REDACTED]	
	If joint payment, complete for spouse			
	Spouse's first name and middle initial JOHN	Spouse's last name HARRIS	Spouse's social security number [REDACTED]	
	Address (number, street, and apt. no.) 13547 EYAS ROAD			
	City, town, or post office. If you have a foreign address, also complete spaces below. ORLANDO		State FL	ZIP code 32837
	Foreign country name	Foreign province/county	Foreign postal code	

2025 Estimated Tax Worksheet

Keep for Your Records

1	Adjusted gross income you expect in 2025 (see instructions)	1	269,327
2a	Deductions	2a	30,000
	• If you plan to itemize deductions, enter the estimated total of your itemized deductions.		
	• If you don't plan to itemize deductions, enter your standard deduction.		
b	If you can take the qualified business income deduction, enter the estimated amount of the deduction	2b	
c	Add lines 2a and 2b	2c	30,000
3	Subtract line 2c from line 1	3	239,327
4	Tax. Figure your tax on the amount on line 3 by using the 2025 Tax Rate Schedules .		
	Caution: If you will have qualified dividends or a net capital gain, or expect to exclude or deduct foreign earned income or housing, see Worksheets 2-5 and 2-6 in Pub. 505 to figure the tax	4	43,132
5	Alternative minimum tax from Form 6251 .	5	
6	Add lines 4 and 5. Add to this amount any other taxes you expect to include in the total on Form 1040 or 1040-SR, line 16	6	43,132
7	Credits (see instructions). Do not include any income tax withholding on this line	7	
8	Subtract line 7 from line 6. If zero or less, enter -0-	8	43,132
9	Self-employment tax (see instructions)	9	
10	Other taxes (see instructions)	10	
11a	Add lines 8 through 10	11a	43,132
b	Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and section 1341 credit	11b	
c	Total 2025 estimated tax. Subtract line 11b from line 11a. If zero or less, enter -0-	11c	43,132
12a	Multiply line 11c by 90% (66 2/3% for farming and fishing)	12a	38,819
b	Required annual payment based on prior year's tax (see instructions)	12b	48,087
c	Required annual payment to avoid a penalty. Enter the smaller of line 12a or 12b	12c	38,819
	Caution: Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the amount on line 12c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimate on line 11c is as accurate as possible. Even if you pay the required annual payment, you may still owe tax when you file your return. If you prefer, you can pay the amount shown on line 11c. For details, see chapter 2 of Pub. 505.		
13	Income tax withheld and estimated to be withheld during 2025 (including income tax withholding on pensions, annuities, certain deferred income, and Additional Medicare Tax withholding)	13	37,263
14a	Subtract line 13 from line 12c	14a	1,556
	Is the result zero or less?		
	☐ Yes. Stop here. You are not required to make estimated tax payments.		
	☒ No. Go to line 14b.		
b	Subtract line 13 from line 11c	14b	5,869
	Is the result less than \$1,000?		
	☐ Yes. Stop here. You are not required to make estimated tax payments.		
	☒ No. Go to line 15 to figure your required payment.		
15	If the first payment you are required to make is due April 15, 2025, enter 1/4 of line 14a (minus any 2024 overpayment that you are applying to this installment) here, and on your estimated tax payment voucher(s) if you are paying by check or money order	15	389

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 JENNIFER R		Last name HARRIS		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial JOHN		Last name HARRIS		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. 13547 EYAS ROAD				Apt. no. 	
City, town, or post office. If you have a foreign address, also complete spaces below. ORLANDO				State FL	
				ZIP code 32837	
Foreign country name 		Foreign province/state/county 		Foreign postal code 	

☐ You ☐ Spouse

Filing Status

☐ Single ☐ Head of household (HOH)

Check only one box.

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

☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

☐ 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):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ☐				☐	☐
				☐	☐
				☐	☐
				☐	☐

Income

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	309,338
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	309,338
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	
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	(40,011)
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	269,327
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	269,327
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	240,127

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 Deduction, see instructions.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	43,715
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	43,715
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	43,715
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	651
	24	Add lines 22 and 23. This is your total tax	24	44,366

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	37,263
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	37,263
	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	7,133	
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	7,133	
33	Add lines 25d, 26, and 32. These are your total payments	33	44,396	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	30
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	30
	b	Routing number <u>XXXXXXXXXX</u>	c	Type: ☐ Checking ☐ Savings
	d	Account number <u>XXXXXXXXXXXXXXXXXXXX</u>		
	36	Amount of line 34 you want applied to your 2025 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes. Complete below. ☐ 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.			
	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
	Phone no.		Email address	

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☒ Self-employed
	Firm's name	BROWN FINANCIAL SERVICES			Phone no. 813-789-6456
	Firm's address	2244 SW SPOONBILL DR PALM CITY FL 34990			Firm's EIN

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2024
Attachment
Sequence No. 01

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

JENNIFER R & JOHN HARRIS

Your social security number

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	(40,011)
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	
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	(40,011)

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	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **02**

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

JENNIFER R & JOHN HARRIS

Your social security number

[REDACTED]

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE		4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919.	6		
7	Total additional social security and Medicare tax. Add lines 5 and 6		7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐		8	
9	Household employment taxes. Attach Schedule H.		9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required		10	
11	Additional Medicare Tax. Attach Form 8959		11	651
12	Net investment income tax. Attach Form 8960		12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12		13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares		14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.		15	
16	Recapture of low-income housing credit. Attach Form 8611.		16	

(continued on page 2)

Part II Other Taxes (continued)**17** Other additional taxes:**a** Recapture of other credits. List type, form number, and amount:**17a****b** Recapture of federal mortgage subsidy, if you sold your home see instructions**17b****c** Additional tax on HSA distributions. Attach Form 8889**17c****d** Additional tax on an HSA because you didn't remain an eligible individual.
Attach Form 8889**17d****e** Additional tax on Archer MSA distributions. Attach Form 8853**17e****f** Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 .**17f****g** Recapture of a charitable contribution deduction related to a fractional interest
in tangible personal property**17g****h** Income you received from a nonqualified deferred compensation plan that fails
to meet the requirements of section 409A**17h****i** Compensation you received from a nonqualified deferred compensation plan
described in section 457A.**17i****j** Section 72(m)(5) excess benefits tax**17j****k** Golden parachute payments**17k****l** Tax on accumulation distribution of trusts**17l****m** Excise tax on insider stock compensation from an expatriated corporation . .**17m****n** Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 .**17n****o** Tax on non-effectively connected income for any part of the year you were a
nonresident alien from Form 1040-NR.**17o****p** Any interest from Form 8621, line 16f, relating to distributions from, and
dispositions of, stock of a section 1291 fund.**17p****q** Any interest from Form 8621, line 24**17q****z** Any other taxes. List type and amount: _____**17z****18** Total additional taxes. Add lines 17a through 17z**18****19** Recapture of net EPE from Form 4255, line 1d, column (I)**19****20** Section 965 net tax liability installment from Form 965-A**20****21** Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes**. Enter here and on Form 1040
or 1040-SR, line 23, or Form 1040-NR, line 23b**21****651**

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

JENNIFER R & JOHN HARRIS

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

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	7,133
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	7,133

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

1037 CPTS 4US0C1

Schedule 3 (Form 1040) 2024

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/ScheduleA for instructions and the latest information.**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16

OMB No. 1545-0074

2024Attachment
Sequence No. **07**

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

JENNIFER R & JOHN HARRIS

Your social security number

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- 1** Medical and dental expenses (see instructions) **1**
- 2** Enter amount from Form 1040 or 1040-SR, line 11 **2**
- 3** Multiply line 2 by 7.5% (0.075) **3**
- 4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- **4**

**Taxes You
Paid**

- 5**
- State and local taxes.

a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☒

5a 1,439

b State and local real estate taxes (see instructions)

5b 3,468

c State and local personal property taxes

5c

d Add lines 5a through 5c

5d 4,907

e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)

5e 4,907

- 6** Other taxes. List type and amount: _____

6

- 7** Add lines 5e and 6

7 4,907**Interest
You Paid****Caution:** Your mortgage interest deduction may be limited. See instructions.

- 8** Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐

a Home mortgage interest and points reported to you on Form 1098. See instructions if limited.

8a 5,258

b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address

8b

c Points not reported to you on Form 1098. See instructions for special rules

8c

d Reserved for future use

8d

e Add lines 8a through 8c

8e 5,258

- 9** Investment interest. Attach Form 4952 if required. See instructions

9

- 10** Add lines 8e and 9

10 5,258**Gifts to
Charity****Caution:** If you made a gift and got a benefit for it, see instructions.

- 11** Gifts by cash or check. If you made any gift of \$250 or more, see instructions

11

- 12** Other than by cash or check. If you made any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500

12

- 13** Carryover from prior year.

13

- 14** Add lines 11 through 13

14**Casualty and
Theft Losses**

- 15** Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions

15**Other
Itemized
Deductions**

- 16** Other—from list in instructions. List type and amount: _____

16**Total
Itemized
Deductions**

- 17** Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12

17 10,165

- 18** If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **09**

Name of proprietor JOHN HARRIS		Social security number (SSN)
A Principal business or profession, including product or service (see instructions) MANAGEMENT AND ADMIN	B Enter code from instructions 541600	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) 13547 EYAS ROAD City, town or post office, state, and ZIP code ORLANDO FL 32837		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses		☒ Yes ☐ No
H If you started or acquired this business during 2024, check here		☐
I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions		☐ Yes ☐ No
J If "Yes," did you or will you file required Form(s) 1099?		☐ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	2,500
2 Returns and allowances	2	
3 Subtract line 2 from line 1.	3	2,500
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	2,500
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	2,500

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

8 Advertising	8	11,886	18 Office expense (see instructions)	18	10,500
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	516	a Vehicles, machinery, and equipment	20a	1,754
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	2,004
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	3,994
15 Insurance (other than health)	15		23 Taxes and licenses	23	3,500
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	4,875
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	2,500	25 Utilities	25	982
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	
			b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28	42,511			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	(40,011)			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			30		
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040) , line 3, and on Schedule SE , line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041 , line 3. • If a loss, you must go to line 32.			31	(40,011)	
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040) , line 3, and on Schedule SE , line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041 , line 3. • If you checked 32b, you must attach Form 6198 . Your loss may be limited.					
			32a	☒ All investment is at risk.	
			32b	☐ Some investment is not at risk.	

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.**2024**Attachment
Sequence No. **55**

Name(s) shown on return

JENNIFER R & JOHN HARRIS

Your taxpayer identification number

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$191,950 (\$383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	MANAGEMENT AND ADMIN		(40,011)
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c).	2 (40,011)	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	
5	Qualified business income component. Multiply line 4 by 20% (0.20).		5
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20).		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10
11	Taxable income before qualified business income deduction (see instructions)	11 240,127	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 240,127	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 48,025
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (40,011)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 ()

US RET 1040
Qualified Business Income Activities

Name(s)

JENNIFER R & JOHN HARRIS

Tax Identification Number



Trade or Business Name:

MANAGEMENT AND ADMIN

Taxpayer Identification Number:

Business Income..... (40,011)

Qualified Business Income..... (40,011)

Additional Medicare Tax
If any line does not apply to you, leave it blank. See separate instructions.
Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. **71**

Name(s) shown on return

JENNIFER R HARRIS

Your social security number

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	322,317	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	322,317	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		72,317
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		651

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8		
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	9	250,000	
10	Enter the amount from line 4	10	322,317	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

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

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

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18		651
----	--	----	--	-----

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	4,673	
20	Enter the amount from line 1	20	322,317	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	4,674	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24		

		a Employee's social security number [REDACTED]		Payroll organization code 11-21-21-90-044		Intradepartment number 0000000026					
b Employer identification number (EIN) [REDACTED]				1 Wages, tips, other compensation 27,999.32		2 Federal income tax withheld 375.87					
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356				3 Social security wages 28,890.20		4 Social security tax withheld 1,791.19					
				5 Medicare wages and tips 28,890.20		6 Medicare tax withheld 418.91					
				7 Social security tips		10 Dependent care benefits					
d Control number 000972 01/07				11 Nonqualified plans		12a See instructions for box 12 DD 11,878.12					
e Employee's first name, mi, and last name JENNIFER R HARRIS 13547 EYAS ROAD ORLANDO, FL 32837				13 Statutory employee Retirement plan Third-party sick pay ☐ ☒ ☐		12b					
				14 Other 125 942.56		12c					
						12d					
						12e					
f Employee's address and ZIP code											
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

		a Employee's social security number [REDACTED]		Payroll organization code 11-21-21-90-044		Intradepartment number 0000000026					
b Employer identification number (EIN) [REDACTED]				1 Wages, tips, other compensation 27,999.32		2 Federal income tax withheld 375.87					
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356				3 Social security wages 28,890.20		4 Social security tax withheld 1,791.19					
				5 Medicare wages and tips 28,890.20		6 Medicare tax withheld 418.91					
				7 Social security tips		10 Dependent care benefits					
d Control number 000972 01/07				11 Nonqualified plans		12a See instructions for box 12 DD 11,878.12					
e Employee's first name, mi, and last name JENNIFER R HARRIS 13547 EYAS ROAD ORLANDO, FL 32837				13 Statutory employee Retirement plan Third-party sick pay ☐ ☒ ☐		12b					
				14 Other 125 942.56		12c					
						12d					
						12e					
f Employee's address and ZIP code											
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	