

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 07/01/2026

General Information

Name: Hon Anna Vishkaee Eskamani

PID 277954

AGENCY INFORMATION

Organization	Suborganization	Title
House Of Representatives	Elected Constitutional Officer	State Representative

Net Worth

My Net Worth as of December 31, 2025 was \$ 161,179.08.

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.

The aggregate value of my household goods and personal effect is \$ 182,779.40.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
N/A	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
American Express Credit Card 200 Vesey Street, New York City, NY 10285	200 Vesey Street, New York City, NY 10285	\$ 7,926.99
Fairwinds Credit Union	135 W Central Blvd, Orlando, FL 32801	\$ 13,673.33

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2025 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 2025 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

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

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

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

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

N/A

Training

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

☐ I certify that I have completed the required training under Section 112.3142, F.S.

☒ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

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

Anna Vishkahee Eskamani

Digitally signed: 07/01/2026

Filed with COE: 07/01/2026

2025 TAX RETURN

CLIENT COPY

Client: ESKAMANI

Prepared for: ANNA V ESKAMANI
126 N MILLS AVENUE
ORLANDO, FL 32801

Prepared by: ALAN JOTKOFF CPA-PFS, CFP, CLU
JOTKOFF & ASSOCIATES, CPA, PA
2100 MEADOWLANE AVENUE
MELBOURNE, FL 32904
321-984-7345

Date: APRIL 13, 2026

Comments:

Route to: _____

2025 Individual Return
prepared for:

ANNA V ESKAMANI

126 N MILLS AVENUE
ORLANDO, FL 32801

JOTKOFF & ASSOCIATES, P.A.
Certified Public Accountants & Financial Planners

2100 Meadowlane Avenue
West Melbourne, Florida 32904-4952
Email: Jotkoff@Jotkoff.com
Web: www.Jotkoff.com
(321) 984-7345

JOTKOFF & ASSOCIATES, P.A.
Certified Public Accountants & Financial Planners

2100 Meadowlane Avenue
West Melbourne, Florida 32904-4952
Email: Jotkoff@Jotkoff.com
Web: www.Jotkoff.com
Brevard (321) 984-7345 Broward (954) 432-4033 Nassau (904) 310-5392

April 13, 2026

ANNA V ESKAMANI
126 N MILLS AVENUE
ORLANDO, FL 32801

Dear Anna,

Thank you for using Jotkoff & Associates to prepare your **2025 Income Tax Return**. Enclosed is your tax return that we have prepared from information you provided. Please review the return carefully.

Your Income Tax return will be electronically filed with the Internal Revenue Service upon our receipt from you of a signed Form 8879 - IRS e-file Signature Authorization.

There is a balance due of \$5,115.

Make your check payable to the "United States Treasury" and mail your Form 1040-V payment voucher "certified return receipt" on or before April 15, 2026 to:

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

Your 2026 estimated tax payment schedule is listed below.

Mail your payments to the address shown on your estimated tax payment vouchers. Envelopes are enclosed for your convenience.

Or you can pay online at: <https://www.irs.gov/payments/direct-pay>

Due Date	Federal
4/15/26	\$ 1,600
6/15/26	1,600
9/15/26	1,600
1/15/27	1,600

	\$ 6,400

As an alternative to paying by paper check, federal income tax payments can be made using the IRS Direct Pay electronic payment method. This service is free and can be used to pay your individual tax bill or estimated tax payment directly from your checking or savings account. To access online, visit www.irs.gov/payments/directpay for more information.

IRS e-file Signature Authorization

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

OMB No. 1545-0074

Submission Identification Number (SID)

Taxpayer's name

ANNA V ESKAMANI

Spouse's name

Social security number

Spouse's social security number

Part I	Tax Return Information – Tax Year Ending December 31, 2025	(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	234,422.
2	Total tax	2	47,315.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	40,396.
4	Amount you want refunded to you	4	
5	Amount you owe	5	5,115.

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

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

Taxpayer's PIN: check one box only

☒ I authorize JOTKOFF & ASSOCIATES, CPA, PA to enter or generate my PIN as my
ERO firm name Enter five digits, but

Enter five digits, but
don't enter all zeros.

signature on the income tax return (original or amended) I am now authorizing.

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

Your signature

Date ►

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN _____ as my
ERO firm name Enter five digits, but

Enter five digits, but don't enter all zeros.

signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature ►

Date ►

Practitioner PIN Method Returns Only – continue below

Part III	Certification and Authentication – Practitioner PIN Method Only
-----------------	--

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

50502006025

Don't enter all zeros

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

ERO's signature ▶ ALAN JOTKOFF CPA-PFS, CFP, CLU

Date ►

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

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

Form 8879 (Rev. 01-2021)

01/22/21

FILE ONLY IF YOU ARE MAKING A PAYMENT WITH FORM 1040. RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO THE "UNITED STATES TREASURY." PLEASE WRITE YOUR SOCIAL SECURITY NUMBER, DAYTIME PHONE NUMBER, AND " 2025 FORM 1040" ON YOUR CHECK OR MONEY ORDER. PLEASE DO NOT SEND CASH. ENCLOSE, BUT DO NOT STAPLE OR ATTACH, YOUR PAYMENT WITH THIS VOUCHER.

MAKE YOUR CHECK PAYABLE TO THE "UNITED STATES TREASURY" AND
MAIL FORM 1040-V PAYMENTS TO:

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

Form 1040-V (2025)

Separate here and mail with your payment and return.

Department of the Treasury
Internal Revenue Service

2025

Form 1040-V Payment Voucher

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

Enter the amount of your payment ▶	5,115.
---	--------

FDIA9601L 07/29/25 1032

ANNA V ESKAMANI
126 N MILLS AVENUE
ORLANDO FL 32801

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

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , ending , See separate instructions.
☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased ☐ Spouse
☐ Other

Your first name and middle initial Last name Your social security number
ANNA V ESKAMANI
If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☒
126 N MILLS AVENUE
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code **ORLANDO, FL 32801**
Foreign country name Foreign province/state/county Foreign postal code ☐ You ☐ Spouse

Filing Status ☒ Single ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
Check only one box. ☐ Married filing jointly (even if only one had income) ☐ If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:
☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: _____
☐ 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 2025, 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

Dependents		Dependent 1		Dependent 2		Dependent 3		Dependent 4	
(1) First name									
(2) Last name									
(3) SSN									
(4) Relationship									
(5) Check if lived with you more than half of 2025		(a) ☐ Yes	(b) ☐ And in the U.S.	(a) ☐ Yes	(b) ☐ And in the U.S.	(a) ☐ Yes	(b) ☐ And in the U.S.	(a) ☐ Yes	(b) ☐ And in the U.S.
(6) Check if		☐ Full-time student	☐ Permanently & totally disabled	☐ Full-time student	☐ Permanently & totally disabled	☐ Full-time student	☐ Permanently & totally disabled	☐ Full-time student	☐ Permanently & totally disabled
(7) Credits		☐ Child tax credit	☐ Credit for other dependents	☐ Child tax credit	☐ Credit for other dependents	☐ Child tax credit	☐ Credit for other dependents	☐ Child tax credit	☐ Credit for other dependents
☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.									

Income		1a Total amount from Form(s) W-2, box 1 (see instructions).	1a 230,476.
		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 31.	1f
		g Wages from Form 8919, line 6.	1g
		h Other earned income (see instructions). Enter type and amount:	1h
		i Nontaxable combat pay election (see instructions).	1i
		z Add lines 1a through 1h.	1z 230,476.
		2a Tax-exempt interest	2a
		b Taxable interest	2b
		3a Qualified dividends	3a
		b Ordinary dividends	3b
		c Check if your child's dividends are included in 1 ☐ Line 3a 2 ☐ Line 3b	
		4a IRA distributions	4a
		b Taxable amount	4b
		c Check if (see instructions). 1 ☐ Rollover 2 ☐ QCD 3 ☐	
		5a Pensions and annuities	5a
		b Taxable amount	5b
		c Check if (see instructions). 1 ☐ Rollover 2 ☐ PSO 3 ☐	
		6a Social security benefits	6a
		b Taxable amount	6b
		c If you elect to use the lump-sum election method, check here (see instructions)	
		d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here	
		7a Capital gain or (loss). Attach Schedule D if required	7a
		b Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)	
		8 Additional income from Schedule 1, line 10	8 4,000.
		9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	9 234,476.
		10 Adjustments to income from Schedule 1, line 26.	10 54.
		11a Subtract line 10 from line 9. This is your adjusted gross income	11a 234,422.

Tax and Credits

11b	Amount from line 11a (adjusted gross income)	11b	234,422.
12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
b	☐ Spouse itemizes on a separate return	c	☐ You were a dual-status alien
d	You: ☐ Were born before January 2, 1961 ☐ Are blind		
	Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
e	Standard deduction or itemized deductions (from Schedule A)	12e	15,750.
13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	452.
b	Additional deductions from Schedule 1-A, line 38	13b	
14	Add lines 12e, 13a, and 13b	14	16,202.
15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income.	15	218,220.
16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814		
	2 ☐ 4972 3 ☐	16	46,893.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	46,893.
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	0.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	46,893.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	422.
24	Add lines 22 and 23. This is your total tax	24	47,315.

Payments and Refundable Credits

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	40,376.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	20.
d	Add lines 25a through 25c	25d	40,396.
26	2025 estimated tax payments and amount applied from 2024 return	26	
	If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):		
27a	Earned income credit (EIC)	27a	
b	Clergy filing Schedule SE (see instructions)		
c	If you do not want to claim the EIC, check here		
28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Refundable adoption credit from Form 8839, line 13	30	
31	Amount from Schedule 3, line 15	31	1,804.
32	Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits	32	1,804.
33	Add lines 25d, 26, and 32. These are your total payments	33	42,200.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	
b	Routing number	c	Type: ☐ Checking ☐ Savings
d	Account number		
36	Amount of line 34 you want applied to your 2026 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	5,115.
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. ☒ Yes. Complete below. ☐ No			
Designee's name	ALAN JOTKOFF CPA-PFS, CFP, CLU	Phone no.	321-984-7345
		Personal identification number (PIN)	

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.)
		DIRECTOR	845971
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
ALAN JOTKOFF CPA-PFS, CFP,	ALAN JOTKOFF CPA-PFS, CFP	4/13/26		
Firm's name	JOTKOFF & ASSOCIATES, CPA, PA	Phone no. 321-984-7345		
Firm's address	2100 MEADOWLANE AVENUE MELBOURNE, FL 32904			Firm's EIN

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. If claiming only storage fees (see instructions), check here. ☐	14	
15	Deductible part of self-employment tax. Attach Schedule SE.....	15	54.
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. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐	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 8I from the rental of personal property engaged in for profit.....	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m.....	24c	
d	Reforestation amortization and expenses.....	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974.....	24e	
f	Contributions to section 501(c)(18)(D) pension plans.....	24f	
g	Contributions by certain chaplains to section 403(b) plans.....	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions).....	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations.....	24i	
j	Housing deduction from Form 2555.....	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041).....	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z.....	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10.....	26	54.

Schedule 1 (Form 1040) 2025

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
			422.

Schedule 2 (Form 1040) 2025

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

2025

Attachment
Sequence No. **03**

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

ANNA V ESKAMANI

Your social security number

[REDACTED]

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	0.

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	1,804.
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	1,804.

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

Schedule 3 (Form 1040) 2025 Created 11/17/25

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

2025

Attachment
Sequence No. **09**

Name of proprietor

ANNA V ESKAMANI

Social security number (SSN)

B Enter code from instructions

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

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

CONSULTANT

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

E Business address (including suite or room no.)

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

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)

G Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses. ☒ Yes ☐ No

H If you started or acquired this business during 2025, check here ☐

I Did you make any payments in 2025 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	4,000.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	4,000.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	4,000.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	4,000.

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		20a	a Vehicles, machinery, and equipment	20a	
12	Depletion	12		20b	b Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
16a	a Mortgage (paid to banks, etc.)	16a		24a	a Travel	24a	
16b	b Other	16b		24b	b Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	4,000.	27a	Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
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		27b	b Other expenses (from line 48)	27b	
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	4,000.				
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.		

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **17**

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

ANNA V ESKAMANI

Social security number of person
with self-employment income

Part I Self-Employment Tax

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

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

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

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

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

- 2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order
- 3** Combine lines 1a, 1b, and 2

- 4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3
- Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

- b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here
- c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax.
Exception: If less than \$400 and you had **church employee income**, enter -0- and continue

- 5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income

- b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-

- 6** Add lines 4c and 5b

- 7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2025

- 8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$176,100 or more, skip lines 8b through 10, and go to line 11

- b** Unreported tips subject to social security tax from Form 4137, line 10

- c** Wages subject to social security tax from Form 8919, line 10

- d** Add lines 8a, 8b, and 8c

- 9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11

- 10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)

- 11** Multiply line 6 by 2.9% (0.029)

- 12 Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3**

- 13 Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15**

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

Schedule SE (Form 1040) 2025 Created 5/7/25

Qualified Business Income Deduction

OMB No. 1545-0074

2025Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

ANNA V ESKAMANI

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 above \$197,300 (\$394,600 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	ANNA V ESKAMANI	☐	☐		☐
B		☐	☐		☐
C		☐	☐		☐

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions.	2 3,946.		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$197,300 or less (\$394,600 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13.	3 789.		
4 Allocable share of W-2 wages from the trade, business, or aggregation.	4		
5 Multiply line 4 by 50% (0.50).	5		
6 Multiply line 4 by 25% (0.25).	6		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property.	7		
8 Multiply line 7 by 2.5% (0.025).	8		
9 Add lines 6 and 8.	9		
10 Enter the greater of line 5 or line 9.	10		
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10.	11		
12 Phased-in reduction. Enter the amount from line 26, if any.	12 452.		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12.	13 452.		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions.	14		
15 Qualified business income component. Subtract line 14 from line 13.	15 452.		
16 Total qualified business income component. Add all amounts reported on line 15.	16 452.		

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

Form 8995-A (2025) Created 9/12/25

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$197,300 but not \$247,300 (\$394,600 and \$494,600 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
17 Enter the amounts from line 3	17	789.		
18 Enter the amounts from line 10	18			
19 Subtract line 18 from line 17	19	789.		
20 Taxable income before qualified business income deduction	20	218,672.		
21 Threshold. Enter \$197,300 (\$394,600 if married filing jointly)	21	197,300.		
22 Subtract line 21 from line 20	22	21,372.		
23 Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23	50,000.		
24 Phase-in percentage. Divide line 22 by line 23	24	42.744%		
25 Total phase-in reduction. Multiply line 19 by line 24	25	337.		
26 Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26	452.		

Part IV Determine Your Qualified Business Income Deduction

27 Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27	452.	
28 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28		
29 Qualified REIT dividends and PTP (loss) carryforward from prior years	29		
30 Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30		
31 REIT and PTP component. Multiply line 30 by 20% (0.20)	31		
32 Qualified business income deduction before the income limitation. Add lines 27 and 31	32		452.
33 Taxable income before qualified business income deduction	33	218,672.	
34 Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	34		
35 Subtract line 34 from line 33. If zero or less, enter -0-	35		218,672.
36 Income limitation. Multiply line 35 by 20% (0.20)	36		43,734.
37 Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37		452.
38 DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38		
39 Total qualified business income deduction. Add lines 37 and 38	39		452.
40 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40		

Form **8959**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

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

2025Attachment
Sequence No. **71**

ANNA V ESKAMANI

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	231,367.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	231,367.	
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	200,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		31,367.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		282.

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	3,694.	
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	200,000.	
10	Enter the amount from line 4	10	231,367.	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	0.	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		3,694.
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		33.

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		
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		315.
----	--	----	--	------

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	3,375.	
20	Enter the amount from line 1	20	231,367.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,355.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		20.
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		20.

**Net Investment Income Tax –
Individuals, Estates, and Trusts**

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

ANNA V ESKAMANI

Your social security number or EIN

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)	1	
2	Ordinary dividends (see instructions)	2	
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	4,000.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	-4,000.
c	Combine lines 4a and 4b	4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	

Part II Investment Expenses Allocable to Investment Income and Modifications

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

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-	12	0.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	234,422.
14	Threshold based on filing status (see instructions)	14	200,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	34,422.
16	Enter the smaller of line 12 or line 15	16	
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

2025

FEDERAL STATEMENTS

PAGE 1

ANNA V ESKAMANI

STATEMENT 1
FORM 1040
WAGE SCHEDULE

<u>TAXPAYER - EMPLOYER</u>	<u>WAGES</u>	<u>FEDERAL W/H</u>	<u>FICA</u>	<u>MEDI- CARE</u>	<u>STATE W/H</u>	<u>LOCAL W/H</u>
STATE OF FLORIDA	28,206.	2,378.	1,804.	422.		
NEO PHILANTHROPY	202,270.	37,998.	10,918.	2,953.		
GRAND TOTAL	<u>230,476.</u>	<u>40,376.</u>	<u>12,722.</u>	<u>3,375.</u>	<u>0.</u>	<u>0.</u>

ANNA V ESKAMANI

QUALIFIED BUSINESS INCOME

TRADE OR BUSINESS NAME:	ANNA V ESKAMANI
TAXPAYER IDENTIFICATION NUMBER:	590-98-6370
BUSINESS INCOME.....	4,000.
ALLOCATED DEDUCTION FOR ONE-HALF OF SELF-EMPLOYMENT TAX.....	-54.
QUALIFIED BUSINESS INCOME	<u><u>3,946.</u></u>

TAX BRACKET WORKSHEET (FORM 1040, 1040-SR, OR 1040-NR, LINE 16)

ORDINARY INCOME RATES (TAX TABLE/TAX COMPUTATION WKS)	INCOME	TAX
10% ORDINARY TAX BRACKET (\$0 - \$11,925).....	\$ 11,925.	\$ 1,193.
12% ORDINARY TAX BRACKET (\$11,926 - \$48,475).....	36,550.	4,386.
22% ORDINARY TAX BRACKET (\$48,476 - \$103,350).....	54,875.	12,073.
24% ORDINARY TAX BRACKET (\$103,351 - \$197,300).....	93,950.	22,548.
32% ORDINARY TAX BRACKET (\$197,301 - \$250,525).....	20,920.	6,694.
TAXABLE INCOME	<u>\$ 218,220.</u>	
TOTAL TAX USING ORDINARY INCOME RATES		<u>\$ 46,893.</u>

* ORDINARY INCOME WOULD HAVE TO INCREASE BY OVER \$32,305
TO BEGIN BEING TAXED IN THE NEXT 35% TAX BRACKET (\$250,526 - \$626,350)

FEDERAL INCOME TAX WITHHELD

STATE OF FLORIDA	2,378.
NEO PHILANTHROPY	37,998.
ADDITIONAL MEDICARE TAX WITHHOLDING (FORM 8959)	20.
TOTAL	<u><u>40,396.</u></u>

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

	TAXPAYER
SCHEDULE C	4,000.
SCHEDULE E, PAGE 2 (FROM SCH. K-1)	0.
OTHER INCOME (SCHEDULE 1, LINE 8)	0.
SECTION 1256 CONTRACTS	0.
MINISTER WAGES	0.
MINISTER HOUSING ALLOWANCE	0.
MINISTER PARSONAGE - UTILITIES	0.
EMPLOYEE BUSINESS EXPENSES	0.
NET NONFARM INCOME ADJUSTMENT	0.
TOTAL NET NONFARM PROFIT OR (LOSS)	<u><u>4,000.</u></u>

ANNA V ESKAMANI

**FORM 8960, LINE 4B
ADJUSTMENT FOR NON-SECTION 1411 BUSINESS****INCOME (LOSS)
LINE 4A****NON-SEC. 1411
ADJUSTMENT
LINE 4B**

SCHEDULE C INCOME (LOSS).....	\$	4,000.	\$	-4,000.
TOTAL	\$	<u>4,000.</u>	\$	<u>-4,000.</u>

**FORM 8960, LINE 13
MODIFIED ADJUSTED GROSS INCOME WORKSHEET**

1. ENTER YOUR ADJUSTED GROSS INCOME.....	\$	234,422.
2A. FOREIGN EARNED INCOME EXCLUSION (FORM 2555, LINE 42).....		0.
2B. DEDUCTIONS REPORTED ON FORM 2555, LINE 44 ALLOCABLE TO YOUR FOREIGN EARNED INCOME EXCLUSION.....		0.
3. ADJUSTMENTS FOR CERTAIN CFCS AND CERTAIN PFICS.....		0.
3A. ADJUSTMENT FROM FORM 1041, K-1, CODE H (IF POSITIVE AMOUNT).....		0.
4. SUM OF LINES 1, 2A, 2B, 3, AND 3A.....	\$	<u>234,422.</u>

ANNA V ESKAMANI

	2025	2024	DIFF
INCOME			
WAGES, SALARIES, TIPS, ETC.....	230,476	147,398	83,078
BUSINESS INCOME.....	4,000	0	4,000
TOTAL INCOME.....	234,476	147,398	87,078
ADJUSTMENTS TO INCOME			
DEDUCTIBLE PART OF SELF-EMPLOYMENT TAX..	54	0	54
TOTAL ADJUSTMENTS.....	54	0	54
ADJUSTED GROSS INCOME.....	234,422	147,398	87,024
ITEMIZED DEDUCTIONS			
TAXES.....	1,230	1,018	212
TOTAL ITEMIZED DEDUCTIONS.....	1,230	1,018	212
TAX COMPUTATION			
STANDARD DEDUCTION.....	15,750	14,600	1,150
LARGER OF ITEMIZED OR STANDARD DEDUCTION.....	15,750	14,600	1,150
QUALIFIED BUSINESS INCOME DEDUCTION.....	452	0	452
TAXABLE INCOME.....	218,220	132,798	85,422
TAX BEFORE CREDITS.....	46,893	24,914	21,979
CREDITS			
TOTAL CREDITS.....	0	0	0
TAX AFTER CREDITS.....	46,893	24,914	21,979
OTHER TAXES			
SELF-EMPLOYMENT TAX.....	107	0	107
OTHER TAXES.....	315	0	315
TOTAL TAX.....	47,315	24,914	22,401
PAYMENTS & REFUNDABLE CREDITS			
FEDERAL INCOME TAX WITHHELD.....	40,396	21,610	18,786
EXCESS FICA AND RRTA TAX WITHHELD.....	1,804	0	1,804
TOTAL PAYMENTS.....	42,200	21,610	20,590
REFUND OR AMOUNT DUE			
UNDERPAYMENT PENALTY.....	0	41	-41
AMOUNT YOU OWE.....	5,115	3,345	1,770
TAX RATES			
ORDINARY INCOME TAX BRACKET.....	32.0%	24.0%	8.0%
EFFECTIVE TAX RATE.....	21.7%	18.8%	2.9%

2026

Record of Estimated Tax Payments

PAGE 1

ANNA V ESKAMANI

Federal

Payment Number	Date Due	2025 Overpayment Credit Applied	Balance Due	Check or money order number or credit card confirmation number	Amount Paid (do not include any credit card convenience fee)	Date paid
1	4/15/26		1,600.			
2	6/15/26		1,600.			
3	9/15/26		1,600.			
4	1/15/27		1,600.			
5						
6						
7						
8						
Total.....			6,400.			

State: _____

State

Payment Number	Date Due	2025 Overpayment Credit Applied	Balance Due	Check or money order number or credit card confirmation number	Amount Paid (do not include any credit card convenience fee)	Date paid
1						
2						
3						
4						
5						
6						
7						
8						
Total.....						

This document is for your records. Please use it to record your estimated tax payments and bring it with you for reference in the preparation of your 2026 tax return.

2026 Estimated Tax Worksheet

ANNA V ESKAMANI

Keep for Your Records

1	Adjusted gross income you expect in 2026 (see instructions)	1	234,422.
2a	Deductions	2a	16,100.
• 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 plus up to \$1,000 (\$2,000 for married filing jointly) for charitable contributions made by cash or check (see Pub. 505).			
b	If you can take the qualified business income deduction, enter the estimated amount of the deduction	2b	452.
c	If you can take an additional deduction on Schedule 1-A (Form 1040), enter the estimated amount you expect to enter on Schedule 1-A (Form 1040), line 38	2c	
d	Add lines 2a, 2b, and 2c	2d	16,552.
3	Subtract line 2d from line 1	3	217,870.
4	Tax. Figure your tax on the amount on line 3 by using the 2026 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 Pub. 505 to figure the tax.			
4		4	46,174.
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	46,174.
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	46,174.
9	Self-employment tax (see instructions)	9	107.
10	Other taxes (see instructions)	10	315.
11a	Add lines 8 through 10	11a	46,596.
100% OF LINE 11C ELECTED			
b	Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, refundable adoption credit, and section 1341 credit	11b	
c	Total 2026 estimated tax. Subtract line 11b from line 11a. If zero or less, enter -0-	11c	46,596.
12a	Multiply line 11c by 90% (66-2/3% for farming and fishing)	12a	46,596.
b	Required annual payment based on prior year's tax (see instructions)	12b	52,047.
c	Required annual payment to avoid a penalty. Enter the smaller of line 12a or 12b	12c	46,596.
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 2026 (including income tax withholding on pensions, annuities, certain deferred income, and Additional Medicare Tax withholding)	13	40,396.
14a	Subtract line 13 from line 12c	14a	6,200.
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	6,200.
Is the result less than \$1,000?			
☐ Yes. Stop here. You are not required to make estimated tax payments.			
☒ No. Go to line 15 to figure your required payment.			
15	Rounded balance	15	6,400.
16	Overpayment of estimated tax applied to next tax year	16	
17	Total of estimated tax payments to be mailed with vouchers	17	6,400.
18	If the first payment you are required to make is due April 15, 2026, enter 1/4 of line 14a (minus any 2025 overpayment that you are applying to this installment) here, and on your estimated tax payment voucher(s) if you are paying by check or money order	18	1,600.

ANNA V ESKAMANI

2026 ESTIMATED TAX WORKSHEET - ADJUSTED GROSS INCOME

<u>INCOME</u>	<u>THIS YEAR</u>	<u>DIFFERENCE</u>	<u>NEXT YEAR</u>
WAGES	230,476.	0.	230,476.
BUSINESS INCOME (LOSS)	4,000.	0.	4,000.
TOTAL INCOME	234,476.	0.	234,476.
<u>ADJUSTMENTS TO INCOME</u>	<u>THIS YEAR</u>	<u>DIFFERENCE</u>	<u>NEXT YEAR</u>
DEDUCTIBLE PORTION OF SELF-EMPLOYMENT TAX **	54.	0.	54.
TOTAL ADJUSTMENTS TO INCOME	54.	0.	54.
ESTIMATED ADJUSTED GROSS INCOME			234,422.

** RECALCULATED USING ESTIMATED SELF-EMPLOYMENT EARNINGS

2026 ESTIMATED TAX WORKSHEET - ALTERNATIVE MINIMUM TAXALTERNATIVE MINIMUM TAXABLE INCOME

1. ENTER AMOUNT FROM 1040ES WORKSHEET LINE 3 (IF NOT ITEMIZING, ENTER ES WORKSHEET LINE 1 AND GO TO LINE 3 BELOW)	233,970.
3. TAX REFUND	0.
4. DISPOSITIONS, SMALL BUS. STOCK, AND INCENTIVE STOCK OPTIONS ADJ.	0.
5. OTHER ADJUSTMENTS	0.
6. ALTERNATIVE MINIMUM TAXABLE INCOME	233,970.

ALTERNATIVE MINIMUM TAX

7. EXEMPTION	90,100.
8. SUBTRACT LINE 7 FROM LINE 6	143,870.
9. TAX	37,406.
10. ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT	0.
11. TENTATIVE MINIMUM TAX	37,406.
12. TAX FROM ES WORKSHEET	46,174.
13. ALTERNATIVE MINIMUM TAX (LINE 11 MINUS LINE 12)	0.

ANNA V ESKAMANI

2026 ESTIMATED TAX WORKSHEET - TAX AND EARNINGS FROM SELF EMPLOYMENT

TAXPAYER

1. FARM	0.
2. SCHEDULE C	4,000.
3. SCHEDULE E, PAGE 2 (FROM SCH. K-1)	0.
4. RELIGIOUS ORDER	0.
5. OTHER INCOME (SCHEDULE 1, LINE 8)	0.
6. SECTION 1256 CONTRACTS	0.
7. MINISTER WAGES	0.
8. MINISTER HOUSING ALLOWANCE	0.
9. MINISTER PARSONAGE - UTILITIES	0.
10. EMPLOYEE BUSINESS EXPENSES (2106)	0.
11. NET PROFIT FROM SELF EMPLOYMENT ADJUSTMENT	0.
12. TOTAL NET PROFIT FROM SELF EMPLOYMENT	4,000.
13. NET EARNINGS FROM SELF EMPLOYMENT (MULTIPLY LINE 12 BY 0.9235, NOT INCLUDING SE INC. IF UNDER \$434 AND CHURCH EMPLOYEE INCOME IF UNDER \$108)	3,694.
14. MULTIPLY LINE 13 BY 0.029	107.
15. MAXIMUM INCOME SUBJ. TO SOCIAL SECURITY TAX	184,500.
16. EXPECTED WAGES SUBJ. TO SOCIAL SECURITY TAX	184,500.
17. REMAINING MAXIMUM INCOME POSSIBLY SUBJECT TO SE TAX (LINE 15 LESS LINE 16)	0.
18. LESSER OF LINE 17 OR 13	0.
19. MULTIPLY LINE 18 BY 0.124	0.
20. ADD LINES 14 AND 19	107.
21. MULTIPLY LINE 20 BY 0.50	54.

2026 ESTIMATED TAX - OTHER TAXES WORKSHEET

ADDITIONAL MEDICARE TAX ON WAGES AND SE INCOME

1. WAGES & TIPS SUBJECT TO MEDICARE TAX	231,367.
2. THRESHOLD FOR FILING STATUS	200,000.
3. WAGES AND TIPS SUBJECT TO ADDITIONAL MEDICARE TAX (SUBTRACT LINE 2 FROM LINE 1)	31,367.
4. ADDITIONAL MEDICARE TAX ON WAGES (LINE 3 X .9%)	282.
5. SE MEDICARE INCOME	3,694.
6. THRESHOLD FOR FILING STATUS	200,000.
7. AMOUNT FROM LINE 1	231,367.
8. REMAINING THRESHOLD (SUBTRACT LINE 7 FROM LINE 6)	0.
9. SE INCOME SUBJECT TO ADDITIONAL MEDICARE TAX (SUBTRACT LINE 8 FROM LINE 5)	3,694.
10. ADDITIONAL MEDICARE TAX ON SE INCOME (LINE 9 X .9%)	33.
11. ADDITIONAL MEDICARE TAX ON RRTA COMPENSATION	0.
12. TOTAL ADDITIONAL MEDICARE TAX (ADD LINES 4, 10, AND 11)	315.

OTHER TAXES

ADDITIONAL MEDICARE TAX ON WAGES	282.
ADDITIONAL MEDICARE TAX ON SE INCOME	33.
TOTAL \$	315.

Mail to:

INTERNAL REVENUE SERVICE
P.O. BOX 1300
CHARLOTTE, NC 28201-1300

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 4/15/2026

2026 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury**. Write your social security number and '2026 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

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

1,600.

FDIA1901L 07/29/25

1032

ANNA V ESKAMANI

126 N MILLS AVENUE
ORLANDO, FL 32801

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE

NC 28201-1300

Mail to:

INTERNAL REVENUE SERVICE
P.O. BOX 1300
CHARLOTTE, NC 28201-1300

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 6/15/2026

2026 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury**. Write your social security number and '2026 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

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

1,600.

FDIA1902L 07/29/25

1032

ANNA V ESKAMANI

126 N MILLS AVENUE
ORLANDO, FL 32801

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE

NC 28201-1300

Mail to:

INTERNAL REVENUE SERVICE
P.O. BOX 1300
CHARLOTTE, NC 28201-1300

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 9/15/2026

2026 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury**. Write your social security number and '2026 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

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

1,600.

FDIA1904L 07/29/25

1032

ANNA V ESKAMANI

126 N MILLS AVENUE
ORLANDO, FL 32801

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE

NC 28201-1300

Mail to:

INTERNAL REVENUE SERVICE
P.O. BOX 1300
CHARLOTTE, NC 28201-1300

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 1/15/2027

2026 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury**. Write your social security number and '2026 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

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

1,600.

FDIA1905L 07/29/25

1032

ANNA V ESKAMANI

126 N MILLS AVENUE
ORLANDO, FL 32801

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE

NC 28201-1300