

General Information

Name: Dr Rahman K Johnson

PID 306065

AGENCY INFORMATION

Organization	Suborganization	Title
Jacksonville	Council & Constitutional Officers	City Council District 14
Jacksonville	KingSoutel Crossing Community Redevelopment Agency Board	Board Member
Jacksonville	Renew Arlington Community Redevelopment Agency Board	Board Member

Net WorthMy Net Worth as of December 31, 2025 was \$ 210,993.00.

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.

The aggregate value of my household goods and personal effect is \$ 250,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Mockingbird Lane Off Miller	\$ 55,000.00
Oak Street Starke, FL	\$ 5,000.00
Oak Street 2 Starke, FL	\$ 5,000.00
Big Stone Drive Jacksonville, FL	\$ 295,000.00
FRS	\$ 5,000.00
IRA via Mutual Fund	\$ 7,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
MOHELA - Student Loan	PO BOx 790233 St. Louis, MO	\$ 208,000.00
Lakeview - Mortgage	701 West Lime Street Lakeland, FL 33815	\$ 143,000.00
VyStar Credit Union - Vehicle	76 S. Laura Street Jacksonville, FL 32203	\$ 21,000.00
IRS Income Taxes	Washington, DC	\$ 2,200.00
HELOC - Shellpoint	Shellpoint Mortgage Servicing P.O. Box 10826Greenville, SC 29603-0826	\$ 50,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 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.

Rahman K Johnson

Digitally signed: 07/03/2026

Filed with COE: 07/03/2026

COVER PAGE

Filing Checklist for E-filed 2025 Tax Return - Save for Your Records

Prepared on: 04/02/2026 05:43:12 pm

Return: H:\A INCOME TAX FILES\2025 INCOME TAX\RAHMAN JOHNSON 2022-2023-2024 & 2025\2025 INCOME TAX\RAHMAN JOHNSON 2025 Tax Return.T25

Step 1. Keep a copy

Print a copy of the return on standard forms for your records. We recommend that you also print and retain these supporting forms, which don't need to be sent to the IRS:

- Background Worksheet
- Last Year's Data Worksheet
- Charitable Worksheet
- Non W-2 Wages

2025 return information - Keep this for your records

Here is some additional information about your 2025 return. Keep this information with your records.

You will need your 2025 AGI to electronically sign your return next year:

Adjusted gross income: \$52,514

Confirmation Summary

The IRS accepted your federal return on Thu Apr 02, 2026 09:27:29 PM.

2025 federal Submission ID is

Quick Summary

Income		\$59,664
Adjustments	-	\$7,150
Adjusted gross income		\$52,514
Deductions	-	\$15,750
Taxable income		\$36,764
Tax withheld or paid already		\$5,140
Actual tax due	-	\$4,175
Refund applied to next year	-	\$0
Refund		\$965

Form	1040	Department of the Treasury—Internal Revenue Service	2025	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space																																								
	U.S. Individual Income Tax Return																																												
For the year Jan. 1–Dec. 31, 2025, or other tax year beginning _____, 2025, ending _____, 20 _____ See separate instructions.																																													
☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased ☐ Spouse																																													
☐ Other																																													
Your first name and middle initial RAHMAN K		Last name JOHNSON		Your social security number [REDACTED]																																									
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. PO BOX 40213				Apt. no.																																									
City, town, or post office. If you have a foreign address, also complete spaces below. JACKSONVILLE			State FL		ZIP code 32203																																								
Foreign country name		Foreign province/state/county		Foreign postal code																																									
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. ☒ You ☐ Spouse																																													
Filing Status ☒ Single ☐ Head of household (HOH) ☐ Married filing jointly (even if only one had income) ☐ Qualifying surviving spouse (QSS) ☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: _____ 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 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 (see instructions):																																													
If more than four dependents, see instructions and check here. ☐																																													
<table><thead><tr><th></th><th>Dependent 1</th><th>Dependent 2</th><th>Dependent 3</th><th>Dependent 4</th></tr></thead><tbody><tr><td>(1) First name</td><td></td><td></td><td></td><td></td></tr><tr><td>(2) Last name</td><td></td><td></td><td></td><td></td></tr><tr><td>(3) SSN</td><td></td><td></td><td></td><td></td></tr><tr><td>(4) Relationship</td><td></td><td></td><td></td><td></td></tr><tr><td>(5) Check if lived with you more than half of 2025</td><td>(a) ☐ Yes (b) ☐ And in the U.S.</td><td>(a) ☐ Yes (b) ☐ And in the U.S.</td><td>(a) ☐ Yes (b) ☐ And in the U.S.</td><td>(a) ☐ Yes (b) ☐ And in the U.S.</td></tr><tr><td>(6) Check if</td><td>☐ Full-time student ☐ Permanently and totally disabled</td><td>☐ Full-time student ☐ Permanently and totally disabled</td><td>☐ Full-time student ☐ Permanently and totally disabled</td><td>☐ Full-time student ☐ Permanently and totally disabled</td></tr><tr><td>(7) Credits</td><td>☐ Child tax credit ☐ Credit for other dependents</td><td>☐ Child tax credit ☐ Credit for other dependents</td><td>☐ Child tax credit ☐ Credit for other dependents</td><td>☐ Child tax credit ☐ Credit for other dependents</td></tr></tbody></table>							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 and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and 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
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☐ 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 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.																																													
1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 59,664																																													
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 0																																													
i Nontaxable combat pay election (see instructions) 1i																																													
z Add lines 1a through 1h 1z 59,664																																													
2a Tax-exempt interest 2a 0 b Taxable interest 2b 0																																													
3a Qualified dividends 3a 0 b Ordinary dividends 3b 0																																													
c Check if your child's dividends are included in 1 ☐ Line 3a 2 ☐ Line 3b																																													
4a IRA distributions 4a b Taxable amount 4b 0																																													
c Check if (see instructions) 1 ☐ Rollover 2 ☐ QCD 3 ☐																																													
5a Pensions and annuities 5a b Taxable amount 5b 0																																													
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 0																																													
b Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)																																													
8 Additional income from Schedule 1, line 10 8 0																																													
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income 9 59,664																																													
10 Adjustments to income from Schedule 1, line 26 10 7,150																																													
11a Subtract line 10 from line 9. This is your adjusted gross income 11a 52,514																																													

KIA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2025) Created 9/5/25

Tax and Credits

- 11b** Amount from line 11a (adjusted gross income) **11b** 52,514
- 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

Standard Deduction for—

- Single or Married filing separately, \$15,750
- Married filing jointly or Qualifying surviving spouse, \$31,500
- Head of household, \$23,625
- If you checked a box on line 12a, 12b, 12c, or 12d, see inst.

e Standard deduction or itemized deductions (from Schedule A)

- 13a** Qualified business income deduction from Form 8995 or Form 8995-A **13a** 0
- b** Additional deductions from Schedule 1-A, line 38 **13b** 0
- 14** Add lines 12e, 13a, and 13b **14** 15,750
- 15** Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income** **15** 36,764
- 16** Tax (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐ **16** 4,175
- 17** Amount from Schedule 2, line 3 **17** 0
- 18** Add lines 16 and 17 **18** 4,175
- 19** Child tax credit or credit for other dependents from Schedule 8812 **19**
- 20** Amount from Schedule 3, line 8 **20** 0
- 21** Add lines 19 and 20 **21** 0
- 22** Subtract line 21 from line 18. If zero or less, enter -0- **22** 4,175
- 23** Other taxes, including self-employment tax, from Schedule 2, line 21 **23** 0
- 24** Add lines 22 and 23. This is your **total tax** **24** 4,175

Payments and Refundable Credits

- 25** Federal income tax withheld from:
- a** Form(s) W-2 **25a** 5,140
- b** Form(s) 1099 **25b** 0
- c** Other forms (see instructions) **25c** 0
- d** Add lines 25a through 25c **25d** 5,140
- 26** 2025 estimated tax payments and amount applied from 2024 return. If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions): **26** 0
- 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** 0
- 29** American opportunity credit from Form 8863, line 8 **29** 0
- 30** Refundable adoption credit from Form 8839, line 13 **30**
- 31** Amount from Schedule 3, line 15 **31** 0
- 32** Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits** **32** 0
- 33** Add lines 25d, 26, and 32. These are your **total payments** **33** 5,140

If you have a qualifying child, you may need to attach Sch. EIC.

Refund

- 34** If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** **34** 965
- 35a** Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐ **35a** 965
- b** Routing number XXXXXXXXXX **c** Type: ☐ Checking ☐ Savings
- d** Account number XXXXXXXXXXXXXXXXXXXX
- 36** Amount of line 34 you want **applied to your 2026 estimated tax** **36** 0

Direct deposit?
See instructions.

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 CITY CONCILOR PUBLIC	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.)

Joint return?
See instructions.
Keep a copy for your records.

Phone no. 904-629-1334 Email address jamcushion@gmail.com

Paid Preparer Use Only

Preparer's name James Cushion	Preparer's signature James Cushion	Date 4/2/2026	PTIN P01063099	Check if: ☒ Self-employed
Firm's name Cushion Accounting LLC			Phone no. (904) 248-2554	
Firm's address 12065 Shore Rush Trail			Firm's EIN 81-5471978	

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

2025
Attachment
Sequence No. **01**

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

RAHMAN K JOHNSON

Your social security number

For 2025, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss 0

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	0
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	0
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	0
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid:	7	
8	Other income:		
a	Net operating loss	8a	(0)
b	Gambling	8b	0
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	(0)
e	Income from Form 8853	8e	0
f	Income from Form 8889	8f	0
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	0
j	Activity not engaged in for profit income	8j	0
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	0
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	0
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	0
r	Scholarship and fellowship grants not reported on Form W-2	8r	0
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	(0)
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	0
u	Wages earned while incarcerated	8u	0
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount:	8z	0
9	Total other income. Add lines 8a through 8z	9	0
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	0

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

Schedule 1 (Form 1040) 2025 Created 7/25/25

Part II Adjustments to Income

11	Educator expenses	11	0
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	7,150
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	0
15	Deductible part of self-employment tax. Attach Schedule SE	15	0
16	Self-employed SEP, SIMPLE, and qualified plans	16	0
17	Self-employed health insurance deduction	17	0
18	Penalty on early withdrawal of savings	18	0
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 instruction), check here ☐	20	0
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	0
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	0
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	0
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	0
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	0
z	Other adjustments. List type and amount:	24z	0
25	Total other adjustments. Add lines 24a through 24z	25	0
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	7,150

Form 2106	Employee Business Expenses (for use only by Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and employees with impairment-related work expenses)	OMB No. 1545-0074
Department of the Treasury Internal Revenue Service	Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form2106 for instructions and the latest information.	2025 Attachment Sequence No. 129
Your name RAHMAN K JOHNSON		Occupation in which you incurred expenses CITY CONCILOR PUBLIC
		Social security number [REDACTED]

Part I Employee Business Expenses and Reimbursements

Step 1 Enter Your Expenses		Column A Other Than Meals	Column B Meals
1	Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	0	
2	Parking fees, tolls, and transportation, including trains, buses, etc., that didn't involve overnight travel or commuting to and from work	0	
3	Travel expense while away from home overnight, including lodging, airfare, car rental, etc. Don't include meals		
4	Business expenses not included on lines 1 through 3. Don't include meals	6,900	
5	Meals expenses (see instructions)		500
6	Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6,900	500

Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amounts from line 6 on line 8.

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7	Reimbursements received from employer. Include reimbursements reported on Form W-2, box 12, code "L." Do not include amounts reported on Form W-2, box 1. (See instructions.)	7	0	
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Step 3 Figure Expenses To Deduct

8	Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, 1040-SR, or 1040-NR, line 1a	8	6,900	500
Note: If both columns of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.				
9	In Column A, enter the amount from line 8. In Column B, see the instructions for the amount to enter	9	6,900	250
10	Add the amounts on line 9 for both columns and enter the total here. Also, enter the total on Schedule 1 (Form 1040), line 12. Employees with impairment-related work expenses, see the instructions for rules on where to enter the total on your return	10		7,150