

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/13/2023

General Information

Name: Cheryl Lynn Grieb

Address: 612 Lakeshore Blvd, Kissimmee, FL 34744

PID 209757

County: Osceola

AGENCY INFORMATION

Organization	Suborganization	Title
Florida PACE Funding Agency	Board of Directors	Board Member
Osceola County	Elected Constitutional Officer	County Commissioner District 4

Net Worth

My Net Worth as of December 31, 2022 was \$ 2,407,463.00.

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 \$ 91,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
612 Lakeshore Blvd, Kissimmee, FL 34744 (50% ownership)	\$ 232,000.00
608 Jacaranda Lane, Kissimmee, FL 24744 (50% ownership)	\$ 110,000.00
815 Hastings Dr, Kissimmee, FL 34744 (50% ownership)	\$ 162,500.00
1015 Newfound Harbor Dr, Merritt Island, FL (50% ownership)	\$ 500,000.00
Newfound Acre lots, Leicester, NC (50% ownership)	\$ 37,500.00
908/910 Mabbette St/112 N Clyde Ave, Kissimmee, FL 34741 (50% ownership Corp held)	\$ 342,500.00
7/11 N Vernon Ave, Kissimmee, FL 34741 (50% ownership, Corp held)	\$ 285,000.00
Addition Financial	\$ 74,325.00
SouthState Bank - Jt acct (50%)	\$ 14,825.00
SouthState Bank	\$ 47,875.00
SouthState Bank Money Market	\$ 18,160.00
Public Service Enterprise Group stock	\$ 160,373.00
AT&T stock	\$ 6,661.00
Ameritas Sep IRA	\$ 17,156.00
Ameritas Roth IRA	\$ 67,147.00
FRS Investment Plan Acct	\$ 94,922.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

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

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.

☒ I elect to file a copy of my 2022 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):

Business Entity	Major Sources of Business Income	Address	Principal Business Activity of Source

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

N/A

Training

- ☒ 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.

Cheryl Lynn Grieb

Digitally signed: 06/13/2023

Filed with COE: 06/13/2023

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
Check only one box.
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:

Your first name and middle initial CHERYL L		Last name GRIEB		Your social security number ***-**-****	
If joint return, spouse's first name and middle initial PATRICIA L		Last name DAUGHERTY		Spouse's social security number ***-**-****	
Home address (number and street). If you have a P.O. box, see instructions. 612 LAKESHORE BLVD				Apt. no.	
City, town or post office. If you have a foreign address, also complete spaces below. KISSIMEE				State FL	
				ZIP code 34744-5747	
Foreign country name		Foreign province/state/county		Foreign postal code	
				☐ You ☐ Spouse	

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, 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, 1958 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1958 ☐ Is blind

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

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. Standard Deduction for – • Single or Married filing separately, \$12,950 • Married filing jointly or Qualifying surviving spouse, \$25,900 • Head of household, \$19,400 • If you checked any box under Standard Deduction, see instructions.	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 84,233
	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 84,233
	2a Tax-exempt interest 2a	2b Taxable interest 2b 1,291
	3a Qualified dividends 3a 6,114	3b Ordinary dividends 3b 6,243
	4a IRA distributions 4a	4b Taxable amount 4b
	5a Pensions and annuities 5a	5b Taxable amount 5b
	6a Soc. sec. ben. 6a	6b Taxable amount 6b
c If you elect to use the lump-sum election method, check here (see instructions) ☐		
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	7 722	
8 Other income from Schedule 1, line 10	8 124,682	
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9 217,171	
10 Adjustments to income from Schedule 1, line 26	10 5,952	
11 Subtract line 10 from line 9. This is your adjusted gross income	11 211,219	
12 Standard deduction or itemized deductions (from Schedule A)	12 25,900	
13 Qualified business income deduction from Form 8995 or Form 8995-A	13 23,976	
14 Add lines 12 and 13	14 49,876	
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15 161,343	

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

Form **1040** (2022)

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972	16	26,251
	3	☐	17	
	17	Amount from Schedule 2, line 3	18	26,251
	18	Add lines 16 and 17	19	
	19	Child tax credit or credit for other dependents from Schedule 8812	20	
	20	Amount from Schedule 3, line 8	21	
	21	Add lines 19 and 20	22	26,251
	22	Subtract line 21 from line 18. If zero or less, enter -0-	23	9,604
23	Other taxes, including self-employment tax, from Schedule 2, line 21	24	35,855	
24	Add lines 22 and 23. This is your total tax			

Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a	16,559	
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c	25d	16,559	
	26	2022 estimated tax payments and amount applied from 2021 return	26	3,975	
	27	Earned income credit (EIC)	27		
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
31	Amount from Schedule 3, line 15	31			
32	Add lines 27, 28, 29 and 31. These are your total other payments and refundable credits	32			
33	Add lines 25d, 26, and 32. These are your total payments	33	20,534		

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 2023 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	15,540
	38	Estimated tax penalty (see instructions)	38	219

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	DAVID J MCCARRON, CPA	Phone no.	407-897-7050
			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 instr.)
			REALTOR	
	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 instr.)
		ATTORNEY		

Phone no. 407-944-4822		Email address		
Preparer's name	Preparer's signature	Date	PTIN	Check if:
DAVID J MCCARRON, CPA	DAVID J MCCARRON, CPA	04/11/23	P01253544	☐ Self-employed
Paid Preparer Use Only	Firm's name	Phone no. 407-897-7050		
	628 ELLEN DR			
	Firm's address	FL 32789-2902	Firm's EIN	59-3543103
	WINTER PARK			

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2022)

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

2022

Attachment
Sequence No. **01**

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

CHERYL L GRIEB & PATRICIA L DAUGHERTY

Your social security number

-**-*

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	67,974
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	56,708
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	
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. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	124,682

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

Schedule 1 (Form 1040) 2022

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	4,802
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	1,150
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 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	5,952

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

2022

Attachment
Sequence No. **02**

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

CHERYL L GRIEB & PATRICIA L DAUGHERTY

Your social security number

-**-*

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 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	9,604
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	
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)

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

Schedule 2 (Form 1040) 2022

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 Reserved for future use		19	
20 Section 965 net tax liability installment from Form 965-A	20		
21 Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	9,604

**Underpayment of Estimated Tax by
Individuals, Estates, and Trusts**Go to www.irs.gov/Form2210 for instructions and the latest information.

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Identifying number

CHERYL L GRIEB & PATRICIA L DAUGHERTY

-**-*

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 4 or line 7 less than \$1,000?

Yes

Don't file Form 2210. You don't owe a penalty.

No

Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?

Yes

You **don't** owe a penalty. **Don't** file Form 2210 unless **box E** in Part II applies, then file page 1 of Form 2210.

No

You may owe a penalty. Does any box in Part II below apply?

Yes

You **must** file Form 2210. Does box **B**, **C**, or **D** in Part II apply?

No

Yes

You must figure your penalty.

Don't file Form 2210. You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but **don't file Form 2210.**You **aren't** required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but **file only page 1 of Form 2210.****Part I Required Annual Payment**

1	Enter your 2022 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	26,251
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	9,604
3	Other payments and refundable credits (see instructions)	3	
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	35,855
5	Multiply line 4 by 90% (0.90)	5	32,270
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	16,559
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	19,296
8	Maximum required annual payment based on prior year's tax (see instructions)	8	169,162
9	Required annual payment. Enter the smaller of line 5 or line 8	9	32,270

Next: Is line 9 more than line 6?

☐No. You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.☒Yes. You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.

- If box **B**, **C**, or **D** applies, you must figure your penalty and file Form 2210.
- If box **A** or **E** applies (but not **B**, **C**, or **D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

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

- A** ☐ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B** ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** ☒ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** ☐ You filed or are filing a joint return for either 2021 or 2022, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B**, **C**, or **D** applies).

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

Section A—Figure Your Underpayment		Payment Due Dates			
		(a) 4/15/22	(b) 6/15/22	(c) 9/15/22	(d) 1/15/23
10 Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions	10	6,995	6,600	0	18,675
11 Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II	11	8,115	4,140	4,140	4,139

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

12 Enter the amount, if any, from line 18 in the previous column	12		1,120		2,800
13 Add lines 11 and 12	13		5,260	4,140	6,939
14 Add the amounts on lines 16 and 17 in the previous column	14			1,340	
15 Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11	15	8,115	5,260	2,800	6,939
16 If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0	0	
17 Underpayment. If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17		1,340		11,736
18 Overpayment. If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column	18	1,120		2,800	

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

SEE 2210 WORKSHEET

19 Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part III, Section B—Figure the Penalty. Also include this amount on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. Don't file Form 2210 unless you checked a box in Part II	19	219
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Schedule AI—Annualized Income Installment Method (See the instructions.)Estates and trusts, **don't** use the period ending dates shown to the right.

Instead, use the following: 2/28/22, 4/30/22, 7/31/22, and 11/30/22.

	(a)	(b)	(c)	(d)
	1/1/22–3/31/22	1/1/22–5/31/22	1/1/22–8/31/22	1/1/22–12/31/22

Part I Annualized Income Installments

1 Enter your adjusted gross income for each period. See instructions. (Estates and trusts, enter your taxable income without your exemption for each period.)	1	42,349	70,582	11,291	211,219
2 Annualization amounts. (Estates and trusts, see instructions.)	2	4	2.4	1.5	1
3 Annualized income. Multiply line 1 by line 2	3	169,396	169,397	16,937	211,219
4 If you itemize, enter itemized deductions for the period shown in each column. All others enter -0-, and skip to line 7. Exception: Estates and trusts, skip to line 9	4	0	0	0	0
5 Annualization amounts	5	4	2.4	1.5	1
6 Multiply line 4 by line 5	6	0	0	0	0
7 In each column, enter the sum of your standard deduction and line 12b from Form 1040 or 1040-SR. (Form 1040-NR filers, enter -0-. Exception: Indian students and business apprentices, see instructions.)	7	25,900	25,900	25,900	25,900
8 Enter the larger of line 6 or line 7	8	25,900	25,900	25,900	25,900
9 Deduction for qualified business income. Estates and trusts: Subtract this amount from the amount on line 3, skip line 10, and enter the result on line 11	9	5,994	9,990	15,984	23,976
10 Add lines 8 and 9	10	31,894	35,890	41,884	49,876
11 Subtract line 10 from line 3	11	137,502	133,507	-24,947	161,343
12 Form 1040, 1040-SR, or 1040-NR filers, enter -0- in each column. (Estates and trusts, see instructions.)	12	0	0	0	0
13 Subtract line 12 from line 11. If zero or less, enter -0-	13	137,502	133,507		161,343
14 Figure your tax on the amount on line 13. See instructions	14	21,484	20,606	0	26,251
15 Self-employment tax from line 36 (complete Part II below)	15	9,605	9,604	9,604	9,604
16 Enter other taxes for each payment period including, if applicable, Additional Medicare Tax and/or Net Investment Income Tax. See instructions	16				
17 Total tax. Add lines 14, 15, and 16	17	31,089	30,210	9,604	35,855
18 For each period, enter the same type of credits as allowed on Form 2210, Part I, lines 1 and 3. See instructions	18				
19 Subtract line 18 from line 17. If zero or less, enter -0-	19	31,089	30,210	9,604	35,855
20 Applicable percentage	20	22.5%	45%	67.5%	90%
21 Multiply line 19 by line 20	21	6,995	13,595	6,483	32,270

Complete lines 22–27 of one column before going to line 22 of the next column.

22 Enter the total of the amounts in all previous columns of line 27	22		6,995	13,595	13,595
23 Subtract line 22 from line 21. If zero or less, enter -0-	23	6,995	6,600	0	18,675
24 Enter 25% (0.25) of line 9 on page 1 of Form 2210 in each column	24	8,068	8,068	8,068	8,066
25 Subtract line 27 of the previous column from line 26 of that column	25		1,073	2,541	10,609
26 Add lines 24 and 25	26	8,068	9,141	10,609	18,675
27 Enter the smaller of line 23 or line 26 here and on Form 2210, Part III, line 10	27	6,995	6,600	0	18,675

Part II Annualized Self-Employment Tax (Form 1040, 1040-SR, or 1040-NR filers only)

28 Net earnings from self-employment for the period (see instructions)	28	243	404	647	970
29 Prorated social security tax limit	29	36,750	61,250	98,000	147,000
30 Enter actual wages for the period subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax. Exception: If you filed Form 4137 or Form 8919, see instructions	30	25,005	41,675	66,681	100,021
31 Subtract line 30 from line 29. If zero or less, enter -0-	31	11,745	19,575	31,319	46,979
32 Annualization amounts	32	0.4960	0.2976	0.1860	0.1240
33 Multiply line 32 by the smaller of line 28 or line 31	33	121	120	120	120
34 Annualization amounts	34	0.116	0.0696	0.0435	0.029
35 Multiply line 28 by line 34	35	28	28	28	28
36 Add lines 33 and 35. Enter here and on line 15 above	36	149	148	148	148

Schedule AI—Annualized Income Installment Method (See the instructions.)Estates and trusts, **don't** use the period ending dates shown to the right.

Instead, use the following: 2/28/22, 4/30/22, 7/31/22, and 11/30/22.

	(a)	(b)	(c)	(d)
	1/1/22–3/31/22	1/1/22–5/31/22	1/1/22–8/31/22	1/1/22–12/31/22

Part I Annualized Income Installments

1 Enter your adjusted gross income for each period. See instructions. (Estates and trusts, enter your taxable income without your exemption for each period.)	1				
2 Annualization amounts. (Estates and trusts, see instructions.)	2	4	2.4	1.5	1
3 Annualized income. Multiply line 1 by line 2	3				
4 If you itemize, enter itemized deductions for the period shown in each column. All others enter -0-, and skip to line 7. Exception: Estates and trusts, skip to line 9	4				
5 Annualization amounts	5	4	2.4	1.5	1
6 Multiply line 4 by line 5	6				
7 In each column, enter the sum of your standard deduction and line 12b from Form 1040 or 1040-SR. (Form 1040-NR filers, enter -0-. Exception: Indian students and business apprentices, see instructions.)	7				
8 Enter the larger of line 6 or line 7	8				
9 Deduction for qualified business income. Estates and trusts: Subtract this amount from the amount on line 3, skip line 10, and enter the result on line 11	9				
10 Add lines 8 and 9	10				
11 Subtract line 10 from line 3	11				
12 Form 1040, 1040-SR, or 1040-NR filers, enter -0- in each column. (Estates and trusts, see instructions.)	12				
13 Subtract line 12 from line 11. If zero or less, enter -0-	13				
14 Figure your tax on the amount on line 13. See instructions	14				
15 Self-employment tax from line 36 (complete Part II below)	15				
16 Enter other taxes for each payment period including, if applicable, Additional Medicare Tax and/or Net Investment Income Tax. See instructions	16				
17 Total tax. Add lines 14, 15, and 16	17				
18 For each period, enter the same type of credits as allowed on Form 2210, Part I, lines 1 and 3. See instructions	18				
19 Subtract line 18 from line 17. If zero or less, enter -0-	19				
20 Applicable percentage	20	22.5%	45%	67.5%	90%
21 Multiply line 19 by line 20	21				

Complete lines 22–27 of one column before going to line 22 of the next column.

22 Enter the total of the amounts in all previous columns of line 27	22				
23 Subtract line 22 from line 21. If zero or less, enter -0-	23				
24 Enter 25% (0.25) of line 9 on page 1 of Form 2210 in each column	24				
25 Subtract line 27 of the previous column from line 26 of that column	25				
26 Add lines 24 and 25	26				
27 Enter the smaller of line 23 or line 26 here and on Form 2210, Part III, line 10	27				

Part II Annualized Self-Employment Tax (Form 1040, 1040-SR, or 1040-NR filers only)

28 Net earnings from self-employment for the period (see instructions)	28	15,451	25,752	41,203	61,804
29 Prorated social security tax limit	29	36,750	61,250	98,000	147,000
30 Enter actual wages for the period subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax. Exception: If you filed Form 4137 or Form 8919, see instructions	30				
31 Subtract line 30 from line 29. If zero or less, enter -0-	31	36,750	61,250	98,000	147,000
32 Annualization amounts	32	0.4960	0.2976	0.1860	0.1240
33 Multiply line 32 by the smaller of line 28 or line 31	33	7,664	7,664	7,664	7,664
34 Annualization amounts	34	0.116	0.0696	0.0435	0.029
35 Multiply line 28 by line 34	35	1,792	1,792	1,792	1,792
36 Add lines 33 and 35. Enter here and on line 15 above	36	9,456	9,456	9,456	9,456

Name(s) shown on return

Social security number

CHERYL L GRIEB & PATRICIA L DAUGHERTY

-**-*

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	04/15/22	06/15/22	09/15/22	01/15/23
Amount of underpayment		1,340		11,736
Prior year overpayment applied	3,975			
Withholding	4,140	4,140	4,140	4,139
Excess FICA				
Other payments				

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment					
Amount of payment					

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE %	PENALTY
2	6/15/22	6/30/22	1,340	15	4.00	2
2	6/30/22	9/15/22	1,340	77	5.00	14
4	1/15/23	4/15/23	11,736	90	7.00	203
TOTAL PENALTY						219
						=====

SCHEDULE C

(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **09**

Name of proprietor

PATRICIA L DAUGHERTY

Social security number (SSN)

-**-*

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

ATTORNEY

B Enter code from instructions

541100

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

PATRICIA L DAUGHERTY, ATTORNEY

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

59-3717441

E Business address (including suite or room no.) **11 N VERNON AVE**

City, town or post office, state, and ZIP code **KISSIMMEE FL 34741-5110**

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

G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2022, check here

I Did you make any payments in 2022 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	130,653
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	130,653
4 Cost of goods sold (from line 42)	4	10,043
5 Gross profit. Subtract line 4 from line 3	5	120,610
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	120,610

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

8 Advertising	8		18 Office expense (see instructions)	18	4,418
9 Car and truck expenses (see instructions)	9	6,306	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	6,420
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	100
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	2,126
15 Insurance (other than health)	15	5,373	23 Taxes and licenses	23	756
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	1,094
17 Legal and professional services	17	7,623	25 Utilities	25	2,766
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	16,704
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	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		b Reserved for future use	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	66,924			
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.		

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Schedule C (Form 1040) 2022

Schedule C (Form 1040) 2022

SCHEDULE C

(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **09**

Name of proprietor

CHERYL L GRIEB

Social security number (SSN)

-**-*

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

ADVISORY SERVICES

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.)

612 LAKESHORE BLVD

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

KISSIMMEE

FL 34744-5747

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

G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2022, check here

I Did you make any payments in 2022 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 **1,050**

2 Returns and allowances

2

3 Subtract line 2 from line 1

3 **1,050**

4 Cost of goods sold (from line 42)

4

5 **Gross profit.** Subtract line 4 from line 3

5 **1,050**

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 **1,050**

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

9

19 Pension and profit-sharing plans

19

(see instructions)

20 Rent or lease (see instructions):

10 Commissions and fees

10

a Vehicles, machinery, and equipment

20a

11 Contract labor (see instructions)

11

b Other business property

20b

12 Depletion

12

21 Repairs and maintenance

21

13 Depreciation and section 179

13

22 Supplies (not included in Part III)

22

expense deduction (not included in Part III) (see instructions)

23 Taxes and licenses

23

14 Employee benefit programs

14

24 Travel and meals:

24a

(other than on line 19)

a Travel

24a

15 Insurance (other than health)

15

b Deductible meals (see instructions)

24b

16 Interest (see instructions):

16a

25 Utilities

25

a Mortgage (paid to banks, etc.)

16a

26 Wages (less employment credits)

26

b Other

16b

27a Other expenses (from line 48)

27a

17 Legal and professional services

17

b **Reserved for future use**

27b

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a

28 **0**

29 Tentative profit or (loss). Subtract line 28 from line 7

29 **1,050**

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 **1,050**

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 D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

Go to www.irs.gov/ScheduleD for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2022

Attachment
Sequence No. **12**

Name(s) shown on return

CHERYL L GRIEB & PATRICIA L DAUGHERTY

Your social security number

-**-*

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses — Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 0

Part II Long-Term Capital Gains and Losses — Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	200	212	1	- 11
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 733
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 722

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

Schedule D (Form 1040) 2022

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	722
• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then go to line 22.		
17 Are lines 15 and 16 both gains? ☒ Yes. Go to line 18. ☐ No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☒ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers.	21 (	)
22 Do you have qualified dividends on Form 1040, 1040-SR, or Form 1040-NR, line 3a? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. ☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

CHERYL L GRIEB & PATRICIA L DAUGHERTY*****-**-******

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	AMERITAS ADVISORY SERVICES	VARIOUS	VARIOUS	200	212	W	1	-11
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)			200	212		1	-11

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E

(Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2022

Attachment
Sequence No.

13

Name(s) shown on return

Your social security number

CHERYL L GRIEB & PATRICIA L DAUGHERTY

-**-*

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.**A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No**B** If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No**1a** Physical address of each property (street, city, state, ZIP code)**A** 608 JACARANDA LN, KISSIMEE, FL 34744**B** 815 HASTINGS DR, KISSEMMEE, FL 34744**C****1b** Type of Property
(from list below)**A** 1**B** 1**C****2** For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.Fair Rental
DaysPersonal Use
Days

QJV

A 365**B** 365**C**

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Properties:

Income:		A	B	C
3 Rents received	3	12,000	15,600	
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9	1,654	3,565	
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14		417	
15 Supplies	15			
16 Taxes	16	2,362	2,746	
17 Utilities	17			
18 Depreciation expense or depletion	18	2,420	3,265	
19 Other (list)	19			
20 Total expenses. Add lines 5 through 19	20	6,436	9,993	
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	5,564	5,607	
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22			
23a Total of all amounts reported on line 3 for all rental properties	23a		27,600	
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d		5,685	
e Total of all amounts reported on line 20 for all properties	23e		16,429	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			11,171
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26			11,171

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2022

DAA

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

CHERYL L GRIEB & PATRICIA L DAUGHERTY*****-**-********Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership, S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	SEE STATEMENT 2					
B						
C						
D						

Passive Income and Loss				Nonpassive Income and Loss	
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A					
B					
C					
D					
29a Totals					89,276
b Totals		43,739			
30 Add columns (h) and (k) of line 29a					89,276
31 Add columns (g), (i), and (j) of line 29b					43,739
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31					45,537

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss			Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1	
A				
B				
34a Totals				
b Totals				
35 Add columns (d) and (f) of line 34a				
36 Add columns (c) and (e) of line 34b				
37 Total estate and trust income or (loss). Combine lines 35 and 36				

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q , line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q , line 1b	(e) Income from Schedules Q , line 3b

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below**39****Part V Summary**

40 Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below	40	
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	56,708
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	56,708

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 17

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

Social security number of person
with self-employment income

-**-*

CHERYL L GRIEB

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

1a

- b** 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 AH

1b

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

2

1,050

- 3** Combine lines 1a, 1b, and 2

3

1,050

- 4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3

4a

970

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

4b

- 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

4c

970

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

5a

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

5b

0

- 6** Add lines 4c and 5b

6

970

- 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 2022

7

147,000

- 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 \$147,000 or more, skip lines 8b through 10, and go to line 11

8a

100,021

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

8b

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

8c

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

8d

100,021

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

9

46,979

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

10

120

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

11

28

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

12

148

- 13 Deduction for one-half of self-employment tax.**

Multiply line 12 by 50% (0.50). Enter the result here and on **Schedule 1 (Form 1040), line 15**

13

74

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$9,060, **or** (b) your net farm profits² were less than \$6,540.

- 14** Maximum income for optional methods

14

6,040

- 15** Enter the **smaller** of: two-thirds (²/₃) of gross farm income¹ (not less than zero) **or** \$6,040. Also include this amount on line 4b above

15

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$6,540 and also less than 72.189% of your gross nonfarm income,⁴ **and** (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

- 16** Subtract line 15 from line 14

16

- 17** Enter the **smaller** of: two-thirds (²/₃) of gross nonfarm income⁴ (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above

17

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **17**

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

Social security number of person

PATRICIA L DAUGHERTY

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

1a

- b** 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 AH

1b

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

2

66,924

- 3** Combine lines 1a, 1b, and 2

3

66,924

- 4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3

4a

61,804

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

4b

- 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

4c

61,804

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

5a

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

5b

0

- 6** Add lines 4c and 5b

6

61,804

- 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 2022

7

147,000

- 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 \$147,000 or more, skip lines 8b through 10, and go to line 11

8a

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

8b

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

8c

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

8d

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

9

147,000

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

10

7,664

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

11

1,792

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

12

9,456

- 13 Deduction for one-half of self-employment tax.**

Multiply line 12 by 50% (0.50). Enter the result here and on **Schedule 1 (Form 1040), line 15**

13

4,728

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$9,060, or (b) your net farm profits² were less than \$6,540.

- 14** Maximum income for optional methods

14

6,040

- 15** Enter the **smaller** of: two-thirds (²/₃) of gross farm income¹ (not less than zero) or \$6,040. Also include this amount on line 4b above

15

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$6,540 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

- 16** Subtract line 15 from line 14

16

- 17** Enter the **smaller** of: two-thirds (²/₃) of gross nonfarm income⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above

17

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**Qualified Business Income Deduction
Simplified Computation****2022**Department 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

CHERYL L GRIEB & PATRICIA L DAUGHERTY

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 \$170,050 (\$340,100 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	SEE STATEMENT 3		
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	119,880	5	23,976
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	119,880		
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		9	23,976
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	0		
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	23,976
11	Taxable income before qualified business income deduction (see instructions)	11	185,319	14	35,697
12	Net capital gain (see instructions)	12	6,836		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	178,483		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	
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	23,976
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0)	17	()
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8995** (2022)

**S Corporation Shareholder Stock and
Debt Basis Limitations**

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

Attachment
Sequence No. **203**

Name of shareholder

CHERYL L GRIEB

Identifying number

-**-*

A Name of S corporation

OLDE KISSIMMEE INVESTMENTS, INC.

B Employer identification number

59-3687893

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:

(1) ☐ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gifted (5) ☐ Other:E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐**Part I Shareholder Stock Basis**

1	Stock basis at the beginning of the corporation's tax year	1	0
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	
b	Net rental real estate income (enter losses in Part III)	3b	7,630
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	496
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	8,126
5	Stock basis before distributions. Add lines 1, 2, and 4	5	8,126
6	Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	8,126
8a	Non deductible expenses	8a	1,250
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	1,250
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	6,876
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	
12	Debt basis restoration (see net increase in instructions for line 23)	12	6,876
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	6,876
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	0

Part II Shareholder Debt Basis**Section A—Amount of Debt** (If more than three debts, see instructions.)

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	☒ Formal note ☐ Open account	☐ Formal note ☐ Open account	☐ Formal note ☐ Open account	
16 Loan balance at the beginning of the corporation's tax year	505,073			505,073
17 Additional loans (see instructions)				
18 Loan balance before repayment. Add lines 16 and 17	505,073			505,073
19 Principal portion of debt repayment (this line doesn't include interest)				
20 Loan balance at the end of the corporation's tax year. Subtract lines 19 from line 18	505,073			505,073

Part II Shareholder Debt Basis (continued)**Section B—Adjustments to Debt Basis**

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year	302,323			
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)	6,876			
24 Debt basis before repayment. Add lines 21, 22, and 23	309,199			
25 Divide line 24 by line 18	0.6122			
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24	309,199			
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-	309,199			
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-	309,199			

Section C—Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 Reportable gain. Subtract line 33 from line 32	0			

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss					
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions					
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30					

Form **7203**(Rev. December 2022)
Department of the Treasury
Internal Revenue Service**S Corporation Shareholder Stock and
Debt Basis Limitations**

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

Attachment
Sequence No. **203**

Name of shareholder

CHERYL L GRIEB

Identifying number

-**-*

A Name of S corporation

OLDE KISSIMMEE REALTY, INC.

B Employer identification number

59-3507844

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:

(1) ☐ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gifted (5) ☐ Other:E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐**Part I Shareholder Stock Basis**

1	Stock basis at the beginning of the corporation's tax year	1	145,001
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	
b	Net rental real estate income (enter losses in Part III)	3b	74,016
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	74,016
5	Stock basis before distributions. Add lines 1, 2, and 4	5	219,017
6	Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	26,852
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	192,165
8a	Non deductible expenses	8a	2,350
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	2,350
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	189,815
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	44,789
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	44,789
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	145,026

Part II Shareholder Debt Basis**Section A—Amount of Debt** (If more than three debts, see instructions.)

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	☐ Formal note ☒ Open account	☐ Formal note ☐ Open account	☐ Formal note ☐ Open account	
16 Loan balance at the beginning of the corporation's tax year	27			27
17 Additional loans (see instructions)				
18 Loan balance before repayment. Add lines 16 and 17	27			27
19 Principal portion of debt repayment (this line doesn't include interest)				
20 Loan balance at the end of the corporation's tax year. Subtract lines 19 from line 18	27			27

Part II Shareholder Debt Basis (continued)**Section B—Adjustments to Debt Basis**

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year	27			
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)				
24 Debt basis before repayment. Add lines 21, 22, and 23	27			
25 Divide line 24 by line 18	1.0000			
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24	27			
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-	27			
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-	27			

Section C—Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 Reportable gain. Subtract line 33 from line 32	0			

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss	43,739		43,739		
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions	1,050		1,050		
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	44,789		44,789		

Form **7203**(Rev. December 2022)
Department of the Treasury
Internal Revenue Service**S Corporation Shareholder Stock and
Debt Basis Limitations**

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

Attachment
Sequence No. **203**

Name of shareholder

PATRICIA L DAUGHERTY

Identifying number

-**-*

A Name of S corporation

OLDE KISSIMMEE INVESTMENTS, INC.

B Employer identification number

59-3687893

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:

(1) ☐ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gifted (5) ☐ Other:E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐**Part I Shareholder Stock Basis**

1	Stock basis at the beginning of the corporation's tax year	1	0
2	Basis from any capital contributions made or additional stock acquired during the tax year	2	
3a	Ordinary business income (enter losses in Part III)	3a	
b	Net rental real estate income (enter losses in Part III)	3b	7,630
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	497
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m	4	8,127
5	Stock basis before distributions. Add lines 1, 2, and 4	5	8,127
6	Distributions (excluding dividend distributions) Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15	7	8,127
8a	Non deductible expenses	8a	1,250
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c	9	1,250
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15	10	6,877
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)	11	
12	Debt basis restoration (see net increase in instructions for line 23)	12	6,877
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13	14	6,877
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-	15	0

Part II Shareholder Debt Basis**Section A—Amount of Debt** (If more than three debts, see instructions.)

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	☒ Formal note ☐ Open account	☐ Formal note ☐ Open account	☐ Formal note ☐ Open account	
16 Loan balance at the beginning of the corporation's tax year	505,073			505,073
17 Additional loans (see instructions)				
18 Loan balance before repayment. Add lines 16 and 17	505,073			505,073
19 Principal portion of debt repayment (this line doesn't include interest)				
20 Loan balance at the end of the corporation's tax year. Subtract lines 19 from line 18	505,073			505,073

Part II Shareholder Debt Basis (continued)**Section B—Adjustments to Debt Basis**

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year	302,321			
22 Enter the amount, if any, from line 17				
23 Debt basis restoration (see instructions)	6,877			
24 Debt basis before repayment. Add lines 21, 22, and 23	309,198			
25 Divide line 24 by line 18	0.6122			
26 Nontaxable debt repayment. Multiply line 25 by line 19				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24	309,198			
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-	309,198			
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-	309,198			

Section C—Gain on Loan Repayment

32 Repayment. Enter the amount from line 19				
33 Nontaxable repayments. Enter the amount from line 26				
34 Reportable gain. Subtract line 33 from line 32	0			

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss					
36 Net rental real estate loss					
37 Other net rental loss					
38 Net capital loss					
39 Net section 1231 loss					
40 Other loss					
41 Section 179 deductions					
42 Charitable contributions					
43 Investment interest expense					
44 Section 59(e)(2) expenditures					
45 Other deductions					
46 Foreign taxes paid or accrued					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30					

Federal Statements**Attorney****Statement 1 - Schedule C, Cost of Goods Sold, Line 39 - Other Costs**

Description	Amount
FILING FEES	\$ 10,043
TOTAL	\$ 10,043

Federal Statements

Statement 2 - Schedule E, Page 2, Line 28

Name	P For S Ptr	EIN	Basis Comp Not at Required Risk	Passive Loss	Passive Income	Nonpass Loss	Sec 179 Deduct	Nonpass Income
OLDE KISSIMMEE INVESTMENTS, INC.	S	59-3687893	X	\$	\$	\$	\$	\$
RENTAL REAL ESTATE	S	59-3687893	X					7,630
OLDE KISSIMMEE REALTY, INC.	S	59-3507844	X			43,739		
RENTAL REAL ESTATE	S	59-3507844	X					74,016
OLDE KISSIMMEE INVESTMENTS, INC.	S	59-3687893	X					
RENTAL REAL ESTATE	S	59-3687893	X					7,630
TOTAL				\$ 0	\$ 0	\$ 43,739	\$ 0	\$ 89,276

Federal Statements

Statement 3 - Form 8995, Line 1 - Trade, Business, or Aggregation Name, Identification Number, and Qualified Business Income or (Loss)Trade, Business
Or Aggregate

	<u>Taxpayer Identification ID</u>	<u>Qualified Business Income</u>
608 JACARANDA LN	***-**-****	\$ 5,564
815 HASTINGS DR	***-**-****	5,607
910 MABBETTE	59-3687893	1,138
7 AND 11 N. VERNON	59-3687893	6,492
OLDE KISSIMMEE REALTY, INC.	59-3507844	-43,739
RENTAL	59-3507844	74,016
910 MABBETTE	59-3687893	1,138
7 AND 11 N. VERNON	59-3687893	6,492
PATRICIA L DAUGHERTY, ATTORNEY	59-3717441	62,196
ADVISORY SERVICES	***-**-****	976
TOTAL		<u>\$ 119,880</u>

Copy B To Be Filed with Employee's FEDERAL Tax Return.		2022 OMB No. 1545-0008	
a Employee's SSN ***-**-****	1 Wages, tips, other comp. 10000.00	2 Federal income tax withheld 3000.00	
	3 Social security wages 10000.00	4 Social security tax withheld 620.00	
b Employer ID no. (EIN) 59-3507844	5 Medicare wages and tips 10000.00	6 Medicare tax withheld 145.00	
c Employer's name, address, and ZIP code OLDE KISSIMMEE REALTY INC 11 N VERNON AVE KISSIMMEE FL 34741			
d Control number			
e Employee's name, address, and ZIP code CHERYL L GRIEB 612 LAKESHORE BLVD KISSIMMEE FL 34744			
7 Social security tips		8 Allocated tips	
9			
10 Dependent care benefits		11 Nonqualified plans	
12a Code See inst. for box 12			
13 Statutory employee		12b Code	
Retirement Plan		12c Code	
Third-party sick pay		12d 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			

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.		2022 OMB No. 1545-0008	
a Employee's SSN ***-**-****	1 Wages, tips, other comp. 10000.00	2 Federal income tax withheld 3000.00	
	3 Social security wages 10000.00	4 Social security tax withheld 620.00	
b Employer ID no. (EIN) 59-3507844	5 Medicare wages and tips 10000.00	6 Medicare tax withheld 145.00	
c Employer's name, address, and ZIP code OLDE KISSIMMEE REALTY INC 11 N VERNON AVE KISSIMMEE FL 34741			
d Control number			
e Employee's name, address, and ZIP code CHERYL L GRIEB 612 LAKESHORE BLVD KISSIMMEE FL 34744			
7 Social security tips		8 Allocated tips	
9			
10 Dependent care benefits		11 Nonqualified plans	
12a Code See inst. for box 12			
13 Statutory employee		12b Code	
Retirement Plan		12c Code	
Third-party sick pay		12d 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			

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employees).		2022 OMB No. 1545-0008	
a Employee's SSN ***-**-****	1 Wages, tips, other comp. 10000.00	2 Federal income tax withheld 3000.00	
	3 Social security wages 10000.00	4 Social security tax withheld 620.00	
b Employer ID no. (EIN) 59-3507844	5 Medicare wages and tips 10000.00	6 Medicare tax withheld 145.00	
c Employer's name, address, and ZIP code OLDE KISSIMMEE REALTY INC 11 N VERNON AVE KISSIMMEE FL 34741			
d Control number			
e Employee's name, address, and ZIP code CHERYL L GRIEB 612 LAKESHORE BLVD KISSIMMEE FL 34744			
7 Social security tips		8 Allocated tips	
9			
10 Dependent care benefits		11 Nonqualified plans	
12a Code See inst. for box 12			
13 Statutory employee		12b Code	
Retirement Plan		12c Code	
Third-party sick pay		12d 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			

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

REV 12/21/22 QBDT

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.		2022 OMB No. 1545-0008	
a Employee's SSN ***-**-****	1 Wages, tips, other comp. 10000.00	2 Federal income tax withheld 3000.00	
	3 Social security wages 10000.00	4 Social security tax withheld 620.00	
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d Control number			
e Employee's name, address, and ZIP code CHERYL L GRIEB 612 LAKESHORE BLVD KISSIMMEE FL 34744			
7 Social security tips		8 Allocated tips	
9			
10 Dependent care benefits		11 Nonqualified plans	
12a Code See inst. for box 12			
13 Statutory employee		12b Code	
Retirement Plan		12c Code	
Third-party sick pay		12d 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			

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement		2022	
a Employee's social security number 		1 Wages, tips other compensation 74233.45	2 Federal income tax withheld 13559.37
b Employer identification number (EIN) 59-6000780		3 Social security wages 90020.81	4 Social security tax withheld 5581.26
		5 Medicare wages and tips 90020.81	6 Medicare tax withheld 1305.32
c Employer's name, address and ZIP code Osceola County Board of County Commissioners 1 Courthouse Sq., Suite 2100 Kissimmee FL 34741			
e Employee's name, address, and ZIP code CHERYL LYNN GRIEB 612 LAKESHORE BLVD KISSIMMEE FL 34744			
7 Social security tips 0.00	8 Allocated tips 0.00		
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a See instructions for box 12 DD 17009.70	
13 Statutory emp. Retirement plan X	14 Other H/I/N 3472.25 D/I/N 299.75 V/I/N 141.17 FRS 2787.36	12b C 176.22	12c G 13000.00
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	

Copy B - To Be Filed With Employee's FEDERAL

Form W-2 Wage and Tax Statement		2022	
a Employee's social security number 		1 Wages, tips other compensation 74233.45	2 Federal income tax withheld 13559.37
b Employer identification number (EIN) 59-6000780		3 Social security wages 90020.81	4 Social security tax withheld 5581.26
		5 Medicare wages and tips 90020.81	6 Medicare tax withheld 1305.32
c Employer's name, address and ZIP code Osceola County Board of County Commissioners 1 Courthouse Sq., Suite 2100 Kissimmee FL 34741			
e Employee's name, address, and ZIP code CHERYL LYNN GRIEB 612 LAKESHORE BLVD KISSIMMEE FL 34744			
7 Social security tips 0.00	8 Allocated tips 0.00		
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a See instructions for box 12 DD 17009.70	
13 Statutory emp. Retirement plan X	14 Other H/I/N 3472.25 D/I/N 299.75 V/I/N 141.17 FRS 2787.36	12b C 176.22	12c G 13000.00
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	

Copy C - For EMPLOYEE'S RECORDS

Form W-2 Wage and Tax Statement		2022	
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b Employer identification number (EIN) 59-6000780		3 Social security wages 90020.81	4 Social security tax withheld 5581.26
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e Employee's name, address, and ZIP code CHERYL LYNN GRIEB 612 LAKESHORE BLVD KISSIMMEE FL 34744			
7 Social security tips 0.00	8 Allocated tips 0.00		
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a See instructions for box 12 DD 17009.70	
13 Statutory emp. Retirement plan X	14 Other H/I/N 3472.25 D/I/N 299.75 V/I/N 141.17 FRS 2787.36	12b C 176.22	12c G 13000.00
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	

Copy 2 - To Be FILED With Employee's State, City or Local Income Tax Return

Form W-2 Wage and Tax Statement		2022	
a Employee's social security number 		1 Wages, tips other compensation 74233.45	2 Federal income tax withheld 13559.37
b Employer identification number (EIN) 59-6000780		3 Social security wages 90020.81	4 Social security tax withheld 5581.26
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Copy 2 - To Be FILED With Employee's State, City or Local Income Tax Return