

General Information

Name: Mr Anthony E. Coleman Sr

Address: PO BOX 113, HASTINGS, FL 32145

PID 286190

County: Saint Johns

AGENCY INFORMATION

Organization	Suborganization	Title
St. Johns County School Board	Elected Constitutional Officer	School Board Member

Net WorthMy Net Worth as of December 31, 2022 was \$ 307,057.65.**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 \$ 12,480.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Investment (FRS Investment)	\$ 193,084.00
Total Assets Over \$1000 (see attachment)	\$ 325,805.00
See Attached	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
BANK OF AMERICA	PO BOX 31785, TAMPA , FL 33631	\$ 206,150.15
GM FINANCIAL	PO BOX 78143 PHOENIX. AZ 85062	\$ 18,160.85

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.

Anthony E. Coleman Sr

Digitally signed: 05/17/2023

Filed with COE: 05/17/2023

Part B - Assets 2022				
Over \$1000				
Furniture			5,400.00	
TVs			2,500.00	
Dining Room Set			1,100.00	
Bedrooms			1,800.00	
Refrigerator			800.00	
Freezers			1,000.00	
Entertainment Center			1,000.00	
Bikes			1,200.00	
Video Equipment			1,000.00	
Lawn Equipment			2,900.00	
Power Tools			1,500.00	
TOTAL:		\$	20,200.00	
Real Property Market Value				
208 W Vivian St			243,100.00	
709 Hensley St			9,873.00	
503 Daniel St			6,500.00	
TOTAL		\$	259,473.00	
Bank Accounts				
Vystar Credit Union Sav			21,082.00	
Vystar Credit Union Ckg			17,368.00	
Wells Fargo			352.00	
TOTAL		\$	38,802.00	
1993 Ford Ranger		\$	2,345.00	
2007 Saturn Vue		\$	4,985.00	
Total		\$	7,330.00	
GRAND TOTAL		\$	325,805.00	

Part B - Assets 2022				
Household Goods				
Guns			300.00	
Watches			400.00	
Rings			200.00	
Ipad			500.00	
Laptop			400.00	
Books			500.00	
Dishwasher			400.00	
Washer & Dryer			800.00	
Clothes			900.00	
Range			700.00	
Coffee Maker			50.00	
Microwave			200.00	
Stove			800.00	
Throw Rugs			250.00	
Cutery			200.00	
Home Phone			80.00	
Computer			700.00	
Generator			1100.00	
Pressure Washer			500.00	
Trailer			1800.00	
Cash			1000.00	
Personal Hygienes			700.00	
TOTAL			12480.00	

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 ANTHONY		Last name COLEMAN SR		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. PO BOX 113				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. HASTINGS			State FL	ZIP code 32145	
Foreign country name		Foreign province/state/county		Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ 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):	
(1) First name	Last name			Child tax credit	Credit for other dependents
LEGEND VERDELL		[REDACTED]	GRANDCHILD	☒	☐
				☐	☐
				☐	☐
				☐	☐

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	41584
b	Household employee wages not reported on Form(s) W-2	1b	0
c	Tip income not reported on line 1a (see instructions)	1c	0
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	0
e	Taxable dependent care benefits from Form 2441, line 26	1e	0
f	Employer-provided adoption benefits from Form 8839, line 29	1f	0
g	Wages from Form 8919, line 6	1g	0
h	Other earned income (see instructions)	1h	0
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	41584
2a	Tax-exempt interest	2a	0
3a	Qualified dividends	3a	0
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	0
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	0
8	Other income from Schedule 1, line 10	8	0
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	102252
10	Adjustments to income from Schedule 1, line 26	10	0
11	Subtract line 10 from line 9. This is your adjusted gross income	11	102252
12	Standard deduction or itemized deductions (from Schedule A)	12	19400
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	0
14	Add lines 12 and 13	14	19400
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	82852

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 3 ☐ _____	16	12350
	17	Amount from Schedule 2, line 3	17	0
	18	Add lines 16 and 17	18	12350
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2000
	20	Amount from Schedule 3, line 8	20	0
	21	Add lines 19 and 20	21	2000
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	10350
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0
	24	Add lines 22 and 23. This is your total tax	24	10350

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	4235
	b	Form(s) 1099 FORM 1099	25b	5491
	c	Other forms (see instructions)	25c	0
	d	Add lines 25a through 25c	25d	9726
	26	2022 estimated tax payments and amount applied from 2021 return	26	0
	27	Earned income credit (EIC)	27	0
	28	Additional child tax credit from Schedule 8812	28	0
	29	American opportunity credit from Form 8863, line 8	29	0
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	0
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	0
	33	Add lines 25d, 26, and 32. These are your total payments	33	9726

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	0
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	0
	b	Routing number	c Type: ☐ Checking ☐ Savings	
	d	Account number		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	0

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	624
	38	Estimated tax penalty (see instructions)	38	0

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes. Complete below. ☒ No		
Designee's name	Phone no.	Personal identification number (PIN)	

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	
	05/17/2023	RETIRED DEPUTY		
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)	
Phone no.	904-377-1477	Email address	TONYFSU1965@ICLOUD.COM	

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
	Angenika N Mack	Angenika N Mack	05/17/2023	P0-1857805	
	Firm's name	RFS Group			Phone no.
	Firm's address	1333 Old Dixie Highway Ste 7 Saint Augustine FL 32084			83-4583186

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

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

OMB No. 1545-0074

Submission Identification Number (SID) ► 6136052023039b300437

Taxpayer's name

ANTHONY COLEMAN SR

Social security number

Spouse's name

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

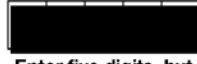
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	102252
2	Total tax	2	10350
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	9726
4	Amount you want refunded to you	4	0
5	Amount you owe	5	624

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

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

Taxpayer's PIN: check one box only

- ☒ I authorize RFS Group to enter or generate my PIN  as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
 Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► 05/17/2023

Spouse's PIN: check one box only

- ☐ I authorize _____ to enter or generate my PIN  as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
 Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only—continue below**Part III Certification and Authentication — Practitioner PIN Method Only****ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Don't enter all zeros

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

ERO's signature ►

Anjenika N Mack

Date ► 05/17/2023

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

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

Form **8879** (Rev. 01-2021)

Installment Agreement Request

► Go to www.irs.gov/Form9465 for instructions and the latest information.
► If you are filing this form with your tax return, attach it to the front of the return.
► See separate instructions.

OMB No. 1545-0074

Tip: If you owe \$50,000 or less, you may be able to avoid filing Form 9465 and establish an installment agreement online, even if you haven't yet received a tax bill. Go to www.irs.gov/OPA to apply for an Online Payment Agreement. If you establish your installment agreement using the Online Payment Agreement application, the user fee that you pay will be lower than it would be with Form 9465.

Part I Installment Agreement Request

This request is for Form(s) (for example, Form 1040 or Form 941) ► **FORM 1040**

Enter tax year(s) or period(s) involved (for example, 2018 and 2019, or January 1, 2019, to June 30, 2019) ► **2022**

1a Your first name and initial ANTHONY	Last name COLEMAN SR	Your social security number [REDACTED]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Current address (number and street). If you have a P.O. box and no home delivery, enter your box number. PO BOX 113		Apt. number
City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions). HASTINGS FL 32145		
Foreign country name	Foreign province/state/county	Foreign postal code

1b If this address is new since you filed your last tax return, check here ☐

2 Name of your business (must no longer be operating) Employer identification number (EIN)

3 904 3771477 Your home phone number	1200 Best time for us to call	4 904 5407373 Your work phone number	Ext.	1200 Best time for us to call
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5 Enter the total amount you owe as shown on your tax return(s) (or notice(s)) **5** **624**

6 If you have any additional balances due that aren't reported on line 5, enter the amount here (even if the amounts are included in an existing installment agreement) **6** **0**

7 Add lines 5 and 6 and enter the result **7** **624**

8 Enter the amount of any payment you're making with this request. See instructions **8** **0**

9 Amount owed. Subtract line 8 from line 7 and enter the result **9** **624**

10 Divide the amount on line 9 by 72.0 and enter the result **10** **9**

11a Enter the amount you can pay each month. Make your payment as large as possible to limit interest and penalty charges, **as these charges will continue to accrue until you pay in full.** If you have an existing installment agreement, this amount should represent your total proposed monthly payment amount for all your liabilities. **If no payment amount is listed on line 11a, a payment will be determined for you by dividing the balance due on line 9 by 72 months** **11a \$ 70**

b If the amount on line 11a is less than the amount on line 10 and you're able to increase your payment to an amount that is equal to or greater than the amount on line 10, enter your *revised* monthly payment **11b \$ 0**

• If you can't increase your payment on line 11b to more than or equal to the amount shown on line 10, check the box. Also, complete and attach Form 433-F, Collection Information Statement ☐

• If the amount on line 11a (or 11b, if applicable) is more than or equal to the amount on line 10 and the amount you owe is over \$25,000 but not more than \$50,000, then you don't have to complete Form 433-F. However, if you don't complete Form 433-F, then you must complete either line 13 or 14.

• If the amount on line 9 is greater than \$50,000, complete and attach Form 433-F.

12 Enter the date you want to make your payment each month. **Don't** enter a date later than the 28th **12 28**

13 If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on time.

► **a** Routing number **b** Account number

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at **1-800-829-1040** no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

c Low-income taxpayers only. If you're unable to make electronic payments through a debit instrument by providing your banking information on lines 13a and 13b, check this box and your user fee will be reimbursed upon completion of your installment agreement. See instructions ☐

14 If you want to make payments by payroll deduction, check this box and attach a completed Form 2159 ☐

By signing and submitting this form, I authorize the IRS to contact third parties and to disclose my tax information to third parties in order to process this request and administer the agreement over its duration. I also agree to the terms of this agreement, as provided in the instructions, if it's approved by the IRS.

Your signature	Date 05/17/2023	Spouse's signature. If a joint return, both must sign.	Date
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Part II Additional Information

Complete this Part only if all three conditions below apply:

1. You defaulted on an installment agreement in the past 12 months;
2. You owe more than \$25,000 but not more than \$50,000; and
3. The amount on line 11a (or 11b, if applicable) is less than line 10.

Note: If you owe more than \$50,000, also complete and attach Form 433-F.

15 In which county is your primary residence? _____

16a Marital status:

- ☐ Single. Skip question 16b and go to question 17.
☐ Married. Go to question 16b.

b Do you share household expenses with your spouse?

- ☐ Yes.
☐ No.

17 How many dependents will you be able to claim on this year's tax return? **17** | _____

18 How many people in your household are 65 or older? **18** | _____

19 How often are you paid?

- ☐ Once a week.
☐ Once every 2 weeks.
☐ Once a month.
☐ Twice a month.

20 What is your net income per pay period (take home pay)? **20** | \$ _____

Note: Complete lines 21 and 22 only if you have a spouse and meet certain conditions (see instructions). If you don't have a spouse, go to line 23.

21 How often is your spouse paid?

- ☐ Once a week.
☐ Once every 2 weeks.
☐ Once a month.
☐ Twice a month.

22 What is your spouse's net income per pay period (take home pay)? **22** | \$ _____

23 How many vehicles do you own? **23** | _____

24 How many car payments do you have each month? **24** | _____

25a Do you have health insurance?

- ☐ Yes. Go to question 25b. ☐ No. Skip question 25b and go to question 26a.

b Are your health insurance premiums deducted from your paycheck?

- ☐ Yes. Skip question 25c and go to question 26a. ☐ No. Go to question 25c.

c How much are your monthly health insurance premiums? **25c** | \$ _____

26a Do you make court-ordered payments?

- ☐ Yes. Go to question 26b. ☐ No. Go to question 27.

b Are your court-ordered payments deducted from your paycheck?

- ☐ Yes. Go to question 27. ☐ No. Go to question 26c.

c How much are your court-ordered payments each month? **26c** | \$ _____

27 Not including any court-ordered payments for child and dependent support, how much do you pay for child or dependent care each month? **27** | \$ _____

TAX YEAR: 2022

PREPARED FOR: ANTHONY COLEMAN SR

PREPARED BY: Angenika Mack

Following is a copy of your 2022 Federal and State Income Tax Returns for your records.

Thank you for your business.

May 17, 2023, 12:18 pm

To:

Date: 05/17/2023

Anthony Coleman
Po Box 113
Hastings, FL 32145
(904)377-1477

Dear Anthony Coleman

Below is the summary of fees and your previous payments for your 2023 tax preparation service. Your prompt remittance is always appreciated.

SUMMARIZED INVOICE

Date	Invoice Number	Description	Charges	Amount paid	Balance due
02-08-2023	10103900281	Master Payment	\$ 0.00	\$ 0.00	\$ 0.00
Total Balance due					\$ 0.00

Thank you for your business!

Sincerely,

Angenika N. Mack
(904)250-3110

Thank you for your business!
Sincerely,
Angenika N. Mack
(904)250-3110

POST SESSION LETTER

05/17/2023

Dear Anthony Coleman,

We appreciate the opportunity to prepare your tax returns this year and look forward to serving you again next year. Personal tax situations can change from year to year. We ask that you notify us if you have financial or personal changes that could affect your taxes for the coming year. Some of those changes may include:

- * Retirement and pension plan adjustments
- * Changes in address and telephone numbers
- * The payment of estimated taxes
- * Beginning or disposing of a business
- * Selling or trading mutual funds or stocks
- * Changes in marital or dependent status
- * Investments in partnerships or corporations
- * Gifting of money or property to others
- * Changes in estate planning

Please contact us if such changes occur so that we may help you plan for the best tax advantage for your situation.

Thank you for allowing us to serve you. Feel free to call us if you have any questions or tax matters to discuss.

Sincerely,

Angenika N. Mack
(904)250-3110

PRIVACY NOTICE LETTER

05/17/2023

Dear Anthony Coleman,

Privacy Notice:

As a tax preparer, I have always protected your right to privacy and I will continue to do so. The law now requires me to inform you of my policy regarding privacy.

I receive and collect nonpublic personal information from various forms and statements that you provide. I do not disclose such information unless you instruct me to do so, except as required by law.

I maintain physical, electronic, and procedural safeguards that comply with Federal regulations to guard your nonpublic personal information. I retain records relating to professional services that I have provided so that I am better able to assist you with your professional needs and also to comply with professional guidelines.

Please do not hesitate to call me if you have any questions. Your privacy, my professional ethics and the ability to provide you with quality financial services are very important to me.

Sincerely,

Angenika N. Mack
(904)250-3110

RETURN STATUS LETTER

05/17/2023

Dear Anthony Coleman,

Enclosed you will find copies of your Federal and/or state income tax returns, which were prepared from the information you provided. You are not required to mail these returns, as they have been e-filed. Please retain the paper copies in your files for a minimum of 3 years, per IRS guidelines. Below is the status of your e-filed return(s).

FED/ST	RETURN STATUS	REFUND	BALANCE DUE
FED	ACCEPTED	\$0	\$624
		\$	\$0

We kindly ask that you review these copies and if you have any questions about your 2022 return(s), feel free to give us a call. We are available throughout the year should you require further assistance.

Thank you for your business!

Sincerely,

Angenika N. Mack
(904)250-3110

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 ANTHONY		Last name COLEMAN SR		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. PO BOX 113				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. HASTINGS			State FL	ZIP code 32145	
Foreign country name		Foreign province/state/county		Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ 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):	
(1) First name	Last name			Child tax credit	Credit for other dependents
LEGEND VERDELL		[REDACTED]	GRANDCHILD	☒	☐
				☐	☐
				☐	☐
				☐	☐

Income		1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 41584	
		b Household employee wages not reported on Form(s) W-2	1b 0	
		c Tip income not reported on line 1a (see instructions)	1c 0	
		d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d 0	
		e Taxable dependent care benefits from Form 2441, line 26	1e 0	
		f Employer-provided adoption benefits from Form 8839, line 29	1f 0	
		g Wages from Form 8919, line 6	1g 0	
		h Other earned income (see instructions)	1h 0	
		i Nontaxable combat pay election (see instructions)	1i	
z Add lines 1a through 1h		1z	41584	
Attach Sch. B if required.	2a Tax-exempt interest	2a 0	b Taxable interest	2b 42
	3a Qualified dividends	3a 0	b Ordinary dividends	3b 0
	4a IRA distributions	4a	b Taxable amount	4b 0
	5a Pensions and annuities	5a	b Taxable amount	5b 60626
	6a Social security benefits	6a 0	b Taxable amount	6b 0
	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	0
8 Other income from Schedule 1, line 10			8	0
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9	102252
10 Adjustments to income from Schedule 1, line 26			10	0
11 Subtract line 10 from line 9. This is your adjusted gross income			11	102252
12 Standard deduction or itemized deductions (from Schedule A)			12	19400
13 Qualified business income deduction from Form 8995 or Form 8995-A			13	0
14 Add lines 12 and 13			14	19400
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income			15	82852

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 3 ☐ _____	16	12350
	17	Amount from Schedule 2, line 3	17	0
	18	Add lines 16 and 17	18	12350
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2000
	20	Amount from Schedule 3, line 8	20	0
	21	Add lines 19 and 20	21	2000
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	10350
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0
	24	Add lines 22 and 23. This is your total tax	24	10350
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	4235
	b	Form(s) 1099 FORM 1099	25b	5491
	c	Other forms (see instructions)	25c	0
	d	Add lines 25a through 25c	25d	9726
	26	2022 estimated tax payments and amount applied from 2021 return	26	0
If you have a qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)	27	0
	28	Additional child tax credit from Schedule 8812	28	0
	29	American opportunity credit from Form 8863, line 8	29	0
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	0
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	0
	33	Add lines 25d, 26, and 32. These are your total payments	33	9726
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	0
Direct deposit? See instructions.	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	0
	b	Routing number	c Type: ☐ Checking ☐ Savings	
	d	Account number		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	0
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	624
	38	Estimated tax penalty (see instructions)	38	0
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes. Complete below. ☒ No			
	Designee's name	Phone no.	Personal identification number (PIN)	
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		05/17/2023	RETIRED DEPUTY	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. 904-377-1477	Email address TONYFSU1965@ICLOUD.COM		
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN
	Angenika N Mack	Angenika N Mack	05/17/2023	P0-1857805
	Firm's name	RFS Group	Phone no. 904-250-3110	
	Firm's address	1333 Old Dixie Highway Ste 7 Saint Augustine FL 32084		Firm's EIN 83-4583186

SCHEDULE 8812
(Form 1040)Department of the Treasury
Internal Revenue Service**Credits for Qualifying Children
and Other Dependents**

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2022Attachment
Sequence No. **47**

Name(s) shown on return

ANTHONY COLEMAN SR

Your social security number

[REDACTED]

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	102252
2a	Enter income from Puerto Rico that you excluded	2a	0
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0
c	Enter the amount from line 15 of your Form 4563	2c	0
d	Add lines 2a through 2c	2d	0
3	Add lines 1 and 2d	3	102252
4	Number of qualifying children under age 17 with the required social security number	4	1
5	Multiply line 4 by \$2,000	5	2000
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	0
8	Add lines 5 and 7	8	2000
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	200000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0
11	Multiply line 10 by 5% (0.05)	11	0
12	Is the amount on line 8 more than the amount on line 11?	12	2000
☐ No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
☒ Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the Credit Limit Worksheet A	13	12350
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	14	2000

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

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

Schedule 8812 (Form 1040) 2022

Part II-A Additional Child Tax Credit for All Filers**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	☐
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a
b	Number of qualifying children under 17 with the required social security number: _____ x \$1,500. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b
TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17
18a	Earned income (see instructions)	18a
b	Nontaxable combat pay (see instructions)	18b
19	Is the amount on line 18a more than \$2,500? ☐ No. Leave line 19 blank and enter -0- on line 20. ☐ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,500 or more? ☐ No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. ☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions.	21
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22
23	Add lines 21 and 22	23
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24
25	Subtract line 24 from line 23. If zero or less, enter -0-	25
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit . Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	0
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▼ Detach Here and Mail With Your Payment and Return. ▼

**Department of the Treasury
Internal Revenue Service**

2022

Form 1040-V Payment Voucher

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

Enter the amount
of your payment ▶

624.00

1211

ANTHONY COLEMAN SR
PO BOX 113

HASTINGS, FL 32145

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

How To Prepare Your Payment

- Make your check or money order payable to **“United States Treasury.”** Don’t send cash. If you want to pay in cash, in person, see *Pay by cash*, later.
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you have an Individual Taxpayer Identification Number (ITIN), enter it wherever your SSN is requested. If you are filing a joint return, enter the SSN shown first on your return. Also, enter “2022 Form 1040,” “2022 Form 1040-SR,” or “2022 Form 1040-NR,” whichever is appropriate.
- To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Don’t use dashes or lines (for example, don’t enter “\$ XXX—” or “\$ XXX ^{xx}/₁₀₀”).

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

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

OMB No. 1545-0074

Submission Identification Number (SID) ► 6136052023039b300437

Taxpayer's name

ANTHONY COLEMAN SR

Social security number

Spouse's name

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

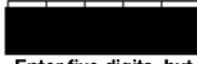
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	102252
2	Total tax	2	10350
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	9726
4	Amount you want refunded to you	4	0
5	Amount you owe	5	624

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

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

Taxpayer's PIN: check one box only

- ☒ I authorize RFS Group to enter or generate my PIN  as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
 Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► 05/17/2023

Spouse's PIN: check one box only

- ☐ I authorize _____ to enter or generate my PIN  as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
 Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only—continue below**Part III Certification and Authentication — Practitioner PIN Method Only****ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Don't enter all zeros

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

ERO's signature ►

Anjenika N Mack

Date ► 05/17/2023

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

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

Form **8879** (Rev. 01-2021)

Form **9325**
(January 2017)

Department of the Treasury - Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name ANTHONY COLEMAN SR

Taxpayer address (optional)

PO BOX 113

HASTINGS FL 32145

1. ☒ Your federal income tax return for 2022 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by RFS Group.
2. ☒ Your return was accepted on 02-08-2023 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 6136052023039b300437
3. ☐ Your return was accepted on _____ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. ☐ Your electronic funds withdrawal payment request was accepted for processing.
5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. ☐ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

PERSONAL INFORMATION SHEET

2022

Primary taxpayer information			Spouse information			
Name:	ANTHONY COLEMAN SR					
SSN:	[REDACTED]					
Date of Birth:	10 - 21 - 1965					
Occupation:	RETIRED DEPUTY					
Other details:	Blind ☐	Disabled ☐	Exemption ☒	Blind ☐	Disabled ☐	Exemption ☐
Filing status:	hoh					

Address information

Care of:	Apt:	E-mail Address:	TONYFSU1965@ICLOUD.COM
Address: PO BOX 113		Phone #1:	CELL (904) 377-1477
City: HASTINGS		Phone #2:	CELL (904) 540-7373
State: FL	Zip: 32145	Resident State:	FL
If foreign, Country:			

Dependent information

	#1	#2	#3	#4	#5
First Name:	LEGEND				
Last Name:	VERDELL				
SSN:	[REDACTED]				
Date of Birth:	2014-07-31				
Relationship:	GRANDCHILD				
CTC:	Yes				
EIC:	Yes				
Exemption:	Yes				

Return Information

Amount Owe : \$ 624.00

Total income:	\$102252.00	Disbursement details		
Total Adjustment:	\$ 0.00	[] Direct Deposit / Debit [] Federal [] State		
Adjusted Gross Income:	\$102252.00	[x] Paper check [x] Federal [] State		
Deduction:	\$19400.00			
Taxable Income:	\$82852.00		#1	#2
AMT:	\$ 0.00	RTN:		
Total tax:	\$12350.00	Acct No:		
Payments:	\$ 9726.00	Acct Type:		

Federal / State	Submission ID/DCN*	Comment	Return Status
Federal	61-360520-23039-b300437	Filed Form - 1040	
Fed-Ext (4868)	61-360520-23039-b300437		NOT FILED

* Submission ID consists of 20 characters, DCN consists of 14 characters.

Preparer:

	#1	#2	#3
Federal Charges:	\$ 0.00		
State Charges:	\$ 0.00		
Net Payable Amount:	\$ 0.00		
Payment Mode:	CASH		
Payment Details:	Feb 8 2023 10:06AM		

Income Report Summary

This summary indicates that the below income statements were given to

RFS Group by
ANTHONY COLEMAN SR for preparation of their 2022 Tax
 Return.

Primary	Secondary	Total
W-2 (1) 1099-R (1) 1099-INT (1)		W-2 (1) 1099-R (1) 1099-INT (1)
3		3

* indicates number of properties in that statement or form

Primary Taxpayer Signature: _____ Date: 05/17/2023

Secondary Taxpayer Signature: _____ Date: _____

INCOME REPORT SUMMARY

2022

TAXABLE INCOME

W2 : (1)

Employee Name	Employer Name	Wages
ANTHONY COLEMAN	ST JOHNS COUNTY SCHOOL DI	\$41583.90
	Sub total:	\$41583.90

Total Wages, salaries, tips, etc.:

\$41583.90

SCHEDULE B :

1099 INT : (1)

Recipient Name	Payer Name	Interest
ANTHONY COLEMAN	VYSTAR CREDIT UNION	\$42.22
	Sub total:	\$42.22

Total Taxable interest:

\$42.22

1099 R : (1)

Recipient Name	Payer Name	Taxable Amount
ANTHONY COLEMAN	FLORIDA RETIREMENT SYSTEM	\$60626.00
	Sub total:	\$60626.00

Total Pensions and annuities:

\$60626.00

TOTAL INCOME

\$102252.12

Form **8867**

(Rev. November 2022)

Department of the Treasury
Internal Revenue Service**Paid Preparer's Due Diligence Checklist***Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status***To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.**

OMB No. 1545-0074

For tax year
20 22Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

ANTHONY COLEMAN SR

Taxpayer identification number

Preparer's name

Angenika N Mack

Preparer tax identification number

P0-1857805

Part I Due Diligence RequirementsPlease check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☒ HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	☒	☐	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	☐	☒	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	☒	☐	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	☒	☐	☐
a Did you complete the required recertification Form 8862?	☐	☐	☐
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☐	☐	☐

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (Rev. 11-2022)

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	☐	☐	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	☐	☐	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	☐	☐	☐

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	☒	☐	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	☒	☐	☐
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	☒	☐	☐

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☒	☐

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	☒	☐

Form 8867, Line 5 - CTC/ACTC/ODC and HOH Due Diligence

SCHOOL RECORDS

BILL

TAXPAYER AND WIFE HAVE LIVED SEPERATE ALL OF 2022

TAXPAYER HAS PROVIDED SUPPORT AND RESIDENCE FOR CHILD SINCE BIRTH

Installment Agreement Request

► Go to www.irs.gov/Form9465 for instructions and the latest information.
► If you are filing this form with your tax return, attach it to the front of the return.
► See separate instructions.

OMB No. 1545-0074

Tip: If you owe \$50,000 or less, you may be able to avoid filing Form 9465 and establish an installment agreement online, even if you haven't yet received a tax bill. Go to www.irs.gov/OPA to apply for an Online Payment Agreement. If you establish your installment agreement using the Online Payment Agreement application, the user fee that you pay will be lower than it would be with Form 9465.

Part I Installment Agreement Request

This request is for Form(s) (for example, Form 1040 or Form 941) ► **FORM 1040**

Enter tax year(s) or period(s) involved (for example, 2018 and 2019, or January 1, 2019, to June 30, 2019) ► **2022**

1a Your first name and initial ANTHONY	Last name COLEMAN SR	Your social security number [REDACTED]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Current address (number and street). If you have a P.O. box and no home delivery, enter your box number. PO BOX 113		Apt. number
City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions). HASTINGS FL 32145		
Foreign country name	Foreign province/state/county	Foreign postal code

1b If this address is new since you filed your last tax return, check here ☐

2 Name of your business (must no longer be operating) Employer identification number (EIN)

3 904 3771477 Your home phone number	1200 Best time for us to call	4 904 5407373 Your work phone number	Ext.	1200 Best time for us to call
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5 Enter the total amount you owe as shown on your tax return(s) (or notice(s)) **5** **624**

6 If you have any additional balances due that aren't reported on line 5, enter the amount here (even if the amounts are included in an existing installment agreement) **6** **0**

7 Add lines 5 and 6 and enter the result **7** **624**

8 Enter the amount of any payment you're making with this request. See instructions **8** **0**

9 Amount owed. Subtract line 8 from line 7 and enter the result **9** **624**

10 Divide the amount on line 9 by 72.0 and enter the result **10** **9**

11a Enter the amount you can pay each month. Make your payment as large as possible to limit interest and penalty charges, **as these charges will continue to accrue until you pay in full.** If you have an existing installment agreement, this amount should represent your total proposed monthly payment amount for all your liabilities. **If no payment amount is listed on line 11a, a payment will be determined for you by dividing the balance due on line 9 by 72 months** **11a \$ 70**

b If the amount on line 11a is less than the amount on line 10 and you're able to increase your payment to an amount that is equal to or greater than the amount on line 10, enter your *revised* monthly payment **11b \$ 0**

• If you can't increase your payment on line 11b to more than or equal to the amount shown on line 10, check the box. Also, complete and attach Form 433-F, Collection Information Statement ☐

• If the amount on line 11a (or 11b, if applicable) is more than or equal to the amount on line 10 and the amount you owe is over \$25,000 but not more than \$50,000, then you don't have to complete Form 433-F. However, if you don't complete Form 433-F, then you must complete either line 13 or 14.

• If the amount on line 9 is greater than \$50,000, complete and attach Form 433-F.

12 Enter the date you want to make your payment each month. **Don't** enter a date later than the 28th **12 28**

13 If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on time.

► **a** Routing number **b** Account number

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at **1-800-829-1040** no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

c Low-income taxpayers only. If you're unable to make electronic payments through a debit instrument by providing your banking information on lines 13a and 13b, check this box and your user fee will be reimbursed upon completion of your installment agreement. See instructions ☐

14 If you want to make payments by payroll deduction, check this box and attach a completed Form 2159 ☐

By signing and submitting this form, I authorize the IRS to contact third parties and to disclose my tax information to third parties in order to process this request and administer the agreement over its duration. I also agree to the terms of this agreement, as provided in the instructions, if it's approved by the IRS.

Your signature	Date 05/17/2023	Spouse's signature. If a joint return, both must sign.	Date
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Part II Additional Information

Complete this Part only if all three conditions below apply:

1. You defaulted on an installment agreement in the past 12 months;
2. You owe more than \$25,000 but not more than \$50,000; and
3. The amount on line 11a (or 11b, if applicable) is less than line 10.

Note: If you owe more than \$50,000, also complete and attach Form 433-F.

15 In which county is your primary residence? _____

16a Marital status:

- ☐ Single. Skip question 16b and go to question 17.
☐ Married. Go to question 16b.

b Do you share household expenses with your spouse?

- ☐ Yes.
☐ No.

17 How many dependents will you be able to claim on this year's tax return? **17** | _____

18 How many people in your household are 65 or older? **18** | _____

19 How often are you paid?

- ☐ Once a week.
☐ Once every 2 weeks.
☐ Once a month.
☐ Twice a month.

20 What is your net income per pay period (take home pay)? **20** | \$ _____

Note: Complete lines 21 and 22 only if you have a spouse and meet certain conditions (see instructions). If you don't have a spouse, go to line 23.

21 How often is your spouse paid?

- ☐ Once a week.
☐ Once every 2 weeks.
☐ Once a month.
☐ Twice a month.

22 What is your spouse's net income per pay period (take home pay)? **22** | \$ _____

23 How many vehicles do you own? **23** | _____

24 How many car payments do you have each month? **24** | _____

25a Do you have health insurance?

- ☐ Yes. Go to question 25b. ☐ No. Skip question 25b and go to question 26a.

b Are your health insurance premiums deducted from your paycheck?

- ☐ Yes. Skip question 25c and go to question 26a. ☐ No. Go to question 25c.

c How much are your monthly health insurance premiums? **25c** | \$ _____

26a Do you make court-ordered payments?

- ☐ Yes. Go to question 26b. ☐ No. Go to question 27.

b Are your court-ordered payments deducted from your paycheck?

- ☐ Yes. Go to question 27. ☐ No. Go to question 26c.

c How much are your court-ordered payments each month? **26c** | \$ _____

27 Not including any court-ordered payments for child and dependent support, how much do you pay for child or dependent care each month? **27** | \$ _____

Credit Limit Worksheet A

1. Enter the amount from line 18 of your Form 1040, 1040-SR, or 1040-NR.

1

12350

2. Add the following amounts (if applicable) from:

Schedule 3, line 1	+	0
Schedule 3, line 2	+	0
Schedule 3, line 3	+	0
Schedule 3, line 4	+	0
Schedule 3, line 6d	+	0
Schedule 3, line 6e	+	0
Schedule 3, line 6f	+	0
Schedule 3, line 6l	+	0
Form 5695, line 30	+	0

Enter the total.

2

0

3. Subtract line 2 from line 1.

3

12350

Complete Credit Limit Worksheet B **only** if you meet all of the following.

1. You are claiming one or more of the following credits.
 - a. Mortgage interest credit, Form 8396.
 - b. Adoption credit, Form 8839.
 - c. Residential clean energy credit, Form 5695, Part I.
 - d. District of Columbia first-time homebuyer credit, Form 8859.
2. You are not filing Form 2555.
3. Line 4 of Schedule 8812 is more than zero.

4. If you are **not** completing Credit Limit Worksheet B, enter -0-; otherwise, enter the amount from Credit Limit Worksheet B.

4

0

5. Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13.

5

12350