

General Information

Name: Hon Rita Harris

Address: PO Box 771964, ORLANDO, FL 32877

PID 300332

County: Orange

AGENCY INFORMATION

Organization	Suborganization	Title
House Of Representatives	Elected Constitutional Officer	

Net WorthMy Net Worth as of December 31, 2022 was \$ 32,500.00.**Assets**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 16,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
2016 Volvo XC60	\$ 14,000.00
See Attached	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
U.S. Department of Education	Greenville, TX 75403-5609	\$ 27,270.21

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.

CPA/Attorney Signature Only

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

Jason B Blank Esq

Digitally signed: 07/20/2023

Signature of Reporting Official or Candidate

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

Rita Harris

Digitally signed: **07/21/2023**

Filed with COE: **07/21/2023**

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

▶ Use this revision to amend 2019 or later tax returns.

(Rev. July 2021)

▶ Go to www.irs.gov/Form1040X for instructions and the latest information.**This return is for calendar year** (enter year) 2022 **or fiscal year** (enter month and year ended)

Your first name and middle initial <u>JOHN C</u>	Last name <u>HARRIS</u>	Your social security number <u>[REDACTED]</u>
If joint return, spouse's first name and middle initial <u>JENNIFER R</u>	Last name <u>HARRIS</u>	Spouse's social security number <u>[REDACTED]</u>
Current home address (number and street). If you have a P.O. box, see instructions. <u>13547 Eyas Road</u>	Apt. no.	Your phone number <u>407-232-5053</u>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. <u>Orlando, FL 32837</u>		
Foreign country name	Foreign province/state/county	Foreign postal code

Amended return filing status. You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.

☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

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

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above.

Use Part III on page 2 to explain any changes.

	A. Original amount reported or as previously adjusted (see instructions)	B. Net change -- amount of increase or (decrease) -- explain in Part III	C. Correct amount
Income and Deductions			
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ▶ ☐	<u>110,303</u>	<u>4,289</u>	<u>114,592</u>
2 Itemized deductions or standard deduction	<u>25,900</u>		<u>25,900</u>
3 Subtract line 2 from line 1	<u>84,403</u>	<u>4,289</u>	<u>88,692</u>
4a Reserved for future use			
b Qualified business income deduction	<u>1,029</u>		<u>1,029</u>
5 Taxable income. Subtract line 4b from line 3. If the result is zero or less, enter -0-	<u>83,374</u>	<u>4,289</u>	<u>87,663</u>
Tax Liability			
6 Tax. Enter method(s) used to figure tax (see instructions): <u>Table</u>	<u>9,594</u>	<u>929</u>	<u>10,523</u>
7 Nonrefundable credits. If a general business credit carryback is included, check here ▶ ☐			
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	<u>9,594</u>	<u>929</u>	<u>10,523</u>
9 Reserved for future use			
10 Other taxes	<u>4,083</u>		<u>4,083</u>
11 Total tax. Add lines 8 and 10	<u>13,677</u>	<u>929</u>	<u>14,606</u>
Payments			
12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing , see instructions.)	<u>11,887</u>	<u>35</u>	<u>11,922</u>
13 Estimated tax payments, including amount applied from prior year's return			
14 Earned income credit (EIC)			
15 Refundable credits from: ☐ Schedule 8812 Form(s) ☐ 2439 ☐ 4136 ☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify):			
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed			<u>1,790</u>
17 Total payments. Add lines 12 through 15, column C, and line 16			<u>13,712</u>
Refund or Amount You Owe			
18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS			
19 Subtract line 18 from line 17. (If less than zero, see instructions.)			<u>13,712</u>
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference			<u>894</u>
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return			
22 Amount of line 21 you want refunded to you			
23 Amount of line 21 you want applied to your (enter year): <u>estimated tax</u> 23			

Complete and sign this form on page 2.

For Paperwork Reduction Act Notice, see separate instructions.

Form 1040-X (Rev. 7-2021)

Part I Dependents

Complete this part to change any information relating to your dependents.
This would include a change in the number of dependents.

Enter the information for the return year entered at the top of page 1.

	A. Original number of dependents reported or as previously adjusted	B. Net change - amount of increase or (decrease)	C. Correct number
24 Reserved for future use	24		
25 Your dependent children who lived with you	25 0		
26 Your dependent children who didn't live with you due to divorce or separation	26 0		
27 Other dependents	27 0		
28 Reserved for future use	28		
29 Reserved for future use	29		
30 List ALL dependents (children and others) claimed on this amended return.			

Dependents (see instructions):

If more than four dependents, see instructions and check here ☐	(a) First name Last name	(b) Social security number	(c) Relationship to you	(d) / if qualifies for (see inst.):	
				Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐

Part II Presidential Election Campaign Fund (for the return year entered at the top of page 1)

Checking below won't increase your tax or reduce your refund.

- ☐ Check here if you didn't previously want \$3 to go to the fund, but now do.
☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

▶ Attach any supporting documents and new or changed forms and schedules.

Missed W2 for Jennifer Harris

Sign Here	Remember to keep a copy of this form for your records.				
	Under penalties of perjury, I declare that I have filed an original return, and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.				
	▶ _____ Your signature		_____ Date		Technical Architect Your occupation
	▶ _____ Spouse's signature. If a joint return, both must sign.		_____ Date		Housewife Spouse's occupation
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check ☐ if self-employed
	Firm's name ▶		Firm's EIN ▶		PTIN
	Firm's address ▶		Phone no.		

For forms and publications, visit www.irs.gov/Forms.

Form **1040-X** (Rev. 7-2021)

2022 TWO YEAR COMPARISON

JOHN C & JENNIFER R HARRIS

Keep for Your Records

	2022	2021	Difference
Filing status	MFJ	MFJ	
INCOME:			
Wages, salaries, tips, etc.	109,448	77,523	31,925
Interest income			
Ordinary dividend income			
IRA distributions and pension income			
Taxable social security income			
Capital gain or (loss) (Schedule D)			
Schedule 1 - Income			
Refunds of state and local taxes			
Alimony received			
Business income or (loss) (Schedule C)	28,892	227,615	-198,723
Other gains or (losses) (Form 4797)			
Rental real estate, partnerships, estates, etc. (Schedule E)			
Farm income or (loss) (Schedule F)			
Unemployment compensation			
Other income			
Total income	138,340	305,138	-166,798
ADJUSTMENTS:			
Schedule 1 - Adjustments			
Educator expenses			
Busn expenses for reservists, performing artists, etc			
Health savings account deduction			
Moving expenses			
Deductible part of self-employment tax	2,042	7,095	-5,053
Self-employed SEP, SIMPLE and qualified plans deduction			
Self-employed health insurance	21,706		21,706
Penalty on early withdrawal of savings			
Alimony paid			
IRA contributions			
Student loan interest deduction			
Archer MSA deduction			
Other adjustments			
Total adjustments	23,748	7,095	16,653
ADJUSTED GROSS INCOME:	114,592	298,043	114,592
DEDUCTIONS:			
Standard deduction or Itemized deductions	25,900	25,100	800
Charitable contributions if taking standard deduction	N/A		
If itemized, Schedule A deductions:			
Medical and dental expenses			
Sales, income, and other taxes paid	4,151	4,583	-432
Interest paid	6,405	7,859	-1,454
Gifts to charity			
Casualty and theft losses			
Other miscellaneous deductions			
Qualified business income deduction	1,029	44,104	-43,075
TAXABLE INCOME:	87,663	228,839	-141,176

2022 TWO YEAR COMPARISON

JOHN C & JENNIFER R HARRIS

Keep for Your Records

	2022	2021	Difference
TAX COMPUTATION (BEFORE CREDITS):			
Tax	10,523	57,493	-46,970
Tax calculation method	TABLE	TCW	
Schedule 2 - Taxes			
Alternative minimum tax			
Excess advance premium tax credit repayment			
Total taxes	10,523	42,963	-32,440
Tax rate	22%	0.24	
CREDITS:			
Child and other dependents tax credit		1,000	-1,000
Schedule 3 - Non-Refundable Credits			
Foreign tax credit			
Child care credit			
Education credit			
Retirement savings contribution credit			
Other credits			
Total credits		1,000	-1,000
OTHER TAXES:			
Schedule 2 - Other Taxes			
Self-employment tax	4,083	14,190	-10,107
Additional tax on IRAs			
Other taxes		340	-340
TOTAL TAXES:	14,606	42,963	-28,357
PAYMENTS:			
Federal income tax withheld	11,922	7,463	4,459
Estimated payments made			
Earned income credit			
Refundable child tax credit or additional child tax credit			
American opportunity credit			
Recovery rebate credit			
Schedule 3 - Refundable Credits & Payments			
ACA premium tax credit			
Qualified sick and family leave credit			
Other payments			
Total payments	11,922	7,463	4,459
AMOUNT DUE / REFUND:			
Amount overpaid			
Overpayment applied to next year			
Refund			
Amount due	2,684	49,530	-46,846
Penalty			-46,846

Tax Calculation Methods:

Sch D = Sch D tax worksheet
Sch J = Inc Aver for Farmer/Fisherman
FEITW = Foreign Earned Income Tax WS

QDCGTW = Qual Div Cap Gain Tax WS
F8615 = Child with unearned income

TCW = Tax Comp Worksheet (rates)
TABLE = Tax Table

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
 Check only 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 one box. qualifying person is a child but not your dependent:

Your first name and middle initial JOHN C		Last name HARRIS		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial JENNIFER R		Last name HARRIS		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. 13547 Eyas Road				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Orlando				State FL	
				ZIP code 32837	
Foreign country name		Foreign province/state/county		Foreign postal code	
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 inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ☐					

Income		1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 109,448
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.		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 109,448
Attach Sch. B if required.	2a Tax-exempt interest	2a	2b Taxable interest
	3a Qualified dividends	3a	3b Ordinary dividends
	4a IRA distributions	4a	4b Taxable amount
	5a Pensions and annuities	5a	5b Taxable amount
	6a Social security benefits	6a	6b Taxable amount
	c If you elect to use the lump-sum election method, check here (see instructions) ☐		
		7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	7
		8 Other income from Schedule 1, line 10	8 28,892
		9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9 138,340
		10 Adjustments to income from Schedule 1, line 26	10 23,748
		11 Subtract line 10 from line 9. This is your adjusted gross income	11 114,592
		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 1,029
		14 Add lines 12 and 13	14 26,929
		15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15 87,663

Tax and Credits	16 Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	10,523
	17 Amount from Schedule 2, line 3	17	
	18 Add lines 16 and 17	18	10,523
	19 Child tax credit or credit for other dependents from Schedule 8812	19	
	20 Amount from Schedule 3, line 8	20	
	21 Add lines 19 and 20	21	
	22 Subtract line 21 from line 18. If zero or less, enter -0-	22	10,523
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23	4,083
	24 Add lines 22 and 23. This is your total tax	24	14,606

Payments	25 Federal income tax withheld from:		
	a Form(s) W-2	25a	11,922
	b Form(s) 1099	25b	
	c Other forms (see instructions)	25c	
	d Add lines 25a through 25c	25d	11,922
	26 2022 estimated tax payments and amount applied from 2021 return	26	
If you have a qualifying child, attach Sch. EIC.	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	11,922

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	
Direct deposit? See instructions.	b Routing number XXXXXXXXXXXXXXXXXXXX	c Type: ☐ Checking ☐ Savings	
	d Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	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	2,684
	38 Estimated tax penalty (see instructions)	38	

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

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	If the RS sent you an Identity Protection PIN, enter it here (see inst.)
			Technical Architect	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the RS sent your spouse an Identity Protection PIN, enter it here (see inst.)
			Housewife	
	Phone no. 407-232-5053	Email address johncharris344@hotmail.com		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
	Firm's name	Firm's EIN			Phone no.
	Firm's address				

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2022)

SCHEDULE 1

(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022Attachment
Sequence No. **01**Department of the Treasury
Internal Revenue ServiceAttach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

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

JOHN C & JENNIFER R HARRIS

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	28,892
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount:	8z	0
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	28,892

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	2,042
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	21,706
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	23,748

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

2022Attachment
Sequence No. **02**

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

JOHN C & JENNIFER R HARRIS

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	4,083
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	8	
	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	4,083

Schedule 2 (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 must generally file Form 1065.

OMB No. 1545-0074

2022Attachment
Sequence No. **09**

Name of proprietor JOHN C HARRIS		Social security number (SSN)
A Principal business or profession, including product or service (see instructions) Consulting		B Enter code from instructions 541510
C Business name. If no separate business name, leave blank. John Harris		D Employer ID no. (EIN) (see instr.)
E Business address (including suite or room no.) 13547 Eyas Road City, town or post office, state, and ZIP code Orlando, FL 32837		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses		☒ Yes ☐ No
H If you started or acquired this business during 2022, check here		☐ Yes ☒ No
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	32,336
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	32,336
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	32,336
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	32,336

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

8 Advertising	8	250	18 Office expense (see instructions).	18	350
9 Car and truck expenses (see instructions)	9	244	19 Pension & 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	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instr.)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	350	25 Utilities	25	1,500
			26 Wages (less employment credits)	26	
			27 a Other expenses (from line 48)	27a	
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	2,694			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	29,642			
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: <u>2,400</u> and (b) the part of your home used for business: <u>150</u> . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	750			
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	28,892			
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.

Schedule C (Form 1040) 2022

Part III	Cost of Goods Sold (see instructions)
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33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV **Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year)	05/15/2021
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44 Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:

a Business 400 **b** Commuting (see instructions) **c** Other

45 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☒ **Yes** ☐ **No**

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V **Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

[illegible]

**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)
JOHN C HARRIS

Social security number of person
with self-employment income

Part I Self-Employment Tax

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

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

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

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	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	28,892
3 Combine lines 1a, 1b, and 2	3	28,892
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	26,682

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	26,682

5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
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b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	0
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6 Add lines 4c and 5b	6	26,682
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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
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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	105,159
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b Unreported tips subject to social security tax from Form 4137, line 10	8b	
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c Wages subject to social security tax from Form 8919, line 10	8c	
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d Add lines 8a, 8b, and 8c	8d	105,159
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9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	41,841
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10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	3,309
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11 Multiply line 6 by 2.9% (0.029)	11	774
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12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	4,083
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13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	2,042
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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
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15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$6,040. Also include this amount on line 4b above	15	
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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	
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17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	
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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.

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

Schedule SE (Form 1040) 2022

Qualified Business Income Deduction Simplified Computation

2022

Attachment

Sequence No. 55

Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form8995 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Your taxpayer identification number

JOHN C & JENNIFER R HARRIS

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	Consulting		5,144
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c) . . .		2 5,144
3	Qualified business net (loss) carryforward from the prior year		3 ()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- . . .		4 5,144
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 1,029
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)		6
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year . . .		7 ()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-		8 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 1,029
11	Taxable income before qualified business income deduction (see instructions)		11 88,692
12	Net capital gain (see instructions)		12
13	Subtract line 12 from line 11. If zero or less, enter -0-		13 88,692
14	Income limitation. Multiply line 13 by 20% (0.20)		14 17,738
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 1,029
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 ()
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)

2022 WAGES AND SALARIES SUMMARY ATTACHMENT

JOHN C & JENNIFER R HARRIS

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
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ENTECEE INC
ADP TOTALSOURCE FL XVI I
State of Florida



T
T
S

99,875
5,284
4,289

11,005
882
35

6,192
328
243

FL

Total 109,448 11,922 6,763

2022 FEDERAL TAX WITHHOLDINGS ATTACHMENT

JOHN C & JENNIFER R HARRIS

W-2	ENTEGEE INC	11,005
W-2	ADP TOTALSOURCE FL XVI I	882
W-2	State of Florida	35

Total to Form 1040/1040-SR line 25d	11,922
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2022 SCHEDULE C SIMPLIFIED METHOD WORKSHEET

JOHN C & JENNIFER R HARRIS

Keep for Your Records

Note: Please refer to the instructions for the Simplified Method Worksheet located in the Schedule C instructions.

- | | | |
|---|-----|-------------------|
| 1. Enter the amount of the gross income limitation | 1. | <u>29,642</u> |
| 2. Allowable square footage for the qualified business use. Do not enter more than 300 square feet | 2. | <u>150</u> |
| 3. Simplified method amount: | | |
| a. Maximum allowable amount | 3a. | <u>5</u> |
| b. For daycare facilities not used exclusively for business, enter the decimal amount from the Daycare Facility Worksheet; otherwise, enter 1.0 | b. | <u>1.00000</u> |
| c. Multiply line 3a by line 3b and enter result to 2 decimal places | c. | <u>5.00</u> |
| 4. Multiple line 2 by line 3c | 4. | <u>750</u> |
| 5. Allowable expenses using the simplified method. Enter the smaller of line 1 or line 4 here and include that amount on Schedule C, line 30. If zero or less, enter -0- | 5. | <u>750</u> |
| 6. Carryover of unallowed expenses from a prior year that are not allowed in <CY>. | | |
| a. Operating expenses. Enter the amount from your last Form 8829, line 43 (line 42 if before 2020). | 6a. | <u> </u> |
| b. Excess casualty losses and depreciation. Enter the amount from your last Form 8829, line 44 (line 43 if before 2020). | b. | <u> </u> |

Instructions for the Simplified Method Worksheet

Use this worksheet to figure the amount of expenses you may deduct for a qualified business use of a home if you are electing to use the simplified method for that home. If you are not electing to use the simplified method, use Form 8829.

Line 1. If all gross income from your trade or business is from this qualified business use of your home, figure your gross income limitation as follows.

- | | | |
|--|----|-------------------|
| A. Enter the amount from Schedule C, line 29 | A. | <u>29,642</u> |
| B. Enter any gain derived from the business use of your home and shown on Form 8949 (and included on Schedule D) or Form 4797 | B. | <u> </u> |
| C. Add lines A and B | C. | <u>29,642</u> |
| D. Enter the loss (as a positive number) shown on Form 8949 (and included on Schedule D) or Form 4797 that are allocable to the business, but not allocable to the use of the home | D. | <u> </u> |
| E. Gross income limitation. Subtract line D from line C. Enter the result here and on line 1 | E. | <u>29,642</u> |

Daycare Facility Worksheet (for simplified method)

- | | | |
|---|----|-------------------|
| 1. Multiply days used for daycare during the year by hours used per day | 1. | <u> </u> |
| 2. Total hours available for use during the year (see instructions) | 2. | <u> </u> |
| 3. Divide line 1 by line 2. Enter the result as a decimal amount here and on line 3b of the Simplified Method Worksheet | 3. | <u> </u> |

2022 SELF-EMPLOYED HEALTH INSURANCE DEDUCTION

JOHN C HARRIS

Keep for Your Records

Note: Use a separate worksheet for each trade or business under which an insurance plan is established.

1. Enter the total amount paid in 2022 for health insurance coverage established under your business (or the S corporation in which you were a more-than-2% shareholder) for 2022 for you, your spouse, and your dependents. Your insurance can also cover your child who was under age 27 at the end of 2022, even if the child was not your dependent. But **don't** include the following.
 - Amounts for any month you were eligible to participate in a health plan subsidized by your employer or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2022.
 - Any amounts paid from retirement plan distributions that were nontaxable because you are a retired public safety officer.
 - Any payments for qualified long-term care insurance (see line 2).

1. 21,706
2. For coverage under a qualified long-term care insurance contract, enter for each person covered the **smaller** of the following amounts.
 - a) Total payments made for that person during the year.
 - b) The amount shown below. Use the person's age at the end of the tax year.
 - \$450 – if that person is age 40 or younger
 - \$850 – if age 41 to 50
 - \$1,690 – if age 51 to 60
 - \$4,510 – if age 61 to 70
 - \$5,640 – if age 71 or older

Don't include payments for any month you were eligible to participate in a long-term care insurance plan subsidized by your or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2022. If more than one person is covered, figure separately the amount to enter for each person. Then enter the total of those amounts

2. _____
3. Add lines 1 and 2

3. 21,706
4. Enter your net profit* and any other earned income** from the business under which the insurance plan is established. Don't include Conservation Reserve Program payments exempt from self-employment tax. If the business is an S corporation, skip to line 11

4. 28,892
5. Enter the total of all net profits* from Schedule C, line 31; Schedule F (Form 1040), line 34; or Schedule K-1 (Form 1065), box 14, code A, plus any other income allocable to the profitable businesses. Don't include Conservation Reserve Program payments exempt from self-employment tax. See Instructions for Schedule SE. **Don't** include any net losses shown on these schedules

5. 28,892
6. Divide line 4 by line 5

6. 1
7. Multiply Schedule 1 (Form 1040), line 15 by the percentage on line 6

7. 2,042
8. Subtract line 7 from line 4

8. 26,850
9. Enter the amount, if any, from Schedule 1 (Form 1040), line 16, attributable to the same trade or business in which the insurance plan is established

9. _____
10. Subtract line 9 from line 8

10. 26,850
11. Enter your Medicare wages (box 5 of Form W-2) from an S corporation in which you are a more-than-2% shareholder and in which the insurance plan is established

11. _____
12. Enter any amount from Form 2555, line 45, attributable to the amount entered on line 4 or line 11 above

12. _____
13. Subtract line 12 from line 10 or 11, whichever applies

13. 26,850
14. Enter the **smaller** of line 3 or line 13 here and on Schedule 1 (Form 1040), line 17. **Don't** include this amount when figuring any medical expense deduction on Schedule A (Form 1040)

14. 21,706

* If you used either optional method to figure your net earning from self-employment from any business, don't enter your net profit from the business. Instead, enter the amount attributable to that business from Schedule SE (Form 1040), Part I, line 4b.

** **Earned income** includes net earnings and gains from the sale, transfer, or licensing of property you created. However it doesn't include capital gain income.

2022 AUTO EXPENSE WORKSHEET

JOHN C HARRIS

Keep for Your Records

VEHICLE INFORMATION

- | | |
|--|-----------------------------------|
| 1. Vehicle description | 1. <u>BMW Z4</u> |
| 2. Carried to form or schedule | 2. <u>For Form Schedule C # 1</u> |
| 3. Date vehicle was placed in service | 3. <u>05/15/2021</u> |
| 4. Odometer beginning mileage _____ ending mileage _____ | |

CALCULATION OF BUSINESS USE PERCENTAGE

- | | |
|--|-----------------------|
| 5. Total business mileage driven during the year | 5. <u>400</u> |
| 6. Total commuting mileage driven during the year | 6. _____ |
| 7. Total medical mileage driven during year (to Sch A, Ln 1) | 7. _____ |
| 8. Total charitable mileage driven during the year (to Sch A, Ln 11) | 8. _____ |
| 9. Total other personal mileage driven during the year | 9. _____ |
| 10. Total mileage driven during the year | 10. <u>400</u> |
| 11. Business use percentage (Line 5 divided by Line 10) | 11. <u>100.0000 %</u> |

CALCULATION OF THE STANDARD MILEAGE RATE METHOD

- | | Input | Deduction Allowed |
|--|-------------------|-------------------|
| 12. Business miles driven 01/01 to 06/30 | <u>150</u> x .585 | 12. <u>88</u> |
| 13. Business miles driven 07/01 to 12/31 | <u>250</u> x .625 | 13. <u>156</u> |
| 14. Parking fees and tolls | | *14. _____ |
| 15. Total automobile expenses (Line 12 through Line 14) (carries to auto expense line of form on Line 2) | | 15. <u>244</u> |
| 16. Interest expense (carries to interest expense line of form on Line 2) | _____ x Line 11 | 16. _____ |
| 17. Property tax (carries from taxes line of form on Line 2) | _____ x Line 11 | 17. _____ |
| 18. Property tax to Schedule A, Line 5c (Line 17 input less Line 17 deduction allowed) | | 18. _____ |
| 19. Total expenses using SMR Method (Line 15 through Line 17) | | 19. <u>244</u> |

Standard Mileage Rate Depreciation Allowance

- | | | |
|---|------------------|----------------|
| 20. Total business mileage driven during the year | <u>400</u> x .26 | 20. <u>104</u> |
| 21. Prior depreciation allowance | | 21. _____ |
| 22. Accumulated depreciation allowance (Line 20 + 21) | | 22. <u>104</u> |

CALCULATION OF THE ACTUAL EXPENSE METHOD

- | | Input | Deduction Allowed |
|---|-----------------|-------------------|
| 23. Parking fees and tolls | | *23. _____ |
| 24. Gasoline and oil | _____ x Line 11 | 24. _____ |
| 25. Repairs | _____ x Line 11 | 25. _____ |
| 26. Licensing fees | _____ x Line 11 | 26. _____ |
| 27. Registration fees | _____ x Line 11 | 27. _____ |
| 28. Insurance | _____ x Line 11 | 28. _____ |
| 29. Other expenses | _____ x Line 11 | 29. _____ |
| 30. Total automobile expenses (Line 23 through 29) (carries to auto expense line of form on Line 2) | | 30. _____ |
| 31. Property tax (carries to taxes line of form on Line 2) | _____ x Line 11 | 31. _____ |
| 32. Property tax to Schedule A, Line 5c (Line 31 input less Line 31 deduction allowed) | | 32. _____ |
| 33. Interest expense (carries to interest expense line of form on Line 2) | _____ x Line 11 | 33. _____ |
| 34. Lease payments | _____ x Line 11 | 34. _____ |
| 35. Inclusion amount | _____ x Line 11 | 35. _____ |
| 36. Total lease expense (Line 34 less Line 35) (carries to lease expense line of form on Line 2) | | 36. _____ |
| 37. Section 179 expense deduction | | *37. _____ |
| 38. Special depreciation allowance | | **38. _____ |
| 39. Current depreciation expense | | **39. _____ |
| 40. Total depreciation expense (Line 36 to Line 38) (carries to depreciation expense line of form on Line 2) | | 40. _____ |
| 41. Value of employer-provided vehicle | _____ x Line 11 | 41. _____ |
| 42. Total expenses using Actual Expense Method (total of Lines 30, 31, 33, 36, 40, and 41) | | 42. _____ |

* Not subject to business use percentage.

** Already adjusted for business use percentage.

DEDUCTION TAKEN

Standard Mileage Rate

244

Actual Expenses

Note: The program automatically optimizes between the Actual and SMR methods for the first year the vehicle was placed in service. Otherwise, the program carries forward the method used the previous year. See the tax code and regulations for information on switching between the Actual and SMR methods in subsequent years.

A voucher is printed at the bottom of this page.

NOTE: This is a new scannable voucher approved by the IRS for filing of the 1040-V for the year 2022. This is different than the voucher that is on the IRS website.

- ▶ 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.

Mail payment to:

INTERNAL REVENUE SERVICE
P O Box 1214
Charlotte, NC 28201-1214

▼ Detach Here and Mail with Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service

2022
OMB No. 1545-0074

Form 1040-V Payment Voucher

- ▶ Use Form 1040-V when paying the balance due on Form 1040, Form 1040A, 1040EZ, or 1040NR.
- ▶ Enter your SSN on your check or money order
- ▶ If your name, address, or SSN is incorrect, see instructions.

Amount you are paying by check or money order. Make your check or money order payable to **"United States Treasury"**

Dollars

894

1729

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



JOHN C & JENNIFER R HARRIS
13547 Eyas Road
Orlando, FL 32837

INTERNAL REVENUE SERVICE
P O Box 1214
Charlotte, NC 28201-1214

2022 QUALIFIED BUSINESS INCOME DEDUCTION WORKSHEET
DETAIL BY BUSINESS

JOHN C & JENNIFER R HARRIS



Schedule/Form	SchC # 1
Business Name	Consulti
EIN/SSN	
Business Type	Non-Spec
Included in Aggregation #	
PTP Income	No
Qualified Business Income (QBI)	
1. Specified Business Income/Loss from Sch/Form	28892
2. Non-Specified Business Income/Loss from Sch/Form Less applicable adjustments from 1040 Schedule 1 (includes SE Tax, SEHIN, & Qual Retirement plans)	-23748
3. QBIID Qualified Losses and ST Gains from Asset Disposition	
4. Net Qualified Business Income (QBI) (sum L1 - L3)	5144
Qualified Other Income (QOI)	
5. Qualified REIT Sec 199A Dividends from 1099-DIV and K-1s	
6. Qualified Other Income from PTPs	
7. QOI Qualified Losses and ST Gains from Disposition incl Sale of PTP	
8. Net Qualified Other Income (QOI) (L5 + L6 + L7)	
9. Net QBI and QOI (L4 + L8)	5144

2023 CARRYFORWARD INFORMATION

JOHN C & JENNIFER R HARRIS

Keep for Your Records

Itemized Returns Only – 2022 state and local tax refund (this amount may not be taxable in 2022)	
Charitable contributions carryover to 2023	
Estimated short-term capital loss carryover	
Estimated long-term capital loss carryover	
2022 tax liability (for 2023 Form 2210 purposes)	14,606
Form 8839: 2021 carryover of unqualified expenses	
Refund amount applied to 2023	
Disallowed investment interest in 2022	
Additional state taxes paid	
Form 8396: Mortgage interest credit from 2020	
Mortgage interest credit from 2021	
Mortgage interest credit from 2022	
Form 8801: Minimum tax credit carryforward	0
Potential 2023 IRA contribution from 2022 tax refund	

NOL carryforward:			
Regular Tax		AMT Tax	
from 2002		from 2002	
from 2003		from 2003	
from 2004		from 2004	
from 2005		from 2005	
from 2006		from 2006	
from 2007		from 2007	
from 2008		from 2008	
from 2009		from 2009	
from 2010		from 2010	
from 2011		from 2011	
Gross NOL generated in 2022		Gross AMT NOL generated in 2022	
To be absorbed in carryback period		To be absorbed in carryback period	
Net carryforward from 2022		Net carryforward from 2022	
Total carryforward to 2023		Total carryforward to 2023	

- The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582, Worksheet 6. Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.
- Foreign Tax Credit carryforward to 2023
- General Business Credit carryforward to 2023
- First-Time Homebuyer Credit Repayment carryforward to 2023
- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
- Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2023.

JENNIFER RITA HARRIS
FORM 6
FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS
2022

PART B- ASSETS

<u>DESCRIPTION</u>	<u>VALUE OF ASSETS</u>
CASH AND EQUIVALENTS	
TRUIST CHECKING ACCT [REDACTED]	\$ 12,151.89
TRUIST CHECKING ACCT [REDACTED]	\$ 15,000.00
TOTAL CASH AND EQUIVALENTS	\$ 27,151.89
RETIREMENT & BROKERAGE ACCOUNTS	
E-TRADE ROTH IRA- [REDACTED]	\$ 830.32
CASH/EQU \$95.90	
DEMZ \$103.63	
PRBLX \$214.54	
WGROX \$276.58	
WILNX \$139.67	
E-TRADE JOINT BROKERAGE- [REDACTED]	\$ 8,589.56
CASH/EQU \$72.59	
IJR \$1138.84	
ITOT \$2320.17	
SHM \$420.63	
VWO \$346.18	
VTV \$433.89	
VEU \$1454.64	
VTEB \$2402.62	
E-TRADE JOINT BROKERAGE- [REDACTED]	\$ 2,140.29
CASH/EQU \$1249.12	
DXC \$201.11	
ELDN \$49.80	
GERN \$495.00	
MBOT \$93.60	
SYRS \$51.10	
TSOI \$0.56	
FLORIDA RETIREMENT SYSTEM (FRS)	\$ 1,677.63
TOTAL RETIREMENT & BROKERAGE ACCOUNTS	\$ 13,237.80