2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/12/2023

General Information

Name: Hon Scott Farley Mitchell

CONFIDENTIAL

Address: 501 W Adams St Rm 7241, Jacksonville, FL 32202

PID 242070

County: Duval

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (4Th)	Elected Constitutional Officer	County Judge

Net Worth

My Net Worth as of December 31, 2022 was $ 1,862,745.00.

Filed with COE: 06/12/2023

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 $ 143,200.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
residence {REDACTED}	$ 710,000.00
{REDACTED}	$ 495,000.00
Prudential Brokerage/Annuities	$ 239,000.00
Charles Schwab account	$ 1,059,000.00
TDbank balance 12/31/22	$ 17,000.00
Principal Stock 12/31/22	$ 7,100.00
Automobiles	$ 36,000.00

Filed with COE: 06/12/2023

Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Chase Mortgage	PO box 9001871, Louisville, KY	$ 164,600.00
Southeast Toyota	P.O. box 991817, Mobile AL	$ 16,500.00
Wells Fargo	PO Box 1441 DesMoines, IA	$ 435,000.00
Personal Income Tax Due	IRS	$ 2,355.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income.

☑ 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

Filed with COE: 06/12/2023

Interests in Specified Businesses

Business Entity # 1
N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you 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.

Scott Farley Mitchell

Digitally signed: **06/12/2023**

Filed with COE: 06/12/2023

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 $ 143,200.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
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[redacted]	$ 495,000.00
Prudential Brokerage/Annuities	$ 239,000.00
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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.

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See Attached		

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Business Entity	Major Sources of Business Income	Address	Principal Business Activity of Source
N/A			

Interests in Specified Businesses

Business Entity # 1
N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you 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.

Digitally signed:

Filed with COE:

Form **1040-SR** Department of the Treasury—Internal Revenue Service **U.S. Tax Return for Seniors** | **2022** | OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.
☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS)
☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
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 [redacted]	Last name % [redacted] Mitchell MITCHELL	**Your social security number** [redacted]
If joint return, spouse's first name and middle initial SCOTT F	Last name MITCHELL	**Spouse's social security number** [redacted]
Home address (number and street). If you have a P.O. box, see instructions. [redacted]	Apt. no.	**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
City, town, or post office. If you have a foreign address, also complete spaces below. [redacted]	State [redacted] ZIP code [redacted]	
Foreign country name	Foreign province/state/county	Foreign postal code

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): If more than four dependents, see instructions and check here ☐

(1) First name	Last name	(2) Social security no.	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents

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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.

1a	Total amount from Form(s) W-2, box 1 (see instructions)		1a 233,449
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 233,449

Attach Schedule B if required.

2a	Tax-exempt interest 2a 600		b Taxable interest	2b	762
3a	Qualified dividends 3a 20,041		b Ordinary dividends	3b	25,364
4a	IRA distributions 4a		b Taxable amount	4b	
5a	Pensions and annuities 5a		b Taxable amount	5b	
6a	Social security benefits 6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐			7	-161

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040-SR** (2022)

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	8	Other income from Schedule 1, line 10	8	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**	9	259,414
	10	Adjustments to income from Schedule 1, line 26	10	
Standard Deduction See Standard Deduction Chart on the last page of this form.	11	Subtract line 10 from line 9. This is your **adjusted gross income**	11	259,414
	12	**Standard deduction or itemized deductions** (from Schedule A)	12	28,700
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	131
	14	Add lines 12 and 13	14	28,831
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**	15	230,583
Tax and Credits	16	**Tax** (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐	16	41,207
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	41,207
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	5
	21	Add lines 19 and 20	21	5
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	41,202
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	358
	24	Add lines 22 and 23. This is your **total tax**	24	41,560
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a 35,205	
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c		25d 35,205
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return		26 4,000
	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	39,205

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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 XXXXXXXXXXXXXXXXX c Type: ☐ Checking ☐ Savings		
	d	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	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	2,355
	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 Block Advisors | Phone no. 314-846-1040 | Personal identification number (PIN) [redacted]

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.)
		[redacted]	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation: Judge	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

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

Phone no. [redacted] Email address [redacted]

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
Angel Blankenship		04-18-2023	P00524110	☐ Self-employed
Firm's name Block Advisors			Phone no. 314-846-1040	
Firm's address 5690 TELEGRAPH RD SAINT LOUIS MO 63129			Firm's EIN 431871840	

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Standard Deduction Chart*

Add the number of boxes checked in the "Age/Blindness" section of Standard Deduction on page 1 2

IF your filing status is...	AND the number of boxes checked is...	THEN your standard deduction is...
Single	1	$14,700
	2	16,450
Married filing jointly	1	$27,300
	2	28,700
	3	30,100
	4	31,500
Qualifying surviving spouse	1	$27,300
	2	28,700
Head of household	1	$21,150
	2	22,900
Married filing separately**	1	$14,350
	2	15,750
	3	17,150
	4	18,550

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*Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

**You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.

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SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. 02

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

[redacted] & SCOTT F MITCHELL

Your social security number [redacted]

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	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	358
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)

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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

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SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

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

OMB No. 1545-0074

2022

Attachment Sequence No. 03

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

[redacted] & SCOTT F MITCHELL

Your social security number [redacted]

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1	5
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
a	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
c	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
e	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
l	Amount on Form 8978, line 14. See instructions	6l		
z	Other nonrefundable credits. List type and amount:	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		8	5

(continued on page 2)

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Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
a	Form 2439	13a			
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b			
c	Reserved for future use	13c			
d	Credit for repayment of amounts included in income from earlier years	13d			
e	Reserved for future use	13e			
f	Deferred amount of net 965 tax liability (see instructions)	13f			
g	Reserved for future use	13g			
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h			
z	Other payments or refundable credits. List type and amount:	13z			
14	Total other payments or refundable credits. Add lines 13a through 13z			14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			15	

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SCHEDULE B (Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

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

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2022

Attachment Sequence No. 08

Name(s) shown on return

[redacted] & SCOTT MITCHELL

Your social security no.

[redacted]

Part I Interest

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:		
	CHARLESSCHWABCOINC		618
	CHARLESSCHWABCOINC		144
	INTEREST SUBTOTAL		762
		1	
2	Add the amounts on line 1	2	762
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4	762

Note: If line 4 is over $1,500, you must complete Part III.

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Part II Ordinary Dividends

(See instructions and the Instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

			Amount
5	List name of payer.		
	CHARLESSCHWABCOINC		25,108
	Principal Financial Group		256
	SUBTOTAL		25,364
		5	
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6	25,364

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Note: If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2022, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account (s) are located:		
8	During 2022, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

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SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/ScheduleD for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074
2022
Attachment Sequence No. **12**

Name(s) shown on return
[redacted] & SCOTT F MITCHELL

Your social security number [redacted]

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☒ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	6	( )
7	**Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2	7	

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked	234,495	235,321		-826
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

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11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	
13	Capital gain distributions. See the instructions	13	665
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	14	( )
15	**Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on on the back	15	-161

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Part III Summary

16 Combine lines 7 and 15 and enter the result ..... 16 -161

- If line 16 is a **gain,** enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
- If line 16 is a **loss,** skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?

☐ **Yes.** Go to line 18.
☐ **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet 18

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet 19

20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below.

☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

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21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of:

- The loss on line 16; or
- ($3,000), or if married filing separately, ($1,500)

..... 21 (161)

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

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22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

☒ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.

☐ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

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

[redacted] & SCOTT F MITCHELL

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

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

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

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

- [X] **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- [ ] **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- [ ] **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g).
CHARLES SCHWA ST [redacted]			59,848	71,600	M		-11,752
CHARLES SCHWA LT [redacted]			174,647	163,721	M		10,926
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Sch. D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked). . .			234,495	235,321			-826

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

XQB 22 89492 BWO 1040 Form Software Copyright 1996 – 2023 HRB Tax Group, Inc.

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2022

Attachment Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

[redacted] & SCOTT F MITCHELL

[redacted]

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			
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
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	0	
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	657	
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	657	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9 131
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10 131
11	Taxable income before qualified business income deduction (see instructions)	11	230,714	
12	Net capital gain (see instructions)	12	20,041	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	210,673	
14	Income limitation. Multiply line 13 by 20% (0.20)			14 42,135
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)			15 131
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 ( )

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

Form **8995** (2022)

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Form **8960**

Department of the Treasury
Internal Revenue Service

Net Investment Income Tax — Individuals, Estates, and Trusts

Attach to your tax return.
Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227
2022
Attachment Sequence No. **72**

Name(s) shown on your tax return
[redacted] & SCOTT F MITCHELL

Your social security number or EIN
[redacted]

Part I Investment Income

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

1	Taxable interest (see instructions)		1	762
2	Ordinary dividends (see instructions)		2	25,364
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c	Combine lines 4a and 4b		4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	-161	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	-161
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	25,965

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Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b		
c	Miscellaneous investment expenses (see instructions)	9c	8,188	
d	Add lines 9a, 9b, and 9c		9d	8,188
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	8,188

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-		12	17,777

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Individuals:

13	Modified adjusted gross income (see instructions)	13	259,414	
14	Threshold based on filing status (see instructions)	14	250,000	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	9,414	
16	Enter the smaller of line 12 or line 15		16	9,414
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)		17	358

Estates and Trusts:

18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)		21	

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Form **8879**
(Rev. January 2023)
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.**

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OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name
[redacted] MITCHELL

Social security number
[redacted]

Spouse's name
SCOTT F MITCHELL

Spouse's social security number
[redacted]

Part I Tax Return Information — Tax Year Ending December 31, (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	259,414
2	Total tax	2	41,560
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	35,205
4	Amount you want refunded to you	4	
5	Amount you owe	5	2,355

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.

DO NOT FILE

Taxpayer's PIN: check one box only

☒ I authorize Block Advisors to enter or generate my PIN [redacted] 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 ▶ SIGNATURE AND DATE ON FILE Date ▶ 04-18-2023

Spouse's PIN: check one box only

☒ I authorize Block Advisors to enter or generate my PIN [redacted] 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 ▶ SIGNATURE AND DATE ON FILE Date ▶ 04-18-2023

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. [redacted]
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 ▶ Date ▶ 04-18-2023

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. 01-2023)

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2022 WAGES AND SALARIES SUMMARY ATTACHMENT

[redacted] & SCOTT F MITCHELL

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
[redacted]	[redacted]	T	75,334	12,046	4,990				
State of Florida	59-6001874	S	158,115	23,159	9,114				

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Total	233,449	35,205	14,104

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2022 FEDERAL TAX WITHHOLDINGS ATTACHMENT

[redacted] & SCOTT F MITCHELL

[redacted]

W-2	[redacted]	12,046
W-2	State of Florida	23,159

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Total to Form 1040/1040-SR line 25d 35,205

2022 QUALIFIED DIVIDENDS and CAPITAL GAIN TAX WORKSHEET - LINE 16

[redacted] & SCOTT F MITCHELL

Keep for Your Records

Before you begin: √ See the instructions for line 16 in the instructions to see if you can use this worksheet to figure your tax.

√ Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.

√ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

1.	Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	230,583
2.	Enter the amount from Form 1040 or 1040-SR, line 3a*	2. 20,041	
3.	Are you filing Schedule D?* X **Yes.** Enter the **smaller** of line 15 or 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0- **No.** Enter the amt from Fm 1040 or 1040-SR, ln 7.	3. 0	
4.	Add lines 2 and 3	4. 20,041	
5.	Subtract line 4 from line 1. If zero or less, enter -0-	5.	210,542
6.	Enter: $41,675 if single or married filing separately, $83,350 if married filing jointly or Qualifying surviving spouse, $55,800 if head of household.	6.	83,350
7.	Enter the smaller of line 1 or line 6	7.	83,350
8.	Enter the smaller of line 5 or line 7	8.	83,350
9.	Subtract line 8 from line 7. This amount is taxed at 0%	9.	
10.	Enter the smaller of line 1 or line 4	10.	20,041
11.	Enter the amount from line 9	11.	0
12.	Subtract line 11 from line 10	12.	20,041
13.	Enter: $459,750 if single, $258,600 if married filing separately, $517,200 if married filing jointly or Qualifying surviving spouse, $488,500 if head of household.	13.	517,200
14.	Enter the smaller of line 1 or line 13	14.	230,583
15.	Add lines 5 and 9	15.	210,542
16.	Subtract line 15 from line 14. If zero or less, enter -0-	16.	20,041
17.	Enter the smaller of line 12 or line 16	17.	20,041
18.	Multiply line 17 by 15% (0.15)	18.	3,006
19.	Add lines 9 and 17	19.	20,041
20.	Subtract line 19 from line 10	20.	0
21.	Multiply line 20 by 20% (0.20)	21.	0
22.	Figure the tax on the amount on line 5. If the amount on line 5 is less than $100,000, use the Tax Table to figure the tax. If the amount on line 5 is $100,000 or more, use the Tax Computation Worksheet	22.	38,201
23.	Add lines 18, 21, and 22	23.	41,207
24.	Figure the tax on the amount on line 1. If the amount on line 1 is less than $100,000, use the Tax Table to figure the tax. If the amount on line 1 is $100,000 or more, use the Tax Computation Worksheet	24.	43,011
25.	**Tax on all taxable income.** Enter the **smaller** of line 23 or line 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, lne 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25.	41,207

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

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2022 SCHEDULE D TAX WORKSHEETS

[redacted] & SCOTT F MITCHELL

[redacted]

Keep for Your Records

28% RATE GAIN WORKSHEET — LINE 18

1.	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II	1.	
2.	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code 'Q' in column (f), for which you excluded 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code 'Q' in column (f), for which you excluded 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), for which you excluded 75% of the gain. Do not make any entry for any section 1202 exclusion that is 100% of the gain.	2.	
3.	Enter the total of all collectibles gain or (loss) from Form 4684, line 4 (but only if Form 4684, line 15, is more than zero); Form 6252; Form 6781, Part II; and Form 8824	3.	
4.	Enter the total of any collectibles gain reported to you on: • Form 1099-DIV, box 2d; • Form 2439, box 1d; and • Schedule K-1 from a partnership, S corporation, estate, or trust.	4.	
5.	Enter long-term capital loss carryovers from Sch D, line 14, and Sch K-1 (Form 1041), box 11, code D	5.	
6.	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-	6.	0
7.	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18	7.	

UNRECAPTURED SECTION 1250 GAIN WORKSHEET — LINE 19

COPY

If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.

1.	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not on Form 6252), enter the **smaller** of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4. If you had more than one such property, see instructions	1.	
2.	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2.	
3.	Subtract line 2 from line 1	3.	
4.	Enter the total unrecaptured section 1250 gain included on line 26 or line 37 of Form(s) 6252 from installment sales of trade or business property held more than 1 year (see instructions)	4.	
5.	Enter the total of any amounts reported to you on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain"	5.	
6.	Add lines 3 through 5	6.	
7.	Enter the **smaller** of line 6 or the gain from Form 4797, line 7	7.	
8.	Enter the amount, if any, from Form 4797, line 8	8.	
9.	Subtract line 8 from line 7. If zero or less, enter -0-	9.	
10.	Enter the amount of any gain from the sale or exchange of an interest in a partnership attributable to unrecaptured section 1250 gain (see instructions)	10.	
11.	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" on a Schedule K-1, Form 1099-DIV, or form 2439 from an estate, trust, real estate investment trust, or mutual fund (or other regulated investment company) or in connection with a Form 1099-R	11.	283
12.	Enter the total amount of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale (see instructions)	12.	
13.	Add lines 9 through 12	13.	283
14.	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 through 4 of the **28% Rate Gain Worksheet.** Otherwise, enter -0-	14.	0
15.	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15.	0
16.	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), box 11, code D*	16.	
17.	Combine lines 14 through 16. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17.	0
18.	**Unrecaptured section 1250 gain.** Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19	18.	283

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* If you are filing Form 2555 (relating to foreign earned income), see the footnote in the Foreign Earned Income Tax Worksheet of the Form 1040 instructions before completing this line.

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SCHEDULE D AMT
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/ScheduleD for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

FOR AMT PURPOSES ONLY

2022
Attachment Sequence No. **12**

Name(s) shown on return

[redacted] & SCOTT F MITCHELL

Your social security number

[redacted]

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

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	6	( )
7	**Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2	7	

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked	234,495	235,321		-826
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

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11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	
13	Capital gain distributions. See the instructions	13	665
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	14	( )
15	**Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then go to Part III on page 2	15	-161

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Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-161

- If line 16 is a **gain,** enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
- If line 16 is a **loss,** skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then go to line 22.

17 Are lines 15 and 16 **both** gains?

☐ **Yes.** Go to line 18.
☐ **No.** Skip lines 18 through 21, and go to line 22.

18	If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet	19	

20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below.

☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

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21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of: ● The loss on line 16; or ● ($3,000), or if married filing separately, ($1,500)	21	(161)

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

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22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

☒ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.

☐ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

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

[redacted] & SCOTT F MITCHELL

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

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

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

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

- [X] **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- [ ] **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- [ ] **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see Column (e) in the separate instructions.	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
CHARLES SCHWA ST [redacted]		12/31 /2022	59,848	71,600	M		-11,752
CHARLES SCHWA LT [redacted]		12/31 /2022	174,647	163,721	M		10,926
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Sch. D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) . . .			234,495	235,321			-826

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

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2022 SCHEDULE D AMT TAX WORKSHEETS

[redacted] & SCOTT F MITCHELL

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AMT 28% RATE GAIN WORKSHEET — LINE 18

1.	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II	1.	
2.	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code 'Q' in column (f), for which you excluded 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II with code 'Q' in column (f), for which you excluded 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code 'Q' in column (f), for which you excluded 75% of the gain. Do not make any entry for any section 1202 exclusion that is 100% of the gain	2.	
3.	Enter the total of all collectibles gain or (loss) from Form 4684, line 4 (but only if Form 4684, line 15, is more than zero); Form 6252; Form 6781, Part II; and Form 8824	3.	
4.	Enter the total of any collectibles gain reported to you on: • Form 1099-DIV, box 2d; • Form 2439, box 1d; and • Schedule K-1 from a partnership, S corporation, estate, or trust.	4.	
5.	Enter long-term capital loss carryovers from Sch D, line 14, and Schedule K-1 (Form 1041), box 11, code C	5.	
6.	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-	6.	0
7.	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18	7.	

AMT UNRECAPTURED SECTION 1250 GAIN WORKSHEET — LINE 19

If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.

1.	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not on Form 6252), enter the **smaller** of line 22 or line 24 of Form 4797 for that property. If you didn't have any such property, go to line 4. If you had more than one such property, see instructions	1.	
2.	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2.	
3.	Subtract line 2 from line 1	3.	
4.	Enter the total unrecaptured section 1250 gain included on line 26 or line 37 of Form(s) 6252 from installment sales of trade or business property held more than 1 year (see instructions)	4.	
5.	Enter the total of any amounts reported to you on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain"	5.	
6.	Add lines 3 through 5	6.	
7.	Enter the **smaller** of line 6 or the gain from Form 4797, line 7	7.	
8.	Enter the amount, if any, from Form 4797, line 8	8.	
9.	Subtract line 8 from line 7. If zero or less, enter -0-	9.	0
10.	Enter the amount of any gain from the sale or exchange of an interest in a partnership attributable to unrecaptured section 1250 gain (see instructions)	10.	
11.	Enter the total of any amounts reported to you on a Schedule K-1, Form 1099-DIV, and Form 2439 as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust, or mutual fund (or other regulated investment company)	11.	283
12.	Enter the total amount of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you didn't make an entry in Part I of Form 4797 for the year of sale (see instructions)	12.	
13.	Add lines 9 through 12	13.	283
14.	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 through 4 of the **28% Rate Gain Worksheet.** Otherwise, enter -0-	14.	0
15.	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15.	0
16.	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), box 11, code D*	16.	
17.	Combine lines 14 through 16. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17.	0
18.	**Unrecaptured section 1250 gain.** Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19	18.	283

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* If you are filing Form 2555 or 2555-EZ (relating to foreign earned income), see the footnote in the Foreign Earned Income Tax Worksheet of the Form 1040 instructions before completing this line.

2022 FORM 8960 APPLICATION OF ITEMIZED DEDUCTION LIMITATIONS ON DEDUCTIONS PROPERLY ALLOCABLE TO INVESTMENT INCOME WORKSHEET - LINES 9 AND 10

[redacted] & SCOTT F MITCHELL

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Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income

1. Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before an itemized deduction limitations (Description and Form 8960 line number where they will be reported):

	Description	Line	Amount
(a)			
(b)			

2. Enter the total of all items listed in line 1 ..... 2.
3. Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040), line 27) ..... 3.
4. Enter the lesser of the total reported on line 2 or line 3 ..... 4.

Part II - Application of Section 67 Limitation to Specific Deductions

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	(A) Reenter the amounts and descriptions from Part I, line 1.			(B) IF line 3 is less than line 2, THEN divide line 3 by line 2, AND enter the amount in column (B). IF amounts reported on Part I, lines 2 and 4 are equal, THEN enter 1.00 in column (B).		(C) Multiply the individual amounts in column (A) by the amount in column (B).
	Description	Line	Amount			
(a)				x	1	=
(b)				x	1	=

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TIP **Individuals -** Use the amounts in column (C) on Part III, line 1, to determine the amount of these deductions that are allowable after the application of the section 68 limitation.

Estates or trusts - Enter the amounts in (C) in the appropriate location on lines 9 and 10. Do not complete Parts III or IV of this worksheet.

2022 FORM 8960 APPLICATION OF ITEMIZED DEDUCTION LIMITATIONS ON DEDUCTIONS PROPERLY ALLOCABLE TO INVESTMENT INCOME WORKSHEET - LINES 9 AND 10 (CONTINUED)

[redacted] & SCOTT F MITCHELL

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Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income (Individuals Only)

1. Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from column (C) of Part II:

	Description	Line	Amount
(a)			
(b)			

2. Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income ..... 2.
3. Enter the amounts of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitations (Description and Form 8960 line number where they will be reported):

	Description	Line	Amount
(a)			
(b)			

4. Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3 ..... 4.
5. Enter the amount of total itemized deductions reported on Form 1040 or 1040-SR 5. 28,700
6. Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:
   (a) Investment Interest Expense .....
   (b) Casualty Losses (other than losses described in section 165(c)(1)) .....
   (c) Medical Expenses .....
   (d) Gambling Losses .....
   (e) Total of lines 6(a) through 6(d) ..... 6e.
7. Subtract line 6e from line 5 ..... 7. 28,700
8. Enter the lesser of line 7 or line 4 ..... 8.

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TIP This is the amount of itemized deductions that are properly allocable to investment income after the application of the sections 67 and 68 deduction limitations. Use Part IV of this worksheet to reconcile this amount to the individual deduction amounts reported on Form 8960, lines 9 and 10.

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Part IV - Reconciliation of Schedule A Deductions to Form 8960, Lines 9 and 10 (Individuals Only)

	(A) Reenter the amounts and descriptions from Part III, lines 1-3.			(B) IF Part III, line 8 is less than Part III, line 4, THEN divide line 8 by line 4 AND enter the amount in column (B). IF the amounts reported on Part III, lines 4 and 8 are equal, THEN enter 1.00 in column (B).	(C) Multiply the individual amounts in column (A) by the amount in column (B). Enter these amounts in the appropriate location on lines 9 and 10.
Miscellaneous Itemized Deductions properly allocable to investment income:	**Description**	**Line**	**Amount**		
1. (a)				x 1 =	
(b)				x 1 =	
2. State, local, and foreign income taxes				x 1 =	
Itemized Deductions Subject to Section 68 included on Line 3 of Part III:	**Description**	**Line**	**Amount**		
3. (a)				x 1 =	
(b)				x 1 =	

2022 FORM 8960 MAGI WORKSHEET

[redacted] & SCOTT F MITCHELL

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1.	Enter your adjusted gross income	1.	259,414
2.	Foreign earned income exclusion:		
	(a) Enter your foreign earned income exclusion (from line 42 of Form 2555) ..... 2(a).		
	(b) Enter the deductions reported on line 44 of Form 2555 allocable to your foreign earned income exclusion ..... (b). ( )		
	(c) Combine lines 2(a) and 2(b)	2.	
3.	Adjustments for certain CFCs and certain PFICs	3.	
4.	Enter the sum of line 1, line 2(c), and line 3. (Enter this amount on Form 8960, line 13)	4.	259,414

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2022 INVESTMENT INCOME WORKSHEET FOR EIC

[redacted] & SCOTT F MITCHELL

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Publication 596

Use this worksheet to figure investment income for the earned income credit when you file Form 1040.

Interest and Dividends

1.	Enter any amount from Form 1040, line 2b	1.	762
2.	Enter any amount from Form 1040, line 2a, plus any amount on Form 8814, line 1b	2.	600
3.	Enter any amount from Form 1040, line 3b	3.	25,364
4.	Enter the amount from Schedule 1 (Form 1040), line 21, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2 to figure the amount to enter on this line.)	4.	

Capital Gain Net Income

5.	Enter the amount from Schedule 1 (Form 1040), line 13. If the amount on that line is a loss, enter –0–	5.	0		
6.	Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter –0–. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.)	6.	0		
7.	Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter –0–.)	7.		7.	0

Royalties and Rental Income from Personal Property

8.	Enter any royalty income from Schedule E, line 23b, plus any income from the rental of personal property shown on Schedule 1 (Form 1040), line 21	8.	
9.	Enter any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Schedule 1 (Form 1040), line 36	9.	
10.	Subtract the amount on line 9 of this worksheet from the amount on line 8. (If the result is less than zero, enter –0–.)	10.	0

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Passive Activities

11.	Enter the total of any net income from passive activities (such as income included on Schedule E, lines 26, 29a (col. (g)), 34a (col. (d)), or 40; or an ordinary gain identified as "FPA" on Form 4797, line 10). (See instructions below for lines 11 and 12.)	11.			
12.	Enter the total of any losses from passive activities (such as losses included on Schedule E, lines 26, 29b (col. (f)), 34b (col. (c)), or 40; or an ordinary loss identified as "PAL" on Form 4797, line 10). (See instructions below for lines 11 and 12.)	12.	0		
13.	Combine the amounts on lines 11 and 12 of this worksheet. (If the result is less than zero, enter –0–.)	13.			
14.	Add the amounts on lines 1, 2, 3, 4, 7, 10, and 13. Enter the total. **This is your investment income**	14.		14.	26,726

15. Is the amount on line 14 more than **$10,300**?

- [X] **Yes.** You cannot take the credit.
- [ ] **No.** Go to Step 3 of the Form 1040 instructions for line 17a to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to Rule 7, next.)

Instructions for lines 11 and 12. In figuring the amount to enter on lines 11 and 12, do not take into account any royalty income (or loss) included on line 26 of Schedule E or any income (or loss) included in your earned income or on line 1, 2, 3, 4,7, or 10 of this worksheet. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, is not from a passive activity, print "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

2023 CARRYFORWARD INFORMATION

[redacted] & SCOTT F MITCHELL

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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)	41,560
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 2012		from 2002	from 2012	
from 2003		from 2013		from 2003	from 2013	
from 2004		from 2014		from 2004	from 2014	
from 2005		from 2015		from 2005	from 2015	
from 2006		from 2016		from 2006	from 2016	
from 2007		from 2017		from 2007	from 2017	
from 2008		from 2018		from 2008	from 2018	
from 2009		from 2019		from 2009	from 2019	
from 2010		from 2020		from 2010	from 2020	
from 2011		from 2021		from 2011	from 2021	
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		

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- 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.

2022 SCHEDULE B - INTEREST/DIVIDEND SUMMARY ATTACHMENT

[redacted] MITCHELL

TAX-EXEMPT INTEREST/DIVIDENDS

CHARLESSCHWABCOINC

TOTAL TAX-EXEMPT INTEREST	600
TOTAL TAX-EXEMPT INTEREST TO 1040 LINE 2A	600

2022 CAPITAL GAIN DISTRIBUTION SUMMARY ATTACHMENT

[redacted] MITCHELL

CHARLESSCHWABCOINC	665
TOTAL CAP GAIN DISTRIBUTION (TO 1040/1040-SR LINE 7)	665

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[redacted] & SCOTT F MITCHELL

BLOCK Advisors

CLIENT SERVICE AGREEMENT
TAX SEASON 2023 – TAX YEAR 2022

WELCOME TO BLOCK ADVISORS®

Thank you for choosing BLOCK Advisors®. This Client Service Agreement ("CSA") explains what expect from your tax preparer and from other companies that may provide you products and services, and what is needed from you so they can provide great service. This CSA contains an Arbitration Agreement, the terms of which are set forth below. If you are having your taxes prepared, your tax preparer will (1) interview you to learn details that affect your taxes, and (2) ask you for documents to help accurately record your income, credits or deductions You agree to provide information related to all products and services you receive, including your W-2(s) and other information that affects your tax situation, and to verify the accuracy of this information (including any W-2 you download for pick-up in the tax office). If you discover that you did not provide complete and accurate information, you agree to file an amended return. Your tax preparer can prepare any amendment for you, but there may be an additional charge. The use and disclosure of information you provide to BLOCK Advisors® is governed by the Privacy Notice provided to you. You may request a copy of our most recent Privacy Notice from any office, or you may access a copy at www.blockadvisors.com. If you obtain a Refund Transfer, your fees are not due until all services are complete, which is typically when your refund is received and your authorized payments are disbursed, but in any event no more than 30 days after your tax return is e-filed.

If you are having your taxes prepared, and you are at a BLOCK Advisors® office operated by HRB Tax Group, Inc. ("HRB"), your tax return will be prepared by HRB. If you are at a franchised BLOCK Advisors® office, your return will be prepared by an independently owned and operated franchisee ("Franchisee").

ARBITRATION IF A DISPUTE ARISES ("ARBITRATION AGREEMENT")

1. Scope of Arbitration Agreement. You and the Block Parties agree that all disputes and claims between you and the Block Parties shall be resolved through binding individual arbitration unless you opt out of this Arbitration Agreement using the process explained below. However, to the fullest extent permitted by applicable law, either you or the Block Parties may elect that an individual claim be decided in small claims court, as long as it is brought and maintained as an individualized claim and is not removed or appealed to a court of general jurisdiction. All issues are for the arbitrator to decide, except that issues relating to the arbitrability of disputes and the validity, enforceability, and scope of this Arbitration Agreement, including the interpretation of and compliance with sections 2, 4, and 6 below, shall be decided by a court and not an arbitrator. The terms "Block Parties" or "we" or "us" in this Arbitration Agreement include HRB, Emerald Financial Services, LLC, and Franchisee, along with their predecessors, successors, and assigns, and each of the past, present, and future direct or indirect parents, subsidiaries, affiliates, officers, directors, agents, employees, and franchisees of any of them.

Arbitration Opt Out: You may opt out of this Arbitration Agreement within 30 days after you sign this CSA by filling out the form at www.hrblock.com/goto/optout, or by sending a signed letter to Arbitration Opt Out, P.O. Box 32818, Kansas City, MO 64171. The letter should include your printed name, address, the first five digits of your Social Security number, and the words "Reject Arbitration." If you opt out of this Arbitration Agreement, any prior arbitration agreement shall remain in force and effect.

2. Commencing Arbitration. You or we may commence an arbitration proceeding only if you and we do not reach an an agreement to resolve the dispute or claim during the Informal Resolution Period (defined below).

a. Pre-Arbitration Notice of Dispute. A party who intends to seek arbitration must first mail a written Notice of Dispute ("Notice") to the other party. The Notice to the Block Parties should be addressed to: Block Advisors-Legal Department, Attention: Notice of Dispute, One H&R Block Way, Kansas City, MO 64105. The Notice to you will be sent to the last known address on file with the Block Parties. The Notice must be on an individual basis and include all of the following: (1) the claimant's name, address, telephone number, and e-mail address; (2) the nature or basis of the dispute or claim; (3) the specific relief sought; and (4) the claimant's signature.

b. Informal Settlement Conference. After the Notice containing all of the information required above is received, within 60 days either party may request an individualized discussion (by telephone or videoconference) regarding informal resolution of the dispute ("Informal Settlement Conference"). If timely requested, the parties will work together in good faith to select a mutually agreeable time for the Informal Settlement Conference. You and our business representative must both personally participate in a good-faith effort to settle the dispute without the need to proceed with arbitration. The requirement of personal participation in an Informal Settlement Conference may be waived only if both you and we agree in writing. Any counsel representing you or us may also participate; however, if you have retained counsel, a signed statement is required by law to authorize the Block Parties to disclose your confidential tax and account records to your counsel. Any applicable statute of limitations will be tolled for the claims and relief set forth in the Notice during the period between the date that either you or we send the other a fully complete Notice, until the later of (1) 60 days after receipt of the Notice; or (2) if a Settlement Conference is timely requested, 30 days after completion of the Settlement Conference (the "Informal Resolution Period"). The parties agree that the existence or substance of any settlement discussions are confidential and shall not be disclosed, except as provided by applicable law.

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c. Enforcement of Pre-Arbitration Requirements. The Notice and Informal Settlement Conference requirements are essential so that you and we have a meaningful chance to resolve disputes informally before proceeding to arbitration. A court will have authority to enforce this section 2, including the power to enjoin the filing or prosecution of an arbitration or the assessment of or demand for payment of fees in connection with an arbitration, if you or we do not first provide a fully complete Notice and participate in a timely requested Informal Settlement Conference. In addition, unless prohibited by applicable law, the arbitration administrator shall not accept, assess or demand fees for, or administer an arbitration commenced during the Informal Resolution Period.

3. How Arbitration Works. Arbitration shall be conducted by the American Arbitration Association ("AAA") pursuant to its Consumer Arbitration Rules ("AAA Rules"), as modified by this Arbitration Agreement. The AAA Rules are available on AAA's website www.adr.org. If AAA is unavailable or unwilling to administer the arbitration consistent with this Arbitration Agreement, the parties shall agree to, or the court shall select, another arbitration provider. Unless the parties agree otherwise, any arbitration hearing shall take place in the county of your residence. The arbitrator will be either a retired judge or an attorney specifically licensed to practice law in the state of your residence and selected by the parties from the arbitration provider's national roster of arbitrators. The arbitrator will be selected using the following procedure: (1) the arbitration provider will send the parties a list of five candidates meeting this criteria; (2) if the parties cannot agree on an arbitrator from the list, each party shall return its list to the arbitration provider within 10 days, striking up to two candidates, and ranking the remaining candidates in order of preference; (3) the arbitration provider shall appoint as arbitrator the candidate with the highest aggregate ranking; and (4) if for any reason the appointment cannot be made according to this procedure, the arbitration provider will provide the parties a new list of five candidates meeting the above criteria until an appointment can be made.

4. Waiver of Right to Bring Class Action and Representative Claims. All arbitrations shall proceed on an individual basis. The arbitrator is empowered to resolve the dispute with the same remedies available in court, including compensatory, statutory, and punitive damages; attorneys' fees; and declaratory, injunctive, and equitable relief. However, the arbitrator's rulings or any relief granted must be individualized to you and shall not apply to or affect any other client. The arbitrator is also empowered to resolve the dispute with the same defenses available in court, including but not limited to statutes of limitation. **You and the Block Parties also agree that each may bring claims against the other in arbitration only in your or their respective individual capacities and in so doing you and the Block Parties hereby waive the right to a trial by jury, to assert or participate in a class action lawsuit or class action arbitration, to assert or participate in a private attorney general lawsuit or private attorney general arbitration, and to assert or participate in any joint or consolidated lawsuit or joint or consolidated arbitration of any kind.** If, after exhaustion of all appeals, a court decides that applicable law precludes enforcement of any of this section's limitations as to a particular claim or any particular request for a remedy for a claim (such as a request for public injunctive relief), then the parties agree that the particular claim or the particular request for a remedy (and only that particular claim or particular request for a remedy) must remain in court and be severed from any arbitration. No arbitration shall proceed in any manner as a class action arbitration, private attorney general arbitration, or arbitration involving joint or consolidated claims, unless all parties consent in writing.

5. Arbitration Costs. Payment of all filing, administrative, case-management, arbitrator, and hearing fees will be governed by AAA Rules, but if you inform us that you cannot afford to pay your share of the fees, we will consider advancing those fees on your behalf and will do so if required by applicable law. In addition, we will reimburse you for your share of the fees at the conclusion of the arbitration (regardless of who wins) so long as (i) you complied with sections 2 and 4 above and section 6 below, and (ii) neither the substance of your claim nor the relief you sought was determined to be frivolous or brought for an improper purpose as measured by the standards set forth in Federal Rule of Civil Procedure 11(b); otherwise, the payment of fees will be governed by AAA Rules and you agree to reimburse the Block Parties for all fees advanced on your behalf.

6. Arbitration of Similar Claims. If 25 or more claimants submit Notices or seek to file arbitrations raising similar claims and are represented by the same or coordinated counsel (regardless of whether the cases are submitted simultaneously), all of the cases must be resolved in arbitration in stages using staged bellwether proceedings if they are not resolved during the Informal Resolution Period. You agree to this process even though it may delay the arbitration of your claim. In the first stage, each side shall select 10 cases (20 cases total) to be filed in arbitration and resolved individually by different arbitrators, with each case assigned to an arbitrator from the claimant's home state. In the meantime, no other cases may be filed in arbitration, and the AAA shall not accept, assess or demand fees for, or administer arbitrations that are commenced in violation of this section. The arbitrators are encouraged to resolve the cases within 120 days of appointment or as swiftly as possible, consistent with principles of fundamental fairness. If the remaining cases are unable to be resolved after the conclusion of the first stage bellwether proceeding,

each side shall select up to another 10 cases (20 cases total) to be filed in arbitration and resolved individually in accordance with this Arbitration Agreement. During this second stage, no other cases may be filed in arbitration. If any claims remain after the second stage, the process will be repeated until all claims are resolved through settlement or arbitration with two alterations. First, a total of 50 cases may be filed each round (unless a higher number of cases is mutually agreed upon in writing). Second, arbitrators who were assigned cases in previous rounds may be appointed to new cases. If this section 6 applies to a Notice, the statute of limitations applicable to the claims and relief set forth in that Notice shall be tolled from the beginning date of the Informal Resolution Period until that Notice is selected for a bellwether proceeding, withdrawn, or otherwise resolved. A court will have authority to enforce this section 6, including to enjoin the filing, assessing or demanding fees for, administration of, or prosecution of arbitrations.

7. Other Terms. This Arbitration Agreement shall be governed by, and interpreted, construed, and enforced in accordance with, the Federal Arbitration Act and other applicable federal law. Except as set forth above in section 4, if any portion of this Arbitration Agreement is deemed invalid or unenforceable, it will not invalidate the remaining portions of the Arbitration Agreement. No arbitration award or decision will have any preclusive effect as to any issues or claims in any dispute, arbitration, or court proceeding where any party was not a named party in the arbitration, unless and except as required by applicable law.

THIS AGREEMENT CONTAINS A BINDING MUTUAL ARBITRATION AGREEMENT

I have the authority to sign on behalf of the taxpayer(s), I acknowledge the Privacy Notice was provided to me prior to service, and I understand and voluntarily agree to the terms of the Arbitration Agreement described above, as well as all other terms, conditions and disclosures presented in this CSA.

Signature and Date on File
Client's Signature **Date**

Signature and Date on File
Spouse's Signature (Required only if MFJ and Spouse is Present) **Date**

CLIENT COPY

[redacted] & SCOTT F MITCHELL

Telephone/Text Contact Consent

We want to help you reach your financial and personal goals. In order to do this, we would like to offer you tax and other products and services that may benefit you and contact you regarding your account. In certain circumstances, we are required to obtain your consent prior to contacting you.

By signing this consent, you authorize HRB Tax Group, Inc.; its affiliates; the agents, contractors, and service providers of HRB Tax Group, Inc.; and Pathward, National Association, Member FDIC, provider of financial products to HRB Tax Group, Inc. clients (collectively "us," "we" or "our") to call or text * you with:

(1) product and service offers using an automated telephone dialing system or prerecorded messages; or

(2) messages regarding your account, including debt collection and related services.

This consent applies to the following telephone number(s) that you have provided to us, which may include your mobile phone number, and applies even if such numbers are on a do not call list:

- (904) 535-8401
-

By signing this consent, you verify that the above telephone number(s) belong to you and not another family member or anyone else.

You are not required to complete this form to purchase or receive our services. You understand that even if you do not sign this consent, we may still contact you as permitted by law.

For additional information about this consent, including on how to opt-out, contact us at 1-800-HRBLOCK (toll free).

Signature and Date on File

Client's Signature _____ Date _____

Signature and Date on File

Spouse's Signature _____ Date _____

** Standard messaging and data rates apply. Message frequency varies. You can reply HELP for help or STOP to opt out at any time. See Terms and Conditions and Privacy Policy at hrblock.com for details.*

FDOFCC1221
10/31/2022

CLIENT COPY

[redacted] & SCOTT F MITCHELL

Client Sources of Income Verification

To ensure your return is prepared accurately, review the entries below and confirm they represent all your sources of income, regardless of taxability.

Sources of Income – Total $ 260,175.00

NOTE: The amount shown may not match your total Adjusted Gross Income as there may be sources of income present on your return that are not independently reported to the IRS.

Document	Issued by		Amount
W2	Taxpayer	[redacted]	75,334.00
W2	Spouse	State of Florida	158,115.00
Form1099DIV	Joint	CHARLESSCHWABCOINC	25,108.00
Form1099DIV	Spouse	Principal Financial	256.00
Form1099INT	Joint	CHARLESSCHWABCOINC	1,362.00

My/our signature(s) below confirms that I/we verify that I/we have no additional sources of income for the 2022 tax year in the categories listed above.

	Name	Signature	Date
Client	[redacted]MITCHELL	Signature and Date on File	
Spouse	SCOTT F MITCHELL	Signature and Date on File	

(If married and Spouse is present, Spouse must also sign.)

Tax Professional: _____ Date: _____

INCOMEVER1
11/04/2022

CLIENT COPY

[redacted] & SCOTT F MITCHELL

Consent to Disclose Tax Return Information

We want to help you reach your goals and provide you the products and services you requested. In order to do this, we need your permission to share some of your tax return information.

The Internal Revenue Code requires that absent a specific exception we obtain your consent before disclosing information provided to HRB Tax Group, Inc., its subsidiaries, or their independently owned and operated third-party franchisees (collectively, "Block Advisors") in connection with preparing your tax return.

Please check each disclosure you authorize.	
☐	**Refund Transfer (RT):** I authorize Block Advisors to disclose to **Pathward,** National Association, Member FDIC,* from my 2022 income tax return my contact information, Social Security number, refund status, refund amount, how long I have been a Block Advisors client, and other information required to process my application for, report on, and if approved, provide and service my RT. This information may be accessible by Pathward's service providers, including Emerald Financial Services, LLC.*
☐	**H&R Block Emerald Prepaid Mastercard®:** I authorize Block Advisors to disclose to **Pathward,** National Association, Member FDIC,* from my 2022 income tax return my contact information, Social Security number, refund status, refund amount, and other information required to process my application for, report on, and if approved, provide and service my H&R Block Emerald Prepaid Mastercard®. This information may be accessible by Pathward's service providers, including Emerald Financial Services, LLC.*
☐	**H&R Block Emerald Savings Account:** I authorize Block Advisors to disclose to **Pathward,** National Association, Member FDIC,* from my 2022 income tax return my contact information, Social Security number, number of years I have been a Block Advisors client and other information required to process my application for, report on, and if approved, provide and service my H&R Block Emerald Savings Account and the related H&R Block Emerald Prepaid Mastercard®. This information may be accessible by Pathward's service providers, including Emerald Financial Services, LLC.*

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Please check each disclosure you authorize.	
☐	**Refund Advance:** I authorize Block Advisors to disclose to **Pathward,** National Association, Member FDIC,* information from my 2022 income tax return including my contact information, Social Security number, date of birth, filing status, financial information, credits, deductions, refund amount, forms and schedules filed, number, age, and relationship status of dependents, number of exemptions and other information required to process my application for, report on and support the Refund Advance program, and if approved, provide and service my Refund Advance. This information may also be used by these entities to comply with various regulatory obligations associated with the Refund Advance loan program. If I am a previous Block Advisors customer, I also authorize Block Advisors to disclose to these entities how long I have been a Block Advisors customer and from my 2021 income tax return my expected and actual refund amount, total disbursements from the IRS, credits, deductions, forms and schedules filed, number, age, and relationship status of dependents, and number of earned-income credit qualifying dependents.# This information may be accessible by Pathward's service providers, including Emerald Financial Services, LLC.*
☒	**H&R Block Personalized Services:** I authorize Block Advisors to disclose to **H&R Block Personalized Services, LLC** my 2022 tax return information (excluding all Social Security numbers) and information regarding how long I have been a Block Advisors client so that, after I file, H&R Block Personalized Services can develop, offer, and provide products and services tailored to or that may interest me, including: • Personalized advice based on my tax situation; • Offer products or services customized to me; • Updates regarding tax law changes; and • Develop new or improved products and services. H&R Block Personalized Services may use service providers and business partners to accomplish these tasks. For more information, please visit http://www.hrbpersonalizedservices.com.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage in tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return

information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at *complaints@tigta.treas.gov.*

*IMPORTANT DISCLOSURE: Tax services are offered through HRB Tax Group, Inc., its subsidiaries, or franchisees of H&R Block Tax Services LLC. When you apply for a banking service offered by **Pathward,** National Association, Member FDIC, you will be a Pathward customer. Pathward may use or disclose your information in accordance with its privacy notice and applicable law.

#This consent does not obligate you to enter into a loan transaction or pay any consideration. If you decide you want a Refund Advance, you will have to apply, sign a loan agreement, and be approved by **Pathward,** National Association, Member FDIC.

By completing and signing this form, you authorize Block Advisors to disclose your tax return information as indicated.

Taxpayer's Signature Signature and Date on Date _____

Taxpayer's Printed Name [redacted]

Spouse's Signature (if MFJ) Signature and Date on File Date _____

Spouse's Printed Name (if MFJ) SCOTT F MITCHELL

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a Employee's social security number	Payroll organization code	Intradepartment number
[redacted]	22-25-04-16-110	0000000005

b Employer identification number	1 Wages, tips, other compensation	2 Federal income tax withheld
59-6001874	158,114.96	23,159.29

c Employer's name, address, and ZIP code	3 Social security wages	4 Social security tax withheld
State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356	147,000.00	9,114.00
	5 Medicare wages and tips 158,505.90	6 Medicare tax withheld 2,298.34
	7 Social security tips	10 Dependent care benefits

d Control number	11 Nonqualified plans	12a See instructions for box 12
017748 01/06		DD 21,972.96

e Employee's first name, MI, and last name	13 Statutory employee ☐ / Retirement plan ☒ / Third-Party sick pay ☐	12b
SCOTT F MITCHELL [redacted]	14 Other 125 5,690.10	12c
		12d
f Employee's address and ZIP code		12e

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

FORM **W-2** **WAGE AND TAX STATEMENT** **2022**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

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a Employee's social [redacted]	Payroll organization code 22-25-04-16-110	Intradepartment number 0000000005

b Employer identification number 59-6001874	1 Wages, tips, other compensation 158,114.96	2 Federal income tax withheld 23,159.29

c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356	3 Social security wages 147,000.00	4 Social security tax withheld 9,114.00
	5 Medicare wages and tips 158,505.90	6 Medicare tax withheld 2,298.34
	7 Social security tips	10 Dependent care benefits

d Control number 017748 01/06	11 Nonqualified plans	12a See instructions for box 12 DD 21,972.96

e Employee's first name, MI, and last name SCOTT F MITCHELL [redacted]	13 Statutory employee ☐ / Retirement plan ☒ / Third-Party sick pay ☐	12b
	14 Other 125 5,690.10	12c
		12d
f Employee's address and ZIP code		12e

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

FORM **W-2** **WAGE AND TAX STATEMENT** **2022**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA227W Rev. 08/12/2022

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

Copy B To Be Filed with Employee's FEDERAL Tax Return.

2022 OMB No. 1545-0008

a Employee's SSN [redacted]	1 Wages, tips, other comp. 75333.75	2 Federal income tax withheld 12046.00
	3 Social security wages 80483.75	4 Social security tax withheld 4989.99
b Employer ID no. (EIN) [redacted]	5 Medicare wages and tips 80483.75	6 Medicare tax withheld 1167.01

c Employer's name, address, and ZIP code [redacted]

d Control number

e Employee's name, address, and ZIP code [redacted] Suff

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 D 5150.00
13 Statutory employee / Retirement Plan X / Third-party sick pay	14 Other	12b Code / 12c Code / 12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

Dept. of the Treasury - IRS

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

2022 OMB No. 1545-0008

a Employee's SSN [redacted]	1 Wages, tips, other comp. 75333.75	2 Federal income tax withheld 12046.00
	3 Social security wages 80483.75	4 Social security tax withheld 4989.99
b Employer ID no. (EIN) [redacted]	5 Medicare wages and tips 80483.75	6 Medicare tax withheld 1167.01

c Employer's name, address, and ZIP code [redacted]

d Control number

e Employee's name, address, and ZIP code [redacted] Suff

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 D 5150.00
13 Statutory employee / Retirement Plan X / Third-party sick pay	14 Other	12b Code / 12c Code / 12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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

REV 01/17/23 QBDT

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employees).

2022 OMB No. 1545-0008

a Employee's SSN [redacted]	1 Wages, tips, other comp. 75333.75	2 Federal income tax withheld 12046.00
	3 Social security wages 80483.75	4 Social security tax withheld 4989.99
b Employer ID no. (EIN) [redacted]	5 Medicare wages and tips 80483.75	6 Medicare tax withheld 1167.01

c Employer's name, address, and ZIP code [redacted]

d Control number

e Employee's name, address, and ZIP code [redacted] Suff

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 D 5150.00
13 Statutory employee / Retirement Plan X / Third-party sick pay	14 Other	12b Code / 12c Code / 12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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

2022 OMB No. 1545-0008

a Employee's SSN [redacted]	1 Wages, tips, other comp. 75333.75	2 Federal income tax withheld 12046.00
	3 Social security wages 80483.75	4 Social security tax withheld 4989.99
b Employer ID no. (EIN) [redacted]	5 Medicare wages and tips 80483.75	6 Medicare tax withheld 1167.01

c Employer's name, address, and ZIP code [redacted]

d Control number

e Employee's name, address, and ZIP code [redacted] Suff

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 D 5150.00
13 Statutory employee / Retirement Plan X / Third-party sick pay	14 Other	12b Code / 12c Code / 12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS