

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/23/2023

General Information

Name: Hon Ramiro Manalich **CONFIDENTIAL**
Address: Collier County Government Complex 3315 Tamiami Trail E. Suite 405, Naples, FL 34112 **PID 83225**
County: Collier

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (20Th)	Elected Constitutional Officer	
Judicial Circuit (20Th)	Elected Constitutional Officer	Circuit Judge

Net Worth

My Net Worth as of June 23, 2023 was \$ 1,145,535.00.

Assets

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

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

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
2018 Hyundai Sonata	\$ 13,000.00
2020 Kia Sportage	\$ 11,000.00
Furniture	\$ 12,000.00
Jewelry	\$ 1,500.00
Clothing	\$ 6,000.00
2023 Miami Dolphins Season Tickets (2 seats plus parking)	\$ 7,356.00
Residence Property	\$ 800,000.00
SunCoast Credit Union	\$ 52,826.00
Truist Financial Checking Account	\$ 1,690.00
Truist Financial Savings	\$ 4,600.00
Line of Credit Deposit for daughter {REDACTED} law school related expenses	\$ 17,360.00
State of Florida Def Comp Plan/Nationwide/Charles Schwab	\$ 42,689.00
State of FL Drop Account	\$ 420,803.00
State of FL Drop Account (spouse {REDACTED})	\$ 153,967.00
See Attached	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
SunCoast Credit Union	P.O. Box 11904, Tampa, FL 33680	\$ 403,616.00
See Attached		

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
Truist Line of Credit	214 N. Tryon Street, Suite 3, Charlotte, NC28202	\$ 11,640.00

Income

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

☒ I elect to file a copy of my 2022 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

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

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

N/A

Training

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.

Ramiro Manalich

Digitally signed: 06/23/2023

Filed with COE: 06/23/2023



RAMIRO MAÑALICH
CIRCUIT JUDGE
TWENTIETH JUDICIAL CIRCUIT OF FLORIDA

MELISSA FECHNER
JUDICIAL ASSISTANT
PHONE (239) 252-8314
mfechner@ca.cjis20.org

CHAMBERS
3315 E. TAMiami TRAIL, SUITE 405
NAPLES, FLORIDA 34112

June 23, 2023

Alexander J. Williams,
General Counsel,
The Florida Commission on Ethics
325 John Knox Road
Building E, Suite 200
Tallahassee, FL 32303

Dear Mr. Williams,

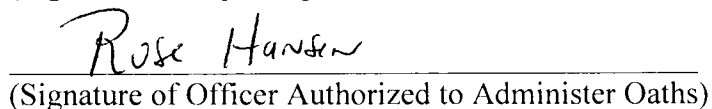
Please accept this letter as my request to exempt from disclosure my home address, date of birth and telephone number (as well the information relating to spouse and children mentioned in this statutory subsection) in accordance with Fl. Stat. Sec. 119.071(4)(d) and the Commission on Ethics From 6 instructions. Thank you for your attention to my request.

OATH

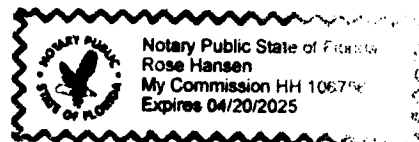
State of Florida
County of Collier

I, Ramiro Mañalich, the public official filing this disclosure statement, being first duly sworn, do depose on oath and say that the facts set forth in the above statement are true, correct, and complete to the best of my knowledge and belief.


(Signature of Reporting Official)


(Signature of Officer Authorized to Administer Oaths)

My Commission expires 4/20/25
Sworn to and subscribed before me this



23rd day of June, 20 23
Personally Known ✓ Or Produced Identification _____

JUDGE RAMIRO MAÑALICH

FORM 6 ATTACHMENT

PART B - ASSETS

Household goods and personal effects:	\$	16,000.00
2018 Hyundai Sonata	\$	13,000.00
* 2020 Kia Sportage	\$	11,000.00
Furniture	\$	12,000.00
Jewelry	\$	1,500.00
Clothing	\$	6,000.00
Subtotal	\$	59,500.00

Suncoast Credit Union
P.O. Box 11904
Tampa, FL 33680

24 Month C.D.	\$	52,826.00
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Truist Financial
214 N. Tryon Street, Suite 3
Charlotte, NC 28202

Checking Account	\$	1,690.00
Savings	\$	4,600.00
Line of Credit Deposit for daughter [REDACTED] law school related expenses	\$	17,360.00

State of FL Def Comp Plan/Nationwide/Charles Schwab	\$	42,689.00
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P.O. Box 182797
Columbus, OH 43218-2797

State of FL DROP Account	\$	420,803.00
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FL Retirement System Pension Plan
P.O Box 9000
Tallahassee, FL 32315-9000

State of FL DROP Account (spouse [REDACTED])	\$	153,967.00
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(I have survivor benefit if applicable)
FL Retirement System Pension Plan
P.O Box 9000
Tallahassee, FL 32315-9000

2023 Miami Dolphins season tickets (two seats plus parking)	\$	7,356.00
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Miami Dolphins
347 Don Shula Drive
Miami Gardens, FL 33056

Residence Property ** \$ 800,000.00

Subtotal..... \$ 1,501,291.00

Total Assets..... \$ 1,560,791.00

* This is a revised calculation from last year based on lease residual value \$19,132.00

** Increased fair market value due to very high priced housing market and addition of pool and spa.

Also based on recent comparable sale (3-23) for over \$900,000.

JUDGE RAMIRO MAÑALICH

FORM 6 ATTACHMENT
PART C - Liabilities over \$1,000

2.) Sun Coast Credit Union	\$ 403,616.00
P.O. Box 11904	
Tampa, FL 33680	
Mortgage on [REDACTED] Residence Property	
Total Liabilities over \$1,000.....	\$ 403,616.00

Part C - Liabilities not reported above

* 1.) Truist Line of Credit	\$ 11,640.00
214 N. Tryon Street, Suite 3	
Charlotte, NC 28202	
Subtotal.....	\$11,640.00
All liabilities total.....	\$ 415,256.00

* Debt as guarantor incurred for daughter Gabriella law school related expenses.

Form 1040		Tax Return Reconciliation Worksheet, Page 2		2022	
Name RAMIRO MANALICH &		MANALICH		Tp TIN 316,325	
Tax and Credits (Schedules 2, 3)	38 Amount from line 37 (adjusted gross income)			38	316,325
	39a Check ☐ You were born before January 2, 1958, if: ☐ Spouse was born before January 2, 1958, ☐ Blind. ☐ Blind. Total boxes checked 39a				
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$12,950 Married filing jointly or Qualifying widow(er), \$25,900 Head of household, \$19,400	b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b				
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)			40	25,900
	41 Subtract line 40 and 40b from line 38			40b	
	42 Qualified business income deduction (see instructions)			41	290,425
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-			42	
	44 Tax (see instr.). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐			43	290,425
	45 Alternative minimum tax (see instructions). Attach Form 6251			44	57,373
	46 Excess advance premium tax credit repayment. Attach Form 8962			45	
	47 Add lines 44, 45, and 46			46	
	48 Foreign tax credit. Attach Form 1116 if required	48		47	57,373
	49 Credit for child and dependent care expenses. Attach Form 2441	49			
	50 Education credits from Form 8863, line 19	50			
	51 Retirement savings contributions credit. Attach Form 8880	51			
	52 Child tax credit/credit for other dependents	52			
	53 Residential energy credits. Attach Form 5695	53			
54 Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54				
55 Add lines 48 through 54. These are your total credits			55		
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-			56	57,373	
Other Taxes (Schedule 2)	57 Self-employment tax. Attach Schedule SE			57	
	58 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919			58	
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required			59	
	60a Household employment taxes from Schedule H			60a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required			60b	
	61 Taxes from: a ☒ Form 8959 b ☒ Form 8960 c ☐ Instructions; enter code(s) SEE STATEMENT			61	550
	62 Section 965 net tax liability installment from Form 965-A	62			
63 Add lines 56 through 61. This is your total tax			63	57,923	
Payments (Schedule 3)	64 Federal income tax withheld from:				
	a Form(s) W-2	64a	62,596		
	b Form(s) 1099	64b	1,768		
	c Other forms	64c			
	65 2022 estimated tax payments and amount applied from 2021 return	65			
	66 Earned income credit (EIC)	66			
	67 Additional child tax credit. Attach Schedule 8812	67			
	68 American opportunity credit from Form 8863, line 8	68			
	69 Recovery rebate credit	69			
	70 Net premium tax credit. Attach Form 8962	70			
	71 Amount paid with request for extension to file	71			
	72 Excess social security and tier 1 RRTA tax withheld	72			
	73 Credit for federal tax on fuels. Attach Form 4136	73			
	74 Other payments and refundable credits	74			
	75 Total pymts. Add lines 64 - 74.			75	64,364
Refund	76 If line 75 is more than line 63, subtract line 63 from line 75. This is the amount you overpaid			76	6,441
	77a Amount of line 76 you want refunded to you. If Form 8888 is attached, check here ☐			77a	6,441
	b Routing number [REDACTED] c Type: ☒ Checking ☐ Savings				
	d Account number [REDACTED]				
	78 Amount of line 76 you want applied to your 2023 estimated tax	78			
Amount You Owe	79 Amount you owe. Subtract line 75 from line 63. For details on how to pay, see instructions			79	
	80 Estimated tax penalty (see instructions)	80			
Int/Pen	Date filed	Int	Fail to file	Fail to pay	Total
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No Personal identification no. (PIN) [REDACTED]				
	Designee's Name BARBARA GODZIK GOULET		Phone no. 239-597-7009		
Other Info	Taxpayer Daytime phone number		Taxpayer: Occupation JUDGE		IRS Identity Protection PIN [REDACTED]
			Spouse: Occupation [REDACTED]		IRS Identity Protection PIN
	☒ Taxpayer ☐ Spouse	Email address [REDACTED]			

IRS e-file Signature Authorization

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name

RAMIRO**MANALICH**

Social security number

Spouse's name

MANALICH

Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	316,325
2	Total tax	2	57,923
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	64,364
4	Amount you want refunded to you	4	6,441
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

- ☒ I authorize **U.S. TAX ACCOUNTING, LLC** to enter or generate my PIN **2** as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Date ▶ **02/24/23**

Spouse's PIN: check one box only

- ☒ I authorize **U.S. TAX ACCOUNTING, LLC** to enter or generate my PIN **2** as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ Date ▶ **02/24/23****Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Don't enter all zeros

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

ERO's signature ▶ **BARBARA GODZIK GOULET** Date ▶ **02/24/23**

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

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

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

Form **1040****Bank Account Verification****2022**

Name

Taxpayer Identification Number

RAMIRO MANALICH & [REDACTED] MANALICH

You have indicated that you would like to receive a refund via direct deposit or make a tax payment via electronic funds withdrawal (EFW) from your bank account(s). Note that electronic funds can only be withdrawn from the primary account. Make sure sufficient funds are available in the primary account. Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If there are any changes please make them on this form. Sign and date at the bottom to indicate upon your review and verification that all account(s) listed are correct and return it to our office.

Primary Account

Name of Financial Institution SUNCOAST CREDIT UNION
 Routing Transit Number [REDACTED]
 Account Number [REDACTED]
 Type of Account CHECKING
 Joint Account? NO

\$6,441 IS SCHEDULED TO BE DIRECT DEPOSITED TO THIS ACCOUNT

Secondary Account #1

Name of Financial Institution _____
 Routing Transit Number _____
 Account Number _____
 Type of Account _____
 Joint Account? _____

Secondary Account #2

Name of Financial Institution _____
 Routing Transit Number _____
 Account Number _____
 Type of Account _____
 Joint Account? _____

Taxpayer Signature **RAMIRO MANALICH**

Date

Spouse Signature **[REDACTED] MANALICH**

Date

DO NOT SUBMIT THIS DOCUMENT TO IRS

Form **1040**

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return**2022**

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status☐

Single

☒

Married filing jointly

☐

Married filing separately (MFS)

☐

Head of household (HOH)

☐

Qualifying surviving spouse (QSS)

Check only one box.

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

Your first name and middle initial

RAMIRO

Last name

MANALICH

Your social security number

[REDACTED]

If joint return, spouse's first name and middle initial

[REDACTED]

Last name

[REDACTED] **MANALICH**

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.

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

☐ You ☐ Spouse**Digital Assets**At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No**Standard Deduction**Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien**Age/Blindness**You: ☐ Were born before January 2, 1958☐ Are blindSpouse: ☐ Was born before January 2, 1958☐ Is blind**Dependents** (see instructions):

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

Income

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

1a 307,162

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 307,162

Attach Sch. B2a if required.

2a Tax-exempt interest

2a

b Taxable interest

2b 323

3a Qualified dividends

3a

b Ordinary dividends

3b

4a IRA distributions

4a

b Taxable amount

4b

5a Pensions and annuities

5a

8,840

b Taxable amount

5b 8,840

6a Soc. sec. ben.

6a

b Taxable amount

6b

c If you elect to use the lump-sum election method, check here (see instructions)

7

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here

8 0

8 Other income from Schedule 1, line 10

9 316,325

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income

10 0

10 Adjustments to income from Schedule 1, line 26

11 316,325

11 Subtract line 10 from line 9. This is your adjusted gross income

12 25,900

12 Standard deduction or itemized deductions (from Schedule A)

13

13 Qualified business income deduction from Form 8995 or Form 8995-A

14 25,900

14 Add lines 12 and 13

15 290,425

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income

Standard Deduction for—

- Single or Married filing separately, \$12,950
- Married filing jointly or Qualifying surviving spouse, \$25,900
- Head of household, \$19,400
- If you checked any box under Standard Deduction, see instructions.

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

Form **1040** (2022)

Form 1040 (2022) **RAMIRO MANALICH & [REDACTED] MANALICH**Page **2****Tax and Credits**

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972	16	57,373
3	☐	17	
17	Amount from Schedule 2, line 3	18	57,373
18	Add lines 16 and 17	19	
19	Child tax credit or credit for other dependents from Schedule 8812	20	
20	Amount from Schedule 3, line 8	21	
21	Add lines 19 and 20	22	57,373
22	Subtract line 21 from line 18. If zero or less, enter -0-	23	550
23	Other taxes, including self-employment tax, from Schedule 2, line 21	24	57,923
24	Add lines 22 and 23. This is your total tax		

Payments

25	Federal income tax withheld from:			25d	64,364
a	Form(s) W-2	25a	62,596		
b	Form(s) 1099	25b	1,768		
c	Other forms (see instructions)	25c			
d	Add lines 25a through 25c				
26	2022 estimated tax payments and amount applied from 2021 return			26	
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	64,364		

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,441
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	6,441
b	Routing number [REDACTED]	c	Type: ☒ Checking ☐ Savings
d	Account number [REDACTED]		
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	
38	Estimated tax penalty (see instructions)	38	

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes. Complete below.** ☐ **No**

Designee's name BARBARA GODZIK GOULET	Phone no. 239-597-7009	Personal identification number (PIN) [REDACTED]
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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 JUDGE	If the IRS sent you an Identity Protection PIN, enter it here (see instr.) [REDACTED]
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation [REDACTED]	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.) [REDACTED]

Phone no.	Email address [REDACTED]	Preparer's name	Preparer's signature	Date	PTIN	Check if:
		BARBARA GODZIK GOULET	BARBARA GODZIK GOULET	02/24/23	[REDACTED]	☐ Self-employed

Paid**Preparer Use Only**

Firm's name U.S. TAX ACCOUNTING, LLC	Phone no. 239-597-7009
Firm's address 8985 FONTANA DEL SOL WAY NAPLES FL 34109	Firm's EIN 82-4236360

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

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**

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

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

OMB No. 1545-0074

2022Attachment
Sequence No. **02**

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

Your social security number

RAMIRO MANALICH & [REDACTED] MANALICH**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	538
12 Net investment income tax. Attach Form 8960	12	12
13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14 Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16 Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2022

Part II Other Taxes (continued)

17 Other additional taxes:			
a Recapture of other credits. List type, form number, and amount:	17a		
b Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
c Additional tax on HSA distributions. Attach Form 8889	17c		
d Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j Section 72(m)(5) excess benefits tax	17j		
k Golden parachute payments	17k		
l Tax on accumulation distribution of trusts	17l		
m Excise tax on insider stock compensation from an expatriated corporation	17m		
n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q Any interest from Form 8621, line 24	17q		
z Any other taxes. List type and amount:	17z		
18 Total additional taxes. Add lines 17a through 17z		18	
19 Reserved for future use		19	
20 Section 965 net tax liability installment from Form 965-A	20		
21 Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	550

Additional Medicare Tax

OMB No. 1545-0074

Form **8959**

If any line does not apply to you, leave it blank. See separate instructions.

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

Go to www.irs.gov/Form8959 for instructions and the latest information.**2022**Attachment
Sequence No. **71**

Name(s) shown on return

Your social security number

RAMIRO MANALICH & [REDACTED] MANALICH**Part I Additional Medicare Tax on Medicare Wages**

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	309,762	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	309,762	
5	Enter the following amount for your filing status:			
	Married filing jointly \$250,000			
	Married filing separately \$125,000			
	Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		59,762
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		538

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8		
9	Enter the following amount for your filing status:			
	Married filing jointly \$250,000			
	Married filing separately \$125,000			
	Single, Head of household, or Qualifying surviving spouse \$200,000	9	250,000	
10	Enter the amount from line 4	10	309,762	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	0	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		0
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status:			
	Married filing jointly \$250,000			
	Married filing separately \$125,000			
	Single, Head of household, or Qualifying surviving spouse \$200,000	15	250,000	
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		0
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	18		538
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	4,492	
20	Enter the amount from line 1	20	309,762	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	4,492	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		0
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions)	24		

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

Form **8959** (2022)

Form

8960**Net Investment Income Tax—
Individuals, Estates, and Trusts**

Attach to your tax return.

OMB No. 1545-2227

2022Attachment
Sequence No. **72**Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

Your social security number or EIN

RAMIRO MANALICH & [REDACTED] MANALICH**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	323
2	Ordinary dividends (see instructions)	2	
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	
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	
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	323

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	
d	Add lines 9a, 9b, and 9c	9d	
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	

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	323
Individuals:			
13	Modified adjusted gross income (see instructions)	13	316,325
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	66,325
16	Enter the smaller of line 12 or line 15	16	323
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	12
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	

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

Form **8960** (2022)

Form 1040	Tax Return Reconciliation Worksheet	2022
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Filing Status: ☐ 1 Single ☒ 2 Married filing jointly ☐ 3 Married filing separately ☐ 4 Head of household* ☐ 5 Qualifying widow(er)*

MFS spouse name:

*Qualifying person that is a child but not a dependent:

Taxpayer first name and initial RAMIRO	Last name MANALICH	Taxpayer social security number [REDACTED]
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If a joint return, spouse's first name and initial [REDACTED]	Last name MANALICH	Spouse's social security number [REDACTED]
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Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]	Apt. no. [REDACTED]	Presidential Election Campaign Taxpayer ☐ Spouse ☐
---	------------------------	---

City, town or post office, state, and ZIP code. [REDACTED]	[REDACTED]	[REDACTED]
---	------------	------------

Foreign country name [REDACTED]	Foreign province/state/county [REDACTED]	Foreign postal code [REDACTED]
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At anytime during 2022, did you receive, sell, send, exchange, or otherwise acquire financial interest in any digital assets? Yes ☐ No ☒

6a ☒ Taxpayer. If someone can claim you as a dependent, do not check box 6a b ☒ Spouse	Boxes checked on 6a and 6b 2 Children on 6c who lived with you Children on 6c who did not live with you Dependents on 6c not entered above Total. Add lines above 2
---	---

6C Dependents:				(4) ☒ if qualifies for		If more than four dependents, ☐ here
(1) First name	Last name	(2) Social security number	(3) Relationship to you	Child tax credit	Other dependents	

Income (Schedule 1)	7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 307,162 8a Taxable interest. Attach Schedule B if required 8a 323 b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a b Qualified dividends 9b 10 Taxable refunds, credits, or offsets of state and local income taxes 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a b Taxable amount 15b 16a Pensions and annuities 16a 8,840 b Taxable amount 16b 8,840 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a b Taxable amount 20b 21 Other income. List type and amount 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 316,325
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Adjusted Gross Income (Schedule 1)	23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN ▶ 31a 32 IRA deduction 32 33 Student loan interest deduction 33 34 Reserved for future use 34 35 Reserved for future use 35 36 Add lines 23 through 35 36 37 Subtract line 36 from line 22. This is your adjusted gross income 37 316,325
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Federal Statements**Form 1040 Reconciliation Worksheet, Line 61 - Other Taxes**

<u>Description</u>	<u>Amount</u>
FORM 8959	\$ 538
FORM 8960	12
TOTAL	<u>\$ 550</u>

Federal Statements**STATE OF FLORIDA****Form W-2, Box 12**

Description	Amount
SECTION 457(B) CONTRIBUTIONS	\$ 3,600
COST OF EMPLOYER-SPONSORED HEALTH COVERAGE	22,275
TOTAL	<u>\$ 25,875</u>

STATE OF FLORIDA**Form W-2, Box 14 - Other**

Description	Amount
IRC SECTION 125 FLEXIBLE BENEFITS PROGRAM	\$ 4,279
TOTAL	<u>\$ 4,279</u>

Federal Statements

SCHOOL DISTRICT COLLIER COUNTY FL

Form W-2, Box 12

Description	Amount
SECTION 403(B) CONTRIBUTIONS	\$ 2,600
COST OF EMPLOYER-SPONSORED HEALTH COVERAGE	9,681
COST OF GROUP TERM LIFE INSURANCE COVERAGE OVER 50,000	396
TOTAL	\$ 12,677

SCHOOL DISTRICT COLLIER COUNTY FL

Form W-2, Box 14 - Other

Description	Amount
IRC SECTION 125 FLEXIBLE BENEFITS PROGRAM	\$ 2,975
TOTAL	\$ 2,975

Form **1040****Pension/Annuity Report****2022**

Name

Taxpayer Identification Number

RAMIRO MANALICH & [REDACTED] MANALICH

T/S	Payer	Box 7 Code	Gross Distribution	Rollover	Taxable Amount
A T	CHARLES SCHWAB TRUST BANK	7	8,840		8,840
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
O					
			8,840		8,840
			8,840		8,840
			8,840		8,840

	NIIT	Capital Gain Distribution	Public Safety Officer Exclusion	Federal Withholding	State Withholding	Local Withholding
A				1,768		
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
N						
O						
Taxpayer				1,768		
Spouse						
Total				1,768		

Form **1040****Salaries & Wages Report****2022**

Name

RAMIRO MANALICH & [REDACTED] MANALICH

Taxpayer Identification Number

[REDACTED]

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	T STATE OF FLORIDA	165,905	25,473	147,000
B	S [REDACTED]	141,257	37,123	143,857
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
	Taxpayer	165,905	25,473	147,000
	Spouse	141,257	37,123	143,857
	Totals	307,162	62,596	290,857

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	9,114	165,905	2,406				4,279
B	8,919	143,857	2,086				2,975
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	9,114	165,905	2,406				4,279
Spouse	8,919	143,857	2,086				2,975
Totals	18,033	309,762	4,492				7,254

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer						
Spouse						
Totals						

Form **1040****Two Year Comparison Report - Page 1****2021 & 2022**

Name

RAMIRO MANALICH & [REDACTED] MANALICH

Taxpayer Identification Number

[REDACTED]

		2021	2022	Differences
Filing Status		MFJ	MFJ	
Dependents		0	0	
I n c o m e	1. Salaries and wages	289,021	307,162	18,141
	2. Interest income	801	323	-478
	3. Tax exempt interest income			
	4. Dividend income			
	5. Qualified dividend income			
	6. Taxable state/local refunds			
	7. Alimony received			
	8. Business income/loss			
	9. Capital gain/loss			
	10. Other gains/losses			
	11. Taxable IRA distributions			
	12. Taxable pensions		8,840	8,840
	13. Rent and royalty income including farm rental			
	14. Partnership/S corp income			
	15. Estate or trust income			
	16. Farm income/loss			
	17. Unemployment compensation			
	18. Taxable social security			
	19. Other income			
		20. Total income	289,822	316,325
A d j u s t m e n t s	21. Moving expenses			
	22. Deductible part of self-employment tax			
	23. SEP/SIMPLE/Qualified plans deductions			
	24. SE health insurance			
	25. Penalty on early withdrawal of savings			
	26. Alimony paid			
	27. IRA deductions			
	28. Student loan interest			
	29. Other adjustments			
		30. Adjusted gross income	289,822	316,325
D e d u c t i o n s	31. Medical			
	32. Taxes	6,634	7,115	481
	33. Interest	10,178	9,104	-1,074
	34. Contributions	600	930	330
	35. Casualty losses			
	36. Miscellaneous expenses			
	37. Allowable itemized deductions	17,412	17,149	-263
	38. Standard deduction	25,700	25,900	200
		STANDARD	STANDARD	
	39. Deduction taken	25,700	25,900	200
	40. Taxable income before Qual Bus Inc Ded (QBID)	264,122	290,425	26,303
	41. QBID	0	0	
	42. Taxable income	264,122	290,425	26,303

Form **1040****Two Year Comparison Report - Page 2****2021 & 2022**

Name

RAMIRO MANALICH & [REDACTED] MANALICH

Taxpayer Identification Number

[REDACTED]

		2021	2022	Differences
43.	Taxable income from 2YR page 1, line 42	264,122	290,425	26,303
44.	Tax on taxable income	51,431	57,373	5,942
45.	Alternative minimum tax			
46.	Excess advance premium tax credit			
47.	Child care credit			
48.	Education credits			
49.	Retirement savings credit			
50.	Child & other dependent tax credit			
51.	General business credit			
52.	Other credits			
53.	Total credits			
54.	Net tax liability	51,431	57,373	5,942
55.	Self-employment taxes			
56.	Other taxes	437	550	113
57.	Total tax	51,868	57,923	6,055
58.	Income tax withheld	59,018	64,364	5,346
59.	Estimated tax payments			
60.	Earned income credit			
61.	Additional Child tax credit			
62.	Other refundable tax credits			
63.	Other payments			
64.	Total payments	59,018	64,364	5,346
65.	Tax due/-refund	-7,150	-6,441	709
66.	Penalties and interest			
67.	Net tax due/-refund	-7,150	-6,441	709
68.	Refund applied to estimated tax payments			
69.	Refund received	-7,150	-6,441	709
70.	Effective tax rate	20.0 %	20.0 %	

Two Year Comparison - Tax Reconciliation Marginal Tax Rates

	2021 Taxable Income	2021 Marginal Tax Rate	2022 Taxable Income	2022 Marginal Tax Rate
Ordinary income	264,122	24.0 %	290,425	24.0 %
Capital income		%		%
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%

Form **1040****Federal Tax Projection Worksheet 1 - Tax Computation****2022 & 2023**

PROJECTION DATE: FEBRUARY 24, 2023

Name

RAMIRO MANALICH & [REDACTED] MANALICH

Taxpayer Identification Number

[REDACTED]

		2022	2023	Differences
		MFJ	MFJ	
I n c o m e	Filing Status			
	Dependents			
	1. Salaries and wages	1. 307,162	307,162	
	2. Interest income	2. 323	323	
	3. Dividend income	3.		
	4. Taxable state/local refunds	4.		
	5. Alimony received	5.		
	6. Business income/loss	6.		
	7. Capital gain/loss	7.		
	8. Other gains/losses	8.		
	9. Taxable IRA distributions	9.		
	10. Taxable pensions and annuities	10. 8,840	8,840	
	11. Schedule E income/loss	11.		
	12. Farm income/loss	12.		
	13. Unemployment benefits	13.		
	14. Taxable social security benefits	14.		
15. Other income	15.			
16. Total income	16. 316,325	316,325		
A d j u s t m e n t s	17. Moving expenses	17.		
	18. Deductible part of self-employment tax	18.		
	19. SEP/SIMPLE/Qualified plans deductions	19.		
	20. Self-employed health insurance deduction	20.		
	21. Penalty on early withdrawal of savings	21.		
	22. Alimony paid	22.		
	23. IRA deductions	23.		
	24. Student loan interest deduction	24.		
	25. Other adjustments	25.		
	26. Adjusted gross income	26. 316,325	316,325	
D e d u c t i o n s	27. Medical	27.		
	28. State/local income or sales taxes	28. 1,899	1,899	
	29. Real estate taxes	29. 5,216	5,216	
	30. Personal property taxes	30.		
	31. Total State/Local taxes. Add lines 28 - 30	31. 7,115	7,115	
	32. State/Local taxes allowed. Lower of line 31 or \$10,000 (\$5,000 if MFS)	32. 7,115	7,115	
	33. Other taxes	33.		
	34. Interest	34. 9,104	9,104	
	35. Contributions	35. 930	930	
	36. Casualty losses from a federally declared disaster	36.		
	37. Miscellaneous expenses (including qualified disaster loss)	37.		
	38. Allowable itemized deductions	38. 17,149	17,149	
	39a. Standard deduction	39a. 25,900	30,700	4,800
	39b. Reserved for future use	39b.		
		STANDARD	STANDARD	
	40. Deduction taken	40. 25,900	30,700	4,800
41. Subtract line 40 from line 26	41. 290,425	285,625	-4,800	
42. Qualified business income deduction	42.			
43. Taxable income	43. 290,425	285,625	-4,800	

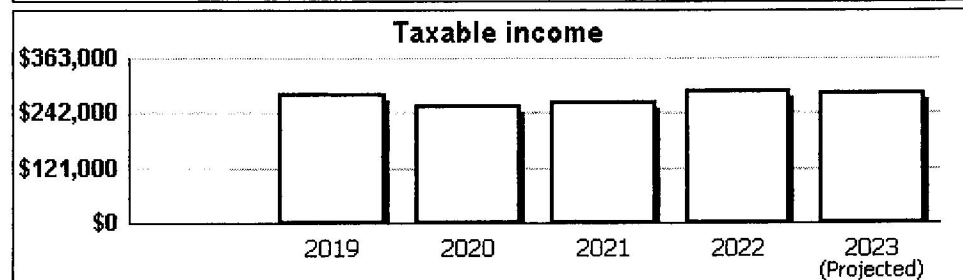
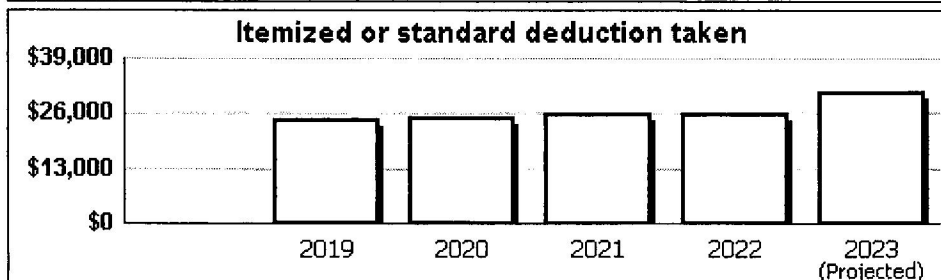
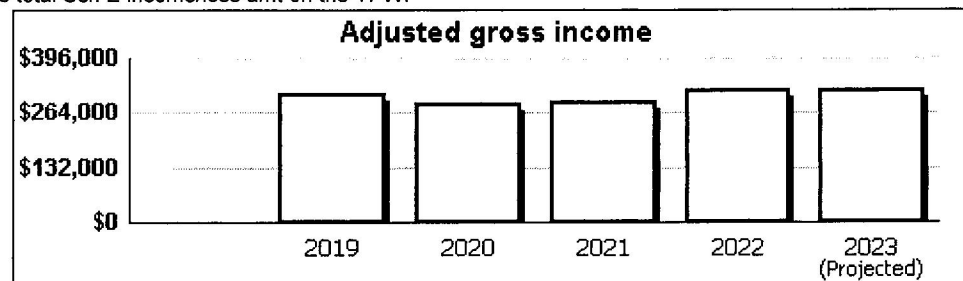
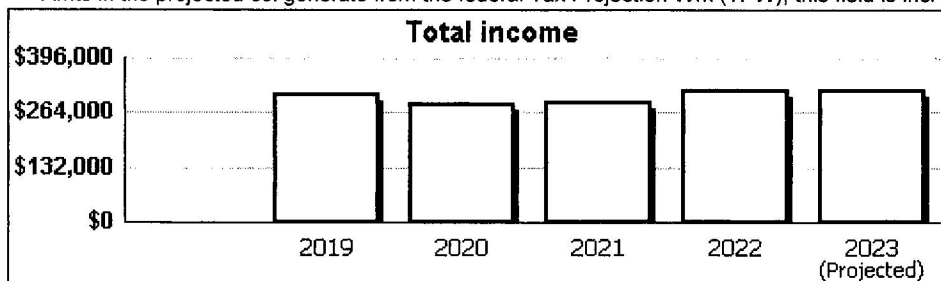
Form 1040	Federal Tax Projection Worksheet 2 - Tax Computation PROJECTION DATE: FEBRUARY 24, 2023	2022 & 2023
Name RAMIRO MANALICH & [REDACTED] MANALICH		Taxpayer Identification Number [REDACTED]

		2022 MFJ	2023 MFJ	Differences
Filing Status				
44. Taxable income from TPW page 1, line 43	44.	290,425	285,625	-4,800
45. Tax on taxable income	45.	57,373	55,350	-2,023
46. Taxes from Forms 4972, 8814, and add'l taxes	46.			
47. Alternative minimum tax	47.			
48. Add lines 45, 46, and 47	48.	57,373	55,350	-2,023
49. Foreign tax credit	49.			
50. Child and dependent care credit	50.			
51. Education credits	51.			
52. Retirement savings credit	52.			
53. Credit for the elderly	53.			
54. Child tax credit/credit for other dependents	54.			
55. Nonbusiness energy property credit	55.			
56. Alternative motor vehicle credit (Form 8910)	56.			
57. Qualified plug-in electric motor vehicle (Form 8936)	57.			
58. Mortgage interest credit	58.			
59. D.C. first-time homebuyer credit	59.			
60. Residential energy efficient property credit	60.			
61. Adoption credit	61.			
62. General business credit	62.			
63. Prior year minimum tax credit	63.			
64. Other credits	64.			
65. Total credits	65.			
66. Net tax liability	66.	57,373	55,350	-2,023
67. Self-employment tax	67.			
68. Tax on unreported tips	68.			
69. Tax on IRA or qualified plans	69.			
70. Household employment taxes	70.			
71. First-time homebuyer credit repayment	71.			
72. Reserved	72.			
73. Additional Medicare Tax	73.	538	538	
74. Net Investment Income Tax	74.	12	12	
75. Other taxes	75.			
76. Total tax	76.	57,923	55,900	-2,023
77. Income tax withheld	77.	64,364	64,364	
78. Estimated tax payments	78.			
79. Earned income credit	79.			
80. Additional child tax credit	80.			
81. Reserved	81.			
82. Reserved	82.			
83. Other payments	83.			
84. Total payments	84.	64,364	64,364	
85. Net tax due/-refund	85.	-6,441	-8,464	-2,023
86. Marginal Tax Rate - Ordinary Income	86.	24.0%	24.0%	
87. Marginal Tax Rate - Capital Income	87.	%	%	
88. Effective Tax Rate	88.	20.0%	20.0%	

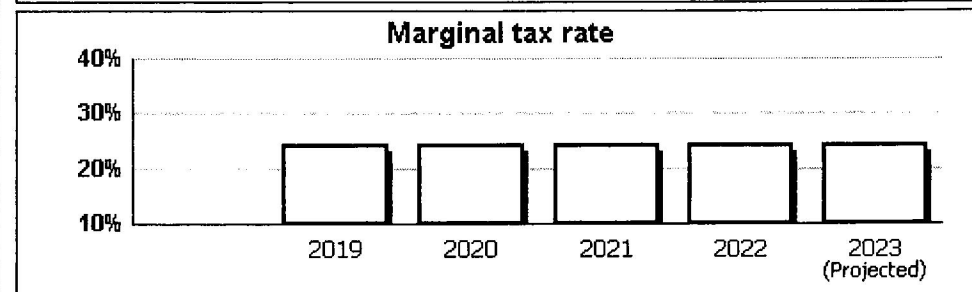
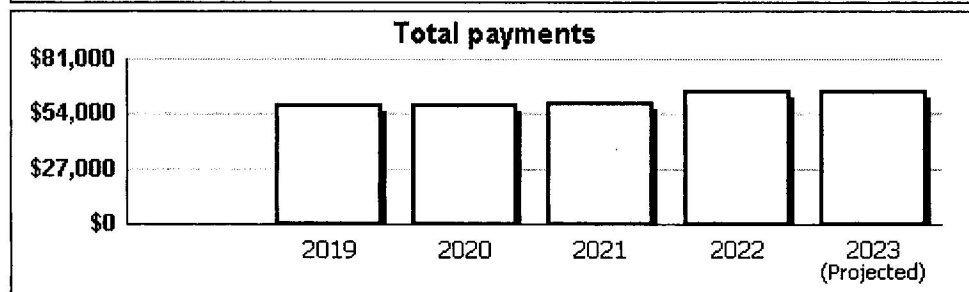
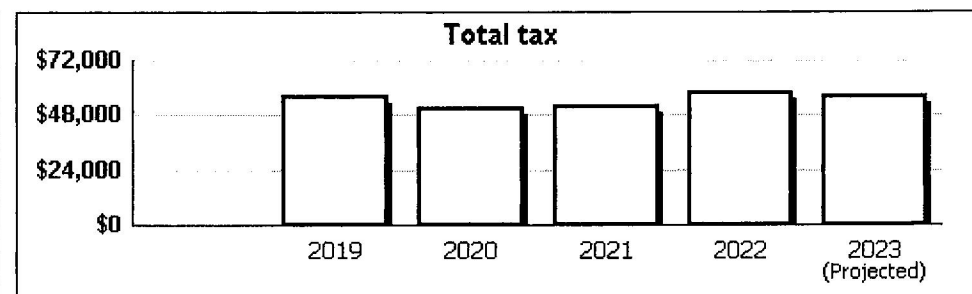
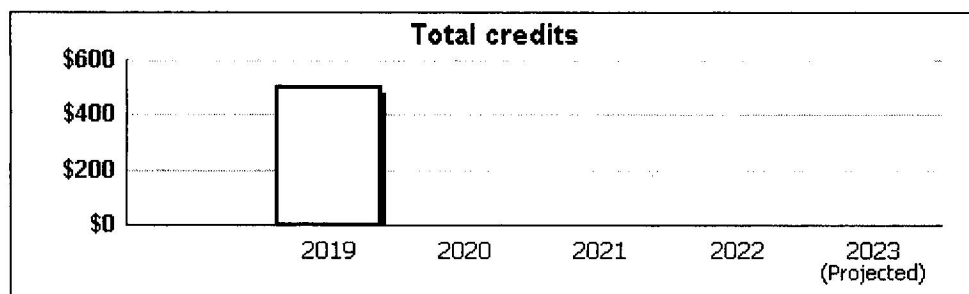
Form	1040	Tax Return History Report - Page 1	2022
Name	RAMIRO MANALICH & [REDACTED] MANALICH		Taxpayer Identification Number [REDACTED]

Filing Status	2019	2020	2021	2022	2023 PROJECTED
	MFJ	MFJ	MFJ	MFJ	MFJ
Salaries and wages	270,157	282,026	289,021	307,162	307,162
Interest income	1,107	1,176	801	323	323
Dividend income					
Business income/loss					
Capital gains/losses					
Other gains/losses					
IRA distributions, pensions, annuities	35,887			8,840	8,840
Rent, royalty, farm rental income					
Partnership/S corp income					.
Estate or trust income					.
Farm income/loss					
Other income/loss					
Total income	307,151	283,202	289,822	316,325	316,325
Total adjustments		300			
Adjusted gross income	307,151	282,902	289,822	316,325	316,325
Allowable itemized deductions	12,445	19,421	17,412	17,149	17,149
Standard deduction	24,400	24,800	25,700	25,900	30,700
Itemized or standard deduction taken	24,400	24,800	25,700	25,900	30,700
Exemptions					
Taxable income before Qual Bus Inc Ded	282,751	258,102	264,122	290,425	285,625
Qual Bus Inc Ded					
Taxable income	282,751	258,102	264,122	290,425	285,625

* Amts in the projected col generate from the federal Tax Projection Wrk (TPW); this field is incl in the total Sch E income/loss amt on the TPW.



Form	1040	Tax Return History Report - Page 2				2022
Name	RAMIRO MANALICH & MANALICH		Taxpayer Identification Number			
	2019	2020	2021	2022	2023 PROJECTED	
Taxable income	282,751	258,102	264,122	290,425	285,625	
Tax on taxable income and Form 8962	56,209	50,103	51,431	57,373	55,350	
Alternative minimum tax						
Total credits	500					
Net tax liability	55,709	50,103	51,431	57,373	55,350	
Self-employment taxes						
Other taxes	339	414	437	550	550	
Total tax	56,048	50,517	51,868	57,923	55,900	
Income tax withheld	58,400	57,698	59,018	64,364	64,364	
Estimated tax payments						
Other payments						
Total payments	58,400	57,698	59,018	64,364	64,364	
Total due/-refund	-2,352	-7,181	-7,150	-6,441	-8,464	
Penalties and interest						
Net tax due/-refund	-2,352	-7,181	-7,150	-6,441	-8,464	
Refund applied to estimated tax payments						
Refund received	-2,352	-7,181	-7,150	-6,441		
Marginal tax rate	% 24.0 %	% 24.0 %	% 24.0 %	% 24.0 %	% 24.0 %	
Effective tax rate	% 20.0 %	% 20.0 %	% 20.0 %	% 20.0 %	% 20.0 %	



Form **1040****Reconciliation Worksheet - Taxable Income & Tax****2022**

Name

RAMIRO MANALICH & [REDACTED] MANALICH

Taxpayer Identification Number

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income, further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status **MARRIED FILING JOINTLY**Tax Pct Total Tax (ln 27) divided Total Taxable Income (ln 19) **20.0 %**Tax Method **TAX RATE SCHEDULE**

Tax using ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:

Tax using capital gains rates

Tax using Ordinary rates

Tax savings

	Taxable Amount	Marginal Tax Rate	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	290,425	24.0 %	57,373	\$178,150 - \$340,100	49,675
Capital Income		%			
Capital Income - 1250		%			
Capital Income - 1202		%			

*Tax on taxable ordinary income under \$100,000 is determined using IRS Tax Tables that impose the same amount of tax on taxable income within \$50 intervals. Therefore, the column (b) Tax may not be calculated as column (a) times the applicable line tax rate.

Income taxed at ordinary rates

	(a) Taxable Income	(b) Tax*
1. 10% rate	20,550	2,058
2. 12% rate	63,000	7,563
3. 22% rate	94,600	20,806
4. 24% rate	112,275	26,946
5. 32% rate		
6. 35% rate		
7. 37% rate		
8. Total ordinary taxable income and ordinary tax. Add lines 1 through 7	290,425	57,373

Income taxed at capital gains rates

9. 0% capital gains rate	9a.	9b.
10. 15% capital gains rate	10a.	10b.
11. 20% capital gains rate	11a.	11b.
12. 25% capital gains rate	12a.	12b.
13. 28% capital gains rate	13a.	13b.
14. Total taxable capital gains and capital gains tax. Add lines 9 through 13	14a.	14b.

Total taxable income

15. Total ordinary taxable income. Enter the amount from line 8a.	15.	290,425
16. Total capital gains taxable income. Enter the amount from line 14a.	16.	
17. Add lines 15 and 16.	17.	290,425
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.	
19. Taxable income reported on 1040/1040SR, line 15, (1040NR, line 15). Subtract line 18 from line 17.	19.	290,425

Total tax

20. Total ordinary tax. Enter the amount from line 8b.	20.	57,373
21. Total capital gains tax. Enter the amount from line 14b.	21.	
22. Tax on child's interest and dividend.	22.	
23. Tax on lump-sum distribution.	23.	
24. Other taxes.	24.	
25. Add lines 20 through 24.	25.	57,373
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.	26.	
27. Total tax reported on 1040/1040SR, line 16, (1040NR, line 16). Subtract line 26 from line 25.	27.	57,373

Form **1040****Reconciliation Worksheet - Projected Taxable Income & Tax****2023**

Name

RAMIRO MANALICH & [REDACTED] MANALICH

Taxpayer Identification Number

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how projected 2023 tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status **MARRIED FILING JOINTLY**Tax Pct Total Tax (ln 24) divided by Total Taxable Income (ln 19) **19.0 %**Tax Method **TAX RATE SCHEDULES**
☐ Tax using ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:

☐ Tax using capital gains rates

☐ Tax using Ordinary rates

☐ Tax savings

	Taxable Amount	Tax Rate Marginal	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	285,625	24.0 %	55,350	\$190,750 - \$364,200	78,575
Capital Income		%			
Capital Income - 1250		%			
Capital Income - 1202		%			

	(a) Taxable Income	(b) Tax
Projected Income taxed at ordinary rates		
1. 10.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$22,000	1a. 22,000	1b. 2,200
2. 12.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$67,450	2a. 67,450	2b. 8,094
3. 22.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$101,300	3a. 101,300	3b. 22,286
4. 24.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$173,450	4a. 94,875	4b. 22,770
5. 32.0% rate	5a.	5b.
6. 35.0% rate	6a.	6b.
7. 37.0% rate	7a.	7b.
8. Total projected ordinary taxable income and ordinary tax. Add lines 1 through 7.	8a. 285,625	8b. 55,350

Projected Income taxed at capital gains rates		
9. 0% capital gains rate	9a.	9b.
10. 15% capital gains rate	10a.	10b.
11. 20% capital gains rate	11a.	11b.
12. 25% capital gains rate Unrecaptured Section 1250 Gain	12a.	12b.
13. 28% capital gains rate Small business stock, collectibles	13a.	13b.
14. Total projected taxable capital gains and capital gains tax. Add lines 9 through 13.	14a.	14b.

Total projected taxable income		
15. Total ordinary taxable income. Enter the amount from line 8a.	15.	285,625
16. Total capital gains taxable income. Enter the amount from line 14a.	16.	
17. Add lines 15 and 16.	17.	285,625
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.	
19. Projected taxable income reported on Federal Tax Projection Worksheet. Subtract line 18 from line 17.	19.	285,625

Total projected tax		
20. Total ordinary tax. Enter the amount from line 8b.	20.	55,350
21. Total capital gains tax. Enter the amount from line 14b.	21.	
22. Add lines 20 and 21.	22.	55,350
23. Enter the tax allocated to the net exclusion amount from the Tax Projection Foreign Earned Earned Income Tax Worksheet, line 5.	23.	
24. Total projected 2023 tax reported on Federal Tax Projection Worksheet 2. Subtract line 23 from line 22	24.	55,350

Taxpayer Name **RAMIRO MANALICH**
 Spouse Name **MANALICH**

DO NOT SUBMIT THIS DOCUMENT TO IRS UNLESS REQUESTED TO DO SO

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN **[REDACTED]**

Taxpayer Declarations

Perjury Statement

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent

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. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or 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 my electronic income tax return and, if applicable, my Electronic Funds Withdrawal consent.

I am signing this Tax Return/Form and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Date (all numerics) **02/24/23**

Taxpayer's PIN (enter five numbers, other than all zeroes) **[REDACTED]**

Spouse's PIN (enter five numbers, other than all zeroes) **[REDACTED]**

Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of person claiming refund

Date

Form 1099-R

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

1 Gross distribution

\$ 8,839.89

2a Taxable amount

\$ 8,839.89

2b Taxable amount not determined

OMB No. 1545-0119

2022

Form 1099-R

Total distribution

**Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.**

PAYER'S TIN

RECIPIENT'S TIN

RECIPIENT'S name, street address (incl. apt. no.), city or town, state or province, country, and ZIP or foreign postal code

3 Capital gain (included in box 2a)

\$

6 Net unrealized appreciation in employer's securities

\$

9a Your percentage of total distribution

9b Total employee contributions

%

\$

14 State tax withheld

\$

17 Local tax withheld

\$

10 Amount allocable to IRR within 5 years

\$

11 1st year of desig. Roth contrib.

\$

12 FATCA filing requirement

\$

13 Date of payment

\$

15 State/Payer's state no.

FL/

16 State distribution

\$

18 Name of locality

\$

19 Local distribution

\$

15 State/Payer's state no.

FL/

16 State distribution

\$

18 Name of locality

\$

19 Local distribution

\$

15 State/Payer's state no.

FL/

16 State distribution

\$

18 Name of locality

\$

19 Local distribution

\$

15 State/Payer's state no.

FL/

16 State distribution

\$

18 Name of locality

\$

19 Local distribution

\$

15 State/Payer's state no.

FL/

16 State distribution

\$

18 Name of locality

\$

19 Local distribution

\$

15 State/Payer's state no.

FL/

16 State distribution

\$

18 Name of locality

\$

19 Local distribution

\$

15 State/Payer's state no.

FL/

16 State distribution

\$

18 Name of locality

\$

19 Local distribution

\$

Copy B

Send this copy to your state, city, or local income tax return, when required.

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

Form 1099-R

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

1 Gross distribution

\$ 8,839.89

2a Taxable amount

\$ 8,839.89

2b Taxable amount not determined

OMB No. 1545-0119

2022

Form 1099-R

Total distribution

**Distributions From
Pensions, Annuities,
Retirement
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.**

PAYER'S TIN

RECIPIENT'S TIN

RECIPIENT'S name, street address (incl. apt. no.), city or town, state or province, country, and ZIP or foreign postal code

3 Capital gain (included in box 2a)

\$

6 Net unrealized appreciation in employer's securities

\$

9a Your percentage of total distribution

9b Total employee contributions

%

\$

14 State tax withheld

\$

17 Local tax withheld

\$

10 Amount allocable to IRR within 5 years

\$

11 1st year of desig. Roth contrib.

\$

12 FATCA filing requirement

\$

13 Date of payment

\$

15 State/Payer's state no.

FL/

16 State distribution

\$

18 Name of locality

\$

19 Local distribution

\$

15 State/Payer's state no.

FL/

16 State distribution

\$

18 Name of locality

\$

19 Local distribution

\$

15 State/Payer's state no.

FL/

16 State distribution

\$

18 Name of locality

\$

19 Local distribution

\$

15 State/Payer's state no.

FL/

16 State distribution

\$

18 Name of locality

\$

Copy 2

File this copy with your state, city, or local income tax return, when required.

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

Form 1099-R

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

1 Gross distribution

\$ 8,839.89

2a Taxable amount

\$ 8,839.89

2b Taxable amount not determined

OMB No. 1545-0119

2022

Form 1099-R

Total distribution

**Distributions From
Pensions, Annuities,
Retirement
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.**

PAYER'S TIN

RECIPIENT'S TIN

RECIPIENT'S name, street address (incl. apt. no.), city or town, state or province, country, and ZIP or foreign postal code

3 Capital gain (included in box 2a)

\$

6 Net unrealized appreciation in employer's securities

\$

9a Your percentage of total distribution

9b Total employee contributions

%

\$

14 State tax withheld

\$

17 Local tax withheld

\$

10 Amount allocable to IRR within 5 years

\$

11 1st year of desig. Roth contrib.

\$

12 FATCA filing requirement

\$

13 Date of payment

\$

15 State/Payer's state no.

FL/

16 State distribution

\$

18 Name of locality

\$

19 Local distribution

\$

15 State/Payer's state no.

FL/

16 State distribution

\$

18 Name of locality

\$

19 Local distribution

\$

Copy C

For Recipient's Records
This information is being furnished to the IRS.

www.irs.gov/Form1099R

Support Ph #: (877) 319-2782

Department of the Treasury - Internal Revenue Service

SUNCOAST CREDIT UNION
P.O. BOX 11904
TAMPA FL 33680

RAMIRO MANALICH

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code and telephone no. SUNCOAST CREDIT UNION P.O. BOX 11904 TAMPA FL 33680 800-999-5887		Payer's RTN (optional) 263182817	OMB No. 1545-0112 2022 Form 1099-INT		Interest Income
PAYER'S TIN 59-0291451		1 Interest income \$ 322.98		Copy B For Recipient	
RECIPIENT'S TIN [REDACTED]		2 Early withdrawal penalty \$ 0.00			
RECIPIENT'S name and address RAMIRO MANALICH [REDACTED]		3 Interest on U.S. Savings Bonds and Treasury obligations \$ 0.00			
FATCA filing requirement ☐		4 Federal income tax withheld \$ 0.00	5 Investment expenses \$ 0.00	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
		6 Foreign tax paid \$ 0.00	7 Foreign country or U.S. possession \$ 0.00		
		8 Tax-exempt interest \$ 0.00	9 Specified private activity bond interest \$ 0.00		
		10 Market discount \$ 0.00	11 Bond premium \$ 0.00		
		12 Bond premium on Treasury obligations \$ 0.00	13 Bond premium on tax-exempt bond \$ 0.00		
Account number (see instructions) [REDACTED]		14 Tax-exempt and tax credit bond CUSIP no. [REDACTED]	15 State [REDACTED]	16 State identification no. [REDACTED]	17 State tax withheld \$ 0.00

a Employee's social security number [REDACTED]		Payroll organization code 22-20-20-00-110		Intradepartment number 0000000050	
b Employer identification number 59 - 6001874		1 Wages, tips, other compensation 165,905.06		2 Federal income tax withheld 25,473.10	
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 169,505.06		6 Medicare tax withheld 2,457.82	
		7 Social security tips		10 Dependent care benefits	
d Control number 17544 01/06		11 Nonqualified plans		12a See instructions for box 12 G 3,600.00	
e Employee's first name, mi, and last name RAMIRO MANALICH [REDACTED]		13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		12b DD 22,275.12	
		14 Other 125 4,279.48		12c	
				12d	
				12e	
f Employee's address and ZIP 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 **2022**
Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

OMB No. 1545-0008
Department of the Treasury - Internal Revenue Service

a Employee's social security number [REDACTED]		Payroll organization code 22-20-20-00-110		Intradepartment number 0000000050	
b Employer identification number 59 - 6001874		1 Wages, tips, other compensation 165,905.06		2 Federal income tax withheld 25,473.10	
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 169,505.06		6 Medicare tax withheld 2,457.82	
		7 Social security tips		10 Dependent care benefits	
d Control number 17544 01/06		11 Nonqualified plans		12a See instructions for box 12 G 3,600.00	
e Employee's first name, mi, and last name RAMIRO MANALICH [REDACTED]		13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		12b DD 22,275.12	
		14 Other 125 4,279.48		12c	
				12d	
				12e	
f Employee's address and ZIP 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 **2022**
Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)
AA227 (Rev. 08/12/2022)

OMB No. 1545-0008
Department of the Treasury - Internal Revenue Service
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.

003708

1 Wages, tips, other compensation	141,256.78	2 Federal income tax withheld	37,123.39
3 Social security wages	143,856.78	4 Social security tax withheld	8,919.14
5 Medicare wages and tips	143,856.78	6 Medicare tax withheld	2,085.94

c Employer's name, address, and ZIP code

A

7 Social security tips	.00	8 Allocated tips	.00	9	.00
10 Dependent care benefits	.00	11 Nonqualified plans		12a	E 2,600.00

12b	DD	9,681.00	12c	C	395.98	12d	
-----	----	----------	-----	---	--------	-----	--

b Employer identification number (EIN)

a Employee's social security number

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other	CAF-EE	2,974.80
	X				

e Employee's name, address, and ZIP code

Form **W-2**

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

2022

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

003708
The information is being furnished to the Internal Revenue Service.

1 Wages, tips, other compensation	141,256.78	2 Federal income tax withheld	37,123.39
3 Social security wages	143,856.78	4 Social security tax withheld	8,919.14
5 Medicare wages and tips	143,856.78	6 Medicare tax withheld	2,085.94

c Employer's name, address, and ZIP code

7 Social security tips	.00	8 Allocated tips	.00	9	.00
10 Dependent care benefits	.00	11 Nonqualified plans		12a	E 2,600.00

12b	DD	9,681.00	12c	C	395.98	12d	
-----	----	----------	-----	---	--------	-----	--

b Employer identification number (EIN)

a Employee's social security number

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other	CAF-EE	2,974.80
	X				

e Employee's name, address, and ZIP code

Form **W-2**

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

2022

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

003708

1 Wages, tips, other compensation	141,256.78	2 Federal income tax withheld	37,123.39
3 Social security wages	143,856.78	4 Social security tax withheld	8,919.14
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c Employer's name, address, and ZIP code

7 Social security tips	.00	8 Allocated tips	.00	9	.00
10 Dependent care benefits	.00	11 Nonqualified plans		12a	E 2,600.00

12b	DD	9,681.00	12c	C	395.98	12d	
-----	----	----------	-----	---	--------	-----	--

b Employer identification number (EIN)

a Employee's social security number

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other	CAF-EE	2,974.80
	X				

e Employee's name, address, and ZIP code

h

Form **W-2**

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

2022

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

This information is being furnished to the Internal Revenue Service only. No other action is 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.

1 Wages, tips, other compensation	141,256.78	2 Federal income tax withheld	37,123.39
3 Social security wages	143,856.78	4 Social security tax withheld	8,919.14
5 Medicare wages and tips	143,856.78	6 Medicare tax withheld	2,085.94

c Employer's name, address, and ZIP code

7 Social security tips	.00	8 Allocated tips	.00	9	.00
10 Dependent care benefits	.00	11 Nonqualified plans		12a	E 2,600.00

12b	DD	9,681.00	12c	C	395.98	12d	
-----	----	----------	-----	---	--------	-----	--

b Employer identification number (EIN)

a Employee's social security number

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other	CAF-EE	2,974.80
	X				

e Employee's name, address, and ZIP code

Form **W-2**

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

2022

Copy C - For EMPLOYEE'S RECORDS.
(See Notice to Employee on the back of Copy B.)

Form 1095-C (2022)

COLLIER COMMUNITY FOUNDATION™

1110 Pine Ridge Road, Suite 200
Naples, FL 34108
239-649-5000 • info@colliercf.org
colliercf.org

June 7, 2022

Campaign Account of Judge Ramiro Manalich
1700 Monroe Street
Fort Myers, FL 33901

Dear Hon. Manalich:

Thank you for your donation on 06/01/2022 of \$400.00, check # [REDACTED] for the Community Impact Fund of the Collier Community Foundation™.

The Community Foundation's mission — working with donors, we inspire ideas, ignite action, and mobilize resources to address community needs in Collier County. We hope you also feel proud of how, by working together, our philanthropic investments play a unique and vital role in making Collier County a stronger community where all of our neighbors can thrive. Today, there are over 700 giving funds at The Community Foundation of Collier County and it is an honor to be a partner and facilitator with our many donors, helping them give to the causes they care about most deeply.

The CCF is a 501(c)(3) tax exempt organization (tax identification number 59-2396243) and has exclusive legal control over the contributed assets. Contributions are tax-deductible to the extent permitted by law and the Community Foundation provided no goods or services in return for your contribution. Please keep this letter as your receipt for tax purposes

Sincerely,



Eileen Connolly-Keesler
President/CEO



Informed giving. Powerful results.™

2021-2022 BOARD OF TRUSTEES: James F. Morey · R. Robert Funderburg · Allyson Richards · Brad A. Galbraith · Jerry Tostrud · Patricia Aiken-O'Neill · William Barker · Todd Bradley · John M. Costigan · Jeffrey Diermeier · Elizabeth T. Frank · Dolly Bodick Korest · Kathleen Ludwig · Lynn Martin · John K. Paul · Bradley G. Rigor · Giselle Wagner · David Watson · Myra Williams

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1.800.435.7352 WITHIN FLORIDA (REGISTRATION #CH327) OR AT WWW.FDACS.GOV. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. 100% OF EACH CONTRIBUTION IS RETAINED BY THE FOUNDATION.

UNIVERSITY *of* WISCONSIN
LA CROSSE
FOUNDATION

February 11, 2022

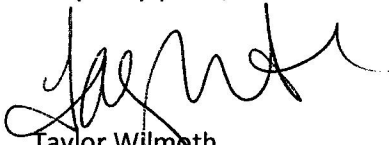
Ramiro Manalich & [REDACTED] Manalich
7656 Winding Cypress Dr
Naples, FL 34114-2784

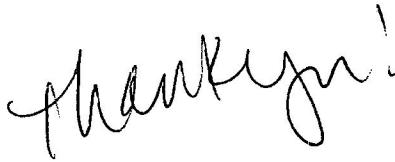
Dear Ramiro and [REDACTED]:

Thank you! Your loyal support drives excellence in education by providing financial support to our UWL campus, faculty, and students. Whether it's an upperclassman doing undergraduate research or someone beginning their college journey, your gift ensures a well-rounded student experience.

Thank you again for your contribution and dedication to making UWL an outstanding place for students to learn and grow. Your generosity and strong belief in higher education is truly appreciated.

Very truly yours,


Taylor Wilmoth
Annual Giving Coordinator



Date: **2/8/2022**
Amount: **\$50**
Designated for: **UWL Fund**

This acknowledgement letter is your receipt for tax purposes to be saved with your other financial records. We further note that you received no goods or services from the UWL Foundation in exchange for this contribution or, if you did receive any goods or services, their value fell within the Internal Revenue Code definition of "low-cost articles."

UNIVERSITY OF WISCONSIN-LA CROSSE FOUNDATION INC.

Cleary Alumni & Friends Center | 615 East Avenue North | La Crosse, WI 54601
Phone: 608.785.6803 | Tollfree: 1.877.895.3863 | Fax: 608.785.6868 | email: foundation@uwlax.edu | www.uwlax.edu/foundation

An affirmative action/equal opportunity employer



TRUST BANK

Charles Schwab Trust Bank
For BENCOR Administrative Services
PO Box 81685
Austin, TX 78708
1 (866) 296-9712

DISTRIBUTION CONFIRMATION

DISTRIBUTION ID	DISTRIBUTION NUMBER	DATE	PLAN NUMBER	PLAN NAME	TAX STATE
358861	0000001305	07/13/2022		401A SP PLAN	FL

DESCRIPTION	AMOUNT	PAYMENT DESCRIPTION
GROSS AMOUNT	4,169.89	Distribution Code 1: 7
FEDERAL WITHHOLDING TAX	833.98-	Total Distribution: N
		Taxable Amount Not Determined: N
		IRA/SEP/SIMPLE: N
		Payment Reason: RETIREMENT BENEFIT
DISTRIBUTION AMOUNT	\$3,335.91	
TAXABLE AMOUNT	4,169.89	
STATE TAXABLE AMOUNT	4,169.89	

REMOVE DOCUMENT ALONG THIS PERFORATION

THE FACE OF THIS DOCUMENT HAS A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES.



TRUST BANK

Charles Schwab Trust Bank
For BENCOR Administrative Services
PO Box 81685
Austin, TX 78708
1 (866) 296-9712

DISTRIBUTION NUMBER 0000001305

DISTRIBUTION ID	PLAN NUMBER	DISTRIBUTION DATE
358861		07/13/2022

AMOUNT: ****\$3,335.91

DISTRIBUTED FOR: MANALICH

DISTRIBUTION CONFIRMATION

DISTRIBUTED TO:
SUNCOAST CREDIT UNION

NON NEGOTIABLE



TRUST BANK

Charles Schwab Trust Bank
For BENCOR Administrative Services
PO Box 81685
Austin, TX 78708
1 (866) 296-9712

DISTRIBUTION ID	CHECK NUMBER	DATE	PLAN NUMBER	PLAN NAME	TAX STATE
312995	0008211151	01/20/2022		401A SP PLAN	FL

DESCRIPTION	AMOUNT	PAYMENT DESCRIPTION
GROSS AMOUNT FEDERAL WITHHOLDING TAX	4,670.00 934.00-	Distribution Code 1: 7 Total Distribution: N Taxable Amount Not Determined: N IRA/SEP/SIMPLE: N Payment Reason: RETIREMENT BENEFIT

REMOVE DOCUMENT ALONG THIS PERFORATION



Hope and Healing for Those in Need®

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Leslie Lascheid
Chief Executive Officer

Keith Maples
Chief Development Officer

July 26, 2022

The Honorable and Mrs. Ramiro Manalich



Dear The Honorable and Mrs. Manalich:

Thank you for supporting our life-saving work with your generous donation. Ninety-four cents of every dollar donated goes directly to patient care. Your donation of \$229.64 will help us continue to deliver the highest quality of care to our patients.

Founded in 1999, the Neighborhood Health Clinic delivers quality medical and dental care to low-income, working but uninsured Collier County adults, using a volunteer professional staff. The Clinic is funded solely by private philanthropy and accepts no government funding. We are committed to provide a caring and supportive environment that respects the dignity of each patient.

The overwhelming support of our donors and dedicated volunteers allow us to leverage every \$1 donated into \$7 of services. For the fiscal year 2021, Neighborhood Health Clinic had over 11,000 patient visits and performed 28,000 procedures.

You are the reason that we are able to make a difference in the lives of so many people. Thank you!

Sincerely, *Thank you up most!*
Leslie Lascheid

Leslie Lascheid
Chief Executive Officer

Please consider this letter as an official receipt of your contribution of \$229.64 received on 5/27/2022. No goods, services or privileges were received in exchange for your gift. Therefore, the full amount of your contribution is tax-deductible as allowed by law.

A NEIGHBORHOOD HEALTH CLINIC, INC. IS A TAX-EXEMPT CHARITABLE ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE; OUR EIN # IS 59-3546884. A COPY OF OUR OFFICIAL REGISTRATION (CH-9507) AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE FLORIDA DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-435-7352 WITHIN THE STATE OR AT WWW.FDACS.GOV. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. 100% OF ALL CONTRIBUTIONS RECEIVED ARE RETAINED BY THE NEIGHBORHOOD HEALTH CLINIC TO DELIVER QUALITY MEDICAL AND DENTAL CARE TO LOW-INCOME, WORKING BUT UNINSURED ADULTS.

Emergency Pet Hospital Of Collier County

6530 Dudley Drive
Naples, FL 34105

Tel: 239-263-8010

Bill for Services

DATE
10/12/22

INV. NUM
208643

Manalich

Acct no.:

Alison Edwards, DVM

Qty	Date	Patient	Description	Price	Ext	Tx
1	10/12/2022	Beethoven	Office Call / Exam	\$135.00	\$135.00	
1	10/12/2022	Beethoven	Hazardous Waste Fee	\$5.00	\$5.00	
1	10/12/2022	Beethoven	Euthanasia Injection / Procedure (cathet	\$146.00	\$146.00	
1	10/12/2022	Beethoven	Private Cremation - Faithful Companion		\$321.00	
1	10/12/2022	Beethoven	Paw Print - Faithful Companion		\$60.00	

Subtotal \$667.00

Tax \$0.00

Bill total \$667.00

Prev balance \$0.00

Payment (\$667.00)

NEW BALANCE \$0.00

Pmnt 1: Visa Amt: (\$667.00)
Note: Visa mk

Pmnt 2: Amt: \$0.00
Note:

SUP

tax deductible?

December 9, 2022

1091

\$250

1-16-23

#8242

Chair
Darrell G. Mottley
Banner Witcoff
Washington, DC
(202) 824-3000
dmottley@bannerwitcoff.com

Chair-Elect
Laura V. Farber
Hahn & Hahn LLP
Pasadena, CA
(626) 796-9123
lfarber@hahnlawyers.com

Secretary
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Neuner Pate
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fneuner@neunerpate.com

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mschaeffer@abfn.org

Fellows Administrative Coordinator
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Chicago, IL
(312) 988-6508
mtriantafillou@abfn.org

Honorable Ramiro Manalich
Collier Co. Ct. House
3315 Tamiami Trl E Ste 405
Naples, FL 34112-5324

Dear Judge Manalich:

Thank you for your pledge to the American Bar Foundation (ABF) as a Fellow. Your steadfast support is vital in enabling the ABF to conduct innovative, interdisciplinary, and independent empirical research that advances justice and the understanding of law.

As a Fellow, you are part of a distinguished group of the most prominent and influential leaders of the legal profession, and we rely on your pledged annual contributions to advance the ABF's research on the most pressing issues facing the legal system in the United States and the world including access to justice, the function of juries in our legal system, diversity in the legal profession, and the social costs of mass incarceration.

I am writing to remind you to please **submit your pledged payment for the current fiscal year, which began September 1, 2022**. Enclosed is information on your pledge balance and a return envelope for your convenience. Alternatively, you may also submit your pledged contribution securely online at abfn.org/give.

Please contact the Fellows office at (800) 292-5065 or fellows@abfn.org with any questions regarding donations, nominations, Fellows activities, etc. To stay current with the ABF's research programs, please visit americanbarfoundation.org.

On behalf of the Fellows Officers, ABF Board of Directors, and ABF Research Faculty, thank you for your continued support, and I hope to see you at one of our upcoming events.

With sincere gratitude,

Darrell G. Mottley

Darrell G. Mottley
Chair, Fellows of the American Bar Foundation

Enclosures

P.S. If this letter has crossed with your 2022-23 contribution in the mail or online, please disregard and accept my sincere thanks!

STATE FUNDRAISING DISCLOSURES

Your gift is very much appreciated and may be tax deductible pursuant to IRC §170(c). A copy of our latest financial report may be obtained by writing to American Bar Foundation, Director of Finance, 750 N. Lake Shore Dr., 4th Floor, Chicago IL 60611. The American Bar Foundation seeks to expand knowledge and advance justice through innovative, interdisciplinary, and rigorous empirical research on law, legal processes, and legal institutions. To further this mission, the ABF will produce timely, cutting-edge research of the highest quality to inform and guide the legal profession, the academy, and society in the United States and internationally. If you are a resident of one of these states, you may obtain financial information directly from the state agency: FLORIDA – A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE, 1-800-435-7352 (800-HELP-FLA) WITHIN THE STATE OR VISITING www.800helpfla.com. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. Florida Registration CH34899; GEORGIA - A full and fair description of the programs of American Bar Foundation and our financial statement summary is available upon request at the office and phone number indicated above; MARYLAND – For the cost of copies and postage, documents and information filed under the Maryland charitable organizations laws can be obtained from the Office of the Secretary of State, State House, Annapolis, MD 21401; MISSISSIPPI – The official registration and financial information of American Bar Foundation may be obtained from the Mississippi Secretary of State's office by calling 1-888-236-6167. Registration by the Secretary of State does not imply endorsement; NEW JERSEY – INFORMATION FILED WITH THE ATTORNEY GENERAL CONCERNING THIS CHARITABLE SOLICITATION AND THE PERCENTAGE OF CONTRIBUTIONS RECEIVED BY THE CHARITY DURING THE LAST REPORTING PERIOD THAT WERE DEDICATED TO THE CHARITABLE PURPOSE MAY BE OBTAINED FROM THE ATTORNEY GENERAL OF THE STATE OF NEW JERSEY BY CALLING (973) 504-6215 AND IS AVAILABLE ON THE INTERNET AT <http://www.state.nj.us/lps/ca/charfrm.htm>. REGISTRATION WITH THE ATTORNEY GENERAL DOES NOT IMPLY ENDORSEMENT; NEW YORK – Office of the Attorney General, Department of Law, Charities Bureau, 120 Broadway, New York, NY 10271; NORTH CAROLINA – FINANCIAL INFORMATION ABOUT THIS ORGANIZATION AND A COPY OF ITS LICENSE ARE AVAILABLE FROM THE STATE SOLICITATION LICENSING BRANCH AT 1-888-830-4989. THE LICENSE IS NOT AN ENDORSEMENT BY THE STATE; PENNSYLVANIA – The official registration and financial information of American Bar Foundation may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement; VIRGINIA – Virginia State Office of Consumer Affairs, Department of Agricultural and Consumer Services, PO Box 1163, Richmond, VA 23218; WASHINGTON – Charities Division, Office of the Secretary of State, State of Washington, Olympia, WA 98504-0422, 1-800-332-4483; WEST VIRGINIA – Residents may obtain a summary of the registration and financial documents from the Secretary of State, State Capitol, Charleston, WV 25305. WISCONSIN - A financial statement of the charitable organization disclosing assets, liabilities, fund balances, revenue, and expenses for the preceding fiscal year will be provided to any person upon request. Registration with any of these state agencies does not imply endorsement, approval or recommendation by any state.

FELLOWS NOMINATION FORM

Please complete the following form with as much information as possible. It is recommended that you check your latest Fellows Roster to make sure that nominees are not already Fellows. Nominees are only eligible for The Fellows if they are ABA members at the time of their nomination. Nominations are subject to the approval of State Chairs, Fellows Officers and the ABF Board of Directors.

Nominee's Full Name: _____

Firm or Company: _____

City, State: _____

Nominee's Full Name: _____

Firm or Company: _____

City, State: _____

Nominee's Full Name: _____

Firm or Company: _____

City, State: _____

Nominee's Full Name: _____

Firm or Company: _____

City, State: _____

Nominator: _____

Please return to:
The Fellows of the American Bar Foundation
Attention: Nominations
750 North Lake Shore Drive, 4th Floor
Chicago, IL 60611-4557
Phone: (800) 292-5065
Fax: (312) 564-8910
Email: fellows@abfn.org



Form **1095-C**Department of the Treasury
Internal Revenue Service**Employer-Provided Health Insurance Offer and Coverage**

Do not attach to your tax return. Keep for your records.

Go to www.irs.gov/Form1095C for instructions and the latest information.☐ VOID☐ CORRECTED

OMB No. 1545-2251

2022**Part I Employee**1 Name of employee (first name, middle initial, last name)
RAMIRO MANALICH2 Social security number (SSN)
[REDACTED]7 Name of employer
FLORIDA STATE COURTS8 Employer identification number (EIN)
35-24196643 Street address (including apartment no.)
[REDACTED]9 Street address (including room or suite no.)
500 S. DUVAL ST.10 Contact telephone number
850-487-07784 City or town
[REDACTED]5 State or province
[REDACTED]6 Country and ZIP or foreign postal code
[REDACTED]11 City or town
Tallahassee12 State or province
FL13 Country and ZIP or foreign postal code
US 32399**Part II Employee Offer of Coverage****Employee's Age on January 1****Plan Start Month (enter 2-digit number): 01**

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1E												
15 Employee Required Contribution (see instructions)	\$ 15.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Filer (enter code, if applicable)	2C												
17 ZIP Code													

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

Cat. No. 60705M

Form **1095-C** (2022)

FLORIDA STATE COURTS
500 S. DUVAL ST.
Tallahassee, FL 32399 US

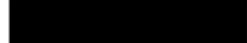
 RAMIRO MANALICH


Part III Covered IndividualsIf Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☒

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18	RAMIRO			☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19				☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20				☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
29				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
30				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

RAMIRO MANALICH

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. SUNCOAST CREDIT UNION PO BOX 11829 TAMPA FL 33680 (813) 621-7511		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.		OMB No. 1545-1380 2022 Form 1098	Mortgage Interest Statement Copy B For Payer/Borrower The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.
1 Mortgage interest received from payer(s)/borrower(s)* \$ 9104.28		2 Outstanding mortgage principal \$ 440163.70		3 Mortgage origination date 20210813	
RECIPIENT'S/LENDER'S TIN 	PAYER'S/BORROWER'S TIN 	4 Refund of overpaid interest \$ 0.00		5 Mortgage insurance premiums \$ 0.00	11 Mortgage acquisition date
PAYER'S/BORROWER'S name RAMIRO MANALICH		6 Points paid on purchase of principal residence \$ 0.00		7 ☒ If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.	
Street address (including apt. no.) 		8 Address or description of property securing mortgage			
City or town, state or province, country, and ZIP or foreign postal code 		9 Number of properties securing the mortgage 10 Property Tax \$ 5216.11			
Account number (see instructions) 					

Form
1095-CDepartment of the Treasury
Internal Revenue Service**Employer-Provided Health Insurance Offer and Coverage**

Do not attach to your tax return. Keep for your records.

Go to www.irs.gov/Form1095C for instructions and the latest information.☐ VOID☐ CORRECTED

OMB No. 1545-2251

2022**Part I Employee****Applicable Large Employer Member (Employer)****1** Name of employee (first name, middle initial, last name)

MANALICH

2 Social security number (SSN)**7** Name of employer
School District of Collier County Florida**8** Employer identification number (EIN)
59-6000557**3** Street address (including apartment no.)**9** Street address (including room or suite no.)
5775 Osceola Trail**10** Contact telephone number
855-676-4375**4** City or town**5** State or province**6** Country and ZIP or foreign postal code
US**11** City or town
Naples**12** State or province
FL**13** Country and ZIP or foreign postal code
US 34109**Part II Employee Offer of Coverage****Employee's Age on January 1****Plan Start Month (enter 2-digit number): 01**

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1E												
15 Employee Required Contribution (see instructions)	\$ 0.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												
17 ZIP Code													

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

Cat. No. 60705M

Form **1095-C** (2022)

Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, *Premium Tax Credit* (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer, it is not required to furnish you a Form 1095-C, providing information about the health coverage it offered.

In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Part III, provides information about you and your family members who had certain health coverage (referred to as "minimum essential coverage") for some or all months during the year. If you or your family members are eligible for certain types of minimum essential coverage, you may not be eligible for the premium tax credit.

If your employer provided you or a family member health coverage through an insured health plan or in another manner, you may receive information about the coverage separately on Form 1095-B, *Health Coverage*. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, you may receive information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, *Health Insurance Marketplace Statement*.



Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in Part III if they request it for their records.

Additional Information. For additional information about the tax provisions of the Affordable Care Act (ACA), the premium tax credit, and the employer shared responsibility provisions, visit www.irs.gov/aca or call the IRS Healthcare Hotline for ACA questions (800-919-0452).

Part I. Employee

Lines 1-6. Part I, lines 1 through 6, reports information about you, the employee.

Line 2. This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.

Part I. Applicable Large Employer Member (Employee)

Lines 7-13. Part I, lines 7 through 13, reports information about your employer.

Line 10. This line includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

Part II. Employer Offer of Coverage, Lines 14-17

Line 14. The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. (If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

1A. Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9.5% (as adjusted) of the 48 contiguous states single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment of the 9.5%, visit irs.gov.

1B. Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).

1C. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.

1D. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).

1E. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.

1F. Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).

1G. You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the *All 12 Months* box or in the separate monthly boxes for all 12 calendar months on line 14.

1H. No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).

1I. Reserved for future use.

1J. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage NOT offered to your dependent(s).

1K. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s).

1L. Individual coverage health reimbursement arrangement (HRA) offered to you only with affordability determined by using employee's primary residence ZIP code.

1M. Individual coverage HRA offered to you and dependent(s) (not spouse) with affordability determined by using employee's primary residence ZIP code.

1N. Individual coverage HRA offered to you, spouse, and dependent(s) with affordability determined by using employee's primary residence ZIP code.

1O. Individual coverage HRA offered to you only using the employee's primary employment site ZIP code affordability safe harbor.

1P. Individual coverage HRA offered to you and dependent(s) (not spouse) using the employee's primary employment site ZIP code affordability safe harbor.

1Q. Individual coverage HRA offered to you, spouse, and dependent(s) using the employee's primary employment site ZIP code affordability safe harbor.

1R. Individual coverage HRA that is NOT affordable offered to you; employee and spouse or dependent(s); or employee, spouse, and dependents.

1S. Individual coverage HRA offered to an individual who was not a full-time employee.

1T. Individual coverage HRA offered to employee and spouse (no dependents) with affordability determined using employee's primary residence ZIP code.

1U. Individual coverage HRA offered to employee and spouse (no dependents) using employee's primary employment site ZIP code affordability safe harbor.

1V. Reserved for future use.

1W. Reserved for future use.

1X. Reserved for future use.

1Y. Reserved for future use.

(Continued on page 4)

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☒

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
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19				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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