

## 2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/20/2023

### General Information

Name: Hon Jalal A Harb  
Address: PO BOX 482, HIGHLAND CITY, FL 33846 **PID 14048**  
County: Polk

### AGENCY INFORMATION

| Organization            | Suborganization                | Title               |
|-------------------------|--------------------------------|---------------------|
| Judicial Circuit (10Th) | Elected Constitutional Officer | Circuit Court Judge |

### Net Worth

My Net Worth as of December 31, 2022 was \$ 1,498,367.48.

**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 \$ 92,000.00.

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

| Description of Asset                              | Value of Asset |
|---------------------------------------------------|----------------|
| Residence                                         | \$ 850,000.00  |
| Duplex                                            | \$ 250,000.00  |
| Voya Financial-Deff Comp                          | \$ 473,000.00  |
| Voya Financial-Advantage Century-Spouse Deff Comp | \$ 13,878.52   |
| Voya Financial-Spouse-Quintaflex                  | \$ 88,955.39   |
| Truist Checking                                   | \$ 75,723.50   |
| Truist Checking                                   | \$ 37,247.57   |
| Truist Savings                                    | \$ 7,342.67    |
| Truist Savings                                    | \$ 2,050.20    |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor               | Address of Creditor | Amount of Liability |
|--------------------------------|---------------------|---------------------|
| Midflorida-home mortgage       | Lakeland            | \$ 350,000.00       |
| Midflorida-2020 Honda Car Loan | Lakeland            | \$ 9,500.63         |
| Capital One-2022 Honda         | California          | \$ 32,329.74        |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

**Income**

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

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

PRIMARY SOURCES OF INCOME:

| Name of Source of Income Exceeding \$1,000 | Address of Source of Income | Amount        |
|--------------------------------------------|-----------------------------|---------------|
| see attached                               | State of Florida            | \$ 199,292.00 |
| 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 |
|-----------------|----------------------------------|---------|---------------------------------------|
| N/A             |                                  |         |                                       |

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

N/A

**Training**

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

**Signature of Reporting Official or Candidate**

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

***Jalal A Harb***

Digitally signed: 06/20/2023

Filed with COE: 06/20/2023

**Filing Status** ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)  
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent.

|                                                                                                      |  |                               |                                               |                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------|--|-------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Your first name and middle initial<br><b>JALAL A</b>                                                 |  | Last name<br><b>HARB</b>      | Your social security number<br>[REDACTED]     |                                                                                                                                                                                                                                              |
| If joint return, spouse's first name and middle initial<br><b>OLA O</b>                              |  | Last name<br><b>HARB</b>      | Spouse's social security number<br>[REDACTED] |                                                                                                                                                                                                                                              |
| Home address (number and street). If you have a P.O. box, see instructions.<br>[REDACTED]            |  |                               | Apt. no.                                      | Presidential Election Campaign<br>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.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>[REDACTED] |  | State<br><b>FL</b>            | ZIP code<br>[REDACTED]                        |                                                                                                                                                                                                                                              |
| Foreign country name                                                                                 |  | Foreign province/state/county | Foreign postal code                           |                                                                                                                                                                                                                                              |

**Digital Assets** At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

**Standard Deduction** Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You: ☒ Were born before January 2, 1958 ☐ Are blind Spouse: ☐ Was born before January 2, 1958 ☐ Is blind

| Dependents (see instructions): |           | (2) Social security number | (3) Relationship to you | (4) Check if qualifies for (see instructions): |                             |
|--------------------------------|-----------|----------------------------|-------------------------|------------------------------------------------|-----------------------------|
| (1) First name                 | Last name |                            |                         | Child tax credit                               | Credit for other dependents |
|                                |           |                            |                         | <input type="checkbox"/>                       | <input type="checkbox"/>    |
|                                |           |                            |                         | <input type="checkbox"/>                       | <input type="checkbox"/>    |
|                                |           |                            |                         | <input type="checkbox"/>                       | <input type="checkbox"/>    |
|                                |           |                            |                         | <input type="checkbox"/>                       | <input type="checkbox"/>    |

|               |                                                                                            |                   |
|---------------|--------------------------------------------------------------------------------------------|-------------------|
| <b>Income</b> | <b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions) . . . . .                | <b>1a</b> 199,292 |
|               | <b>b</b> Household employee wages not reported on Form(s) W-2 . . . . .                    | <b>1b</b>         |
|               | <b>c</b> Tip income not reported on line 1a (see instructions) . . . . .                   | <b>1c</b>         |
|               | <b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . . | <b>1d</b>         |
|               | <b>e</b> Taxable dependent care benefits from Form 2441, line 26 . . . . .                 | <b>1e</b>         |
|               | <b>f</b> Employer-provided adoption benefits from Form 8839, line 29 . . . . .             | <b>1f</b>         |
|               | <b>g</b> Wages from Form 8919, line 6 . . . . .                                            | <b>1g</b>         |
|               | <b>h</b> Other earned income (see instructions) . . . . .                                  | <b>1h</b>         |
|               | <b>i</b> Nontaxable combat pay election (see instructions) . . . . . <b>1i</b>             |                   |
|               | <b>z</b> Add lines 1a through 1h . . . . .                                                 | <b>1z</b> 199,292 |

|                                   |                                              |           |                                       |              |
|-----------------------------------|----------------------------------------------|-----------|---------------------------------------|--------------|
| <b>Attach Sch. B if required.</b> | <b>2a</b> Tax-exempt interest . . . . .      | <b>2a</b> | <b>b</b> Taxable interest . . . . .   | <b>2b</b> 10 |
|                                   | <b>3a</b> Qualified dividends . . . . .      | <b>3a</b> | <b>b</b> Ordinary dividends . . . . . | <b>3b</b>    |
|                                   | <b>4a</b> IRA distributions . . . . .        | <b>4a</b> | <b>b</b> Taxable amount . . . . .     | <b>4b</b>    |
|                                   | <b>5a</b> Pensions and annuities . . . . .   | <b>5a</b> | <b>b</b> Taxable amount . . . . .     | <b>5b</b>    |
|                                   | <b>6a</b> Social security benefits . . . . . | <b>6a</b> | <b>b</b> Taxable amount . . . . .     | <b>6b</b>    |

|                                                                                                                                                                                                                                                                 |                                                                                                                      |                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>Standard Deduction for:</b><br>• Single or Married filing separately, \$12,950<br>• Married filing jointly or Qualifying surviving spouse, \$25,900<br>• Head of household, \$19,400<br>• If you checked any box under Standard Deduction, see instructions. | <b>c</b> If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>    |                   |
|                                                                                                                                                                                                                                                                 | <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | <b>7</b>          |
|                                                                                                                                                                                                                                                                 | <b>8</b> Other income from Schedule 1, line 10 . . . . .                                                             | <b>8</b> 2,610    |
|                                                                                                                                                                                                                                                                 | <b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .                      | <b>9</b> 201,912  |
|                                                                                                                                                                                                                                                                 | <b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .                                                   | <b>10</b>         |
|                                                                                                                                                                                                                                                                 | <b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .                          | <b>11</b> 201,912 |
|                                                                                                                                                                                                                                                                 | <b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .                               | <b>12</b> 27,300  |
|                                                                                                                                                                                                                                                                 | <b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .                                | <b>13</b> 522     |
|                                                                                                                                                                                                                                                                 | <b>14</b> Add lines 12 and 13 . . . . .                                                                              | <b>14</b> 27,822  |
|                                                                                                                                                                                                                                                                 | <b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . .    | <b>15</b> 174,090 |

**Tax and Credits**

|    |                                                                                                                                               |    |        |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> | 16 | 29,534 |
| 17 | Amount from Schedule 2, line 3                                                                                                                | 17 |        |
| 18 | Add lines 16 and 17                                                                                                                           | 18 | 29,534 |
| 19 | Child tax credit or credit for other dependents from Schedule 8812                                                                            | 19 |        |
| 20 | Amount from Schedule 3, line 8                                                                                                                | 20 |        |
| 21 | Add lines 19 and 20                                                                                                                           | 21 | 0      |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0-                                                                                     | 22 | 29,534 |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 21                                                                          | 23 |        |
| 24 | Add lines 22 and 23. This is your total tax.                                                                                                  | 24 | 29,534 |

**Payments**

|    |                                                                                          |     |        |
|----|------------------------------------------------------------------------------------------|-----|--------|
| 25 | Federal income tax withheld from:                                                        |     |        |
| a  | Form(s) W-2                                                                              | 25a | 24,393 |
| b  | Form(s) 1099                                                                             | 25b |        |
| c  | Other forms (see instructions)                                                           | 25c |        |
| d  | Add lines 25a through 25c                                                                | 25d | 24,393 |
| 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  | 0      |
| 33 | Add lines 25d, 26, and 32. These are your total payments                                 | 33  | 24,393 |

**Refund**

|     |                                                                                                            |                                                                            |   |
|-----|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---|
| 34  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid            | 34                                                                         | 0 |
| 35a | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here. <input type="checkbox"/> | 35a                                                                        | 0 |
| b   | Routing number                                                                                             | c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |   |
| d   | Account number                                                                                             |                                                                            |   |
| 36  | Amount of line 34 you want applied to your 2023 estimated tax                                              | 36                                                                         |   |

**Amount You Owe**

|    |                                                            |    |       |
|----|------------------------------------------------------------|----|-------|
| 37 | Subtract line 33 from line 24. This is the amount you owe. | 37 | 5,230 |
| 38 | Estimated tax penalty (see instructions)                   | 38 |       |

**Third Party Designee**

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

Designee's name **Patricia Wolfe** Phone no. **813-254-6655** Personal identification number (PIN) **[REDACTED]**

**Sign Here**

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|                                                        |                                 |                     |                                                                                   |
|--------------------------------------------------------|---------------------------------|---------------------|-----------------------------------------------------------------------------------|
| Your signature                                         | Date                            | Your occupation     | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| <b>[Signature]</b>                                     | <b>04-17-2023</b>               | <b>JUDGE</b>        | <b>[REDACTED]</b>                                                                 |
| Spouse's signature. If a joint return, both must sign. | Date                            | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| <b>[Signature]</b>                                     | <b>04-17-2023</b>               | <b>[REDACTED]</b>   | <b>[REDACTED]</b>                                                                 |
| Phone no. <b>[REDACTED]</b>                            | Email address <b>[REDACTED]</b> |                     |                                                                                   |

**Paid Preparer Use Only**

|                                           |                               |                  |                                        |
|-------------------------------------------|-------------------------------|------------------|----------------------------------------|
| Preparer's signature                      | Date                          | PTIN             | Check if:                              |
| <b>Patricia Wolfe</b> <i>[Signature]</i>  | <b>04-18-2023</b>             | <b>P00183933</b> | <input type="checkbox"/> Self-employed |
| Preparer's name <b>Patricia Wolfe</b>     | Phone no. <b>813-254-6655</b> |                  |                                        |
| Firm's name <b>Patricia Wolfe CPA LLC</b> |                               |                  |                                        |
| Firm's address <b>310 S Brevard Ave</b>   |                               |                  |                                        |
| <b>Tampa, FL 33606</b>                    |                               |                  |                                        |
| Firm's EIN <b>84-3971475</b>              |                               |                  |                                        |

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Form 1040 (2022)

EEA

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **01**

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

JALAL A & OLA O HARB

Your social security number

[REDACTED]

**Part 1 Additional Income**

|           |                                                                                                                                           |           |       |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes                                                                      | <b>1</b>  |       |
| <b>2a</b> | Alimony received                                                                                                                          | <b>2a</b> |       |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions):                                                                      |           |       |
| <b>3</b>  | Business income or (loss). Attach Schedule C                                                                                              | <b>3</b>  |       |
| <b>4</b>  | Other gains or (losses). Attach Form 4797                                                                                                 | <b>4</b>  |       |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E                                               | <b>5</b>  | 2,610 |
| <b>6</b>  | Farm income or (loss). Attach Schedule F                                                                                                  | <b>6</b>  |       |
| <b>7</b>  | Unemployment compensation                                                                                                                 | <b>7</b>  |       |
| <b>8</b>  | Other income:                                                                                                                             |           |       |
| <b>a</b>  | Net operating loss                                                                                                                        | <b>8a</b> | ( )   |
| <b>b</b>  | Gambling                                                                                                                                  | <b>8b</b> |       |
| <b>c</b>  | Cancellation of debt                                                                                                                      | <b>8c</b> |       |
| <b>d</b>  | Foreign earned income exclusion from Form 2555                                                                                            | <b>8d</b> | ( )   |
| <b>e</b>  | Income from Form 8853                                                                                                                     | <b>8e</b> |       |
| <b>f</b>  | Income from Form 8889                                                                                                                     | <b>8f</b> |       |
| <b>g</b>  | Alaska Permanent Fund dividends                                                                                                           | <b>8g</b> |       |
| <b>h</b>  | Jury duty pay                                                                                                                             | <b>8h</b> |       |
| <b>i</b>  | Prizes and awards                                                                                                                         | <b>8i</b> |       |
| <b>j</b>  | Activity not engaged in for profit income                                                                                                 | <b>8j</b> |       |
| <b>k</b>  | Stock options                                                                                                                             | <b>8k</b> |       |
| <b>l</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | <b>8l</b> |       |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions)                                                                     | <b>8m</b> |       |
| <b>n</b>  | Section 951(a) inclusion (see instructions)                                                                                               | <b>8n</b> |       |
| <b>o</b>  | Section 951A(a) inclusion (see instructions)                                                                                              | <b>8o</b> |       |
| <b>p</b>  | Section 461(l) excess business loss adjustment                                                                                            | <b>8p</b> |       |
| <b>q</b>  | Taxable distributions from an ABLE account (see instructions)                                                                             | <b>8q</b> |       |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2                                                                                | <b>8r</b> |       |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d                                                        | <b>8s</b> | ( )   |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan                                   | <b>8t</b> |       |
| <b>u</b>  | Wages earned while incarcerated                                                                                                           | <b>8u</b> |       |
| <b>z</b>  | Other income. List type and amount:                                                                                                       | <b>8z</b> |       |
| <b>9</b>  | Total other income. Add lines 8a through 8z                                                                                               | <b>9</b>  |       |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8                                                 | <b>10</b> | 2,610 |

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

|            |                                                                                                                                                            |            |            |   |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|---|
| <b>11</b>  | Educator expenses                                                                                                                                          |            | <b>11</b>  |   |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106                                          |            | <b>12</b>  |   |
| <b>13</b>  | Health savings account deduction. Attach Form 8889                                                                                                         |            | <b>13</b>  |   |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903                                                                                          |            | <b>14</b>  |   |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE                                                                                                 |            | <b>15</b>  |   |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans                                                                                                             |            | <b>16</b>  |   |
| <b>17</b>  | Self-employed health insurance deduction                                                                                                                   |            | <b>17</b>  |   |
| <b>18</b>  | Penalty on early withdrawal of savings                                                                                                                     |            | <b>18</b>  |   |
| <b>19a</b> | Alimony paid                                                                                                                                               |            | <b>19a</b> |   |
| <b>b</b>   | Recipient's SSN                                                                                                                                            |            |            |   |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions):                                                                                       |            |            |   |
| <b>20</b>  | IRA deduction                                                                                                                                              |            | <b>20</b>  |   |
| <b>21</b>  | Student loan interest deduction                                                                                                                            |            | <b>21</b>  |   |
| <b>22</b>  | Reserved for future use                                                                                                                                    |            | <b>22</b>  |   |
| <b>23</b>  | Archer MSA deduction                                                                                                                                       |            | <b>23</b>  |   |
| <b>24</b>  | Other adjustments:                                                                                                                                         |            |            |   |
| <b>a</b>   | Jury duty pay (see instructions)                                                                                                                           | <b>24a</b> |            |   |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit                                       | <b>24b</b> |            |   |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m                                                   | <b>24c</b> |            |   |
| <b>d</b>   | Reforestation amortization and expenses                                                                                                                    | <b>24d</b> |            |   |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974                                                                                | <b>24e</b> |            |   |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans                                                                                                       | <b>24f</b> |            |   |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans                                                                                                 | <b>24g</b> |            |   |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)                                              | <b>24h</b> |            |   |
| <b>i</b>   | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | <b>24i</b> |            |   |
| <b>j</b>   | Housing deduction from Form 2555                                                                                                                           | <b>24j</b> |            |   |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)                                                                                  | <b>24k</b> |            |   |
| <b>z</b>   | Other adjustments. List type and amount:                                                                                                                   | <b>24z</b> |            |   |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z                                                                                                         |            | <b>25</b>  |   |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a   |            | <b>26</b>  | 0 |

Department of the Treasury  
Internal Revenue Service

**Interest and Ordinary Dividends**  
Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.  
Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2022

Attachment  
Sequence No. 08

Name(s) shown on return

**JALAL A & OLA O HARB**

**Your social security number**

## Part I

**1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

## Interest

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

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

**BANK****INTEREST SUBTOTAL**

1

10

**2** Add the amounts on line 1

**3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.**

**Attach Form 8815**

**4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

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

## Part II

**5** List name of payer:

## Ordinary Dividends

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

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

**6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

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

## Part III

## Foreign Accounts and Trusts

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

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

**7a** At any time during 2022, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial

**Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .**

**b** If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) are located:

**8** During 2022, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .

| Yes | No       |
|-----|----------|
|     | <b>X</b> |
|     |          |
|     | <b>X</b> |

**SCHEDULE E**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Supplemental Income and Loss**

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

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

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **13**

Your social security number

JALAL A & OLA O HARB

**Part I** **Income or Loss From Rental Real Estate and Royalties**

Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No  
**B** If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** [REDACTED], FL [REDACTED]  
**B**  
**C**

| <b>1b</b> Type of Property (from list below) |          | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. |  | Fair Rental Days | Personal Use Days | QJV |
|----------------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|-------------------|-----|
| <b>A</b>                                     | <b>1</b> | <b>A</b>                                                                                                                                                                                                                        |  |                  |                   |     |
| <b>B</b>                                     |          | <b>B</b>                                                                                                                                                                                                                        |  |                  |                   |     |
| <b>C</b>                                     |          | <b>C</b>                                                                                                                                                                                                                        |  |                  |                   |     |

**Type of Property:**

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

| Income:                                                                                                                                                                                                                                                                                                      |            | Properties: |       |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|-------|-----|
|                                                                                                                                                                                                                                                                                                              |            | A           | B     | C   |
| <b>3</b> Rents received                                                                                                                                                                                                                                                                                      | <b>3</b>   | 14,400      |       |     |
| <b>4</b> Royalties received                                                                                                                                                                                                                                                                                  | <b>4</b>   |             |       |     |
| <b>Expenses:</b>                                                                                                                                                                                                                                                                                             |            |             |       |     |
| <b>5</b> Advertising                                                                                                                                                                                                                                                                                         | <b>5</b>   |             |       |     |
| <b>6</b> Auto and travel (see instructions)                                                                                                                                                                                                                                                                  | <b>6</b>   | 428         |       |     |
| <b>7</b> Cleaning and maintenance                                                                                                                                                                                                                                                                            | <b>7</b>   |             |       |     |
| <b>8</b> Commissions                                                                                                                                                                                                                                                                                         | <b>8</b>   |             |       |     |
| <b>9</b> Insurance                                                                                                                                                                                                                                                                                           | <b>9</b>   | 3,916       |       |     |
| <b>10</b> Legal and other professional fees                                                                                                                                                                                                                                                                  | <b>10</b>  | 200         |       |     |
| <b>11</b> Management fees                                                                                                                                                                                                                                                                                    | <b>11</b>  |             |       |     |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)                                                                                                                                                                                                                                           | <b>12</b>  |             |       |     |
| <b>13</b> Other interest                                                                                                                                                                                                                                                                                     | <b>13</b>  |             |       |     |
| <b>14</b> Repairs                                                                                                                                                                                                                                                                                            | <b>14</b>  | 962         |       |     |
| <b>15</b> Supplies                                                                                                                                                                                                                                                                                           | <b>15</b>  |             |       |     |
| <b>16</b> Taxes                                                                                                                                                                                                                                                                                              | <b>16</b>  | 1,119       |       |     |
| <b>17</b> Utilities                                                                                                                                                                                                                                                                                          | <b>17</b>  |             |       |     |
| <b>18</b> Depreciation expense or depletion                                                                                                                                                                                                                                                                  | <b>18</b>  | 2,922       |       |     |
| <b>19</b> Other (list <b>Statement #1</b> )                                                                                                                                                                                                                                                                  | <b>19</b>  | 2,243       |       |     |
| <b>20</b> Total expenses. Add lines 5 through 19                                                                                                                                                                                                                                                             | <b>20</b>  | 11,790      |       |     |
| <b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198                                                                                                                                                          | <b>21</b>  | 2,610       |       |     |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)                                                                                                                                                                                                       | <b>22</b>  | ( )         | ( )   | ( ) |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties                                                                                                                                                                                                                                 | <b>23a</b> | 14,400      |       |     |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties                                                                                                                                                                                                                                  | <b>23b</b> | 0           |       |     |
| <b>c</b> Total of all amounts reported on line 12 for all properties                                                                                                                                                                                                                                         | <b>23c</b> | 0           |       |     |
| <b>d</b> Total of all amounts reported on line 18 for all properties                                                                                                                                                                                                                                         | <b>23d</b> | 2,922       |       |     |
| <b>e</b> Total of all amounts reported on line 20 for all properties                                                                                                                                                                                                                                         | <b>23e</b> | 11,790      |       |     |
| <b>24</b> Income. Add positive amounts shown on line 21. Do not include any losses                                                                                                                                                                                                                           | <b>24</b>  |             | 2,610 |     |
| <b>25</b> Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here                                                                                                                                                                                        | <b>25</b>  | ( 0 )       |       |     |
| <b>26</b> Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | <b>26</b>  |             | 2,610 |     |

**Qualified Business Income Deduction  
Simplified Computation**

OMB No. 1545-2294

**2022**Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.Attachment  
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

**JALAL A & OLA O HARB**

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1   | (a) Trade, business, or aggregation name    | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|-----|---------------------------------------------|------------------------------------|-----------------------------------------|
| I   | <b>Schedule E: [REDACTED] FL [REDACTED]</b> | [REDACTED]                         | <b>2,610</b>                            |
| II  |                                             |                                    |                                         |
| III |                                             |                                    |                                         |
| IV  |                                             |                                    |                                         |
| V   |                                             |                                    |                                         |

  

|    |                                                                                                                                                                         |                |               |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|
| 2  | Total qualified business income or (loss). Combine lines 1I through 1V, column (c) . . . . .                                                                            | <b>2,610</b>   |               |
| 3  | Qualified business net (loss) carryforward from the prior year . . . . .                                                                                                | ( )            |               |
| 4  | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- . . . . .                                                                            | <b>2,610</b>   |               |
| 5  | Qualified business income component. Multiply line 4 by 20% (0.20) . . . . .                                                                                            |                | <b>522</b>    |
| 6  | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) . . . . .                                                            | <b>0</b>       |               |
| 7  | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year . . . . .                                                                            | ( )            |               |
| 8  | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- . . . . .                                                              | <b>0</b>       |               |
| 9  | REIT and PTP component. Multiply line 8 by 20% (0.20) . . . . .                                                                                                         |                | <b>0</b>      |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and 9 . . . . .                                                                           |                | <b>522</b>    |
| 11 | Taxable income before qualified business income deduction (see instructions) . . . . .                                                                                  | <b>174,612</b> |               |
| 12 | Net capital gain (see instructions) . . . . .                                                                                                                           | <b>0</b>       |               |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- . . . . .                                                                                                     | <b>174,612</b> |               |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) . . . . .                                                                                                             |                | <b>34,922</b> |
| 15 | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) . . . . . |                | <b>522</b>    |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- . . . . .                                                          | ( )            |               |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- . . . . .                                            | ( )            |               |

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

Form **8995** (2022)

EEA

Amount from Form 1040, line 11 . . . . . **201,912**Amount from Form 1040, line 12 . . . . . **27,300**Line 11 above is the difference between these amounts . . . . . **174,612**

## Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

2022

Attachment  
Sequence No. 179Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

JALAL A &amp; OLA O HARB

Business or activity to which this form relates

RENTAL-SINGLE UNIT

Identifying number

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

|    |                                                                                                                                         |                              |                  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| 1  | Maximum amount (see instructions)                                                                                                       | 1                            |                  |
| 2  | Total cost of section 179 property placed in service (see instructions)                                                                 | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)                                                | 3                            |                  |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-                                                        | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property                                                                                                             | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29                                                                                          | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7                                                    | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8                                                                              | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2021 Form 4562                                                                   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                       | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11                                                    | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12                                                             | 13                           |                  |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|    |                                                                                                                                             |    |  |
|----|---------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions. | 14 |  |
| 15 | Property subject to section 168(f)(1) election                                                                                              | 15 |  |
| 16 | Other depreciation (including ACRS)                                                                                                         | 16 |  |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

|    |                                                                                                                                   |    |       |
|----|-----------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2022                                                  | 17 | 2,922 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    |       |

**Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |                                                                            |                     |                |            |                            |
| b 5-year property              |                                      |                                                                            |                     |                |            |                            |
| c 7-year property              |                                      |                                                                            |                     |                |            |                            |
| d 10-year property             |                                      |                                                                            |                     |                |            |                            |
| e 15-year property             |                                      |                                                                            |                     |                |            |                            |
| f 20-year property             |                                      |                                                                            |                     |                |            |                            |
| g 25-year property             |                                      |                                                                            | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |                                                                            | 39 yrs.             | MM             | S/L        |                            |
|                                |                                      |                                                                            |                     | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

| 20a Class life | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|----------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| b 12-year      |                                      |                                                                            | 12 yrs.             |                | S/L        |                            |
| c 30-year      |                                      |                                                                            | 30 yrs.             | MM             | S/L        |                            |
| d 40-year      |                                      |                                                                            | 40 yrs.             | MM             | S/L        |                            |

**Part IV Summary (See instructions.)**

|    |                                                                                                                                                                                                              |    |       |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 21 | Listed property. Enter amount from line 28                                                                                                                                                                   | 21 |       |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions | 22 | 2,922 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs                                                                      | 23 |       |

For Paperwork Reduction Act Notice, see separate instructions.

**Part I**

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

|                                                                                                                                                                                             |                               |                                                                                                                   |                            |                                                              |                        |                          |                               |                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------|------------------------|--------------------------|-------------------------------|---------------------------------|
| <b>24a</b> Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                         |                               | <b>24b</b> If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                            |                                                              |                        |                          |                               |                                 |
| (a)<br>Type of property (list vehicles first)                                                                                                                                               | (b)<br>Date placed in service | (c)<br>Business/investment use percentage                                                                         | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only) | (f)<br>Recovery period | (g)<br>Method/Convention | (h)<br>Depreciation deduction | (i)<br>Elected section 179 cost |
| <b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . . . . . |                               |                                                                                                                   |                            |                                                              |                        |                          |                               | <b>25</b>                       |
| <b>26</b> Property used more than 50% in a qualified business use:                                                                                                                          |                               |                                                                                                                   |                            |                                                              |                        |                          |                               |                                 |
| <b>AUTOMOBILE</b>                                                                                                                                                                           | <b>01-01-2018</b>             | <b>100.0%</b>                                                                                                     |                            |                                                              |                        |                          |                               |                                 |
|                                                                                                                                                                                             |                               | %                                                                                                                 |                            |                                                              |                        |                          |                               |                                 |
|                                                                                                                                                                                             |                               | %                                                                                                                 |                            |                                                              |                        |                          |                               |                                 |
| <b>27</b> Property used 50% or less in a qualified business use:                                                                                                                            |                               |                                                                                                                   |                            |                                                              |                        |                          |                               |                                 |
|                                                                                                                                                                                             |                               | %                                                                                                                 |                            |                                                              |                        | S/L-                     |                               |                                 |
|                                                                                                                                                                                             |                               | %                                                                                                                 |                            |                                                              |                        | S/L-                     |                               |                                 |
|                                                                                                                                                                                             |                               | %                                                                                                                 |                            |                                                              |                        | S/L-                     |                               |                                 |
| <b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .                                                                                       |                               |                                                                                                                   |                            |                                                              |                        |                          |                               | <b>28</b>                       |
| <b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .                                                                                                    |                               |                                                                                                                   |                            |                                                              |                        |                          |                               | <b>29</b>                       |

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

|                                                                                                            |                  |                  |                  |                  |                  |                  |
|------------------------------------------------------------------------------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|                                                                                                            | (a)<br>Vehicle 1 | (b)<br>Vehicle 2 | (c)<br>Vehicle 3 | (d)<br>Vehicle 4 | (e)<br>Vehicle 5 | (f)<br>Vehicle 6 |
| <b>30</b> Total business/investment miles driven during the year (don't include commuting miles) . . . . . | <b>708</b>       |                  |                  |                  |                  |                  |
| <b>31</b> Total commuting miles driven during the year . . . . .                                           |                  |                  |                  |                  |                  |                  |
| <b>32</b> Total other personal (noncommuting) miles driven . . . . .                                       |                  |                  |                  |                  |                  |                  |
| <b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .                            | <b>708</b>       |                  |                  |                  |                  |                  |
| <b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .                      | Yes No           | Yes No           | Yes No           | Yes No           | Yes No           | Yes No           |
| <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .              | Yes No           | Yes No           | Yes No           | Yes No           | Yes No           | Yes No           |
| <b>36</b> Is another vehicle available for personal use? . . . . .                                         | Yes No           | Yes No           | Yes No           | Yes No           | Yes No           | Yes No           |

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

|                                                                                                                                                                                                                                            |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .                                                                                        | Yes | No |
| <b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . . |     |    |
| <b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .                                                                                                                                                         |     |    |
| <b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .                                                   |     |    |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions . . . . .                                                                                                                       |     |    |

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part II Amortization**

|                                                                                                |                                 |                           |                     |                                          |                                   |
|------------------------------------------------------------------------------------------------|---------------------------------|---------------------------|---------------------|------------------------------------------|-----------------------------------|
| (a)<br>Description of costs                                                                    | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
| <b>42</b> Amortization of costs that begins during your 2022 tax year (see instructions):      |                                 |                           |                     |                                          |                                   |
|                                                                                                |                                 |                           |                     |                                          |                                   |
| <b>43</b> Amortization of costs that began before your 2022 tax year . . . . .                 |                                 |                           |                     |                                          | <b>43</b>                         |
| <b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . . |                                 |                           |                     |                                          | <b>44</b>                         |

**Federal Supporting Statements****2022 PG01**

Name(s) as shown on return

**JALAL A & OLA O HARB**

Tax ID Number

**SCHEDULE E - LINE 19 - OTHER EXPENSES****Statement #1****OTHER EXPENSES****PROPERTY A****PROPERTY B****PROPERTY C**

HOA DUES

2,025

LANDSCAPING

218

**TOTAL****2,243**

**SCHEDULE A**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

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

**Itemized Deductions**

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

Attach to Form 1040 or 1040-SR.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **07**

Your social security number

**JALAL A & OLA O HARB**

**Medical and Dental Expenses**

**Caution:** Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions) . . . . .
- 2 Enter amount from Form 1040 or 1040-SR, line 11 . . . . .
- 3 Multiply line 2 by 7.5% (0.075) . . . . .
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-

|   |  |
|---|--|
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |

**Taxes You Paid**

- 5 State and local taxes.
- a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☒
- b State and local real estate taxes (see instructions) . . . . .
- c State and local personal property taxes . . . . .
- d Add lines 5a through 5c . . . . .
- e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) . . . . .
- 6 Other taxes. List type and amount: . . . . .

|    |       |
|----|-------|
| 5a | 1,602 |
| 5b | 2,269 |
| 5c |       |
| 5d | 3,871 |
| 5e | 3,871 |
| 6  |       |

- 7 Add lines 5e and 6 . . . . .

|   |       |
|---|-------|
| 7 | 3,871 |
|---|-------|

**Interest You Paid**

**Caution:** Your mortgage interest deduction may be limited. See instructions.

- 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐
- a Home mortgage interest and points reported to you on Form 1098. See instructions if limited . . . . .
- b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address . . . . .
- c Points not reported to you on Form 1098. See instructions for special rules . . . . .
- d Reserved for future use . . . . .
- e Add lines 8a through 8c . . . . .
- 9 Investment interest. Attach Form 4952 if required. See instructions . . . . .
- 10 Add lines 8e and 9 . . . . .

|    |       |
|----|-------|
| 8a | 2,379 |
| 8b |       |
| 8c |       |
| 8d |       |
| 8e | 2,379 |
| 9  |       |
| 10 | 2,379 |

**Gifts to Charity**

**Caution:** If you made a gift and got a benefit for it, see instructions.

- 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .
- 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 . . . . .
- 13 Carryover from prior year . . . . .
- 14 Add lines 11 through 13 . . . . .

|    |    |
|----|----|
| 11 | 36 |
| 12 |    |
| 13 |    |
| 14 | 36 |

**Casualty and Theft Losses**

- 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions . . . . .

|    |  |
|----|--|
| 15 |  |
|----|--|

**Other Itemized Deductions**

- 16 Other - from list in instructions. List type and amount: . . . . .

|    |  |
|----|--|
| 16 |  |
|----|--|

**Total Itemized Deductions**

- 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 . . . . .
- 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐

|    |       |
|----|-------|
| 17 | 6,286 |
| 18 |       |

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2022

**Federal Income Tax Withheld**

(This page is not filed with the return. It is for your records only.)

**2022 PG01**

Name(s) as shown on return

Tax ID Number

**JALAL A & OLA O HARB****Description****Amount****W2 - STATE OF FLORIDA****20,342****W2 - [REDACTED] OF POLK COUNTY****4,051****W-2 Subtotal****24,393****Total Withholdings****24,393**

(This page is not filed with the return. It is for your records only.)

Tax ID Number

Name(s) as shown on return

JALAL A & OLA O HARB

W2\_LIST.LD

# Computation of Regular Tax

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

JALAL A & OLA O HARB

## STATEMENT FOR LINE 16 OF FORM 1040

### TAX RATE SCHEDULE FOR MARRIED FILING JOINT FILING STATUS IF TAXABLE INCOME IS

| OVER          | BUT NOT<br>OVER | PAY             | PLUS | % ON<br>EXCESS | OF THE<br>AMOUNT<br>OVER |
|---------------|-----------------|-----------------|------|----------------|--------------------------|
| 0             | 20,550          | 0.00            |      | 10%            | 0                        |
| 20,550        | 83,550          | 2,055.00        |      | 12%            | 20,550                   |
| <b>83,550</b> | <b>178,150</b>  | <b>9,615.00</b> |      | <b>22%</b>     | <b>83,550</b>            |
| 178,150       | 340,100         | 30,427.00       |      | 24%            | 178,150                  |
| 340,100       | 431,900         | 69,295.00       |      | 32%            | 340,100                  |
| 431,900       | 647,850         | 98,671.00       |      | 35%            | 431,900                  |
| 647,850       | . . . . .       | 174,253.50      |      | 37%            | 647,850                  |

$$\$9,615.00 + ((\$174,090.00 - \$83,550.00) \times 22.0\%) = \$29,534$$

TAX FROM TAX RATE SCHEDULE \$ 29,534

\$ 29,534 TAX COMPUTED USING ONLY AVAILABLE METHOD

# Auto Expense Worksheet

(This page is not filed with the return. It is for your records only.)

**2022**

Name(s) as shown on return

Tax ID Number

**JALAL A & OLA O HARB**

Profession/Business

**Rental - RENTAL-SINGLE UNIT**

Description **AUTOMOBILE**

Date placed in service **2018-01-01**

Number of miles your vehicle was used for:

Total Business miles driven during the year . . . . . **708**

Total Commuting miles driven during the year . . . . .

Total Other miles driven during the year . . . . .

Total Miles driven during the year . . . . . **708**

Business Use percentage . . . . . **100.00**

**Expenses:**

Total

Business  
Percentage

|                                 |  |  |
|---------------------------------|--|--|
| Section 179 . . . . .           |  |  |
| Bonus Depreciation . . . . .    |  |  |
| Depreciation . . . . .          |  |  |
| Garage Rent . . . . .           |  |  |
| Gas . . . . .                   |  |  |
| Insurance . . . . .             |  |  |
| Licenses . . . . .              |  |  |
| Oil . . . . .                   |  |  |
| Parking Fees . . . . .          |  |  |
| Rental Fees . . . . .           |  |  |
| Interest . . . . .              |  |  |
| Personal Property Tax . . . . . |  |  |
| Repairs . . . . .               |  |  |
| Tires . . . . .                 |  |  |
| Tolls . . . . .                 |  |  |
| Lease Add Back . . . . .        |  |  |
| Other Expenses:                 |  |  |
|                                 |  |  |
|                                 |  |  |
|                                 |  |  |

Total Expenses . . . . .

**Standard Mileage Rate Calculation**

|                                              |                    |            |            |
|----------------------------------------------|--------------------|------------|------------|
| Business miles driven before 07-01 . . . . . | <b>354</b> X 0.585 | <b>207</b> |            |
| Business miles driven after 06-30 . . . . .  | <b>354</b> X 0.625 | <b>221</b> | <b>428</b> |
| Parking fees . . . . .                       |                    |            |            |
| Tolls . . . . .                              |                    |            |            |
| Interest . . . . .                           |                    |            |            |
| Personal Property Tax . . . . .              |                    |            |            |
| Total Standard Mile Rate deduction           |                    |            | <b>428</b> |

**How it is reported:**

|                                                        |            |
|--------------------------------------------------------|------------|
| Depreciation deduction . . . . .                       |            |
| Auto Expense . . . . .                                 | <b>428</b> |
| Personal Property Taxes, Schedule A, Line 5c . . . . . |            |

# Worksheet for Form 2210, Part III, Section B - Figure the Penalty

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

JALAL A & OLA O HARB

Complete Rate Period 1 of each column before going to the next column; then go to Rate Periods 2, 3, and 4 in the same manner. If multiple estimated tax payments are applied to the underpayment amount in a column of line 1a, you'll need to make more than one computation for that column.

|                                                                                                                                                                                                                                                                                                                                           |           | Payment Due Dates |                     |                     |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------|---------------------|---------------------|---------------------|
|                                                                                                                                                                                                                                                                                                                                           |           | (a)<br>04/15/22   | (b)<br>06/15/22     | (c)<br>09/15/22     | (d)<br>01/15/23     |
| <b>1a</b> Enter your underpayment from Part III, Section A, line 17 . . .                                                                                                                                                                                                                                                                 | <b>1a</b> | 547               | 1,094               | 1,641               | 2,188               |
| <b>1b</b> Date and amount of each payment applied to the underpayment in the same column. Don't enter more than the underpayment amount on line 1a for each column (see instructions).<br>Note. Your payments are applied in the order made first to any underpayment balance in an earlier column until that underpayment is fully paid. | <b>1b</b> | 06-15-2022<br>547 | 09-15-2022<br>1,094 | 01-15-2023<br>1,641 | 04-15-2023<br>2,188 |
| <b>Rate Period 1: April 16, 2022 - June 30, 2022</b>                                                                                                                                                                                                                                                                                      |           |                   |                     |                     |                     |
| <b>2</b> Computation starting dates for this period . . . . .                                                                                                                                                                                                                                                                             | <b>2</b>  | 04/15/22          | 06/15/22            |                     |                     |
|                                                                                                                                                                                                                                                                                                                                           |           | Days:             | Days:               |                     |                     |
| <b>3</b> Number of days from the date on line 2 to the date the amount on line 1a was paid or 6/30/22, whichever is earlier . . . . .                                                                                                                                                                                                     | <b>3</b>  | 61                | 15                  |                     |                     |
| <b>4</b> Underpayment on line 1a x $\frac{\text{Number of days on line 3}}{365}$ x 0.04                                                                                                                                                                                                                                                   | <b>4</b>  | \$ 4              | \$ 2                |                     |                     |
| <b>Rate Period 2: July 1, 2022 - September 30, 2022</b>                                                                                                                                                                                                                                                                                   |           |                   |                     |                     |                     |
| <b>5</b> Computation starting dates for this period . . . . .                                                                                                                                                                                                                                                                             | <b>5</b>  | 06/30/22          | 06/30/22            | 09/15/22            |                     |
|                                                                                                                                                                                                                                                                                                                                           |           | Days:             | Days:               | Days:               |                     |
| <b>6</b> Number of days from the date on line 5 to the date the amount on line 1a was paid or 9/30/22, whichever is earlier . . . . .                                                                                                                                                                                                     | <b>6</b>  |                   | 77                  | 15                  |                     |
| <b>7</b> Underpayment on line 1a x $\frac{\text{Number of days on line 6}}{365}$ x 0.05                                                                                                                                                                                                                                                   | <b>7</b>  | \$                | \$ 12               | \$ 3                |                     |
| <b>Rate Period 3: October 1, 2022 - December 31, 2022</b>                                                                                                                                                                                                                                                                                 |           |                   |                     |                     |                     |
| <b>8</b> Computation starting dates for this period . . . . .                                                                                                                                                                                                                                                                             | <b>8</b>  | 09/30/22          | 09/30/22            | 09/30/22            |                     |
|                                                                                                                                                                                                                                                                                                                                           |           | Days:             | Days:               | Days:               |                     |
| <b>9</b> Number of days from the date on line 8 to the date the amount on line 1a was paid or 12/31/22, whichever is earlier . . . . .                                                                                                                                                                                                    | <b>9</b>  |                   |                     | 92                  |                     |
| <b>10</b> Underpayment on line 1a x $\frac{\text{Number of days on line 9}}{365}$ x 0.06                                                                                                                                                                                                                                                  | <b>10</b> | \$                | \$                  | \$ 25               |                     |
| <b>Rate Period 4: January 1, 2023 - April 15, 2023</b>                                                                                                                                                                                                                                                                                    |           |                   |                     |                     |                     |
| <b>11</b> Computation starting dates for this period . . . . .                                                                                                                                                                                                                                                                            | <b>11</b> | 12/31/22          | 12/31/22            | 12/31/22            | 01/15/23            |
|                                                                                                                                                                                                                                                                                                                                           |           | Days:             | Days:               | Days:               | Days:               |
| <b>12</b> Number of days from the date on line 11 to the date the amount on line 1a was paid or 4/15/23, whichever is earlier . . . . .                                                                                                                                                                                                   | <b>12</b> |                   |                     | 15                  | 90                  |
| <b>13</b> Underpayment on line 1a x $\frac{\text{Number of days on line 12}}{365}$ x 0.07                                                                                                                                                                                                                                                 | <b>13</b> | \$                | \$                  | \$ 5                | \$ 38               |
| <b>14</b> Penalty. Add all amounts on lines 4, 7, 10, and 13 in all columns. Enter the total here and on line 19 of Part III, Section B . . . . .                                                                                                                                                                                         | <b>14</b> | \$ 89             |                     |                     |                     |

**Modified Adjusted Gross Income (MAGI)  
Form 8582, Line 6**

(This page is not filed with the return. It is for your records only.)

**2022**

Name(s) as shown on return

Tax ID Number

**JALAL A & OLA O HARB**

| Income                                                                                                       | Regular tax    | Alt Min Tax    |
|--------------------------------------------------------------------------------------------------------------|----------------|----------------|
| Wages . . . . .                                                                                              | <b>199,292</b> | <b>199,292</b> |
| Interest income before Series EE bond exclusion . . . . .                                                    | <b>10</b>      | <b>10</b>      |
| Dividend income . . . . .                                                                                    |                |                |
| Taxable state and local refunds . . . . .                                                                    |                |                |
| Alimony received . . . . .                                                                                   |                |                |
| Nonpassive business income or (loss) . . . . .                                                               |                |                |
| Schedule D and Form 4797 . . . . .                                                                           |                |                |
| Taxable IRA distributions . . . . .                                                                          |                |                |
| Taxable pensions and annuities . . . . .                                                                     |                |                |
| Nonpassive partnership income or (loss) (including overall PTP gains and sold PTP losses) . . . . .          |                |                |
| Nonpassive S corporation income or (loss) . . . . .                                                          |                |                |
| Nonpassive estate and trust income or (loss) . . . . .                                                       |                |                |
| Real Estate Mortgage Investment Conduits (REMICS) . . . . .                                                  |                |                |
| Royalty income . . . . .                                                                                     |                |                |
| Net rental real estate gains for a real estate professional or non-passive rental . . . . .                  |                |                |
| Overall loss from the entire disposition of a passive activity . . . . .                                     |                |                |
| Nonpassive farm income or (loss) . . . . .                                                                   |                |                |
| Unemployment compensation . . . . .                                                                          |                |                |
| Other income . . . . .                                                                                       |                |                |
| <b>Total income . . . . .</b>                                                                                | <b>199,302</b> | <b>199,302</b> |
| <b>Adjustments</b>                                                                                           |                |                |
| Educator expenses . . . . .                                                                                  |                |                |
| Certain business expenses of reservists, performing artists, and<br>fee-based government officials . . . . . |                |                |
| Health savings account deduction . . . . .                                                                   |                |                |
| Moving expenses . . . . .                                                                                    |                |                |
| Self-employed SEP, SIMPLE, and qualified plans . . . . .                                                     |                |                |
| Self-employed health insurance deduction . . . . .                                                           |                |                |
| Penalty on early withdrawal of savings . . . . .                                                             |                |                |
| Alimony paid . . . . .                                                                                       |                |                |
| Other adjustments . . . . .                                                                                  |                |                |
| <b>Total adjustments . . . . .</b>                                                                           | <b>0</b>       | <b>0</b>       |
| <b>Subtract total adjustments from total income . . . . .</b>                                                | <b>199,302</b> | <b>199,302</b> |
| MAGI adjustment from input screen E2 . . . . .                                                               |                |                |
| <b>Modified adjusted gross income . . . . .</b>                                                              | <b>199,302</b> | <b>199,302</b> |

2022

RENTAL-SINGLE UNIT

Social security number/ EIN

**PAGE 1**

Social security number/EIN

| No. | Description          | Date       | Cost   | Basic Adjustment | Business Percentage | Section 179 | Bonus depreciation | Depreciable Basis | Life | Method | Rate  | Prior Depreciation | Current Depreciation | Accumulated Depreciation | AMT Current |
|-----|----------------------|------------|--------|------------------|---------------------|-------------|--------------------|-------------------|------|--------|-------|--------------------|----------------------|--------------------------|-------------|
| 1   | Land - RENTAL DUPLEX | 11/29/2012 |        |                  | 100.00              |             |                    | 0                 | 0    |        | 0     |                    |                      |                          |             |
| 1   | LAND                 | 11/29/2012 | 15,000 |                  | 100.00              |             |                    | 0                 | 0    |        |       |                    |                      |                          |             |
| 2   | RENTAL DUPLEX        | 11/29/2012 | 75,719 |                  | 100.00              |             |                    | 75,719            | 27.5 | SL     | 3.636 | 25,124             | 2,753                | 27,877                   | 2,753       |
| 3   | IMPROVEMENTS         | 11/18/2012 | 3,800  |                  | 100.00              |             |                    | 3,800             | 15   | DB     | 5.9   | 3,631              | 169                  | 3,800                    | 169         |
| 4   | DISHWASHER           | 12/02/2014 | 287    |                  | 100.00              |             |                    | 287               | 5    | MD     | 0     | 287                |                      | 287                      |             |
|     | Totals               |            | 94,806 |                  |                     |             |                    | 79,806            |      |        |       | 29,042             | 2,922                | 31,964                   | 2,922       |
|     | Land Amount          |            | 15,000 |                  |                     |             |                    |                   |      |        |       |                    |                      |                          |             |
|     | Net Depreciable Cost |            | 79,806 |                  |                     |             |                    |                   |      |        |       |                    |                      |                          |             |

CY 179 and CY Bonus

TOTAL CY Depr including 179/bonus

ST ADJ:

79,806

**ATTACHMENT TO FORM 6**

**12/31/2022**

**PART B – Assets worth more than \$1000.00**

|                                                                                   |                   |
|-----------------------------------------------------------------------------------|-------------------|
| House                                                                             | \$850,000.00      |
| Duplex – Address: 570 Villa Vista Blvd. Lakeland, FL 33813                        | \$250,000.00      |
| Voya Financial – State of Florida (Deferred Compensation Plan)                    | \$473,000.00      |
| Voya Financial – Advantage Century- 403 (B) (Spouse’s Deferred Comp. Plan)        | \$13,878.52       |
| Voya Financial – Quintaflex – Individual – 403 (B) (Spouse’s Deferred Comp. Plan) | \$88,955.39       |
| Truist Checking Account (████)                                                    | \$75,723.50       |
| Truist Checking Account (████)                                                    | \$37,247.57       |
| Truist Savings Account (████, joint with son)                                     | \$7,342.67        |
| Truist Savings Account (████, in Spouse’s name only)                              | <u>\$2,050.20</u> |
| Total:                                                                            | \$1,798,197.85    |

**PART C – Liabilities in Excess of \$1000.00**

Midflorida Credit Union PO. Box 8008 Lakeland, FL 33802

|                           |              |
|---------------------------|--------------|
| a. House Mortgage         | \$350,000.00 |
| b. 2020 Honda Accord Loan | \$9,500.63   |

Capital One Auto Finance PO. Box 660068 Sacramento, CA 95866

|                        |                    |
|------------------------|--------------------|
| 2022 Honda Accord Loan | <u>\$32,329.74</u> |
|------------------------|--------------------|

|        |              |
|--------|--------------|
| Total: | \$391,830.37 |
|--------|--------------|

**PART D – Income**

2022 Tax Return is attached.

**12/31/2022**

**Worksheet – Household Items and Personal  
Effects Calculations**

This worksheet includes jewelry collection, art pieces, household equipment, furniture, clothing, and vehicles for personal use.

|                            |                   |
|----------------------------|-------------------|
| 2020 Honda Accord          | \$25,000.00       |
| 2022 Honda Accord          | \$28,000.00       |
| 2004 Jeep Grand Cherokee   | \$1,500.00        |
| Furniture:                 |                   |
| Living Room                | \$5,000.00        |
| Rugs                       | \$12,000.00       |
| Other Furniture            | \$5,000.00        |
| Dining Room                | \$1,500.00        |
| Bedrooms                   | \$2,000.00        |
| Office                     | \$500.00          |
| Lanai                      | 1,500.00          |
| Clothing and Jewelry       | \$9,500.00        |
| Garage Tools and Equipment | \$500.00          |
| Total                      | <hr/> \$92,000.00 |