

General Information

Name: Mr Thomas D Kelly

PID 307105

AGENCY INFORMATION

Organization	Suborganization	Title
Belleair	Town Commission	

Net WorthMy Net Worth as of December 31, 2023 was \$ 1,775,684.00.**Assets**

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

The aggregate value of my household goods and personal effect is \$ 60,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 02/02/2024

Description of Asset	Value of Asset
310 OVERBROOK DR BELLEAIR	\$ 464,106.00
BANK OF AMERICA	\$ 8,436.25
PIMCO	\$ 59,551.20
Internet index fund	\$ 55,427.70
First Trust Preferred Fund	\$ 66,814.48
First Trust Senior Fund	\$ 62,202.76
IShares	\$ 52,687.25
IShares Mid Cap	\$ 42,752.32
IShares Russell	\$ 90,303.72
IShare Russell	\$ 58,024.40
IShare Russell	\$ 34,927.11
American Century	\$ 48,718.12
IShares Boxx	\$ 65,451.10
first Trust Multi Assets	\$ 46,147.01
Invesco	\$ 73,369.71
IShares	\$ 22,786.75
Invesco	\$ 7,140.51
SPDR	\$ 39,651.70
Columbia	\$ 34,238.72
Consumer Staples	\$ 72,848.30
Watches	\$ 20,000.00
Auto	\$ 23,000.00
Golf Cart	\$ 15,000.00
Wedding Ring	\$ 19,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
PenneyMac	PO Box, Los Angeles, CA 90051	\$ 374,900.52
ACHIEVA	PO Box 1500 Dunedin FL, 34697	\$ 23,231.25
Sheffield	PO Box 580229 Charlotte NC 28258	\$ 13,432.69

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. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☒ I elect to file a copy of my 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

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

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

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
See Attached			

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

N/A

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☐ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

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

Thomas D Kelly

Digitally signed: 02/02/2024

Filed with COE: 02/02/2024

Copy B To Be Filed With Employee's Federal Tax Return		2022	OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
	9413.69		
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld	
81-2495475	9078.86	583.66	
	5 Medicare wages and tips	6 Medicare tax withheld	
	9413.69	136.50	
c Employer's name, address, and ZIP code			
PELICAN GOLF LLC 11201 CORPORATE CIR NORTH SUITE 120 ST PETERSBURG, FL 33716			
d Employee's name, address, and ZIP code			
THOMAS D KELLY 310 OVERBROOK DR BELLEAIR, FL 33756			
7 Social security tips	8 Allocated tips	9	
334.83			
10 Dependent care benefits	11 Nonqualified plans		
12a	13 Stat. Emp.	Ret. plan	3rd-party sick pay
12b	14 Other		
	GROSS	9413.69	
12c			
12d			
15 State Emp's state ID#	16 State wages, tips	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

This information is being furnished to the Internal Revenue Service

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		2022	OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
	9413.69		
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld	
81-2495475	9078.86	583.66	
	5 Medicare wages and tips	6 Medicare tax withheld	
	9413.69	136.50	
c Employer's name, address, and ZIP code			
PELICAN GOLF LLC 11201 CORPORATE CIR NORTH SUITE 120 ST PETERSBURG, FL 33716			
d Employee's name, address, and ZIP code			
THOMAS D KELLY 310 OVERBROOK DR BELLEAIR, FL 33756			
7 Social security tips	8 Allocated tips	9	
334.83			
10 Dependent care benefits	11 Nonqualified plans		
12a	13 Stat. Emp.	Ret. plan	3rd-party sick pay
12b	14 Other		
	GROSS	9413.69	
12c			
12d			
15 State Emp's state ID#	16 State wages, tips	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

This information is being furnished to the Internal Revenue Service

Copy C For EMPLOYEE'S RECORDS		2022	OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
	9413.69		
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld	
81-2495475	9078.86	583.66	
	5 Medicare wages and tips	6 Medicare tax withheld	
	9413.69	136.50	
c Employer's name, address, and ZIP code			
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d Employee's name, address, and ZIP code			
THOMAS D KELLY 310 OVERBROOK DR BELLEAIR, FL 33756			
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334.83			
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12a	13 Stat. Emp.	Ret. plan	3rd-party sick pay
12b	14 Other		
	GROSS	9413.69	
12c			
12d			
15 State Emp's state ID#	16 State wages, tips	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

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

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		2022	OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
	9413.69		
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld	
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18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

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

Employee Reference Copy

W-2 Wage and Tax Statement 2022

Copy C for employee's records.

OMB No. 1545-0008

d Control number Dept. Corp. Employer use only
710202 CHIC/ZJ4 46505A A 146

c Employer's name, address, and ZIP code
VCS GROUP LLC
810 DSW DRIVE
COLUMBUS OH 43219

Batch #03386

e/f Employee's name, address, and ZIP code

JENELLE KELLY
310 OVERBOOK DRIVE
BELLEAIR FL 33756

b Employer's FED ID number a Employee's SSA number
04-3707469

1 Wages, tips, other comp. 2 Federal income tax withheld
200755.81 29850.40

3 Social security wages 4 Social security tax withheld
147000.00 9114.00

5 Medicare wages and tips 6 Medicare tax withheld
248256.81 4034.03

7 Social security tips 8 Allocated tips

9

11 Nonqualified plans 12a See instructions for box 12
C 1235.52

14 Other 12b D 27000.00

12c Y 20501.00

12d DD 23934.36

13 Stat emp Ret plan 3rd party sick pay
X

15 State Employer's state ID no. 16 State wages, tips, etc.
FL

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	FL State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	259,061.69	259,061.69	259,061.69	
Plus GTL (C-Box 12)	1,235.52	1,235.52	1,235.52	
Less Misc. Non Taxable Comp.	21,221.00	720.00	720.00	
Less 401(k) (D-Box 12)	27,000.00	N/A	N/A	
Less Medical FSA	2,499.90	2,499.90	2,499.90	
Less Other Cafe 125	8,820.50	8,820.50	8,820.50	
Wages Over Limit	N/A	101,256.81	N/A	
Reported W-2 Wages	200,755.81	147,000.00	248,256.81	

2. Employee Name and Address.

JENELLE KELLY
310 OVERBOOK DRIVE
BELLEAIR FL 33756

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Fold and Detach Here

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200755.81 29850.40

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147000.00 9114.00

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248256.81 4034.03

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710202 CHIC/ZJ4 46505A A 146

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VCS GROUP LLC
810 DSW DRIVE
COLUMBUS OH 43219

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e/f Employee's name, address and ZIP code

JENELLE KELLY
310 OVERBOOK DRIVE
BELLEAIR FL 33756

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BELLEAIR FL 33756

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COLUMBUS OH 43219

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12d DD 23934.36

13 Stat emp Ret plan 3rd party sick pay
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e/f Employee's name, address and ZIP code

JENELLE KELLY
310 OVERBOOK DRIVE
BELLEAIR FL 33756

15 State Employer's state ID no. 16 State wages, tips, etc.
FL

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

Federal Filing Copy

W-2 Wage and Tax Statement 2022

Copy B to be filed with employee's Federal Income Tax Return.

FL State Reference Copy

W-2 Wage and Tax Statement 2022

Copy 2 to be filed with employee's State Income Tax Return.

FL State Filing Copy

W-2 Wage and Tax Statement 2022

Copy 2 to be filed with employee's State Income Tax Return.

2022

Form 511-EF

See instructions on Page 2 to determine if you are required to send Form 511-EF to the OTC.

Your first name and middle initial		Last name		Your social security number:		*** - ** [REDACTED]
THOMAS D		KELLY		Spouse's social security number:		*** - ** [REDACTED]
If a joint return, spouse's first name and middle initial		Last name				
JENELLE		KELLY				
Mailing address (number and street, including apartment number, rural route or PO Box)				Filing status:		
310 OVERBROOK DRIVE				2		
City, State, ZIP				Total number of exemptions:		
BELLEAIR FL 33756				2		

ine 7) or
1-NR, Line 8)
Line 20 or 511-NR, Line 24)
dits (511, Line 32 or 511-NR, Line 33)
e 43)
payment, complete line 6b below. The due date for
ment, enclose a payment with the 511-NR and submit
ides for a later due date, your payment may be made
legal holiday when OTC offices are closed, your pa
PAYER
r deposited as designated in the electronic portion of my
an irrevocable appointment of the other spouse as an ag
easury and its designated Financial Agent to initiate an a
ount indicated in the tax preparation software for paymen
I also authorize the financial institutions involved in the
ecessary to answer inquiries and resolve issues related to
if the Oklahoma Tax Commission (OTC) does not receive
interest and penalties.
If the information contained on my return, with informatio
above, agree with the amounts shown on the correspon

1	Oklahoma Adjusted Gross Income (511, Line 7) or Adjusted Gross Income: All Sources (511-NR, Line 8)	1	232,282 00
2	Oklahoma Income Tax and Use Tax (511, Line 20 or 511-NR, Line 24)	2	126 00
3	Oklahoma Income Tax Payments and Credits (511, Line 32 or 511-NR, Line 33)	3	162 00
4	Refund (511, Line 37 or 511-NR, Line 38)	4	36 00
5	Balance Due (511, Line 42 or 511-NR, Line 43)	5	00

For a balance due return with an electronic payment, complete line 6b below. The due date for an electronic payment is April 20th. For a balance due return with a non-electronic payment, enclose a payment with the 51-EV and submit on or before the due date of April 15th. If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely. If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.

PART TWO - DECLARATION OF TAXPAYER

6a ☐ I consent that my refund be directly deposited as designated in the electronic portion of my 2022 Oklahoma income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

6b ☐ I authorize the Oklahoma State Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Oklahoma taxes owed on this return and/or a payment of estimated tax. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the Oklahoma Tax Commission (OTC) does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare I have compared the information contained on my return, with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part One above agree with the amounts shown on the corresponding lines of my 2022 Oklahoma income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration & accompanying schedules and statements, be sent to the OTC by my ERO.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the Oklahoma Tax Commission of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here:	03/27/23	03/27/23
Your Signature	Date	Spouse's Signature (If joint return, both must sign) Date

PART THREE - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare I have reviewed the above taxpayer's return and the entries on Form 511-EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form 511-EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form 511-EF and I have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). If I am also a Paid Preparer, under penalties of perjury I declare I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO Use Only	03/27/23	*****
ERO or Paid Preparer's Signature	Date	PTIN

Paid Preparer Use Only		
Paid Preparer Signature	Date	PTIN

1022 Phone Number: 727-787-4223

Oklahoma Nonresident/Part-Year Income Tax Return

Your Social Security Number

[REDACTED]

Place an 'X' in this box if this taxpayer is deceased →

Spouse's Social Security Number
(joint return only)

[REDACTED]

Place an 'X' in this box if this taxpayer is deceased →

AMENDED RETURN!

Place an "X" in this box if this is an amended 511-NR. See Schedule 511-NR-H. →

Name and Address - Please Print or Type

Your First Name

Middle Initial Last Name

If a Joint Return, Spouse's First Name

Middle Initial Last Name

THOMAS

D KELLY

JENELLE

KELLY

Mailing Address (Number and street, including apartment number, rural route or PO Box) City

State ZIP or Postal Code Country

310 OVERBROOK DRIVE

BELLEAIR

FL 33756

Filing Status	1	Single																									
	2	☒ Married filing joint return (even if only one had income)																									
	3	Married filing separate																									
	• If spouse is also filing, list Name: _____ name and SSN in the boxes: SSN: _____																										
	4	Head of household with qualifying person																									
Residency Status	5	Qualifying widow(er) with dependent child																									
	• Please list the year spouse died in box at right: _____																										
Residency Status	☒ Nonresident(s)	State of Residence: <u>FL</u>																									
	Part-Year Resident(s)	From _____ to _____																									
	Resident/Part-Year Resident/Nonresident	State of Residence: Yourself _____ Spouse _____																									
* NOTE: If claiming Special Exemption, see instructions on page 10 of 511NR Packet. <table border="1"> <tr> <td rowspan="4">Exemptions</td> <td>Regular</td> <td>* Special</td> <td>Blind</td> <td></td> </tr> <tr> <td>Yourself</td> <td>+</td> <td>+</td> <td>= 1 (a)</td> </tr> <tr> <td>Spouse</td> <td>+</td> <td>+</td> <td>= 1 (b)</td> </tr> <tr> <td colspan="3">Number of dependents</td> <td>= 2 (c)</td> </tr> <tr> <td colspan="4">Add the Totals from boxes (a), (b) and (c). Enter the TOTAL here:</td> <td>= 2</td> </tr> </table> Note: If you may be claimed as a dependent on another return, enter "0" in the total box for your regular exemption.						Exemptions	Regular	* Special	Blind		Yourself	+	+	= 1 (a)	Spouse	+	+	= 1 (b)	Number of dependents			= 2 (c)	Add the Totals from boxes (a), (b) and (c). Enter the TOTAL here:				= 2
Exemptions	Regular	* Special	Blind																								
	Yourself	+	+	= 1 (a)																							
	Spouse	+	+	= 1 (b)																							
	Number of dependents			= 2 (c)																							
Add the Totals from boxes (a), (b) and (c). Enter the TOTAL here:				= 2																							
Age 65 or Older? (Please see instructions) ☒ Yourself ☐ Spouse																											

Not Required to File - Place an "X" in this box if you are a nonresident whose gross income from Oklahoma sources is less than \$1,000. (see instructions)

Complete Schedule 511-NR-1 "Income Allocation for Nonresidents and Part-Year Residents" to arrive at Oklahoma Source Income (line 1) and Federal adjusted gross income (line 2). Round to nearest whole dollar.

	Federal Amount	Oklahoma Amount
1 Oklahoma source income (Schedule 511-NR-1, line 18)	1	3,243 00
2 Federal adjusted gross income (Schedule 511-NR-1, line 19)	260,648 00 2	
3 Oklahoma additions (Schedule 511-NR-A, line 8)	00 3	00
4 Add lines (Federal 2 and 3) and then (Oklahoma 1 and 3)	260,648 00 4	3,243 00
5 Oklahoma subtractions (Schedule 511-NR-B, line 17)	28,366 00 5	00
6 Adjusted gross income: Oklahoma Source (line 4 minus line 5)	6	3,243 00
7 Adjusted gross income: All Sources (line 4 minus line 5) Also enter on line 8	232,282 00 7	
8 Adjusted gross income: All Sources (from line 7)	8	232,282 00
9 Oklahoma Adjustments (Schedule 511-NR-C, line 7)	9	00
10 Income after adjustments (line 8 minus line 9)	10	232,282 00

2022 Form 511-NR - Nonresident/Part-Year Income Tax Return - Page 2

Name(s) Shown
on Form 511NR: **THOMAS D & JENELLE KELLY**

Your Social
Security Number: [REDACTED]

		Amount from line 10 on page 1	232,282 00						
11	Oklahoma itemized deductions (Schedule 511-NR-D, line 11) or Oklahoma standard deduction (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350)	11	33,310 00						
12	Exemptions: Enter the total number of exemptions claimed on page 1 2 X \$1,000	12	2,000 00						
13	Total deductions and exemptions (add lines 11 and 12)	13	35,310 00						
14	Oklahoma Taxable Income: (line 10 minus line 13)	14	196,972 00						
15	(a) Oklahoma Income Tax from Tax Table or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 15 15a	15a	9,001 00						
	(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 15 15b	15b	00						
	Oklahoma Income Tax (line 15a plus line 15b)	15	9,001 00						
STOP AND READ: If line 7 is equal to or larger than line 2, complete line 16. If line 7 is smaller than line 2, see Schedule 511-NR-E.									
16	Oklahoma child care/child tax credit (see instructions)	16	00						
17	Subtract line 16 from line 15 (This is your tax base) (Do not enter less than zero)	17	9,001 00						
18	Tax percentage: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Oklahoma Amount (from line 6)</td> <td>•</td> <td>Federal Amount (from line 7)</td> </tr> <tr> <td>a) 3,243</td> <td>•</td> <td>b) 232,282</td> </tr> </table>	Oklahoma Amount (from line 6)	•	Federal Amount (from line 7)	a) 3,243	•	b) 232,282	18	1.40 %
Oklahoma Amount (from line 6)	•	Federal Amount (from line 7)							
a) 3,243	•	b) 232,282							
19	Oklahoma Income Tax. Multiply line 17 by line 18 If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "1" in box. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "2" in the box)	19	126 00						
20	Credit for taxes paid to another state (provide Form 511-NR-K) nonresidents do not qualify	20	00						
21	Form 511-CR - Other Credits Form - List 511-CR line numbers claimed here:	21	0 00						
22	Line 19 minus lines 20 and 21 (Do not enter less than zero)	22	126 00						
23	Use tax due on Internet, mail order, or other out-of-state purchases while living in Oklahoma If you certify that no use tax is due, place an 'X' here:	23	0 00						
24	Balance (add lines 22 and 23)	24	126 00						
25	Oklahoma withholding (provide W-2s, 1099s or withholding statement)	25	162 00						
26	2022 Oklahoma estimated tax payments If you are a qualified farmer, place an 'X' here:	26	00						
27	2022 payment with extension	27	00						
28	Credit from Form 578	28	00						
29	Oklahoma earned income credit (Sch. 511-NR-F, line 4)	29	00						
30	Amount paid with original return plus additional paid after it was filed (amended return only)	30	00						
31	Payments and credits (add lines 25-30)	31	162 00						

2022 Form 511-NR - Nonresident/Part-Year Income Tax Return - Page 3

Name(s) Shown
on Form 511NR **THOMAS D & JENELLE KELLY**Your Social
Security Number

Amount from line 31 on page 2

162 00

32	Overpayment, if any, as shown on original return and/or prior amended return(s) or as previously adjusted by Oklahoma (amended return only)	32	00
33	Total payments and credits (line 31 minus line 32)	33	162 00
34	If line 33 is more than line 24, subtract line 24 from line 33. This is your overpayment	34	36 00
35	Amount of line 34 to be applied to 2023 estimated tax (original return only) (see page 4 of 511NR Packet for further information)	35	00

Schedule 511-NR-G provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations.

Place the line number of the organization from Schedule 511NR-G in the box. If you give to more than one organization, put a "99" in the box. Provide Schedule 511-NR-G .

36	Donations from your refund (total from Schedule 511NR-G)	36	00
37	Total deductions from refund (add lines 35 and 36)	37	00
38	Amount to be refunded (line 34 minus line 37)	38	36 00

Direct Deposit Note:Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a **debit card**. See the 511NR Packet for direct deposit and debit card information.Is this refund going to or through an account that is located outside of the United States? Yes ☐ No ☒

Deposit my refund in my:

Checking Account

Savings Account

Routing
Number
Account
Number:

39	If line 24 is more than line 33, subtract line 33 from line 24. This is your tax due	39	00
40	Donation: Public School Classroom Support Fund (original return only)	40	00
41	Underpayment of estimated tax interest (annualized installment method)	41	00
42	For delinquent payment add penalty of 5%	\$	
	plus interest of 1.25% per month	\$	
43	Total tax, donation, penalty and interest (add lines 39-42)	43	00

Under penalty of perjury, I declare the information contained in this document, and all attachments and schedules, is true and correct to the best of my knowledge and belief.

Place an 'X' in this box if the Oklahoma Tax Commission may discuss this return with your tax preparer

☒

Taxpayer's Signature	Date
Taxpayer's Occupation	
RETIRED	
Daytime Phone Number (optional)	

Spouse's Signature	Date
Spouse's Occupation	
BUYER	

**A COPY OF FEDERAL RETURN
MUST BE PROVIDED.**

Paid Preparer's Signature	Date
	01/31/24
Paid Preparer's Address and Phone Number 727-787-4223	
Snyder, Snyder & Kessenich CPA Fi	
2706 Alt 19 Ste 309	
Palm Harbor FL 34683	
Paid Preparer's PTIN	*****

Do not staple documentation to this form. To attach items, please use a paper clip.

Mailing Address for this form; PO Box 26800, Oklahoma City, OK 73126-0800

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

Note: Provide this page with your return.Name(s) Shown
on Form 511-NR

THOMAS D & JENELLE KELLY

Your Social
Security Number:**Schedule 511-NR-1 Income Allocation for Nonresidents and Part-Year Residents**

See instructions on pages 10-12.

Lines 1-19: In the Federal column, enter the amounts from your Federal tax return. See the instructions to figure the amounts to report in the Oklahoma column.

	Federal Amount	Oklahoma Amount
1 Wages, salaries, tips, etc	210,170 00	1 00
2 Taxable interest income	00	2 00
3 Dividend income	39 00	3 00
4 Taxable IRA distribution	00	4 00
5 Taxable pensions and annuities	8,750 00	5 00
6 Taxable Social Security benefits (also enter on line 2 of Sch. 511-NR-B)	28,366 00	6 00
7 Capital gains or losses (Federal Schedule D)	80 00	7 00
8 Taxable refunds (state income tax)	00	8 00
9 Alimony received (divorce/separation agreement date: _____)	00	9 00
10 Business income or (loss) (Federal Schedule C)	00	10 00
11 Other gains or losses (Federal Form 4797)	00	11 00
12 Rental real estate, royalties, partnerships, etc.	3,243 00	12 3,243 00
13 Farm income or (loss)	00	13 00
14 Unemployment compensation	00	14 00
15 Other income (identify: _____)	00	15 00
16 Add lines 1 through 15	260,648 00	16 3,243 00
17 Total Federal adjustments to income (identify: _____)	00	17 00
18 Oklahoma source income (line 16 minus line 17) Enter here and on page 1, line 1		18 3,243 00
19 Federal adjusted gross income (line 16 minus line 17) Enter here and on page 1, line 2	260,648 00	19

Name(s) Shown
on Form 511NR **THOMAS D & JENELLE KELLY**

Your Social
Security Number: [REDACTED]

Schedule 511-NR-A: Oklahoma Additions
See instructions on pages 19-21.

Federal Amount

Oklahoma Amount

1	State and municipal bond interest	00	1	00
2	Lump sum distributions (not included in your Federal AGI)	00	2	00
3	Federal net operating loss	00	3	00
4	Recapture depletion claimed on a lease bonus or add back of excess Federal depletion	00	4	00
5	Recapture of contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s)	00	5	00
6	Oklahoma loss distributed by an electing PTE	00	6	00
7	Miscellaneous: Other additions (enter number in box for the type of addition)	00	7	00
8	Total additions (add lines 1-7, enter total here and on line 3 of Form 511-NR)	00	8	00

Schedule 511-NR-B: Oklahoma Subtractions
See instructions on pages 21-25.

Federal Amount

Oklahoma Amount

1	Interest on U.S. government obligations	00	1	00	
2	Taxable Social Security (from Schedule 511NR-1, line 6)	28,366	00	2	00
3	Federal civil service retirement in lieu of social security	00	3	00	
	<u>Taxpayer Number</u> <u>Spouse Number</u>				
	- Retirement Claim Number:				
4	Military Retirement	00	4	00	
5	Oklahoma government or Federal civil service retirement	00	5	00	
6	Other retirement income	00	6	00	
7	U.S. Railroad Retirement Board Benefits	00	7	00	
8	Additional depletion	00	8	00	
9	Oklahoma net operating loss (Loss Year[s]) (provide Schedules)	00	9	00	
10	Exempt tribal income (see instructions for qualifications)	00	10	00	
11	Gains from the sale of exempt government obligations	00	11	00	
12	Nonresident military wages (provide W-2)	00	12		
13	Oklahoma Capital Gain Deduction (provide Form 561-NR)	00	13	00	
14	Income Tax Refund (Federal Form 1040 or 1040-SR, Schedule 1, line 1)	00	14	00	
15	Oklahoma income distributed by an electing PTE	00	15	00	
16	Miscellaneous: Other subtractions (enter number in box for the type of deduction)	00	16	00	
17	Total subtractions (add lines 1-16, enter total here and on line 5 of Form 511-NR)	28,366	00	17	00

2022 Form 511-NR - Nonresident/Part-Year Income Tax Return - Page 6
Note: Provide this page ONLY if you have an amount shown on a schedule.

Name(s) Shown
on Form 511-NR: **THOMAS D & JENELLE KELLY**

Your Social
Security Number: **[REDACTED]**

Schedule 511-NR-C: Oklahoma Adjustments See instructions on pages 25-28.

1	Military pay exclusion - Active Duty, Reserve and National Guard (not retirement)	1	00
2	Qualifying disability deduction (residents and part-year residents only)	2	00
3	Qualified adoption expense	3	00
4	Contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s)	4	00
5	Deductions for providing foster care	5	00
6	Miscellaneous: Other adjustments (enter number in box for the type of deduction)	6	00
7	Total Adjustments (add lines 1-6, enter total here and on line 9 of Form 511-NR)	7	0 00

Schedule 511-NR-D: Oklahoma Itemized Deductions See instructions on page 28.

If you claimed itemized deductions on your Federal return,
you must claim Oklahoma Itemized Deductions.

1	Federal itemized deductions from Federal Sch. A, line 17	1	35,062 00
2	State and local sales or income taxes from Federal Sch. A, line 5a (If Federal Sch A, line 5e is limited, enter that portion of Federal Sch A, line 5a included in line 5e)	2	1,752 00
3	Line 1 minus line 2	3	33,310 00
4	Medical and Dental expenses from Federal Sch. A, line 4		00
5	Gifts to Charity from Federal Sch. A, line 14	5	18,150 00
6	Line 3 minus lines 4 and 5	6	15,160 00
7	Is line 6 more than \$17,000? ☐ YES. Your itemized deductions are limited. Complete lines 9-11. ☒ NO. Your itemized deductions are not limited. Skip lines 9 and 10. Go to line 11.		
8	Maximum amount allowed for itemized deductions. (Exception, lines 9 and 10)	8	17,000 00
9	Medical and Dental expenses from Federal Sch. A, line 4	9	00
10	Gifts to Charity from Federal Sch. A, line 14	10	00
11	Oklahoma Itemized Deductions If you responded YES on line 7: Add lines 8, 9 and 10 If you responded NO on line 7: Enter the amount from line 3	11	33,310 00

Enter your Oklahoma Itemized Deductions on line 11 of Form 511-NR.

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

Filing Status	☐ 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 QW box, enter the child's name if the qualifying person is a child but not your dependent:			
Your first name and middle initial Thomas D		Last name Kelly	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial Jenelle		Last name Kelly	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 310 Overbrook Drive			Apt. no.
City, town or post office. If you have a foreign address, also complete spaces below. Belleair			State FL
			ZIP code 33756
Foreign country name		Foreign province/state/county	Foreign postal code
			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

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

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

Age/Blindness ☐ **You:** ☒ Were born before January 2, 1950 ☐ Are blind ☐ **Spouse:** ☐ Was born before January 2, 1958 ☐ Is blind

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

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a Total amount from Form(s) W-2, box 1 (see instructions)		1a	210,170
	b Household employee wages not reported on Form(s) W-2		1b	
	c Tip income not reported on line 1a (see instructions)		1c	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		1d	
	e Taxable dependent care benefits from Form 244, line 26		1e	
	f Employer-provided adoption benefits from Form 8839, line 29		1f	
	g Wages from Form 8919, line 6		1g	
	h Other earned income (see instructions)		1h	
	i Nontaxable combat pay election (see instructions)	1i		
	z Add lines 1a through 1h		1z	210,170
Attach Schedule B if required.	2a Tax-exempt interest	2a	b Taxable interest	2b
	3a Qualified dividends	22	b Ordinary dividends	39
	4a IRA distributions	4a	b Taxable amount	18,750
	5a Pensions and annuities	5a	b Taxable amount	5b
	6a Social security benefits	33,372	b Taxable amount	28,366
	c If you elect to use the lump-sum election method, check here (see instructions) ☐			
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☒		7	80

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

Form **1040-SR** (2022)

Form 1040-SR (2021) **Thomas D & Jenelle Kelly**Page **2**

Standard Deduction See Standard Deduction Chart on the last page of this form.	8	Other income from Schedule 1, line 10	8	3,243
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	260,648
	10	Adjustments to income from Schedule 1, line 26	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income	11	260,648
	12	Standard deduction or itemized deductions (from Schedule A)	12	35,062
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12 and 13	14	35,062
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	225,586
Tax and Credits	16	Tax (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐ _____	16	41,802
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	41,802
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	41,802
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	197
	24	Add lines 22 and 23. This is your total tax	24	41,999
	Payments	25	Federal income tax withheld from:	
a		Form(s) W-2	25a	29,850
b		Form(s) 1099	25b	3,750
c		Other forms (see instructions)	25c	435
d		Add lines 25a through 25c	25d	34,035
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	
If you have a qualifying child, attach Sch. EIC.	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	34,035

Go to www.irs.gov/Form1040SR for instructions and the latest information.Form **1040-SR** (2022)

Thomas D & Jenelle Kelly

Form 1040-SR (2022)

Page 3

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**

34

35a Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here

35a

Direct deposit?
See
instructions.

b Routing number

c Type:

☐

Checking

☐

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**.

For details on how to pay, go to www.irs.gov/Payments or see instructions

37

8,115

38 Estimated tax penalty (see instructions)

38

151

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

Phone

Personal identification

name **Richard A. Snyder, CPA**

no.

727-787-4223

number (PIN)

Sign
Here

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

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

RetiredSpouse'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 instr.)

Buyer

Phone no.

Email address

Preparer's name

Preparer's signature

PTIN

Check if:

Paid

Richard A. Snyder, CPA

☒

Self-employed

Preparer
Use Only

Firm's name

Snyder, Snyder & Kessenich CPA Firm, LLP

Date

01/31/24

Firm's address

2706 Alt 19 Ste 309

Phone no.

727-787-4223

Firm's address

Palm Harbor**FL 34683**

Firm's EIN

****-***4581**Go to www.irs.gov/Form1040SR for instructions and the latest information.Form **1040-SR** (2022)

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

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

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

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

Go to www.irs.gov/Form1040SR for instructions and the latest information.Form **1040-SR** (2022)

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 for instructions and the latest information.

OMB No. 1545-0074

2022Attachment
Sequence No. **01**

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

Your social security number

Thomas D & Jenelle Kelly**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	3,243
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABL account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	3,243

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

Schedule 1 (Form 1040) 2022

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

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

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

OMB No. 1545-0074

2022Attachment
Sequence No. **02**

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

Your social security number

Thomas D & Jenelle Kelly**Part I Tax**

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	69
12	Net investment income tax. Attach Form 8960	12	128
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2022

Thomas D & Jenelle Kelly

Schedule 2 (Form 1040) 2022

Page **2****Part II Other Taxes (continued)**

17 Other additional taxes:			
a Recapture of other credits. List type, form number, and amount: _____	17a		
b Recapture of federal mortgage subsidy, if you sold your home see instructions _____	17b		
c Additional tax on HSA distributions. Attach Form 8889 _____	17c		
d Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 _____	17d		
e Additional tax on Archer MSA distributions. Attach Form 8853 _____	17e		
f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 _____	17f		
g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property _____	17g		
h Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A _____	17h		
i Compensation you received from a nonqualified deferred compensation plan described in section 457A _____	17i		
j Section 72(m)(5) excess benefits tax _____	17j		
k Golden parachute payments _____	17k		
l Tax on accumulation distribution of trusts _____	17l		
m Excise tax on insider stock compensation from an expatriated corporation _____	17m		
n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 _____	17n		
o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR _____	17o		
p Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund _____	17p		
q Any interest from Form 8621, line 24 _____	17q		
z Any other taxes. List type and amount: _____	17z		
18 Total additional taxes. Add lines 17a through 17z _____		18	
19 Reserved for future use _____		19	
20 Section 965 net tax liability installment from Form 965-A _____	20		
21 Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b _____		21	197

Schedule 2 (Form 1040) 2022

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service**Itemized Deductions**Go to www.irs.gov/ScheduleA for instructions and the latest information.**Attach to Form 1040 or 1040-SR.**

OMB No. 1545-0074

2022Attachment
Sequence No. **07****Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 15.

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

Your social security number

Thomas D & Jenelle Kelly**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- 1** Medical and dental expenses (see instructions) **1**
- 2** Enter amount from Form 1040 or 1040-SR, line 11 **2**
- 3** Multiply line 2 by 7.5% (0.075) **3**
- 4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- **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 ☒ **5a** **1,752**
- b** State and local real estate taxes (see instructions) **5b** **5,416**
- c** State and local personal property taxes **5c**
- d** Add lines 5a through 5c **5d** **7,168**
- e** Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) **5e** **7,168**
- 6** Other taxes. List type and amount: **6**
- 7** Add lines 5e and 6 **7** **7,168**

**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 **8a** **9,744**
- 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 **8b**
- c** Points not reported to you on Form 1098. See instructions for special rules **8c**
- d** Reserved for future use **8d**
- e** Add lines 8a through 8c **8e** **9,744**
- 9** Investment interest. Attach Form 4952 if required. See instructions **9**
- 10** Add lines 8e and 9 **10** **9,744**

**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 **11** **16,350**
- 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 **12** **1,800**
- 13** Carryover from prior year **13**
- 14** Add lines 11 through 13 **14** **18,150**

**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 **17** **35,062**
- 18** If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐ **18**

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

Schedule A (Form 1040) 2022

SCHEDULE E
(Form 1040)Department of the Treasury
Internal Revenue Service**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 for instructions and the latest information.

OMB No. 1545-0074

2022Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

Thomas D & Jenelle Kelly**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
B
C

1b Type of Property (from list below)	2 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
A 6		A		
B		B		
C		C		

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
3 Rents received	3			
4 Royalties received	4	3,245		
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	2		
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list)	19			
20 Total expenses. Add lines 5 through 19	20	2		
21 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	21	3,243		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22			

23a Total of all amounts reported on line 3 for all rental properties	23a	
b Total of all amounts reported on line 4 for all royalty properties	23b	3,245
c Total of all amounts reported on line 12 for all properties	23c	
d Total of all amounts reported on line 18 for all properties	23d	
e Total of all amounts reported on line 20 for all properties	23e	2
24 Income. Add positive amounts shown on line 21. Do not include any losses	24	3,243
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	
26 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	26	3,243

For Paperwork Reduction Act Notice, see the separate instructions.
DAA

Schedule E (Form 1040) 2022

Form **8283**

(Rev. November 2022)

Department of the Treasury
Internal Revenue Service**Noncash Charitable Contributions****Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over \$500 for all contributed property.**

OMB No. 1545-0074

Attachment
Sequence No. **155**Go to www.irs.gov/Form8283 for instructions and the latest information.

Name(s) shown on your income tax return

Identifying number

Thomas D & Jenelle Kelly**Note:** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.**Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities**—List in this section **only** an item (or a group of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities and certain other property even if the deduction is more than \$5,000. See instructions.**Part I Information on Donated Property**—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.)
A	Kimberly Home Thrift Shoppe 1601 Clearwater-Largo Road Clearwater FL 33756	☐	Clothes, shoes, decorations, chain
B	Kimberly Home Thrift Shoppe 1601 Clearwater-Largo Road Clearwater FL 33756	☐	Men's clothing & shoes
C		☐	
D		☐	
E		☐	

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	11/18/22	Various	Purchase	2,498	600	Thrift Shop Value
B	12/23/22	Various	Purchase	5,416	1,200	Thrift Shop Value
C						
D						
E						

Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities, Vehicles, Intellectual Property or Inventory Reportable in Section A)—Complete this section for one item (or a group of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions reportable in Section A). Provide a separate form for each item donated unless it is part of a group of similar items. A qualified appraisal is generally required for items reportable in Section B. See instructions.**Part I Information on Donated Property**

2 Check the box that describes the type of property donated.

- | | | |
|--|--|---|
| a ☐ Art * (contribution of \$20,000 or more) | e ☐ Other Real Estate | i ☐ Vehicles |
| b ☐ Qualified Conservation Contribution | f ☐ Securities | j ☐ Clothing and household items |
| c ☐ Equipment | g ☐ Collectibles** | k ☐ Other |
| d ☐ Art* (contribution of less than \$20,000) | h ☐ Intellectual Property | |

* Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

** Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

Note: In certain cases, you must attach a qualified appraisal of the property. See instructions.

3	(a) Description of donated property (if you need more space, attach a separate statement)	(b) If any tangible personal property or real property was donated, give a brief summary of overall physical condition of the property at the time of the gift.	(c) Appraised fair market value
A			
B			
C			

	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	(h) Amount claimed as a deduction (see instructions)	(i) Date of contribution (see instructions)
A						
B						
C						

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **8283** (Rev. 11-2022)

Form OK-511NR	Oklahoma Nonresident Two Year Comparison Report	2021 & 2022
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Name

Taxpayer Identification Number

Thomas D & Jenelle Kelly

		2021	2022	Differences
Income	1. Total federal income	1. 319,109	232,282	- 86,827
	2. Total Oklahoma income	2. 2,407	3,243	836
	3. Income allocation factor	3. 0.75 %	1.40 %	
Tax	4. Oklahoma source income	4. 2,407	3,243	836
	5. Allowable itemized or standard deduction	5. 36,225	33,310	-2,915
	6. Exemptions	6. 2,000	2,000	
	7. Taxable income	7. 280,884	196,972	-83,912
	8. Income tax	8. 13,689	9,001	-4,688
	9. Child tax or dependent care credit	9.	0	
	10. Income tax before allocation	10. 13,689	9,001	-4,688
	11. Income tax after allocation	11. 103	126	23
	12. Nonrefundable credits	12. 0		
	13. Net tax	13. 103	126	23
Payments	14. Income tax withheld	14. 126	162	36
	15. Other payments	15.	0	
	16. Estimates	16.		
	17. Refundable credits	17.		
	18. Total payments	18. 126	162	36
	19. Contributions	19.		
	20. Penalties and interest	20.		
	21. Net tax due/-refund	21. -23	-36	-13

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