

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 02/15/2024

General Information

Name: Mr Harold J Grimm

PID 307433

AGENCY INFORMATION

Organization	Suborganization	Title
Orange City	Mayor And City Council	Council Member

Net Worth

My Net Worth as of December 31, 2023 was \$ 387,082.00.

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 \$ 20,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
home depot 401K	\$ 48,526.00
2016 Corvette value by Hagerty	\$ 39,000.00
Home valued by tax collector 2023	\$ 279,556.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

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

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.

Harold J Grimm

Digitally signed: 02/15/2024

Filed with COE: 02/15/2024

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 HARRY J	Last name GRIMM	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 2845 STAGS LEAP DRIVE		Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. ORANGE CITY	State FL	ZIP code 32763	
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 the box if qualifies for (see instructions):	
(1) First name	Last name			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	10,412.
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	10,412.
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	23,778.
	b Taxable interest	2b	
	b Ordinary dividends	3b	
	b Taxable amount	4b	
	b Taxable amount	5b	9,525.
	b Taxable amount	6b	3,418.
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	0.

Standard Deduction

See Standard Deduction Chart on the last page of this form.

8	Other income from Schedule 1, line 10	8	10.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	23,365.
10	Adjustments to income from Schedule 1, line 26	10	0.
11	Subtract line 10 from line 9. This is your adjusted gross income	11	23,365.
12	Standard deduction or itemized deductions (from Schedule A)	12	14,700.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	14,700.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	8,665.

Tax and Credits

16	Tax (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐	16	868.
17	Amount from Schedule 2, line 3	17	0.
18	Add lines 16 and 17	18	868.
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	868.
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	868.

Payments **25** Federal income tax withheld from:

a	Form(s) W-2	25a	456.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	456.
26	2022 estimated tax payments and amount applied from 2021 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	456.

If you have a qualifying child, attach Sch. EIC.

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

412.

38 Estimated tax penalty (see instructions)

38

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions

☐ **Yes.** Complete below.

☒ **No**

Designee's
name

Phone
no.

Personal Identification
number (PIN)

Sign Here

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

Your signature

Date

Your occupation

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

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

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.)

Phone no. 407-716-7428

Email address

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ Self-employed

Firm's name

Phone no.

Firm's address

Firm's EIN

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

2022

Attachment
Sequence No. **01**

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

HARRY J GRIMM

Your social security number

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	-990.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	1,000.
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	1,000.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	10.

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

Cat. No. 71479F

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

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

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2022

Attachment
Sequence No. **09**

Name of proprietor HARRY J GRIMM		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) ONLINE RETAIL SALES		B Enter code from instructions [REDACTED]
C Business name. If no separate business name, leave blank. HARRY'S DIECAST'S		D Employer ID number (EIN) (see instr.) [REDACTED]
E Business address (including suite or room no.) City, town or post office, state, and ZIP code		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)		
G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses ☒ Yes ☐ No		
H If you started or acquired this business during 2022, check here ☐		
I Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No		
J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	611.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	611.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	611.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	611.

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

8 Advertising	8	606.	18 Office expense (see instructions)	18	416.
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	579.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	1,601.	26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-990.	27a Other expenses (from line 48)	27a	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	-990.			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a ☒ All investment is at risk.		
			32b ☐ Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11334P

Schedule C (Form 1040) 2022

Part III **Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory: **a** ☒ Cost **b** ☐ Lower of cost or market **c** ☐ Other (attach explanation)

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

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	881.
36	Purchases less cost of items withdrawn for personal use	36	1,656.
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	2,537.
41	Inventory at end of year	41	2,537.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

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

43 When did you place your vehicle in service for business purposes? (month/day/year) _____

44 Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:

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

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

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

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

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

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

[illegible]

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2022Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No. **55**

Name(s) shown on return

HARRY J GRIMM

Your taxpayer identification number

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	HARRY'S DIECAST'S		-990.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	-990.	5
3	Qualified business net (loss) carryforward from the prior year	3	(67)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10
11	Taxable income before qualified business income deduction (see instructions)	11	8,665.	
12	Net capital gain (see instructions)	12		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	8,665.	
14	Income limitation. Multiply line 13 by 20% (0.20)			14
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)			15
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17

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

Cat. No. 37806C

Form **8995** (2022)

Savings Account Summary 401K

Account Information

FutureBuilder as of February 14, 2024

Balance
\$48,525.95

Rate of Return
0.25%
(year-to-date)

Contributions
\$320.46
(year-to-date)

Investments


Return to ProjectionFutureBuilder

Your Money

Current Balance

\$48,525.95

TAKE A QUIZ

How Well Do You "Get" Roth Contributions?

Take Quiz

Do You Have Other Financial Goals?

Choose a topic and get the right tools.

- [Financial Education Center / 529 Plans](#)
- [Financial Basics](#)
- [Beginning Your Plan](#)
- [Meeting Your Goals](#)
- [Getting to Retirement](#)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

BNY MELLON DISBURSEMENT AGENT
BBU BENEFITS CENTER
P O BOX 622
DES MOINES, IA 503060622

Customer service telephone number: 888-606-9228

RECIPIENT'S name and address

GWS08M

699
7 - 215898

HAROLD GRIMM
2845 STAGS LEAP DR
ORANGE CITY FL 32763-8347



1. Gross distribution		2a. Taxable amount		OMB No. 1545-0118
\$ 2,192.76		\$ 2,192.76		2022
2b. Taxable amount not determined ☐		Total distribution ☐		Form 1099-R
3. Capital gain (included in box 2a)		4. Federal income tax withheld		Distributions From Pension
\$		\$		Annuities
5. Employee contributions / Designated Roth contributions or insurance premiums		6. Net unrealized appreciation in employer's securities		Retirement Profit-Sharing Plans, IRAs
\$		\$		Insurance Contracts, etc.
7. Distribution code(s)		8. Other		This information is furnished to the Internal Revenue Service
7		\$ %		COPY C
9a. Your percentage of total distribution		9b. Total employee contributions		For Recipient's Records
% \$		\$		
10. Amount allocable to IRA within 5 years		11. 1st year of design. Roth contrib.		12. FATCA filing requirement ☐
\$		\$		
14. State tax withheld		15. State/Payer's state no.		16. State distribution
\$		FL/25-1926855		\$ 2,192.7
17. Local tax withheld		18. Name of locality		19. Local distribution
\$		\$		\$

PAYER'S Federal ID number	RECIPIENT'S ID number	Account number (see instructions)	13. Date of Payment

FORM 1099-R (keep for your records)

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

Form 1099-R		CORRECTED (if checked)		OMB No. 1545-0118	2022
1. Gross distribution		2a. Taxable amount		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
\$ 7,332.00		\$ 7,332.00			
2b. Taxable amount not determined ☐		Total distribution ☐		12. FATCA filing requirement ☐	13. Date of payment

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

BAKERY AND CONFECTIONERY UNION
AND INDUSTRY INTERNATIONAL PENSION FUND
10401 CONNECTICUT AVENUE
KENSINGTON MD 20895-3960
(301) 468-3742

PAYER'S TIN		RECIPIENT'S TIN			
3. Capital gain (included in box 2a)		4. Federal income tax withheld		5. Employee contributions/Designated Roth contributions or insurance premiums	
\$		\$		\$	
6. Net unrealized appreciation in employer's securities		7. Distribution code(s)		8. Other	%
\$		7		\$	
9a. Your percentage of total distribution		9b. Total employee contributions			
% \$		\$			

RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

HAROLD J GRIMM
2845 STAGS LEAP DR
ORANGE CITY, FL 32763-8347

5246

Account number (see instructions)		11. 1st year of design. Roth contrib.	10. Amount allocable to IRA within 5 years
			\$
14. State tax withheld		15. State/Payer's state no.	16. State distribution
\$			\$
17. Local tax withheld		18. Name of Locality	19. Local distribution
\$			\$

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

Department of the Treasury
Internal Revenue Service
www.irs.gov/Form1099R

RECIPIENT COPIES

PAYER'S name, address, ZIP code, and Federal identification number, and telephone number FLA DEPT OF THE LOTTERY 250 Marriott Drive Tallahassee, FL 32399-6573 59-2859478 (850) 487-7707	1 Reportable winnings \$1,000.00	2 Date won 05 10 22
	3 Type of wager I \$10.00	4 Federal income tax withheld \$0.00
	5 Transaction 2346006	6 Race
	7 Winnings from identical wagers	8 Cashier
	9 Winner's taxpayer identification no. [REDACTED]	10 Window
WINNER'S name, address (including apt. no.), and ZIP code HAROLD GRIMM 2845 STAGS LEAP DR. ORANGE CITY, FL 32763	11 First I.D.	12 Second I.D.
	13 State/Payer's state identification no.	14 State winnings
	Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.	
XX		
Signature ▶		Date ▶

Form **W-2G**

Department of the Treasury - Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.		OMB No. 1545-0008	
a Employee's soc. sec. no. [REDACTED]		1 Wages, tips, other comp. 10412.40	2 Federal income tax withheld 456.43
b Employer ID number (EIN) [REDACTED]		3 Social security wages 13116.25	4 Social security tax withheld 813.21
		5 Medicare wages and tips 13116.25	6 Medicare tax withheld 190.19
c Employer's name, address, and ZIP code HOME DEPOT U.S.A., INC. 2455 PACES FERRY ROAD B3 Atlanta, GA 30339 4024			
d Control number c. 32763-8347			
e Employee's name, address, and ZIP code HARRY J GRIMM 2845 STAGS LEAP DRIVE ORANGE CITY, FL 32763-8347			
7 Social security tips		8 Allocated tips	9
10 Dependent care benefits		11 Nonqualified plans	12a Code See inst. for box 12 D 2703.85
13 Statutory employee		14 Other	12b Code
Retirement plan X			12c Code
Third-party sick pay			12d Code
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement

2022

Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service.

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT**2022**• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name HAROLD J GRIMM		Box 2. Beneficiary's Social Security Number [REDACTED]
Box 3. Benefits Paid in 2022 \$26,689.20	Box 4. Benefits Repaid to SSA in 2022 \$2,910.50	Box 5. Net Benefits for 2022 (Box 3 minus Box 4) \$23,778.70
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or Direct deposit \$24,648.00		Other Repayments \$2,910.50
Medicare Part B premiums deducted from your benefits \$2,041.20		Benefits Repaid to SSA in 2022 \$2,910.50
Total Additions \$26,689.20		
Benefits for 2022 \$26,689.20		
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address HAROLD J GRIMM 2845 STAGS LEAP DRIVE ORANGE CITY FL 32763-8347
		Box 8. Claim Number (Use this number if you need to contact SSA.) [REDACTED]