

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/21/2024

General Information

Name: Mrs Dina Pharr Sweatt

PID 254360

AGENCY INFORMATION

Organization	Suborganization	Title
Groveland	Mayor And City Council	Council Member

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 6	GROVELAND CITY COUNCIL, LAKE COUNTY	GROVELAND CITY COUNCIL DISTRICT 5

Net Worth

My Net Worth as of December 31, 2023 was \$ 525,000.00.

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 \$ 25,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
11052 COUNTY ROAD 723, WEBSTER, FL 33597	\$ 115,000.00
1191 SINGLETON CIRCLE, GROVELAND, FL 34736	\$ 350,000.00
ORLANDO CREDIT UNION, 400 S. ORANGE AVE., ORLANDO 32801	\$ 2,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
ROCKET MORTGAGE	1050 Woodward Ave, Detroit, MI 48226	\$ 288,000.00
ORLANDO CREDIT UNION,	400 S. ORANGE AVE, ORLANDO, FL 32801	\$ 3,000.00
PNC BANK	200 EAST BROAD, GROVELAND, FL 34736	\$ 1,600.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

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

Dina Pharr Sweatt

Digitally signed: 05/21/2024

Filed with COE: 05/21/2024

For the year Jan. 1; Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20____ See separate instructions.

Your first name and middle initial DINA P		Last name SWEATT		Your social security number	
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.
1191 SINGLETON CIRCLE

Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below.
GROVELAND

State
FL

ZIP code
34736

Foreign country name

Foreign province/state/county

Foreign postal code

☐ You ☐ Spouse

Filing Status ☒ Single ☐ Head of household (HOH)

☐ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS) ☐ 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:

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, 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, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ 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	9,180	
	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	9,180	
	2a	Tax-exempt interest	2a	b Taxable interest	2b	
	3a	Qualified dividends	3a	b Ordinary dividends	3b	
	4a	IRA distributions	4a	b Taxable amount	4b	
	5a	Pensions and annuities	5a	b Taxable amount	5b	50,184
	6a	Social security benefits	6a	b Taxable amount	6b	26,366
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			
8	Additional income from Schedule 1, line 10		8			
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	85,730		
10	Adjustments to income from Schedule 1, line 26		10			
11	Subtract line 10 from line 9. This is your adjusted gross income		11	85,730		
12	Standard deduction or itemized deductions (from Schedule A)		12	27,488		
13	Qualified business income deduction from Form 8995 or Form 8995-A		13			
14	Add lines 12 and 13		14	27,488		
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income		15	58,242		

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	8,117
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	8,117
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	1,200
	21	Add lines 19 and 20	21	1,200
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	6,917
	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	6,917	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	
	b	Form(s) 1099	25b	5,240
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	5,240
	26	2023 estimated tax payments and amount applied from 2022 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	5,240	

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	
	b	Routing number XXXXXXXXX c Type: ☐ Checking ☐ Savings		
	d	Account number XXXXXXXXXXXXXXXXXXXX		
36	Amount of line 34 you want applied to your 2024 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	1,728
	38	Estimated tax penalty (see instructions)	38	51

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

Paid Preparer Use Only	Preparer's name MATTHEW BAUMANN	Preparer's signature	Date	PTIN P00502645	Check if: ☐ Self-employed
	Firm's name PROSPERITY FINANCIAL SERVICES INC	Phone no. 352-429-1133			
	Firm's address 146 E BROAD ST GROVELAND FL 34736	Firm's EIN 59-3391665			

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

2023

Attachment
Sequence No. **01**

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

DINA P SWEATT

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	
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	
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	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	

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, 1040-SR, or 1040-NR, line 10.	26	

**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

2023

Attachment
Sequence No. **02**

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

DINA P SWEATT

Your social security number

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960.	12	
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)

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

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **03**

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

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880.	4	
5a	Residential clean energy credit from Form 5695, line 15.	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	1,200
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use.	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount: _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	1,200

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions).	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136.	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Credit for repayment of amounts included in income from earlier years	13b	
c	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
z	Other payments or refundable credits. List type and amount:	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	

**Underpayment of Estimated Tax by
Individuals, Estates, and Trusts**

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

Go to www.irs.gov/Form2210 for instructions and the latest information.**Do You Have To File Form 2210?**

Complete lines 1 through 7 below. Is line 4 or line 7 less than \$1,000?	Yes	Don't file Form 2210. You don't owe a penalty.
No		
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	Yes	You don't owe a penalty. Don't file Form 2210 unless box E in Part II applies, then file page 1 of Form 2210.
No		
You may owe a penalty. Does any box in Part II below apply?	Yes	You must file Form 2210. Does box B , C , or D in Part II apply?
No		
	No	You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but don't file Form 2210.
	Yes	You must figure your penalty.
		You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210.

Part I Required Annual Payment

1	Enter your 2023 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	6,917
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	
3	Other payments and refundable credits (see instructions)	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	6,917
5	Multiply line 4 by 90% (0.90)	5	6,225
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	5,240
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	1,677
8	Maximum required annual payment based on prior year's tax (see instructions)	8	8,526
9	Required annual payment. Enter the smaller of line 5 or line 8	9	6,225

Next: Is line 9 more than line 6?

- ☐ **No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.
- ☒ **Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.
- If box **B**, **C**, or **D** applies, you must figure your penalty and file Form 2210.
 - If box **A** or **E** applies (but not **B**, **C**, or **D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

Part II Reasons for Filing. Check applicable boxes. If none apply, **don't** file Form 2210.

- A** ☐ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B** ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** ☐ You filed or are filing a joint return for either 2022 or 2023, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B**, **C**, or **D** applies).

Part III Penalty Computation (See the instructions if you're filing Form 1040-NR.)

Section A Figure Your Underpayment		Payment Due Dates			
		(a) 4/15/23	(b) 6/15/23	(c) 9/15/23	(d) 1/15/24
10 Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions	10	1,556	1,556	1,556	1,557
11 Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II	11	1,310	1,310	1,310	1,310

Complete lines 12 through 18 of one column before going to line 12 of the next column.

12 Enter the amount, if any, from line 18 in the previous column	12				
13 Add lines 11 and 12	13		1,310	1,310	1,310
14 Add the amounts on lines 16 and 17 in the previous column	14		246	492	738
15 Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11	15	1,310	1,064	818	572
16 If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16				
17 Underpayment. If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	246	492	738	985
18 Overpayment. If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Section B Figure the Penalty (Use the Worksheet for Form 2210, Part III, Section B Figure the Penalty in the instructions.)

19 Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part III, Section B Figure the Penalty. Include this amount on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. Don't file Form 2210 unless you checked a box in Part II	19	51
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Schedule AIU Annualized Income Installment Method (See the instructions.)

Estates and trusts, **don't** use the period ending dates shown to the right. Instead, use the following: 2/28/23, 4/30/23, 7/31/23, and 11/30/23.

	(a)	(b)	(c)	(d)
	1/1/23; 3/31/23	1/1/23; 5/31/23	1/1/23; 8/31/23	1/1/23; 12/31/23

Part I Annualized Income Installments

1 Enter your adjusted gross income for each period. See instructions. (Estates and trusts, enter your taxable income without your exemption for each period.) . . .	1				
2 Annualization amounts. (Estates and trusts, see instructions.)	2	4	2.4	1.5	1
3 Annualized income. Multiply line 1 by line 2 . . .	3				
4 If you itemize, enter itemized deductions for the period shown in each column. All others, enter -0-, and skip to line 7. Exception: Estates and trusts, skip to line 9 .	4				
5 Annualization amounts	5	4	2.4	1.5	1
6 Multiply line 4 by line 5	6				
7 In each column, enter the amount of your standard deduction from Form 1040 or 1040-SR. (Form 1040-NR filers, enter -0-. Exception: Indian students and business apprentices, see instructions.)	7				
8 Enter the larger of line 6 or line 7	8				
9 Deduction for qualified business income. Estates and trusts: Subtract this amount from the amount on line 3, skip line 10, and enter the result on line 11	9				
10 Add lines 8 and 9	10				
11 Subtract line 10 from line 3	11				
12 Form 1040, 1040-SR, or 1040-NR filers, enter -0- in each column. (Estates and trusts, see instructions.)	12				
13 Subtract line 12 from line 11. If zero or less, enter -0- .	13				
14 Figure your tax on the amount on line 13. See instructions	14				
15 Self-employment tax from line 36 (complete Part II below)	15				
16 Enter other taxes for each payment period including, if applicable, Additional Medicare Tax and/or Net Investment Income Tax. See instructions	16				
17 Total tax. Add lines 14, 15, and 16	17				
18 For each period, enter the same type of credits as allowed on Form 2210, Part I, lines 1 and 3. See instructions	18				
19 Subtract line 18 from line 17. If zero or less, enter -0- .	19				
20 Applicable percentage	20	22.5%	45%	67.5%	90%
21 Multiply line 19 by line 20	21				

Complete lines 22-27 of one column before going to line 22 of the next column.

22 Enter the total of the amounts in all previous columns of line 27	22				
23 Subtract line 22 from line 21. If zero or less, enter -0- .	23				
24 Enter 25% (0.25) of line 9 on page 1 of Form 2210 in each column	24				
25 Subtract line 27 of the previous column from line 26 of that column	25				
26 Add lines 24 and 25	26				
27 Enter the smaller of line 23 or line 26 here and on Form 2210, Part III, line 10	27				

Part II Annualized Self-Employment Tax (Form 1040, 1040-SR, or 1040-NR filers only)

28 Net earnings from self-employment for the period (see instructions)	28				
29 Prorated social security tax limit	29	\$40,050	\$66,750	\$106,800	\$160,200
30 Enter actual wages for the period subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax. Exception: If you filed Form 4137 or Form 8919, see instructions	30				
31 Subtract line 30 from line 29. If zero or less, enter -0- .	31				
32 Annualization amounts	32	0.496	0.2976	0.186	0.124
33 Multiply line 32 by the smaller of line 28 or line 31 .	33				
34 Annualization amounts	34	0.116	0.0696	0.0435	0.029
35 Multiply line 28 by line 34	35				
36 Add lines 33 and 35. Enter here and on line 15 above	36				

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/ScheduleA for instructions and the latest information.**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2023Attachment
Sequence No. **07**

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

DINA P SWEATT

Your social security number

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions) See. STM 01
- 2 Enter amount from Form 1040 or 1040-SR, line 11 2 85,730
- 3 Multiply line 2 by 7.5% (0.075) 3 6,430
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- 4 1,075

**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:

7 Add lines 5e and 6

**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

**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

**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

**Other
Itemized
Deductions**

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

**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 ☐

**Qualified Business Income Deduction
Simplified Computation**

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.**2023**Attachment
Sequence No. **55**

Name(s) shown on return

DINA P SWEATT

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 \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	
3	Qualified business net (loss) carryforward from the prior year	3	(32,607)
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	58,242
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	58,242
14	Income limitation. Multiply line 13 by 20% (0.20)		14 11,648
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	(32,607)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()

Residential Energy Credits

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form5695 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **75**

Name(s) shown on return
DINA P SWEATT

Your social security number
[REDACTED]

Part I Residential Clean Energy Credit (See instructions before completing this part.)

Note: Skip lines 1 through 11 if you only have a **credit carryforward from 2022**.

Enter the complete address of the home where you installed the property and/or technology associated with lines 1 through 4 and 5b.
For more than one home, see instructions.

Number and street	Unit no.	City or town	State	ZIP code
1 Qualified solar electric property costs			1	
2 Qualified solar water heating property costs			2	
3 Qualified small wind energy property costs			3	
4 Qualified geothermal heat pump property costs			4	
5a Qualified battery storage technology. Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours? (See instructions.) If you checked the ☒ Yes box, you cannot claim a credit for qualified battery storage technology			5a	☐ Yes ☐ No
b If you checked the ☒ Yes box, enter the qualified battery technology costs			5b	
6a Add lines 1 through 5b			6a	
b Multiply line 6a by 30% (0.30)			6b	
7a Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your main home located in the United States? (See instructions.) If you checked the ☒ Yes box, you cannot claim a credit for qualified fuel cell property. Skip lines 7b through 11.			7a	☐ Yes ☐ No
b Enter the complete address of the main home where you installed the fuel cell property. Number and street Unit no. City or town State ZIP code				
8 Qualified fuel cell property costs			8	
9 Multiply line 8 by 30% (0.30)			9	
10 Kilowatt capacity of property on line 8 above x \$1,000			10	
11 Enter the smaller of line 9 or line 10			11	
12 Credit carryforward from 2022. Enter the amount, if any, from your 2022 Form 5695, line 16			12	
13 Add lines 6b, 11, and 12			13	
14 Limitation based on tax liability. Enter the amount from the Residential Clean Energy Credit Limit Worksheet. (See instructions.)			14	6,917
15 Residential clean energy credit. Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5a			15	
16 Credit carryforward to 2024. If line 15 is less than line 13, subtract line 15 from line 13			16	

Part II Energy Efficient Home Improvement Credit**Section A Qualified Energy Efficiency Improvements**

17a	Are the qualified energy efficiency improvements installed in or on your main home located in the United States? (See instructions.)	17a	☒ Yes ☐ No
b	Are you the original user of the qualified energy efficiency improvements?	17b	☒ Yes ☐ No
c	Are the components reasonably expected to remain in use for at least 5 years?	17c	☒ Yes ☐ No
If you checked the Yes box for line 17a, 17b, or 17c, you cannot claim the energy efficient home improvement credit. Do not complete Part II, Section A.			
d	Enter the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time. (See instructions.) 1191 SINGLETON CIRCLE GROVELAND FL 34736 Number and street Unit no. City or town State ZIP code		
e	Were any of these improvements related to the construction of this main home?	17e	☐ Yes ☒ No
If you checked the Yes box, you can only claim the energy efficient home improvement credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.			
18	Insulation or air sealing material or system.		
a	Enter the cost of insulation material or system (include air sealing material or system) specifically and primarily designed to reduce heat loss or gain of your home that meets the criteria established by the IECC. (See instructions.)	18a	5,000
b	Multiply line 18a by 30% (0.30). Enter the results. Do not enter more than \$1,200	18b	1,200
19	Exterior doors that meet the applicable Energy Star requirements.		
a	Enter the cost of the most expensive door you bought	19a	
b	Multiply line 19a by 30% (0.30). Do not enter more than \$250	19b	
c	Enter the cost of all other qualifying exterior doors	19c	
d	Multiply line 19c by 30% (0.30)	19d	
e	Add lines 19b and 19d. Do not enter more than \$500	19e	
20	Windows and skylights that meet the Energy Star certification requirements.		
a	Enter the cost of exterior windows and skylights that meet the Energy Star certification requirements. (See instructions.)	20a	
b	Multiply line 20a by 30% (0.30). Enter the results. Do not enter more than \$600	20b	

Section B Residential Energy Property Expenditures

21a	Did you incur costs for qualified energy property installed on or in connection with a home located in the United States?	21a	☐ Yes ☐ No		
b	Was the qualified energy property originally placed into service by you?	21b	☐ Yes ☐ No		
If you checked the Yes box for line 21a or 21b, you cannot claim the credit for your residential energy property costs. Skip lines 22 through 25 and line 29. Go to line 26.					
c	Enter the complete address of each home where you installed qualified energy property.				
	Number and street	Unit no.	City or town	State	ZIP code
22	Residential energy property costs (include labor costs for onsite preparation, assembly, and original installation). (See instructions.)				
a	Enter the cost of central air conditioners	22a			
b	Multiply line 22a by 30% (0.30). Enter the results. Do not enter more than \$600	22b			
23a	Enter the cost of natural gas, propane, or oil water heaters	23a			
b	Multiply line 23a by 30% (0.30). Enter the results. Do not enter more than \$600	23b			
24a	Enter the cost of natural gas, propane, or oil furnace or hot water boilers	24a			
b	Multiply line 24a by 30% (0.30). Enter the results. Do not enter more than \$600	24b			

Section BÜ Residential Energy Property Expenditures (continued)

25a	Enter the cost of improvements or replacement of panelboards, subpanelboards, branch circuits, or feeders	25a			
b	Multiply line 25a by 30% (0.30). Enter the results. Do not enter more than \$600	25b			
26	Home energy audits.				
a	Did you incur costs for a home energy audit that included an inspection of your main home located in the United States and a written report prepared by a certified home energy auditor? (See instructions.) If you checked the ☐ box, you cannot claim the home energy audit credit. Stop. Go to line 27.	26a	☐ Yes ☐ No		
b	Enter the cost of the home energy audits	26b			
c	Multiply line 26b by 30% (0.30). Enter the results. Do not enter more than \$150	26c			
27	Add lines 18b, 19e, 20b, 22b, 23b, 24b, 25b, and 26c	27		1,200	
28	Enter the smaller of line 27 or \$1,200	28			1,200
29	Heat pumps and heat pump water heaters; biomass stoves and biomass boilers.				
a	Enter the cost of electric or natural gas heat pumps	29a			
b	Enter the cost of electric or natural gas heat pump water heaters	29b			
c	Enter the cost of biomass stoves and biomass boilers.	29c			
d	Add lines 29a, 29b, and 29c	29d			
e	Multiply line 29d by 30% (0.30). Enter the results. Do not enter more than \$2,000	29e			
30	Add lines 28 and 29e	30			1,200
31	Limitation based on tax liability. Enter the amount from the Energy Efficient Home Improvement Credit Limit Worksheet. (See instructions.)	31			8,117
32	Energy efficient home improvement credit. Enter the smaller of line 30 or line 31. Also include this amount on Schedule 3 (Form 1040), line 5b	32			1,200

SPA

1037 CPTS 3US7B3

Form **5695** (2023)

Car and Truck Expense

Name(s) as shown on Form 1040

DINA P SWEATT

Social Security Number

Activity	Vehicle <u>1</u>			Vehicle <u>2</u>			Vehicle <u>3</u>		
	Business Mileage	Expense	Regular Deprec	Business Mileage	Expense	Regular Deprec	Business Mileage	Expense	Regular Deprec
Total									

State Add-Back (All Vehicles)

General Information

	Vehicle <u>1</u>	Vehicle <u>2</u>	Vehicle <u>3</u>
1. Vehicle Description	1. 2003 F250		
2. Date placed in service	2. 01/01/2016		
3. Average daily commuting distance	3. _____ Mi.	_____ Mi.	_____ Mi.
4. Commuting mileage for year	4. _____ Mi.	_____ Mi.	_____ Mi.
5. Other personal mileage	5. _____ Mi.	_____ Mi.	_____ Mi.
6. Business mileage	6. _____ Mi.	_____ Mi.	_____ Mi.
7. Total mileage for year	7. _____ Mi.	_____ Mi.	_____ Mi.
8. Percentage of business use	8. _____ %	_____ %	_____ %
9. Standard mileage deduction	9. _____	_____	_____

Actual Expenses

	Vehicle <u>1</u>	Vehicle <u>2</u>	Vehicle <u>3</u>
10. Gas, oil, repairs, etc.	10. _____	_____	_____
11a. Vehicle rentals.	11a. _____	_____	_____
11b. Inclusion amount	11b. _____	_____	_____
11c. Subtract 11b from 11a	11c. _____	_____	_____
12. Value of employer provided vehicle	12. _____	_____	_____
13. Add lines 10, 11c, and 12	13. _____	_____	_____
14. Multiply line 13 by line 8	14. _____	_____	_____
15a. Depreciation.	15a. _____	_____	_____
15b. Bonus Depreciation	15b. _____	_____	_____
15c. Fed Section 179 Expense	15c. _____	_____	_____
15d. State Add-Back	15d. _____	_____	_____
15e. State Section 179 Expense	15e. _____	_____	_____
16. Add lines 14 and 15a, b & c	16. _____	_____	_____
17. Allowed vehicle expenses	17. _____	_____	_____
(Is actual greater than standard expense?)	Actual _____	Actual _____	Actual _____
18. Parking fees and tolls	18. _____	_____	_____
19. Total interest expense	19. _____	_____	_____
20. Total taxes	20. _____	_____	_____
21. Business part of interest	21. _____	_____	_____
22. Business portion of taxes	22. _____	_____	_____
23. Total deduction	23. _____	_____	_____

Expenses to deduct in Form 1040, Schedule A

24. Personal portion of taxes 24. _____

Do you have evidence to support your deduction? Yes X No _____

If "YES", is this evidence written? Yes X No _____

Table of Additional Statements

DINA P SWEATT

***-**-

STM 01 - US SCH A

Line 1 - Medical and Dental Expenses

<u>Description</u>	<u>Amount</u>
MEDICARE PREMIUM SSA-1099	2,834
RX	1,695
MEDICAL	2,976
Total	7,505

Table of Additional Statements

DINA P SWEATT

***-**-

STM 02 - US SCH A Line 8a - Home Mortgage Interest

<u>Home Mortgage Interest</u>	<u>Amount</u>
QUICKEN LOANS	2,437
QUICKEN LOANS	14,561
Total	16,998