

**General Information**

Name: Hon Rita Harris

PID 300332

**AGENCY INFORMATION**

| Organization             | Suborganization                | Title                |
|--------------------------|--------------------------------|----------------------|
| House Of Representatives | Elected Constitutional Officer | State Representative |

**CANDIDATE FOR**

| Position             | Agency Name                      | Position sought or held |
|----------------------|----------------------------------|-------------------------|
| State Representative | Florida House of Representatives | District 44             |

**Net Worth**My Net Worth as of April 30, 2024 was -\$ 3,511.91.

**Assets**

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

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

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset | Value of Asset |
|----------------------|----------------|
| See Attached         |                |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor             | Address of Creditor       | Amount of Liability |
|------------------------------|---------------------------|---------------------|
| U.S. Department of Education | Greenville, TX 75403-5609 | \$ 27,266.91        |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

| Name of Creditor | Address of Creditor                 | Amount of Liability |
|------------------|-------------------------------------|---------------------|
| HGREG.COM        | 2510 JETPORT DR., ORLANDO, FL 32809 | \$ 35,586.35        |

**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.

### CPA/Attorney Signature Only

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, **Jason B Blank Esq** prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

***Jason B Blank Esq***

Digitally signed: **05/31/2024**

**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.

***Rita Harris***

Digitally signed: **05/31/2024**

**Filed with COE: 05/31/2024**

|                                                                                                                                                                                                                                              |                            |                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------|
| 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<br><b>JENNIFER R</b>                                                                                                                                                                                      | Last name<br><b>HARRIS</b> | Your social security number<br>[REDACTED]     |
| If joint return, spouse's first name and middle initial<br><b>JOHN</b>                                                                                                                                                                       | Last name<br><b>HARRIS</b> | Spouse's social security number<br>[REDACTED] |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>13547 EYAS ROAD</b>                                                                                                                                        |                            | Apt. no.                                      |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br><b>ORLANDO</b>                                                                                                                                     |                            | State<br><b>FL</b>                            |
| Foreign country name                                                                                                                                                                                                                         |                            | ZIP code<br><b>32837</b>                      |
| Foreign province/state/county                                                                                                                                                                                                                |                            | Foreign postal code                           |
| Presidential Election Campaign<br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |                            |                                               |

**Filing Status** ☐ Single ☐ Head of household (HOH)  
☒ Married filing jointly (even if only one had income)  
Check only ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)  
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 <input type="checkbox"/> |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|                                                                                        |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|                                                                                        |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|                                                                                        |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |

|                                                                                                                                                |                                                                                      |                                                                           |                      |    |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------|----|
| <b>Income</b>                                                                                                                                  |                                                                                      | 1a Total amount from Form(s) W-2, box 1 (see instructions)                | 1a 200,403.          |    |
|                                                                                                                                                |                                                                                      | 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 200,403.          |    |
| <b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b><br><br>If you did not get a Form W-2, see instructions. | 2a Tax-exempt interest                                                               | 2a                                                                        | 2b 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 |
|                                                                                                                                                | 6a Social security benefits                                                          | 6a                                                                        | b Taxable amount     | 6b |
|                                                                                                                                                | 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.                 |    |
|                                                                                                                                                | 8 Additional income from Schedule 1, line 10                                         |                                                                           | 8 -25,629.           |    |
|                                                                                                                                                | 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income              |                                                                           | 9 174,774.           |    |
|                                                                                                                                                | 10 Adjustments to income from Schedule 1, line 26                                    |                                                                           | 10 0.                |    |
| 11 Subtract line 10 from line 9. This is your adjusted gross income                                                                            |                                                                                      | 11 174,774.                                                               |                      |    |
| 12 Standard deduction or itemized deductions (from Schedule A)                                                                                 |                                                                                      | 12 27,700.                                                                |                      |    |
| 13 Qualified business income deduction from Form 8995 or Form 8995-A                                                                           |                                                                                      | 13                                                                        |                      |    |
| 14 Add lines 12 and 13                                                                                                                         |                                                                                      | 14 27,700.                                                                |                      |    |
| 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income                                                      |                                                                                      | 15 147,074.                                                               |                      |    |

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

Form 1040 (2023)

Form 1040 (2023)

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

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

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

JENNIFER R HARRIS & JOHN HARRIS

Your social security number

**Part I Additional Income**

|           |                                                                                                                                                     |           |          |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                                                                      | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .                                                                                                                          | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____                                                                          |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .                                                                                              | <b>3</b>  | -25,629. |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .                                                                                                 | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .                                               | <b>5</b>  |          |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .                                                                                                  | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .                                                                                                                 | <b>7</b>  |          |
| <b>8</b>  | Other income:                                                                                                                                       |           |          |
| <b>a</b>  | Net operating loss . . . . .                                                                                                                        | <b>8a</b> | ( )      |
| <b>b</b>  | Gambling . . . . .                                                                                                                                  | <b>8b</b> |          |
| <b>c</b>  | Cancellation of debt . . . . .                                                                                                                      | <b>8c</b> |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .                                                                                            | <b>8d</b> | ( )      |
| <b>e</b>  | Income from Form 8853 . . . . .                                                                                                                     | <b>8e</b> |          |
| <b>f</b>  | Income from Form 8889 . . . . .                                                                                                                     | <b>8f</b> |          |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .                                                                                                           | <b>8g</b> |          |
| <b>h</b>  | Jury duty pay . . . . .                                                                                                                             | <b>8h</b> |          |
| <b>i</b>  | Prizes and awards . . . . .                                                                                                                         | <b>8i</b> |          |
| <b>j</b>  | Activity not engaged in for profit income . . . . .                                                                                                 | <b>8j</b> |          |
| <b>k</b>  | Stock options . . . . .                                                                                                                             | <b>8k</b> |          |
| <b>l</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | <b>8l</b> |          |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .                                                                     | <b>8m</b> |          |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .                                                                                               | <b>8n</b> |          |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .                                                                                              | <b>8o</b> |          |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .                                                                                            | <b>8p</b> |          |
| <b>q</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .                                                                             | <b>8q</b> |          |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .                                                                                | <b>8r</b> |          |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .                                                        | <b>8s</b> | ( )      |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b> |          |
| <b>u</b>  | Wages earned while incarcerated . . . . .                                                                                                           | <b>8u</b> |          |
| <b>z</b>  | Other income. List type and amount: _____                                                                                                           | <b>8z</b> |          |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .                                                                                               | <b>9</b>  |          |
| <b>10</b> | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .         | <b>10</b> | -25,629. |

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

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

**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](http://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  
JENNIFER R HARRIS & JOHN HARRIS

Your social security number

**Part I Nonrefundable Credits**

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

(continued on page 2)

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

Schedule 3 (Form 1040) 2023

**Part II Other Payments and Refundable Credits**

|           |                                                                                                    |            |        |
|-----------|----------------------------------------------------------------------------------------------------|------------|--------|
| <b>9</b>  | Net premium tax credit. Attach Form 8962 . . . . .                                                 | <b>9</b>   |        |
| <b>10</b> | Amount paid with request for extension to file (see instructions) . . . . .                        | <b>10</b>  |        |
| <b>11</b> | Excess social security and tier 1 RRTA tax withheld . . . . .                                      | <b>11</b>  | 1,180. |
| <b>12</b> | Credit for federal tax on fuels. Attach Form 4136 . . . . .                                        | <b>12</b>  |        |
| <b>13</b> | Other payments or refundable credits:                                                              |            |        |
| <b>a</b>  | Form 2439 . . . . .                                                                                | <b>13a</b> |        |
| <b>b</b>  | Credit for repayment of amounts included in income from earlier years . . . . .                    | <b>13b</b> |        |
| <b>c</b>  | Elective payment election amount from Form 3800, Part III, line 6, column (i) . . . . .            | <b>13c</b> |        |
| <b>d</b>  | Deferred amount of net 965 tax liability (see instructions) . . . . .                              | <b>13d</b> |        |
| <b>z</b>  | Other payments or refundable credits. List type and amount:                                        | <b>13z</b> |        |
| <b>14</b> | Total other payments or refundable credits. Add lines 13a through 13z . . . . .                    | <b>14</b>  |        |
| <b>15</b> | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . . | <b>15</b>  | 1,180. |

Schedule 3 (Form 1040) 2023



**Qualified Business Income Deduction  
Simplified Computation**

Attach to your tax return.

Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.**2023**Attachment  
Sequence No. **55**

Name(s) shown on return

JENNIFER R HARRIS &amp; JOHN HARRIS

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  | ADMINISTRATIVE AND MANAGEMENT CONSULTING                                                                                                                      |                                    | -25,629.                                |
| ii |                                                                                                                                                               |                                    |                                         |
|    |                                                                                                                                                               |                                    |                                         |
|    |                                                                                                                                                               |                                    |                                         |
| v  |                                                                                                                                                               |                                    |                                         |
| 2  | Total qualified business income or (loss). Combine lines 1i through 1v, column (c)                                                                            | 2 -25,629.                         |                                         |
| 3  | Qualified business net (loss) carryforward from the prior year                                                                                                | 3 ( )                              |                                         |
| 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)                                                                                  | 11 147,074.                        |                                         |
| 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-                                                                                                     | 13 147,074.                        |                                         |
| 14 | Income limitation. Multiply line 13 by 20% (0.20)                                                                                                             |                                    | 14 29,415.                              |
| 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 ( 25,629)                            |
| 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.

Form **8995** (2023)

|                                                                                                                                                                       |  |                                     |  |                                                                                                                                                     |  |                                                 |  |                     |  |                  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|--|---------------------|--|------------------|--|
|                                                                                                                                                                       |  | a Employee's social security number |  | Payroll organization code                                                                                                                           |  | Intradepartment number                          |  |                     |  |                  |  |
|                                                                                                                                                                       |  |                                     |  | 11-21-21-90-044                                                                                                                                     |  | 0000000014                                      |  |                     |  |                  |  |
| b Employer identification number (EIN)<br>59-6001874                                                                                                                  |  |                                     |  | 1 Wages, tips, other compensation<br>26,505.96                                                                                                      |  | 2 Federal income tax withheld<br>298.68         |  |                     |  |                  |  |
| c Employer's name, address, and ZIP code<br><br>State of Florida<br>Jimmy Patronis, Chief Financial Officer<br>200 E Gaines Street<br>Tallahassee, Florida 32399-0356 |  |                                     |  | 3 Social security wages<br>27,396.84                                                                                                                |  | 4 Social security tax withheld<br>1,698.60      |  |                     |  |                  |  |
|                                                                                                                                                                       |  |                                     |  | 5 Medicare wages and tips<br>27,396.84                                                                                                              |  | 6 Medicare tax withheld<br>397.25               |  |                     |  |                  |  |
|                                                                                                                                                                       |  |                                     |  | 7 Social security tips                                                                                                                              |  | 10 Dependent care benefits                      |  |                     |  |                  |  |
| d Control number<br>001003 01/05                                                                                                                                      |  |                                     |  | 11 Nonqualified plans                                                                                                                               |  | 12a See instructions for box 12<br>DD 21,972.96 |  |                     |  |                  |  |
| e Employee's first name, mi, and last name<br><br>JENNIFER R HARRIS<br>13547 EYAS ROAD<br>ORLANDO, FL 32837                                                           |  |                                     |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |  | 12b                                             |  |                     |  |                  |  |
|                                                                                                                                                                       |  |                                     |  | 14 Other<br><br>125 2,300.16                                                                                                                        |  | 12c                                             |  |                     |  |                  |  |
|                                                                                                                                                                       |  |                                     |  |                                                                                                                                                     |  | 12d                                             |  |                     |  |                  |  |
|                                                                                                                                                                       |  |                                     |  |                                                                                                                                                     |  | 12e                                             |  |                     |  |                  |  |
| f Employee's address and Z P 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 |  |
|                                                                                                                                                                       |  |                                     |  |                                                                                                                                                     |  |                                                 |  |                     |  |                  |  |

|                                                                                                                                                                       |  |                                     |  |                                                                                                                                                     |  |                                                 |  |                     |  |                  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|--|---------------------|--|------------------|--|
|                                                                                                                                                                       |  | a Employee's social security number |  | Payroll organization code                                                                                                                           |  | Intradepartment number                          |  |                     |  |                  |  |
|                                                                                                                                                                       |  |                                     |  | 11-21-21-90-044                                                                                                                                     |  | 0000000014                                      |  |                     |  |                  |  |
| b Employer identification number (EIN)<br>59-6001874                                                                                                                  |  |                                     |  | 1 Wages, tips, other compensation<br>26,505.96                                                                                                      |  | 2 Federal income tax withheld<br>298.68         |  |                     |  |                  |  |
| c Employer's name, address, and ZIP code<br><br>State of Florida<br>Jimmy Patronis, Chief Financial Officer<br>200 E Gaines Street<br>Tallahassee, Florida 32399-0356 |  |                                     |  | 3 Social security wages<br>27,396.84                                                                                                                |  | 4 Social security tax withheld<br>1,698.60      |  |                     |  |                  |  |
|                                                                                                                                                                       |  |                                     |  | 5 Medicare wages and tips<br>27,396.84                                                                                                              |  | 6 Medicare tax withheld<br>397.25               |  |                     |  |                  |  |
|                                                                                                                                                                       |  |                                     |  | 7 Social security tips                                                                                                                              |  | 10 Dependent care benefits                      |  |                     |  |                  |  |
| d Control number<br>001003 01/05                                                                                                                                      |  |                                     |  | 11 Nonqualified plans                                                                                                                               |  | 12a See instructions for box 12<br>DD 21,972.96 |  |                     |  |                  |  |
| e Employee's first name, mi, and last name<br><br>JENNIFER R HARRIS<br>13547 EYAS ROAD<br>ORLANDO, FL 32837                                                           |  |                                     |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |  | 12b                                             |  |                     |  |                  |  |
|                                                                                                                                                                       |  |                                     |  | 14 Other<br><br>125 2,300.16                                                                                                                        |  | 12c                                             |  |                     |  |                  |  |
|                                                                                                                                                                       |  |                                     |  |                                                                                                                                                     |  | 12d                                             |  |                     |  |                  |  |
|                                                                                                                                                                       |  |                                     |  |                                                                                                                                                     |  | 12e                                             |  |                     |  |                  |  |
| f Employee's address and Z P 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 |  |
|                                                                                                                                                                       |  |                                     |  |                                                                                                                                                     |  |                                                 |  |                     |  |                  |  |

**JENNIFER RITA HARRIS**  
**FORM 6**  
**FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS**  
**2023**

***PART B- ASSETS***

| <b><u>DESCRIPTION</u></b>                         | <b><u>VALUE OF ASSETS</u></b> |
|---------------------------------------------------|-------------------------------|
| <b><u>CASH AND EQUIVALENTS</u></b>                |                               |
| TRUIST CHECKING ACCT [REDACTED]                   | \$ 2,767.52                   |
| TRUIST CHECKING ACCT [REDACTED]                   | \$ 1,750.00                   |
| <b>TOTAL CASH AND EQUIVALENTS</b>                 | <b><u>\$ 4,517.52</u></b>     |
| <b><u>RETIREMENT &amp; BROKERAGE ACCOUNTS</u></b> |                               |
| E-TRADE ROTH IRA- [REDACTED]                      | \$ 945.81                     |
| CASH/EQU \$95.91                                  |                               |
| DEMZ \$125.59                                     |                               |
| PRBLX \$266.07                                    |                               |
| WGROX \$308.34                                    |                               |
| WILNX \$147.51                                    |                               |
| E-TRADE JOINT BROKERAGE- [REDACTED]               | \$ 9,347.70                   |
| CASH/EQU \$48.82                                  |                               |
| IJR \$367.56                                      |                               |
| ITOT \$2,395.73                                   |                               |
| SUB \$944.83                                      |                               |
| SPMD \$456.05                                     |                               |
| SPLG \$738.55                                     |                               |
| VEA \$1,200.40                                    |                               |
| VWO \$474.20                                      |                               |
| VTEB \$2,721.56                                   |                               |
| E-TRADE JOINT BROKERAGE- [REDACTED]               | \$ 3,692.87                   |
| CASH/EQU \$2,849.36                               |                               |
| DXC \$136.43                                      |                               |
| ELDN \$35.85                                      |                               |
| GERN \$589.50                                     |                               |
| MBOT \$27.68                                      |                               |
| SYRS \$54.00                                      |                               |
| TSOI \$0.05                                       |                               |
| FLORIDA RETIREMENT SYSTEM (FRS)                   | \$ 6,444.16                   |
| FRS Retirement Fund (2040)                        |                               |
| <b>TOTAL RETIREMENT &amp; BROKERAGE ACCOUNTS</b>  | <b><u>\$ 13,237.80</u></b>    |