2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/02/2024

General Information

Name: Mrs Melisa W Giovannelli

PID 265757

AGENCY INFORMATION

Organization	Suborganization	Title
Lee County	Affordable Housing Advisory Committee	
Lee County Public Schools	Elected Constitutional Officer	School Board Member District 2

CANDIDATE FOR

Position	Agency Name	Position sought or held
District School Board	Lee County	District 2

Net Worth

My Net Worth as of June 2, 2024 was $ 1,542,624.00.

Filed with COE: 06/02/2024

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 $ 1,625,230.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
1848 Octavia Street Lehigh Acres FL	$ 20,000.00
1917 Dixie Way Lehigh Acres FL	$ 20,000.00
1900 Dixie Way Lehigh Acres FL	$ 20,000.00
410 Williams Ave Lehigh Acres FL	$ 20,000.00
511 Wilson Drive Interlachen FL 32148	$ 12,000.00
Carder Promissory Note for Mortgage	$ 10,000.00
Lincoln Nautlis 2022	$ 45,000.00
Gartner Investment	$ 85,197.00
Raymond James Investment	$ 151,676.00
Regions Bank Account 1	$ 1,894.41
Regions Bank Account 2	$ 5,463.40
Regions Bank Account 3	$ 1,504.12
Horizon Bank Account	$ 7,000.00
Horizon Bank Account	$ 1,495.03
FRS Pension Plan	$ 72,000.00
5083 Lexington Blvd Ft Myers FL 33919	$ 600,000.00
257 Evergreen Ln Mineral Bluff 30559GA	$ 475,000.00
Ford Escape 2018	$ 22,000.00
See Attached	

Filed with COE: 06/02/2024

Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Regions Bank	PO Box 18001 Hattiesburg MS 39404	$ 15,222.00
Cross Country Mortgage	1 Corporate Dr Ste 360 Lake Zurich IL 60047	$ 223,862.00
Lincoln Automotive Financials Svcs	PO Box 5420000 Omaha NE 68154	$ 45,022.00
See Attached		

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Filed with COE: 06/02/2024

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
Barclays Real Estate Group	3444 Marinatown Ln Ste. 11 N Ft Myers FL 3390333903	$ 35,903.00
Lee County School Board	2855 Colonial Blvd Ft Myers FL 33901	$ 48,145.81
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
N/A			

Interests in Specified Businesses

Business Entity # 1
N/A

Filed with COE: 06/02/2024

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.

Melisa W Giovannelli

Digitally signed: **06/02/2024**

Filed with COE: 06/02/2024

Federal
Tax Return

Melisa Giovannelli PA

2023

John C Joanides CPA PA
7345 Davis Blvd
Naples, FL 34104
Phone: (239) 775-6044
Fax: (813) 436-5247
john@joanidescpa.com

Form **1120-S**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
Go to *www.irs.gov/Form1120S* for instructions and the latest information.

OMB No. 1545-0123

2023

For calendar year 2023 or tax year beginning , ending

A S election effective date: 1/1/2013	**TYPE OR PRINT** Name: Melisa Giovannelli PA	**D** Employer identification number: [redacted]
B Business activity code number (see instructions): 531210	Number, street, and room or suite no. If a P.O. box, see instructions.: 5083 Lexington Blvd	**E** Date incorporated: 1/1/2013
C Check if Sch. M-3 attached ☐	City or town: Ft Myers; State: FL; ZIP code: 33919	**F** Total assets (see instructions): $ 0
	Foreign country name; Foreign province/state/county; Foreign postal code	

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. ☐ Yes ☐ No

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination

I Enter the number of shareholders who were shareholders during any part of the tax year 1

J Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 22. See the instructions for more information.

Income	1a	Gross receipts or sales: 35,903 **b** Less returns and allowances: **c** Balance		1c	35,903
	2	Cost of goods sold (attach Form 1125-A)		2	
	3	Gross profit. Subtract line 2 from line 1c		3	35,903
	4	Net gain (loss) from Form 4797, line 17 (attach Form 4797)		4	
	5	Other income (loss) (see instructions—attach statement)		5	
	6	**Total income (loss).** Add lines 3 through 5		6	35,903
Deductions (see instructions for limitations)	7	Compensation of officers (see instructions — attach Form 1125-E)		7	
	8	Salaries and wages (less employment credits)		8	
	9	Repairs and maintenance		9	
	10	Bad debts		10	
	11	Rents		11	
	12	Taxes and licenses		12	
	13	Interest (see instructions)		13	
	14	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		14	139
	15	Depletion **(Do not deduct oil and gas depletion.)**		15	
	16	Advertising		16	1,505
	17	Pension, profit-sharing, etc., plans		17	
	18	Employee benefit programs		18	
	19	Energy efficient commercial buildings deduction (attach Form 7205)		19	
	20	Other deductions (attach statement)		20	18,412
	21	**Total deductions.** Add lines 7 through 20		21	20,056
	22	**Ordinary business income (loss).** Subtract line 21 from line 6		22	15,847
Tax and Payments	23a	Excess net passive income or LIFO recapture tax (see instructions)	23a		
	b	Tax from Schedule D (Form 1120-S)	23b		
	c	Add lines 23a and 23b (see instructions for additional taxes)		23c	0
	24a	Current year's estimated tax payments and preceding year's overpayment credited to the current year	24a		
	b	Tax deposited with Form 7004	24b		
	c	Credit for federal tax paid on fuels (attach Form 4136)	24c		
	d	Elective payment election amount from Form 3800	24d		
	z	Add lines 24a through 24d		24z	0
	25	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐		25	
	26	**Amount owed.** If line 24z is smaller than the total of lines 23c and 25, enter amount owed		26	0
	27	**Overpayment.** If line 24z is larger than the total of lines 23c and 25, enter amount overpaid		27	0
	28	Enter amount from line 27: **Credited to 2024 estimated tax** **Refunded**		28	0

Sign Here

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

Signature of officer | Date | President — Title

May the IRS discuss this return with the preparer shown below? See instructions. ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name: John C Joanides	Preparer's signature: John C Joanides	Date: 3/19/2024	Check ☐ if self-employed; PTIN: [redacted]
Firm's name: John C Joanides CPA PA			Firm's EIN: 20-8240956
Firm's address: 7345 Davis Blvd			Phone no.: (239) 775-6044
City: Naples	State: FL		ZIP code: 34104

For Paperwork Reduction Act Notice, see separate instructions.

HTA

Form **1120-S** (2023)

Schedule B Other Information (see instructions)

		Yes	No
1	Check accounting method: a [X] Cash b [ ] Accrual c [ ] Other (specify)		
2	See the instructions and enter the: a Business activity Real Estate b Product or service Sales & Management		
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		X
4	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.		X
	(i) Total shares of restricted stock		
	(ii) Total shares of non-restricted stock		
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.		X
	(i) Total shares of stock outstanding at the end of the tax year		
	(ii) Total shares of stock outstanding if all instruments were executed		
6	Has this corporation filed, or is it required to file, **Form 8918,** Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount [ ] If checked, the corporation may have to file **Form 8281,** Information Return for Publicly Offered Original Issue Discount Instruments.		
8	If the corporation **(a)** was a C corporation before it elected to be an S corporation **or** the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, **and (b)** has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions $		
9	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
10	Does the corporation satisfy one or more of the following? See instructions		X
a	The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b	The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than $29 million and the corporation has business interest expense.		
c	The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach **Form 8990,** Limitation on Business Interest Expense Under Section 163(j).		
11	Does the corporation satisfy **both** of the following conditions?	X	
a	The corporation's total receipts (see instructions) for the tax year were less than $250,000.		
b	The corporation's total assets at the end of the tax year were less than $250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.		

Schedule B Other Information (see instructions) *(continued)*

		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
	If "Yes," enter the amount of principal reduction $		
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a	Did the corporation make any payments in 2023 that would require it to file Form(s) 1099?		X
b	If "Yes," did or will the corporation file required Form(s) 1099?		
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 15 $		
16	At any time during the tax year, did the corporation: (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		X

Schedule K Shareholders' Pro Rata Share Items

				Total amount
Income (Loss)	1	Ordinary business income (loss) (page 1, line 22)	1	15,847
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss)	3a	
	b	Expenses from other rental activities (attach statement)	3b	
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c	0
	4	Interest income	4	
	5	Dividends: a Ordinary dividends	5a	
		b Qualified dividends	5b	
	6	Royalties	6	
	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7	
	8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a	
	b	Collectibles (28%) gain (loss)	8b	
	c	Unrecaptured section 1250 gain (attach statement)	8c	
	9	Net section 1231 gain (loss) (attach Form 4797)	9	
	10	Other income (loss) (see instructions) Type:	10	
Deductions	11	Section 179 deduction (attach Form 4562)	11	
	12a	Charitable contributions	12a	9,301
	b	Investment interest expense	12b	
	c	Section 59(e)(2) expenditures Type:	12c	
	d	Other deductions (see instructions) Type:	12d	
Credits	13a	Low-income housing credit (section 42(j)(5))	13a	
	b	Low-income housing credit (other)	13b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d	Other rental real estate credits (see instructions) Type:	13d	
	e	Other rental credits (see instructions) Type:	13e	
	f	Biofuel producer credit (attach Form 6478)	13f	
	g	Other credits (see instructions) Type:	13g	
International	14	Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance ☐		
Alternative Minimum Tax (AMT) Items	15a	Post-1986 depreciation adjustment	15a	
	b	Adjusted gain or loss	15b	
	c	Depletion (other than oil and gas)	15c	
	d	Oil, gas, and geothermal properties—gross income	15d	
	e	Oil, gas, and geothermal properties—deductions	15e	
	f	Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a	Tax-exempt interest income	16a	
	b	Other tax-exempt income	16b	
	c	Nondeductible expenses	16c	1,013
	d	Distributions (attach statement if required) (see instructions)	16d	
	e	Repayment of loans from shareholders	16e	
	f	Foreign taxes paid or accrued	16f	

Schedule K	Shareholders' Pro Rata Share Items *(continued)*		Total amount
Other Information	17a	Investment income	17a
	b	Investment expenses	17b
	c	Dividend distributions paid from accumulated earnings and profits	17c
	d	Other items and amounts (attach statement)	
Reconciliation	18	**Income (loss) reconciliation.** Combine the total amounts on lines 1 through 10. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f	18 6,546

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
	Assets	(a)	(b)	(c)	(d)
1	Cash				
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts		0		0
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation		0		0
11a	Depletable assets				
b	Less accumulated depletion		0		0
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization		0		0
14	Other assets (attach statement)				
15	Total assets		0		0
	Liabilities and Shareholders' Equity				
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock				
23	Additional paid-in capital				
24	Retained earnings				
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock				
27	Total liabilities and shareholders' equity		0		0

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books		5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)		a	Tax-exempt interest $	0
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 16f (itemize):		6	Deductions included on Schedule K, lines 1 through 12, and 16f, not charged against book income this year (itemize):	
a	Depreciation $		a	Depreciation $	0
b	Travel and entertainment $	0	7	Add lines 5 and 6	0
4	Add lines 1 through 3	0	8	Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	0

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account

(see instructions)

		(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1	Balance at beginning of tax year	416,118			
2	Ordinary income from page 1, line 22	15,847			
3	Other additions				
4	Loss from page 1, line 22				
5	Other reductions	10,314			
6	Combine lines 1 through 5	421,651	0	0	0
7	Distributions				
8	Balance at end of tax year. Subtract line 7 from line 6	421,651	0	0	0

[redacted]

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0123

Schedule K-1 (Form 1120-S)
Department of the Treasury
Internal Revenue Service

2023
For calendar year 2023, or tax year beginning _____ ending _____

Shareholder's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
[redacted]

B Corporation's name, address, city, state, and ZIP code
Melisa Giovannelli PA
5083 Lexington Blvd
Ft Myers, FL 33919

C IRS Center where corporation filed return
e-file

D Corporation's total number of shares
Beginning of tax year _____
End of tax year _____

Part II Information About the Shareholder

E Shareholder's identifying number Shareholder: 1
[redacted]

F Shareholder's name, address, city, state, and ZIP code
Melisa Giovannelli
5083 Lexington Blvd.
Ft Myers, FL 33919

G Current year allocation percentage . . . . . 100.000000 %

H Shareholder's number of shares
Beginning of tax year _____
End of tax year _____

I Loans from shareholder
Beginning of tax year . . . . . $ _____
End of tax year . . . . . $ _____

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 15,847	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked . . . . . ☐
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16 C	Items affecting shareholder basis 1,013
10	Other income (loss)		
		17 AA	Other information 6,546
11	Section 179 deduction	AC	62,020
12 A	Other deductions 9,301		

18 ☐ More than one activity for at-risk purposes*
19 ☐ More than one activity for passive activity purposes*

* See attached statement for additional information.

Melisa Giovannelli [redacted]

K-1 Statement (Sch K-1, Form 1120S)

Line 12 - Deductions

A Code A - Cash contributions (60%)	A	9,301

Line 16 - Items affecting shareholder basis

C Code C - Nondeductible expenses	C	1,013

Line 17 - Other Information

AA Code AA - Excess taxable income	AA	6,546
AC Code AC - Gross receipts for section 448(c)	AC	62,020

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.
Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172
2023
Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
Melisa Giovannelli PA	1120S - Real Estate	[redacted]

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8		0
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9		0
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562.	10		
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11		
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12		0
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	0	

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

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

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	139
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20	a Class life					S/L	
	b 12-year			12 yrs.		S/L	
	c 30-year			30 yrs.	MM	S/L	
	d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	139
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form **8990**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

Limitation on Business Interest Expense Under Section 163(j)

Attach to your tax return.
Go to *www.irs.gov/Form8990* for instructions and the latest information.

OMB No. 1545-0123

Taxpayer name(s) shown on tax return: Melisa Giovannelli PA

Identification number: [redacted]

A If Form 8990 relates to an information return for a foreign entity (for example, Form 5471), enter:
Name of foreign entity
Employer identification number, if any
Reference ID number

B Is the foreign entity a CFC group member? See instructions . . . ☐ Yes ☐ No

C Is this Form 8990 filed by the specified group parent for an entire CFC group? See instructions . . . ☐ Yes ☐ No

D Has a CFC or a CFC group made a safe harbor election? If yes, see instructions for which lines of Form 8990 to complete . . . ☐ Yes ☐ No

Part I Computation of Allowable Business Interest Expense

Part I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be completed before Part I when the taxpayer is a partner or shareholder of a pass-through entity subject to section 163(j).

Section I - Business Interest Expense

1	Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation	1		
2	Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership)	2		
3	Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h))	3		
4	Floor plan financing interest expense. See instructions	4		
5	**Total business interest expense.** Add lines 1 through 4		5	0

Section II - Adjusted Taxable Income

Tentative Taxable Income

6	Tentative taxable income. See instructions		6	6,546

Additions (adjustments to be made if amounts are taken into account on line 6)

7	Any item of loss or deduction that is not properly allocable to a trade or business of the taxpayer. See instructions	7		
8	Any business interest expense not from a pass-through entity. See instructions	8		
9	Amount of any net operating loss deduction under section 172	9		
10	Amount of any qualified business income deduction allowed under section 199A	10		
11	Reserved for future use	11		
12	Amount of any loss or deduction items from a pass-through entity. See instructions	12		
13	Other additions. See instructions	13		
14	Total current year partner's excess taxable income (Schedule A, line 44, column (f))	14		
15	Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c))	15		
16	**Total.** Add lines 7 through 15		16	0

Reductions (adjustments to be made if amounts are taken into account on line 6)

17	Any item of income or gain that is not properly allocable to a trade or business of the taxpayer. See instructions	17	( )	
18	Any business interest income not from a pass-through entity. See instructions	18	( )	
19	Amount of any income or gain items from a pass-through entity. See instructions	19	( )	
20	Other reductions. See instructions	20	( )	
21	**Total.** Combine lines 17 through 20		21	(0)
22	**Adjusted taxable income.** Combine lines 6, 16, and 21. See instructions		22	6,546

Section III - Business Interest Income

23	Current year business interest income. See instructions	23			
24	Excess business interest income from pass-through entities (total of Schedule A, line 44, column (g), and Schedule B, line 46, column (d))	24			
25	**Total.** Add lines 23 and 24			25	0

Section IV—163(j) Limitation Calculations

Limitation on Business Interest Expense

26	Multiply the adjusted taxable income from line 22 by the applicable percentage. See instructions	26	1,964		
27	Business interest income (line 25)	27			
28	Floor plan financing interest expense (line 4)	28			
29	**Total.** Add lines 26, 27, and 28			29	1,964

Allowable Business Interest Expense

30	**Total current year business interest expense deduction.** See instructions	30	

Carryforward

31	**Disallowed business interest expense.** Subtract line 29 from line 5. (If zero or less, enter -0-.)	31	0

Part II Partnership Pass-Through Items

Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allocated to the partners and are not carried forward by the partnership. See the instructions for more information.

Excess Business Interest Expense

32	**Excess business interest expense.** Enter amount from line 31	32	

Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through 37.)

33	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.)	33	0
34	Subtract line 33 from line 26. (If zero or less, enter -0-.)	34	0
35	Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.)	35	0.0000
36	**Excess taxable income.** Multiply line 35 by line 22	36	0

Excess Business Interest Income

37	**Excess business interest income.** Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.)	37	0

Part III S Corporation Pass-Through Items

Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. See the instructions for more information.

Excess Taxable Income

38	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.)	38	0
39	Subtract line 38 from line 26. (If zero or less, enter -0-.)	39	1,964
40	Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.)	40	1.0000
41	**Excess taxable income.** Multiply line 40 by line 22	41	6,546

Excess Business Interest Income

42	**Excess business interest income.** Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.)	42	0

SCHEDULE A Summary of Partner's Section 163(j) Excess Items

Any taxpayer that owns an interest in a partnership subject to section 163(j) should complete Schedule A before completing Part I.

	(a) Name of partnership	(b) EIN	Excess Business Interest Expense (c) Current year	(d) Prior year carryforward	(e) Total ((c) plus (d))	(f) Current year excess taxable income	(g) Current year excess business interest income	(h) Excess business interest expense treated as paid or accrued (see instructions)	(i) Current year excess business interest expense carryforward (see instructions)
43					0			0	0
					0			0	0
					0			0	0
					0			0	0
					0			0	0
					0			0	0
44	Total					0	0	0	

SCHEDULE B Summary of S Corporation Shareholder's Excess Taxable Income and Excess Business Interest Income

Any taxpayer that is required to complete Part I and is a shareholder in an S corporation that has excess taxable income or excess business interest income should complete Schedule B before completing Part I.

	(a) Name of S corporation	(b) EIN	(c) Current year excess taxable income	(d) Current year excess business interest income
45				
46	Total		0	0

Line 20 (1120S) - Other Deductions

1	Travel, Meals and Entertainment				
	b Meals, subject to 50% limit	1b	2,026		
	e Less disallowed	1e	1,013		
	f Total meals and entertainment			1f	1,013
2	Office expense			2	1,068
3	Tolls / Parking			3	175
4	Auto Expenses - mileage - 12,000			4	7,860
5	Fees & Insurance			5	1,798
6	Phone/Fax/Internet expenses			6	974
7	Cellphone - 742 x 70%			7	519
8	Gifts to clients			8	115
9	Broker Fees			9	3,720
10	Continuning Education			10	447
11	Convention and seminars			11	498
12	Professional Fee			12	225
13	Total other deductions			13	18,412

Line 12a, Sch K (1120S) - Contributions

A	Code A - Cash contributions (60%)	A	9,301
	Total contributions	12a	9,301

Line 17d, Sch K (1120S) - Other Items and Amounts

AA	Code AA - Excess taxable income	AA	6,546
AC	Code AC - Gross receipts for section 448(c)	AC	62,020

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Summary of Unadjusted Basis of Qualified Property (4562)

12/31/2023

Summary of Qualified Property by Activity

	Activity	Unadjusted Cost or Basis
1	1120S	5,982

Detail of Qualified Property

	Activity	Asset Description	Date In Service	Recovery Period	Years in Service	Total Cost or Basis	Business/Time Use Percent	Unadjusted Cost or Basis
2	1120S	Leasehold Improvements	1/1/2013	27.5	11	3,826	100.00%	3,826
3	1120S	Computer / Printers	7/1/2018	5.0	6	2,156	100.00%	2,156

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Form **7004**
(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

▶ **File a separate application for each return.**
▶ **Go to *www.irs.gov/Form7004* for instructions and the latest information.**

OMB No. 1545-0233

Print or Type

Name: Melisa Giovannelli PA
Identifying number: [redacted]
Number, street, and room or suite no. (If P.O. box, see instructions.): 5083 Lexington Blvd
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).): Ft Myers, FL 33919

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for 25

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

Part II All Filers Must Complete This Part

2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here . . . . . ▶ ☐

3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here . . . . . ▶ ☐
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here . . . ▶ ☐

5a The application is for calendar year 20 23 , or tax year beginning _____ , 20 ___ , and ending _____ , 20 ___

b **Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions—attach explanation.)

6	Tentative total tax	6	0
7	**Total** payments and credits. See instructions	7	0
8	**Balance due.** Subtract line 7 from line 6. See instructions	8	0

John C Joanides CPA PA
7345 Davis Blvd
Naples, FL 34104
Phone: (239) 775-6044
Fax: (813) 436-5247
john@joanidescpa.com

March 19, 2024

Melisa Giovannelli PA
5083 Lexington Blvd
Ft Myers, FL 33919

Dear Sir,

I have prepared your 2023 Form 1120S based on the information you provided. Please review the enclosed copy for Melisa Giovannelli PA, then sign the IRS e-file Signature Authorization Form 8879-C and return it to me. When I receive the signed authorization, I will e-file your return.

Melisa Giovannelli PA's 2023 federal taxes have been paid in full.

If you have any questions about the return(s) or about Melisa Giovannelli PA's tax situation during the year, please do not hesitate to call me at (239) 775-6044. I appreciate this opportunity to serve you.

Sincerely,

John C Joanides
John C Joanides CPA PA

CLIENT'S COPY

Form **8879-CORP** (December 2022)

Department of the Treasury
Internal Revenue Service

E-file Authorization for Corporations

For calendar year 20 23 , or tax year beginning _____ , 20 _____ , ending _____ , 20 _____

Do not send to the IRS. Keep for your records.

Go to *www.irs.gov/Form8879CORP* for the latest information.

OMB No. 1545-0123

Name of corporation
Melisa Giovannelli PA

Employer identification number
[redacted]

Part I Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	0
2	Total income (Form 1120-F, Section II, line 11)	2	0
3	Total income (loss) (Form 1120-S, line 6)	3	35,903

Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS **(a)** an acknowledgment of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize John C Joanides CPA PA (ERO firm name) to enter my PIN [redacted] (do not enter all zeros) as my signature on the corporation's electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's electronically filed income tax return.

Officer's signature _____ Date _____ Title President

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [redacted] (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS *e-file* Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature John C Joanides Date 3/19/2024

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

CLIENT'S COPY

Electronic Filing Information (1120/1120S/1120F)

Signature Method

[X] Option (1) Using Practitioner PIN. Use Section *(A)* below.

[ ] Option (2) Scanned 8453

Date return prepared: 3/19/2024

PIN Information (Enter information below)

	(A) Practitioner PIN:			
	PIN (5 Digits)	TP entered	ERO entered	
Taxpayer PIN:	[redacted]	[ ]	[X]	If ERO entered taxpayer PIN, you must fill out the 8879-CORP (IRS e-file Signature Authorization Form).
ERO PIN:	[redacted]			

EFIN

Enter your 6-digit EFIN number. You can enter EFINs in the Preparer Table.

EFIN: [redacted]

Submission ID

The Submission ID for this e-File will be computed automatically when an EFIN is entered above. It will only be regenerated if a 'Rejected by EFC' or 'Rejected by Agency' acknowledgement is received and the e-File is recreated.

Submission ID: [redacted]

Name Control

Click here to see Knowledge Base Document 14500, for more information on Name Controls

MELI

Corporate Information

Please enter all taxpayer demographic data on the Main Information form.

Officer first name	M.I.	Officer last name	Title	Date signed
Melisa		Giovannelli	President	3/19/2024
Email address		Phone: (239) 775-6044	Foreign phone number	

Does the IRS have the most current Responsible Party information on file? [ ] Yes [ ] No

ERO (Enter data in the Preparer Manager)

ERO's name	Foreign phone number
John C Joanides	
Firm's name: John C Joanides CPA PA	

Preparer (Enter data in the Preparer Manager)

Preparer's name	PTIN	Non-paid prep type
John C Joanides	[redacted]	
Firm's name: John C Joanides CPA PA		Foreign phone number

T-Mobile LTE 7:04 PM

LEADERSHIP ADVOCACY SERVICE

FADSS

FLORIDA ASSOCIATION OF DISTRICT SCHOOL SUPERINTENDENTS

Certificate of Completion

THIS IS TO CERTIFY THAT

Melisa W Giovannelli

has completed the 2023 four (4) hours of required ethics training pursuant to Section 112.3142, Florida Statutes, on December 15, 2023, which was provided electronically from the Florida Association of District School Superintendents.*

Brian Moore, General Counsel
Florida Association of District School Superintendents

Ellen Odom, General Counsel
Escambia County School Board

David Koperski, School Board Attorney
Pinellas County School Board

Amy Enwall, General Counsel
Orange County School Board

Diego "Woody" Rodriguez, Former General Counsel
Central Florida Expressway Authority

*This certificate does not have to be filed with the Florida Commission on Ethics, but should be maintained in your records and used to "check the box" on you Form 6 or Form 1 for 2023.

fadss.org