

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/28/2024

General Information

Name: Hon Ramiro Manalich

CONFIDENTIAL

PID 83225

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (20Th)	Elected Constitutional Officer	Circuit Judge

Net Worth

My Net Worth as of June 21, 2024 was \$ 1,356,934.34.

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 \$ 58,500.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Residence Property	\$ 975,000.00
Suncoast Credit Union	\$ 46,055.95
State of FL Def Comp Plan/Nationwide Charles Schwab	\$ 40,130.22
State of Florida DROP Account	\$ 550,164.38
State of Florida DROP Account (spouse {REDACTED})	\$ 95,205.00
Miami Dolphins - 2 Seats plus parking	\$ 9,808.00
See Attached	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Sun Coast Credit Union	P.O. Box 11904, Tampa, FL 33680	\$ 374,916.16
River Place Apartments	1 Riverplace Drive, La Cross, WI 54601	\$ 5,400.00
Chase Auto	P.O Box 71220, Philadelphia, PA 19176	\$ 27,896.87
See Attached		

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

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

PRIMARY SOURCES OF INCOME:

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

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

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

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

N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you 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.

Ramiro Manalich

Digitally signed: 06/28/2024

Filed with COE: 06/28/2024

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name

RAMIRO**MANALICH**

Social security number

Spouse's name

MANALICH

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	392,642
2	Total tax	2	74,273
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	74,954
4	Amount you want refunded to you	4	1,748
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement 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 ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received 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 further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize **U.S. TAX ACCOUNTING, LLC** to enter or generate my PIN  as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ **03/02/24**

Spouse's PIN: check one box only

- ☒ I authorize **U.S. TAX ACCOUNTING, LLC** to enter or generate my PIN  as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ **03/02/24****Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ **BARBARA GODZIK GOULET** Date ▶ **03/02/24**

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

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

Form **8879** (Rev. 01-2021)

Form **1040-SR** Department of the Treasury—Internal Revenue Service **2023** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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 RAMIRO		Last name MANALICH		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial [REDACTED]		Last name MANALICH		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]				Apt. no. [REDACTED]	
City, town or post office. If you have a foreign address, also complete spaces below. [REDACTED]				State [REDACTED] ZIP code [REDACTED]	
Foreign country name [REDACTED]		Foreign province/state/county [REDACTED]		Foreign postal code [REDACTED]	

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
☐ You ☐ Spouse

Filing Status

Check only one box.

- ☐ Single ☒ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS)
☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

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, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)

☐ Yes ☒ No

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness ☐ You: ☒ Were born before January 2, 1959 ☐ Are blind
☐ Spouse: ☒ Was born before January 2, 1959 ☐ Is blind

Dependents

(see instructions):

(1) First name

Last name

(2) Social security number

(3) Relationship to you

(4) Check the box if qualifies for (see instr.):
Child tax credit Credit for other dependents

If more than four dependents, see instructions and check here ☐

DO NOT FILE

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	308,069
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	308,069
2a Tax-exempt interest	2a	
2b Taxable interest	2b	1,043
3a Qualified dividends	3a	
3b Ordinary dividends	3b	
4a IRA distributions	4a	
4b Taxable amount	4b	
5a Pensions and annuities	5a	83,530
5b Taxable amount	5b	83,530
6a Social security benefits	6a	
6b Taxable amount	6b	
c If you elect to use the lump-sum election method, check here (see instructions)		☐

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

Form **1040-SR** (2023)

7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	7	
8	Additional income from Schedule 1, line 10	8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	392,642
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	392,642
12	Standard deduction or itemized deductions (from Schedule A)	12	30,700
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	30,700
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	361,942
Tax and Credits	16 Tax (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐	16	73,666
	17 Amount from Schedule 2, line 3	17	
	18 Add lines 16 and 17	18	73,666
	19 Child tax credit or credit for other dependents from Schedule 8812	19	
	20 Amount from Schedule 3, line 8	20	
	21 Add lines 19 and 20	21	
	22 Subtract line 21 from line 18. If zero or less, enter -0-	22	73,666
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23	607
	24 Add lines 22 and 23. This is your total tax	24	74,273
Payments	25 Federal income tax withheld from:		
	a Form(s) W-2	25a	57,803
	b Form(s) 1099	25b	17,151
	c Other forms (see instructions)	25c	
	d Add lines 25a through 25c	25d	74,954
	26 2023 estimated tax payments and amount applied from 2022 return	26	
	27 Earned income credit (EIC)	27	
	28 Additional child tax credit from Schedule 8812	28	
	29 American opportunity credit from Form 8863, line 8	29	
	30 Reserved for future use	30	
	31 Amount from Schedule 3, line 15	31	1,067
	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	1,067
	33 Add lines 25d, 26, and 32. These are your total payments	33	76,021

Go to www.irs.gov/Form1040SR for instructions and the latest information.Form **1040-SR** (2023)

RAMIRO MANALICH & [REDACTED] MANALICH

Form 1040-SR (2023)

Page 3

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,748
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1,748
	b	Routing number [REDACTED]	c	Type: ☒ Checking ☐ Savings
	d	Account number [REDACTED]		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee

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

☒ Yes. Complete below. ☐ NoDesignee's name **BARBARA GODZIK GOULET**Phone no. **239-597-7009**

Personal identification number (PIN) [REDACTED]

Sign Here

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

Your signature	Date	Your occupation JUDGE	If the IRS sent you an Identity Protection PIN, enter it here (see instr.) [REDACTED]
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation [REDACTED]	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)

Phone no. [REDACTED] Email address **JMANALICH@COMCAST.NET**

Preparer's name	Preparer's signature	PTIN	Check if: ☐ Self-employed
BARBARA GODZIK GOULET	BARBARA GODZIK GOULET	[REDACTED]	
Firm's name	Date	Date 03/02/24	
U.S. TAX ACCOUNTING, LLC	8985 FONTANA DEL SOL WAY	Phone no. 239-597-7009	
Firm's address	NAPLES FL 34109	Firm's EIN	82-4236360

Go to www.irs.gov/Form1040SR for instructions and the latest information.Form **1040-SR** (2023)

Standard Deduction Chart*Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* on page 1 **2**

IF your filing status is...	AND the number of boxes checked is...	THEN your standard deduction is...
Single	1	\$15,700
	2	17,550
Married filing jointly	1	\$29,200
	2	30,700
	3	32,200
	4	33,700
Qualifying surviving spouse	1	\$29,200
	2	30,700
Head of household	1	\$22,650
	2	24,500
Married filing separately**	1	\$15,350
	2	16,850
	3	18,350
	4	19,850

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

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

Go to www.irs.gov/Form1040SR for instructions and the latest information.

Form **1040-SR** (2023)

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

OMB No. 1545-0074

2023Attachment
Sequence No. **02**

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

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

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

Your social security number

RAMIRO MANALICH & [REDACTED] MANALICH**Part I Tax**

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

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE	4	
5 Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6 Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7 Total additional social security and Medicare tax. Add lines 5 and 6	7	
8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9 Household employment taxes. Attach Schedule H	9	
10 Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11 Additional Medicare Tax. Attach Form 8959	11	567
12 Net investment income tax. Attach Form 8960	12	40
13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14 Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16 Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2023

Part II Other Taxes (continued)

17 Other additional taxes:			
a Recapture of other credits. List type, form number, and amount:	17a		
b Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
c Additional tax on HSA distributions. Attach Form 8889	17c		
d Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j Section 72(m)(5) excess benefits tax	17j		
k Golden parachute payments	17k		
l Tax on accumulation distribution of trusts	17l		
m Excise tax on insider stock compensation from an expatriated corporation	17m		
n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q Any interest from Form 8621, line 24	17q		
z Any other taxes. List type and amount:	17z		
18 Total additional taxes. Add lines 17a through 17z		18	
19 Reserved for future use		19	
20 Section 965 net tax liability installment from Form 965-A	20		
21 Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	607

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	1,067
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
	a Form 2439	13a	
	b Credit for repayment of amounts included in income from earlier years	13b	
	c Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c	
	d Deferred amount of net 965 tax liability (see instructions)	13d	
	z Other payments or refundable credits. List type and amount:	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	1,067

Schedule 3 (Form 1040) 2023

Form

8959**Additional Medicare Tax**

OMB No. 1545-0074

2023Attachment
Sequence No. **71**Department of the Treasury
Internal Revenue Service

If any line does not apply to you, leave it blank. See separate instructions.

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

Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

RAMIRO MANALICH & [REDACTED] MANALICH

Your social security number [REDACTED]

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	312,969	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	312,969	
5	Enter the following amount for your filing status:			
	Married filing jointly \$250,000			
	Married filing separately \$125,000			
	Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		62,969
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		567

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8		
9	Enter the following amount for your filing status:			
	Married filing jointly \$250,000			
	Married filing separately \$125,000			
	Single, Head of household, or Qualifying surviving spouse \$200,000	9	250,000	
10	Enter the amount from line 4	10	312,969	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	0	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		0
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status:			
	Married filing jointly \$250,000			
	Married filing separately \$125,000			
	Single, Head of household, or Qualifying surviving spouse \$200,000	15	250,000	
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		0
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18		567
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	4,538	
20	Enter the amount from line 1	20	312,969	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	4,538	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		0
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24		

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

Form **8959** (2023)

Form **8960****Net Investment Income Tax—
Individuals, Estates, and Trusts**

Attach to your tax return.

OMB No. 1545-2227

2023Attachment
Sequence No. **72**Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

Your social security number or EIN

RAMIRO MANALICH & [REDACTED] MANALICH**Part I Investment Income**

- ☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)	1	1,043
2	Ordinary dividends (see instructions)	2	
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	
4b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	
c	Combine lines 4a and 4b	4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	
5b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
5c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	1,043

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	
9b	State, local, and foreign income tax (see instructions)	9b	
9c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-	12	1,043
13	Modified adjusted gross income (see instructions)	13	392,642
14	Threshold based on filing status (see instructions)	14	250,000
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	142,642
16	Enter the smaller of line 12 or line 15	16	1,043
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	40
18a	Net investment income (line 12 above)	18a	
18b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b	
18c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
19b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
19c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

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

Form **8960** (2023)

Form **1040****Tax Return Reconciliation Worksheet****2023**Filing Status: ☐ 1 Single ☒ 2 Married filing jointly ☐ 3 Married filing separately ☐ 4 Head of household* ☐ 5 Qualifying widow(er)*

MFS spouse name:

*Qualifying person that is a child but not a dependent:

Taxpayer first name and initial

RAMIRO

Last name

MANALICH

Taxpayer social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

Presidential Election Campaign

Taxpayer ☐Spouse ☐

City, town or post office, state, and ZIP code.

Foreign country name

Foreign province/state/county

Foreign postal code

At anytime during 2023, did you receive, sell, send, exchange, or otherwise acquire financial interest in any digital assets? Yes ☒ No ☐6a ☒ Taxpayer. If someone can claim you as a dependent, do not check box 6ab ☒ Spouse

Boxes checked on 6a and 6b

2

Children on 6c who lived with you

Children on 6c who did not live with you

Dependents on 6c not entered above

Total. Add lines above

2**6c Dependents:**

(1) First name

Last name

(2) Social security number

(3) Relationship to you

(4) ☒ if qualifies for

Child tax credit

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐If more than four dependents, ☒ here ☐**Income**
(Schedule 1)

7 Wages, salaries, tips, etc. Attach Form(s) W-2

308,069

8a Taxable interest. Attach Schedule B if required

8a

1,043

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

9a

b Qualified dividends

9b

10 Taxable refunds, credits, or offsets of state and local income taxes

10

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

13

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amount

15b

16a Pensions and annuities

16a

83,530

b Taxable amount

16b

83,530

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount

20b

21 Other income. List type and amount

21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income

22

392,642**Adjusted Gross Income**
(Schedule 1)

23 Educator expenses

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

27 Deductible part of self-employment tax. Attach Schedule SE

27

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction

29

30 Penalty on early withdrawal of savings

30

31a Alimony paid b Recipient's SSN

31a

32 IRA deduction

32

33 Student loan interest deduction

33

34 Reserved for future use

34

35 Reserved for future use

35

36 Add lines 23 through 35

36

37 Subtract line 36 from line 22. This is your adjusted gross income

37

392,642

Form **1040**

Tax Return Reconciliation Worksheet, Page 2

2023Name **RAMIRO MANALICH & [REDACTED] MANALICH**

Tp TIN

392,642**Tax and Credits**
(Schedules 2, 3)

38 Amount from line 37 (adjusted gross income) 38 **392,642**

39a Check ☒ You were born before January 2, 1959, ☐ Blind. Total boxes checked 39a **2**
if: ☒ Spouse was born before January 2, 1959, ☐ Blind.

b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b ☐

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$13,850
Married filing jointly or Qualifying widow(er), \$27,700
Head of household, \$20,800

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 **30,700**

a Subtract line 40 and 40b from line 38 40b **361,942**

42 Qualified business income deduction (see instructions) 42

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 **361,942**

44 Tax (see instr.). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐ 44 **73,666**

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Excess advance premium tax credit repayment. Attach Form 8962 46

47 Add lines 44, 45, and 46 47 **73,666**

48 Foreign tax credit. Attach Form 1116 if required 48

49 Credit for child and dependent care expenses. Attach Form 2441 49

50 Education credits from Form 8863, line 19 50

51 Retirement savings contributions credit. Attach Form 8880 51

52 Child tax credit/credit for other dependents 52

53 Residential energy credits. Attach Form 5695 53

54 Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐ 54

55 Add lines 48 through 54. These are your total credits 55

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56 **73,666**

Other Taxes
(Schedule 2)

57 Self-employment tax. Attach Schedule SE 57

58 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59

60a Household employment taxes from Schedule H 60a

b First-time homebuyer credit repayment. Attach Form 5405 if required 60b

61 Taxes from: a ☒ Form 8959 b ☒ Form 8960 c ☐ Instructions; enter code(s) SEE STATEMENT 61 **607**

62 Section 965 net tax liability installment from Form 965-A 62

63 Add lines 56 through 61. This is your total tax 63 **74,273**

64 Federal income tax withheld from: 64a **57,803**

a Form(s) W-2 64b **17,151**

b Form(s) 1099 64c

c Other forms 64c

65 2023 estimated tax payments and amount applied from 2022 return 65

66 Earned income credit (EIC) 66

67 Additional child tax credit. Attach Schedule 8812 67

68 American opportunity credit from Form 8863, line 8 68

69 Recovery rebate credit 69

70 Net premium tax credit. Attach Form 8962 70

71 Amount paid with request for extension to file 71

72 Excess social security and tier 1 RRTA tax withheld 72 **1,067**

73 Credit for federal tax on fuels. Attach Form 4136 73

74 Other payments and refundable credits 74

75 Total pymts. Add lines 64 - 74. 75 **76,021**

Refund 76 If line 75 is more than line 63, subtract line 63 from line 75. This is the amount you overpaid 76 **1,748**

77a Amount of line 76 you want refunded to you. If Form 8888 is attached, check here 77a **1,748**

b Routing number [REDACTED] c Type: ☒ Checking ☐ Savings

d Account number [REDACTED]

78 Amount of line 76 you want applied to your 2024 estimated tax 78

Amount You Owe 79 Amount you owe. Subtract line 75 from line 63. For details on how to pay, see instructions 79

80 Estimated tax penalty (see instructions) 80

Int/Pen Date filed Int Fail to file Fail to pay Total

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No Personal identification no. (PIN) [REDACTED]
Designee's Name **BARBARA GODZIK GOULET** Phone no. **239-597-7009**

Other Info Taxpayer Daytime phone number Taxpayer: Occupation **JUDGE** IRS Identity Protection PIN [REDACTED]
Spouse: Occupation [REDACTED] IRS Identity Protection PIN [REDACTED]

☒ Taxpayer ☐ Spouse Email address **JMANALICH@COMCAST.NET**

Form **1040****Standard Deduction & Dependent MAGI Worksheets****2023**

Name

RAMIRO MANALICH & [REDACTED] MANALICH

Taxpayer Identification Number

Standard Deduction Worksheet

1. Enter the amount shown below for your filing status.

- Single or Married filing separately - \$13,850
- Married filing jointly or qualifying widow(er) - \$27,700
- Head of household - \$20,800

1. 27,700

2. Can you (or your spouse if married, filing jointly) be claimed as a dependent?

- ☒ **No.** Skip line 3; enter the amount from line 1 on line 4.
☐ **Yes.** Go to line 3.

3. Is your **earned income** more than \$850?

- ☐ **Yes.** Add \$400 to your earned income. Enter the total.
☐ **No.** Enter \$1,250

3. 4. Enter the **smaller** of line 1 or line 3. If under 65 and not blind, continue to line 6. **Otherwise**, go to line 5.4. 27,7005. Check if: ☒ **You** were 65 or older, ☐ **Blind**; ☒ **Spouse** was 65 or older, ☐ **Blind**. **Total boxes checked** 2

If 65 or older or blind, multiply \$1,500 (\$1,850 if single or head of household) by the number in the box above

5. 3,000

6. Add lines 4 and 5. Enter the total here and on Form 1040 or 1040-SR, line 12

6. 30,700**Dependent Modified Adjusted Gross Income Worksheet**

1. Are you required to file a tax return?

- ☐ **No.** Do not include Dependent's modified adjusted gross income in Claiming Taxpayer's household income.
☐ **Yes.** Include Modified Adjusted Gross Income in claiming taxpayer's household income.

2. **Adjusted Gross Income.** Enter the amount from Form 1040, Line 112.

3. Enter tax-exempt interest from Form 1040, line 2a

3.

4. Enter any amounts from your Form 2555, lines 45 and 50

4. 5. **Subtotal.** Combine lines 2 through 45.

6. Enter the total Social Security benefits from Form 1040, line 6a

6.

7. Enter the taxable Social Security benefits from Form 1040, line 6b

7.

8. Nontaxable Social Security benefits. Subtract line 7 from line 6

8. 9. **Dependent Modified Adjusted Gross Income for Claiming Taxpayer's Form 8962.**

Add lines 5 and 8

9.

Form 1040	Excess Social Security and RRTA Tax Withholding Worksheets	2023
------------------	---	-------------

Name RAMIRO MANALICH	Taxpayer Identification Number
--------------------------------	---

Worksheet for Nonrailroad Employees

1. Add all social security tax withheld (but not more than \$9,932.40 for each employer). This tax should be shown in box 4 of your Forms W-2. Enter the total here	1. 10,999
2. Enter any uncollected social security tax on tips or group-term life insurance included in the total on Form 1040, Schedule 2, line 8	2.
3. Add lines 1 and 2. If \$9,932.40 or less, stop here. You cannot claim the credit	3. 10,999
4. Social security tax limit	4. 9,932
5. Credit. Subtract line 4 from line 3. Enter the credit on Form 1040, Schedule 3, line 11	5. 1,067

Worksheet for Railroad Employees

1. Add all social security and tier 1 RRTA tax withheld (but not more than \$9,932.40 for each employer). Box 4 of your Forms W-2 should show social security and box 14 should show tier 1 RRTA tax. Enter the total here	1.
2. Enter any uncollected social security and tier 1 RRTA tax on tips or group-term life insurance included in the total on Form 1040, Schedule 2, line 8	2.
3. Add lines 1 and 2. If \$9,932.40 or less, stop here. You cannot claim the credit	3.
4. Social security and tier 1 RRTA tax limit	4.
5. Credit. Subtract line 4 from line 3. Enter the credit on Form 1040, Schedule 3, line 11	5.

Federal Statements**Form 1040 Reconciliation Worksheet, Line 61 - Other Taxes**

<u>Description</u>	<u>Amount</u>
FORM 8959	\$ 567
FORM 8960	40
TOTAL	<u>\$ 607</u>

Federal Statements

STATE OF FLORIDA

Form W-2, Box 12

Description	Amount
SECTION 457(B) CONTRIBUTIONS	\$ 3,600
COST OF EMPLOYER-SPONSORED HEALTH COVERAGE	22,269
TOTAL	<u>\$ 25,869</u>

STATE OF FLORIDA

Form W-2, Box 14 - Other

Description	Amount
IRC SECTION 125 FLEXIBLE BENEFITS PROGRAM	\$ 4,185
TOTAL	<u>\$ 4,185</u>

Federal Statements**SCHOOL DISTRICT COLLIER COUNTY FL****Form W-2, Box 12**

<u>Description</u>	<u>Amount</u>
SECTION 403(B) CONTRIBUTIONS	\$ 900
COST OF EMPLOYER-SPONSORED HEALTH COVERAGE	6,885
COST OF GROUP TERM LIFE INSURANCE COVERAGE OVER 50,000	557
TOTAL	<u>\$ 8,342</u>

SCHOOL DISTRICT COLLIER COUNTY FL**Form W-2, Box 14 - Other**

<u>Description</u>	<u>Amount</u>
IRC SECTION 125 FLEXIBLE BENEFITS PROGRAM	\$
TOTAL	<u>\$ 0</u>

Form **1040****Pension/Annuity Report****2023**

Name

Taxpayer Identification Number

RAMIRO MANALICH & [REDACTED] MANALICH

T/S		Payer	Box 7 Code	Gross Distribution	Rollover	Taxable Amount
A	S	CHARLES SCHWAB TRUST BANK	7	45,000		45,000
B	S	FLORIDA RETIREMENT SYSTEM	7	14,551		14,551
C	T	ANNUITY INVESTORS LIFE INS	7	15,475		15,475
D	S	CHARLES SCHWAB TRUST BANK	7	8,504		8,504
E						
F						
G						
H						
I						
J						
K						
L						
M						
N						
O						
		Taxpayer		15,475		15,475
		Spouse		68,055		68,055
		Total		83,530		83,530

NIIT		Capital Gain Distribution	Public Safety Officer Exclusion	Federal Withholding	State Withholding	Local Withholding
A				11,250		
B				1,105		
C				3,095		
D				1,701		
E						
F						
G						
H						
I						
J						
K						
L						
M						
N						
O						
Taxpayer				3,095		
Spouse				14,056		
Total				17,151		

Form **1040****Salaries & Wages Report****2023**

Name

RAMIRO MANALICH & [REDACTED] MANALICH

Taxpayer Identification Number

[REDACTED]

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A T	STATE OF FLORIDA	178,826	27,300	160,200
B S	SCHOOL DISTRICT COLLIER COUNTY FL	112,026	28,707	113,326
C T	US RETIREMENT PARTNERS	17,217	1,796	17,217
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer		196,043	29,096	177,417
Spouse		112,026	28,707	113,326
Totals		308,069	57,803	290,743

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	9,932	182,426	2,645				4,185
B	7,026	113,326	1,643				
C	1,067	17,217	250				
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	10,999	199,643	2,895				4,185
Spouse	7,026	113,326	1,643				
Totals	18,025	312,969	4,538				4,185

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer						
Spouse						
Totals						

*1040/SR included with other forms

Form **1040****Two Year Comparison Report - Page 1****2022 & 2023**

Name

RAMIRO MANALICH & [REDACTED] MANALICH

Taxpayer Identification Number

		2022	2023	Differences
Filing Status		MFJ	MFJ	
Dependents		0	0	
1.	Salaries and wages	307,162	308,069	907
2.	Interest income	323	1,043	720
3.	Tax exempt interest income			
4.	Dividend income			
5.	Qualified dividend income			
6.	Taxable state/local refunds			
7.	Alimony received			
8.	Business income/loss			
9.	Capital gain/loss			
10.	Other gains/losses			
11.	Taxable IRA distributions			
12.	Taxable pensions	8,840	83,530	74,690
13.	Rent and royalty income including farm rental			
14.	Partnership/S corp income			
15.	Estate or trust income			
16.	Farm income/loss			
17.	Unemployment compensation			
18.	Taxable social security			
19.	Other income			
20.	Total income	316,325	392,642	76,317
21.	Moving expenses			
22.	Deductible part of self-employment tax			
23.	SEP/SIMPLE/Qualified plans deductions			
24.	SE health insurance			
25.	Penalty on early withdrawal of savings			
26.	Alimony paid			
27.	IRA deductions			
28.	Student loan interest			
29.	Other adjustments			
30.	Adjusted gross income	316,325	392,642	76,317
31.	Medical			
32.	Taxes	7,115	8,409	1,294
33.	Interest	9,104	8,553	-551
34.	Contributions	930	400	-530
35.	Casualty losses			
36.	Miscellaneous expenses			
37.	Allowable itemized deductions	17,149	17,362	213
38.	Standard deduction	25,900	30,700	4,800
39.	Deduction taken	STANDARD 25,900	STANDARD 30,700	4,800
40.	Taxable income before Qual Bus Inc Ded (QBID)	290,425	361,942	71,517
41.	QBID	0	0	
42.	Taxable income	290,425	361,942	71,517

Form **1040****Two Year Comparison Report - Page 2****2022 & 2023**

Name

RAMIRO MANALICH & [REDACTED] MANALICH

Taxpayer Identification Number

		2022	2023	Differences
43.	Taxable income from 2YR page 1, line 42	290,425	361,942	71,517
44.	Tax on taxable income	57,373	73,666	16,293
45.	Alternative minimum tax			
46.	Excess advance premium tax credit			
47.	Child care credit			
48.	Education credits			
49.	Retirement savings credit			
50.	Child & other dependent tax credit			
51.	General business credit			
52.	Other credits			
53.	Total credits			
54.	Net tax liability	57,373	73,666	16,293
55.	Self-employment taxes			
56.	Other taxes	550	607	57
57.	Total tax	57,923	74,273	16,350
58.	Income tax withheld	64,364	74,954	10,590
59.	Estimated tax payments			
60.	Earned income credit			
61.	Additional Child tax credit			
62.	Other refundable tax credits		1,067	1,067
63.	Other payments			
64.	Total payments	64,364	76,021	11,657
65.	Tax due/-refund	-6,441	-1,748	4,693
66.	Penalties and interest			
67.	Net tax due/-refund	-6,441	-1,748	4,693
68.	Refund applied to estimated tax payments			
69.	Refund received	-6,441	-1,748	4,693
70.	Effective tax rate	20.0 %	21.0 %	

Two Year Comparison - Tax Reconciliation Marginal Tax Rates

	2022 Taxable Income	2022 Marginal Tax Rate	2023 Taxable Income	2023 Marginal Tax Rate
Ordinary income	290,425	24.0 %	361,942	24.0 %
Capital income		%		%
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%

Form **1040****Federal Tax Projection Worksheet 1 - Tax Computation****2023 & 2024**

PROJECTION DATE: MARCH 02, 2024

Name

RAMIRO MANALICH & [REDACTED] MANALICH

Taxpayer Identification Number

	Filing Status	2023		2024		Differences
		MFJ		MFJ		
Income	Dependents					
	1. Salaries and wages	1.	308,069	308,069		
	2. Interest income	2.	1,043	1,043		
	3. Dividend income	3.				
	4. Taxable state/local refunds	4.				
	5. Alimony received	5.				
	6. Business income/loss	6.				
	7. Capital gain/loss	7.				
	8. Other gains/losses	8.				
	9. Taxable IRA distributions	9.				
	10. Taxable pensions and annuities	10.	83,530	83,530		
	11. Schedule E income/loss	11.				
	12. Farm income/loss	12.				
	13. Unemployment benefits	13.				
	14. Taxable social security benefits	14.				
	15. Other income	15.				
	16. Total income	16.	392,642	392,642		
Adjustments	17. Moving expenses	17.				
	18. Deductible part of self-employment tax	18.				
	19. SEP/SIMPLE/Qualified plans deductions	19.				
	20. Self-employed health insurance deduction	20.				
	21. Penalty on early withdrawal of savings	21.				
	22. Alimony paid	22.				
	23. IRA deductions	23.				
	24. Student loan interest deduction	24.				
	25. Other adjustments	25.				
	26. Adjusted gross income	26.	392,642	392,642		
Deductions	27. Medical	27.				
	28. State/local income or sales taxes	28.	2,225	2,225		
	29. Real estate taxes	29.	6,184	6,184		
	30. Personal property taxes	30.				
	31. Total State/Local taxes. Add lines 28 - 30	31.	8,409	8,409		
	32. State/Local taxes allowed. Lower of line 31 or \$10,000 (\$5,000 if MFS)	32.	8,409	8,409		
	33. Other taxes	33.				
	34. Interest	34.	8,553	8,553		
	35. Contributions	35.	400	400		
	36. Casualty losses from a federally declared disaster	36.				
	37. Miscellaneous expenses (including qualified disaster loss)	37.				
	38. Allowable itemized deductions	38.	17,362	17,362		
	39a. Standard deduction	39a.	30,700	32,300	1,600	
	39b. Reserved for future use	39b.				
			STANDARD	STANDARD		
	40. Deduction taken	40.	30,700	32,300	1,600	
	41. Subtract line 40 from line 26	41.	361,942	360,342	-1,600	
42. Qualified business income deduction	42.					
43. Taxable income	43.	361,942	360,342	-1,600		

Form **1040****Federal Tax Projection Worksheet 2 - Tax Computation****2023 & 2024**

PROJECTION DATE: MARCH 02, 2024

Name

RAMIRO MANALICH & [REDACTED] MANALICH

Taxpayer Identification Number

	Filing Status		2023	2024	Differences
			MFJ	MFJ	
T a x C o m p u t a t i o n	44. Taxable income from TPW page 1, line 43	44.	361,942	360,342	-1,600
	45. Tax on taxable income	45.	73,666	72,567	-1,099
	46. Taxes from Forms 4972, 8814, and add'l taxes	46.			
	47. Alternative minimum tax	47.			
	48. Add lines 45, 46, and 47	48.	73,666	72,567	-1,099
	49. Foreign tax credit	49.			
	50. Child and dependent care credit	50.			
	51. Education credits	51.			
	52. Retirement savings credit	52.			
	53. Credit for the elderly	53.			
	54. Child tax credit/credit for other dependents	54.			
	55. Energy Efficient Home Improvement Credit	55.			
	56. Previously owned clean vehicles credit (Form 8936)	56.			
	57. New clean vehicles credit (Form 8936)	57.			
	58. Mortgage interest credit	58.			
	59. D.C. first-time homebuyer credit	59.			
	60. Residential Clean Energy Credit	60.			
	61. Adoption credit	61.			
	62. General business credit	62.			
	63. Prior year minimum tax credit	63.			
	64. Other credits	64.			
	65. Total credits	65.			
	66. Net tax liability	66.	73,666	72,567	-1,099
	67. Self-employment tax	67.			
	68. Tax on unreported tips	68.			
	69. Tax on IRA or qualified plans	69.			
	70. Household employment taxes	70.			
	71. First-time homebuyer credit repayment	71.			
	72. Reserved	72.			
	73. Additional Medicare Tax	73.	567	567	
	74. Net Investment Income Tax	74.	40	40	
	75. Other taxes	75.			
	76. Total tax	76.	74,273	73,174	-1,099
	77. Income tax withheld	77.	74,954	74,954	
	78. Estimated tax payments	78.		6,760	6,760
	79. Earned income credit	79.			
	80. Additional child tax credit	80.			
	81. Reserved	81.			
	82. Reserved	82.			
	83. Other payments	83.	1,067	546	-521
	84. Total payments	84.	76,021	82,260	6,239
	85. Net tax due/-refund	85.	-1,748	-9,086	-7,338
	86. Marginal Tax Rate - Ordinary Income	86.	24.0%	24.0%	
	87. Marginal Tax Rate - Capital Income	87.	%	%	
	88. Effective Tax Rate	88.	21.0%	20.0%	

Form **1040****Federal Tax Projection - Add'l Medicare, Net Investment Income Tax****2024**

PROJECTION DATE: MARCH 02, 2024

Name

RAMIRO MANALICH & [REDACTED] MANALICH

Taxpayer Identification Number

Additional Medicare Tax (Form 8959)

1. Taxpayer medicare wages and tips from Form W-2, box 5	1.	<u>199,643</u>	
2. Spouse medicare wages and tips from Form W-2, box 5	2.	<u>113,326</u>	
3. Taxpayer self-employment income from Schedule SE, Part I, line 6	3.		
4. Spouse self-employment income from Schedule SE, Part I, line 6	4.		
5. Total earned income	5.	<u>312,969</u>	
6. Enter \$200,000 (\$250,000 if married filing jointly, \$125,000 if married filing separately)	6.	<u>250,000</u>	
7. Earned income subject to the Additional Medicare Tax. Subtract line 6 from line 5. If zero or less, enter -0-	7.	<u>62,969</u>	
8. Additional Medicare Tax on Earned Income. Multiply line 7 by 0.9% (0.009) and enter on the Tax Projection Worksheet line 73	8.	<u>567</u>	

Additional Medicare Tax Withholding (From Form(s) W-2). Enter on the Tax Projection Worksheet, line 77, income tax withheld

Tax on Net Investment Income (Form 8960)

1. Taxable interest	1.	<u>1,043</u>	
2. Ordinary dividends	2.		
3. Annuities	3.		
4. Rental real estate, royalties, partnerships, S Corps, trusts, trades or businesses	4.		
5. Net gains on disposition of property (other than property held in an active trade or business)	5.		
6. Reserved	6.		
7. Other modifications to investment income	7.		
8. Total investment income. Combine lines 1 through 7	8.	<u>1,043</u>	
9. Adjusted gross income	9.	<u>392,642</u>	
10. Foreign earned income exclusion	10.		
11. Deductions allocable to excluded income	11.		
12. Subtract line 11 from line 10	12.		
13. Modified adjusted gross income. Add lines 9 and 12	13.	<u>392,642</u>	
14. Enter \$200,000 if single or head of household; \$250,000 if married filing jointly or qualifying surviving spouse; \$125,000 if married filing separately	14.	<u>250,000</u>	
15. Subtract line 14 from line 13. If zero or less, enter -0-	15.	<u>142,642</u>	
16. Enter the smaller of line 8 or line 15. If zero or less, enter -0-	16.	<u>1,043</u>	
17. Net Investment Income Tax. Multiply line 16 by 3.8% (.038) and enter on the Tax Projection Worksheet line 74	17.	<u>40</u>	

Form **1040**

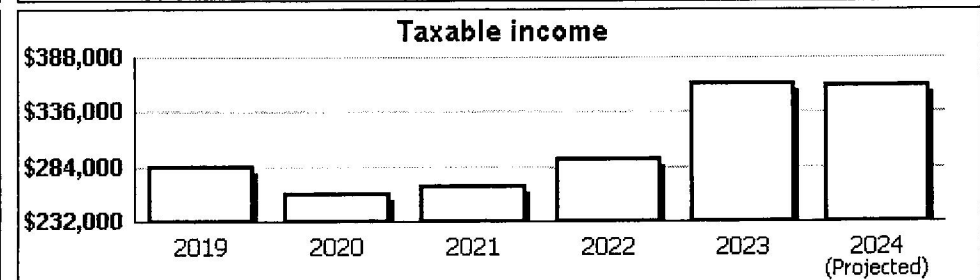
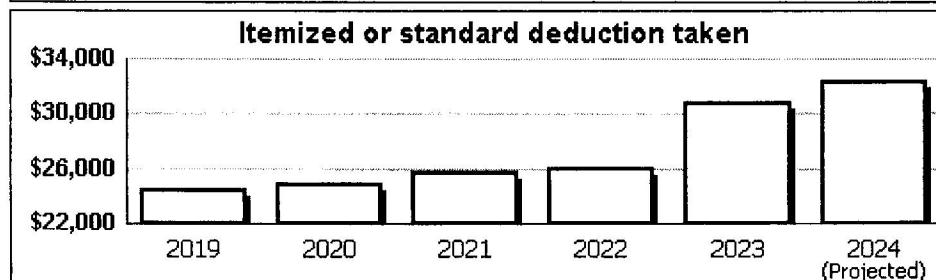
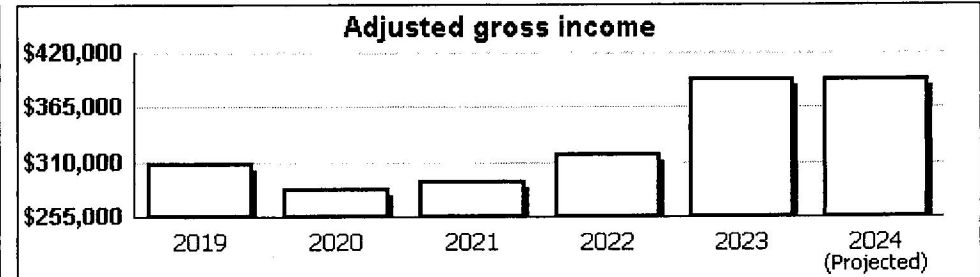
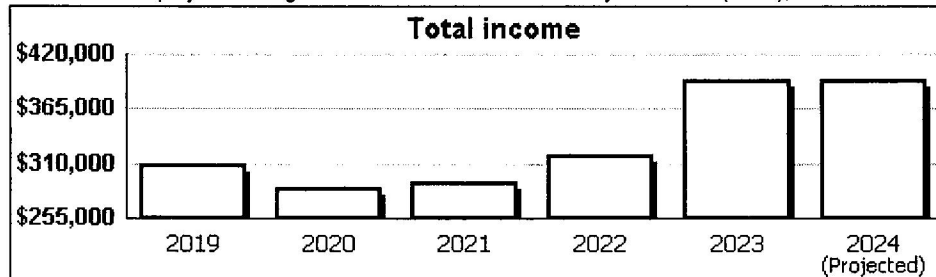
Tax Return History Report - Page 1

2023Name **RAMIRO MANALICH & [REDACTED] MANALICH**

Taxpayer Identification Number [REDACTED]

	2019	2020	2021	2022	2023	2024 PROJECTED
Filing Status	MFJ	MFJ	MFJ	MFJ	MFJ	MFJ
Salaries and wages	270,157	282,026	289,021	307,162	308,069	308,069
Interest income	1,107	1,176	801	323	1,043	1,043
Dividend income						
Business income/loss						
Capital gains/losses						
Other gains/losses						
IRA distributions, pensions, annuities	35,887			8,840	83,530	83,530
Rent, royalty, farm rental income						
Partnership/S corp income						*
Estate or trust income						*
Farm income/loss						
Other income/loss						
Total income	307,151	283,202	289,822	316,325	392,642	392,642
Total adjustments		300				
Adjusted gross income	307,151	282,902	289,822	316,325	392,642	392,642
Allowable itemized deductions	12,445	19,421	17,412	17,149	17,362	17,362
Standard deduction	24,400	24,800	25,700	25,900	30,700	32,300
Itemized or standard deduction taken	24,400	24,800	25,700	25,900	30,700	32,300
Exemptions						
Taxable income before Qual Bus Inc Ded	282,751	258,102	264,122	290,425	361,942	360,342
Qual Bus Inc Ded						
Taxable income	282,751	258,102	264,122	290,425	361,942	360,342

* Amts in the projected col generate from the federal Tax Projection Wrk (TPW); this field is incl in the total Sch E income/loss amt on the TPW.



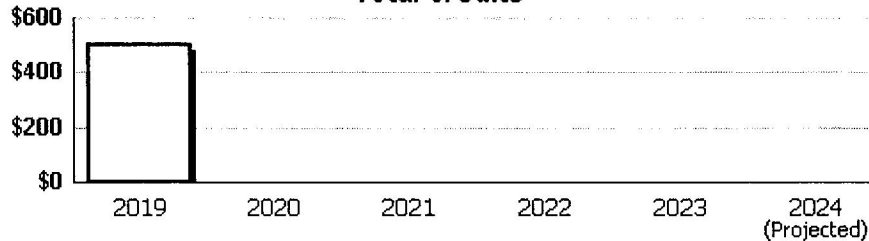
Form **1040**

Tax Return History Report - Page 2

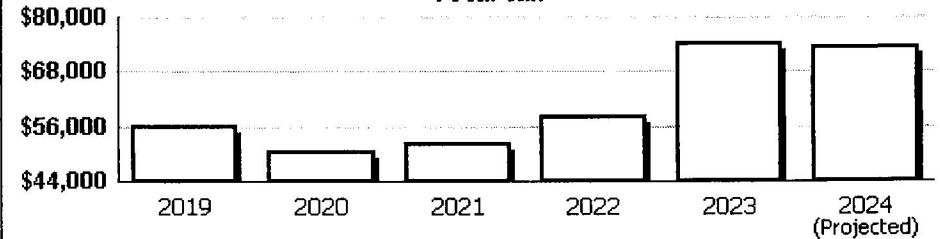
2023

Name	RAMIRO MANALICH & MANALICH			Taxpayer Identification Number		
	2019	2020	2021	2022	2023	2024 PROJECTED
Taxable income	282,751	258,102	264,122	290,425	361,942	360,342
Tax on taxable income and Form 8962	56,209	50,103	51,431	57,373	73,666	72,567
Alternative minimum tax						
Total credits	500					
Net tax liability	55,709	50,103	51,431	57,373	73,666	72,567
Self-employment taxes						
Other taxes	339	414	437	550	607	607
Total tax	56,048	50,517	51,868	57,923	74,273	73,174
Income tax withheld	58,400	57,698	59,018	64,364	74,954	74,954
Estimated tax payments						6,760
Other payments					1,067	546
Total payments	58,400	57,698	59,018	64,364	76,021	82,260
Total due/-refund	-2,352	-7,181	-7,150	-6,441	-1,748	-9,086
Penalties and interest						
Net tax due/-refund	-2,352	-7,181	-7,150	-6,441	-1,748	-9,086
Refund applied to estimated tax payments						
Refund received	-2,352	-7,181	-7,150	-6,441	-1,748	
Marginal tax rate	24.0%	24.0%	24.0%	24.0%	24.0%	24.0%
Effective tax rate	20.0%	20.0%	20.0%	20.0%	21.0%	20.0%

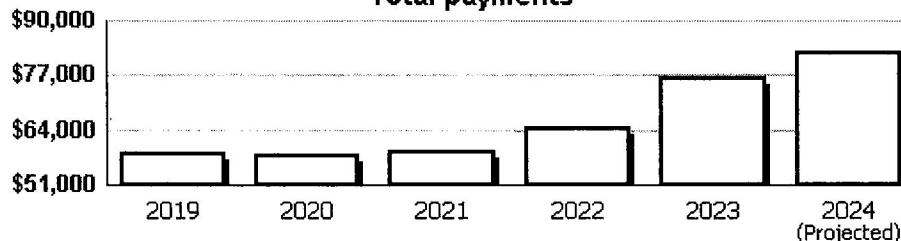
Total credits



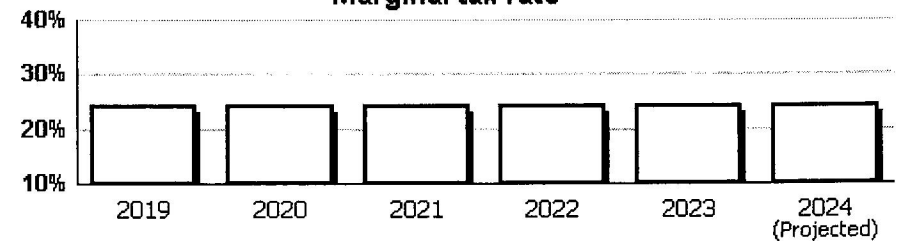
Total tax



Total payments



Marginal tax rate



Form **1040****Reconciliation Worksheet - Taxable Income & Tax****2023**

Name

RAMIRO MANALICH & [REDACTED] MANALICH

Taxpayer Identification Number

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income, further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status **MARRIED FILING JOINTLY**Tax Pct Total Tax (ln 27) divided Total Taxable Income (ln 19) **20.0 %**Tax Method **TAX RATE SCHEDULE**

Tax using ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:

Tax using capital gains rates

Tax using Ordinary rates

Tax savings

	Taxable Amount	Marginal Tax Rate	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	361,942	24.0 %	73,666	\$190,750 - \$364,200	2,258
Capital Income		%			
Capital Income - 1250		%			
Capital Income - 1202		%			

*Tax on taxable ordinary income under \$100,000 is determined using IRS Tax Tables that impose the same amount of tax on taxable income within \$50 intervals. Therefore, the column (b) Tax may not be calculated as column (a) times the applicable line tax rate.

Income taxed at ordinary rates

	(a) Taxable Income	(b) Tax*
1. 10% rate	22,000	2,203
2. 12% rate	67,450	8,097
3. 22% rate	101,300	22,280
4. 24% rate	171,192	41,086
5. 32% rate		
6. 35% rate		
7. 37% rate		
8. Total ordinary taxable income and ordinary tax. Add lines 1 through 7	361,942	73,666

Income taxed at capital gains rates

9. 0% capital gains rate	9a.	9b.
10. 15% capital gains rate	10a.	10b.
11. 20% capital gains rate	11a.	11b.
12. 25% capital gains rate	12a.	12b.
13. 28% capital gains rate	13a.	13b.
14. Total taxable capital gains and capital gains tax. Add lines 9 through 13	14a.	14b.

Total taxable income

15. Total ordinary taxable income. Enter the amount from line 8a.	15.	361,942
16. Total capital gains taxable income. Enter the amount from line 14a.	16.	
17. Add lines 15 and 16.	17.	361,942
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.	
19. Taxable income reported on 1040/1040SR, line 15, (1040NR, line 15). Subtract line 18 from line 17.	19.	361,942

Total tax

20. Total ordinary tax. Enter the amount from line 8b.	20.	73,666
21. Total capital gains tax. Enter the amount from line 14b.	21.	
22. Tax on child's interest and dividend.	22.	
23. Tax on lump-sum distribution.	23.	
24. Other taxes.	24.	
25. Add lines 20 through 24.	25.	73,666
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.	26.	
27. Total tax reported on 1040/1040SR, line 16, (1040NR, line 16). Subtract line 26 from line 25.	27.	73,666

Form **1040****Reconciliation Worksheet - Projected Taxable Income & Tax****2023**

Name

RAMIRO MANALICH & [REDACTED] MANALICH

Taxpayer Identification Number

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how projected 2024 tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status **MARRIED FILING JOINTLY**

Tax Pct Total Tax (In 24) divided by Total Taxable Income (In 19)

20.0 %Tax Method **TAX RATE SCHEDULES**
☐ Tax using ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:

☐ Tax using capital gains rates

☐ Tax using Ordinary rates

☐ Tax savings

	Taxable Amount	Tax Rate Marginal	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	360,342	24.0 %	72,567	\$201,050 - \$383,900	23,558
Capital Income		%			
Capital Income - 1250		%			
Capital Income - 1202		%			

Projected Income taxed at ordinary rates

	(a) Taxable Income	(b) Tax
1. 10.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$23,200	1a. 23,200	1b. 2,320
2. 12.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$71,100	2a. 71,100	2b. 8,532
3. 22.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$106,750	3a. 106,750	3b. 23,485
4. 24.0% rate MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$182,850	4a. 159,292	4b. 38,230
5. 32.0% rate	5a.	5b.
6. 35.0% rate	6a.	6b.
7. 37.0% rate	7a.	7b.
8. Total projected ordinary taxable income and ordinary tax. Add lines 1 through 7.	8a. 360,342	8b. 72,567

Projected Income taxed at capital gains rates

9. 0% capital gains rate	9a.	9b.
10. 15% capital gains rate	10a.	10b.
11. 20% capital gains rate	11a.	11b.
12. 25% capital gains rate Unrecaptured Section 1250 Gain	12a.	12b.
13. 28% capital gains rate Small business stock, collectibles	13a.	13b.
14. Total projected taxable capital gains and capital gains tax. Add lines 9 through 13.	14a.	14b.

Total projected taxable income

15. Total ordinary taxable income. Enter the amount from line 8a.	15. 360,342
16. Total capital gains taxable income. Enter the amount from line 14a.	16.
17. Add lines 15 and 16.	17. 360,342
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.
19. Projected taxable income reported on Federal Tax Projection Worksheet. Subtract line 18 from line 17.	19. 360,342

Total projected tax

20. Total ordinary tax. Enter the amount from line 8b.	20. 72,567
21. Total capital gains tax. Enter the amount from line 14b.	21.
22. Add lines 20 and 21.	22. 72,567
23. Enter the tax allocated to the net exclusion amount from the Tax Projection Foreign Earned Income Tax Worksheet, line 5.	23.
24. Total projected 2024 tax reported on Federal Tax Projection Worksheet 2. Subtract line 23 from line 22	24. 72,567

Employee Reference Copy		Wage and Tax Statement		2023	
OMB No. 1545-0008					
d Control number		Dept.	Corp.	Employer use only	
100123 PHIL/3BH		999XXX		A	
c Employer's name, address, and ZIP code					
US RETIREMENT PARTNERS 99 SOUTH WOOD AVENUE ISELIN NJ 08830					
Batch #00615					
e/f Employee's name, address, and ZIP code					
MANALICH					
b Employer's FED ID number		a Employee's SSA number			
26-0829701					
1 Wages, tips, other comp.		2 Federal income tax withheld			
17217.31		1795.72			
3 Social security wages		4 Social security tax withheld			
17217.31		1067.47			
5 Medicare wages and tips		6 Medicare tax withheld			
17217.31		249.65			
7 Social security tips		8 Allocated tips			
9		10 Dependent care benefits			
11 Nonqualified plans		12a See instructions for box 12			
14 Other		12b			
		12c			
		12d			
13 Stat emp		Ret. plan		3rd party sick pay	
15 State		Employer's state ID no.		16 State wages, tips, etc.	
FL					
17 State income tax		18 Local wages, tips, etc.			
19 Local income tax		20 Locality name			

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

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

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	FL State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	17,417.31	17,417.31	17,417.31	
Less Medical FSA	200.00	200.00	200.00	
Reported W-2 Wages	17,217.31	17,217.31	17,217.31	

2. Employee Name and Address.

MANALICH

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1 Wages, tips, other comp.		2 Federal income tax withheld	
17217.31		1795.72	
3 Social security wages		4 Social security tax withheld	
17217.31		1067.47	
5 Medicare wages and tips		6 Medicare tax withheld	
17217.31		249.65	
d Control number	Dept.	Corp.	Employer use only
100123 PHIL/3BH	999XXX		A
c Employer's name, address, and ZIP code			
US RETIREMENT PARTNERS 99 SOUTH WOOD AVENUE ISELIN NJ 08830			
b Employer's FED ID number		a Employee's SSA number	
26-0829701			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
14 Other		12b	
		12c	
		12d	
13 Stat emp		Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code			
MANALICH			
15 State		Employer's state ID no.	
FL			
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	
Federal Filing Copy			
W-2		2023	
Copy B to be filed with employee's Federal Income Tax Return.			

1 Wages, tips, other comp.		2 Federal income tax withheld	
17217.31		1795.72	
3 Social security wages		4 Social security tax withheld	
17217.31		1067.47	
5 Medicare wages and tips		6 Medicare tax withheld	
17217.31		249.65	
d Control number	Dept.	Corp.	Employer use only
100123 PHIL/3BH	999XXX		A
c Employer's name, address, and ZIP code			
US RETIREMENT PARTNERS 99 SOUTH WOOD AVENUE ISELIN NJ 08830			
b Employer's FED ID number		a Employee's SSA number	
26-0829701			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a	
14 Other		12b	
		12c	
		12d	
13 Stat emp		Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code			
MANALICH			
15 State		Employer's state ID no.	
FL			
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	
FL State Reference Copy			
W-2		2023	
Copy 2 to be filed with employee's State Income Tax Return.			

1 Wages, tips, other comp.		2 Federal income tax withheld	
17217.31		1795.72	
3 Social security wages		4 Social security tax withheld	
17217.31		1067.47	
5 Medicare wages and tips		6 Medicare tax withheld	
17217.31		249.65	
d Control number	Dept.	Corp.	Employer use only
100123 PHIL/3BH	999XXX		A
c Employer's name, address, and ZIP code			
US RETIREMENT PARTNERS 99 SOUTH WOOD AVENUE ISELIN NJ 08830			
b Employer's FED ID number		a Employee's SSA number	
26-0829701			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a	
14 Other		12b	
		12c	
		12d	
13 Stat emp		Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code			
MANALICH			
15 State		Employer's state ID no.	
FL			
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	
FL State Filing Copy			
W-2		2023	
Copy 2 to be filed with employee's State Income Tax Return.			

Form 1099-R

CORRECTED (if checked)

PAYER's name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
CHARLES SCHWAB TRUST BANK
COLLIER COUNTY DIST 401A SP PLAN
11800 SCHWAB WAY
AUSTIN, TX 78758

1 Gross distribution	OMB No. 1545-0119
\$ 8,504.30	2023 Form 1099-R
2a Taxable amount	
\$ 8,504.30	
2b Taxable amount not determined	Total distribution X

Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.

PAYER'S TIN 82-3967259	RECIPIENT'S TIN [REDACTED]	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 1,700.86	5 Employee contributions / Designated Roth contributions or insurance premiums \$
RECIPIENT's name, street address (incl. apt. no.), city or town, state or province, country, and ZIP or foreign postal code [REDACTED] MANALICH, [REDACTED] [REDACTED]		6 Net unrealized appreciation in employer's securities \$	7 Distribution code(s) 7	8 Other \$ %
Account number (see instructions) [REDACTED]		9a Your percentage of total distribution % \$		
11 1st year of desig. Roth contrib. [REDACTED]		14 State tax withheld \$	15 State/Payer's state no. FL/	16 State distribution \$
13 Date of payment [REDACTED]	12 FATCA filing requirement [REDACTED]	10 Amount allocable to IRR within 5 years \$	17 Local tax withheld \$	19 Local distribution \$

Copy B

Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, check this copy in your return. This information is being furnished to the IRS.

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

Form 1099-R

CORRECTED (if checked)

PAYER's name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
CHARLES SCHWAB TRUST BANK
COLLIER COUNTY DIST 401A SP PLAN
11800 SCHWAB WAY
AUSTIN, TX 78758

1 Gross distribution	OMB No. 1545-0119
\$ 8,504.30	2023 Form 1099-R
2a Taxable amount	
\$ 8,504.30	
2b Taxable amount not determined	Total distribution X

Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.

PAYER'S TIN 82-3967259	RECIPIENT'S TIN [REDACTED]	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 1,700.86	5 Employee contributions / Designated Roth contributions or insurance premiums \$
RECIPIENT's name, street address (incl. apt. no.), city or town, state or province, country, and ZIP or foreign postal code [REDACTED] MANALICH, [REDACTED] [REDACTED]		6 Net unrealized appreciation in employer's securities \$	7 Distribution code(s) 7	8 Other \$ %
Account number (see instructions) [REDACTED]		9a Your percentage of total distribution % \$		
11 1st year of desig. Roth contrib. [REDACTED]		14 State tax withheld \$	15 State/Payer's state no. FL/	16 State distribution \$
13 Date of payment [REDACTED]	12 FATCA filing requirement [REDACTED]	10 Amount allocable to IRR within 5 years \$	17 Local tax withheld \$	19 Local distribution \$

Copy 2

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

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

Form 1099-R

CORRECTED (if checked)

PAYER's name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
CHARLES SCHWAB TRUST BANK
COLLIER COUNTY DIST 401A SP PLAN
11800 SCHWAB WAY
AUSTIN, TX 78758

1 Gross distribution	OMB No. 1545-0119
\$ 8,504.30	2023 Form 1099-R
2a Taxable amount	
\$ 8,504.30	
2b Taxable amount not determined	Total distribution X

Distributions Fro
Pensions, Annuite
Retirement
Profit-Shari
Plans, IRA
Insuran
Contracts, e

PAYER'S TIN 82-3967259	RECIPIENT'S TIN [REDACTED]	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 1,700.86	5 Employee contributions / Designated Roth contributor insurance premiums \$
RECIPIENT's name, street address (incl. apt. no.), city or town, state or province, country, and ZIP or foreign postal code [REDACTED] MANALICH, [REDACTED] [REDACTED]		6 Net unrealized appreciation in employer's securities \$	7 Distribution code(s) 7	8 Other \$
Account number (see instructions) [REDACTED]		9a Your percentage of total distribution % \$		
11 1st year of desig. Roth contrib. [REDACTED]		14 State tax withheld \$	15 State/Payer's state no. FL/	16 State distribution \$
13 Date of payment [REDACTED]	12 FATCA filing requirement [REDACTED]	10 Amount allocable to IRR within 5 years \$	17 Local tax withheld \$	19 Local distribution \$

Copy C

For Recipient's Records

This information is being furnished to the IRS.

www.irs.gov/Form1099R

Support Ph #: (877) 319-2782

Department of the Treasury - Internal Revenue Serv

Form 1099-R

CORRECTED (if checked)

AYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
 HARLES SCHWAB TRUST BANK
 OLLIER COUNTY DIST 401A SPP PL RO
 1800 SCHWAB WAY
 USTIN, TX 78758

1 Gross distribution	OMB No. 1545-0119 2023 Form 1099-R
\$ 45,000.00	
2a Taxable amount	
\$ 45,000.00	Total distribution
2b Taxable amount not determined	

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

AYER'S TIN 12-3967259	RECIPIENT'S TIN [REDACTED]	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 11,250.00	5 Employee contributions / Designated Roth contributions or insurance premiums \$
ECIPIENT'S name, street address (incl. apt. no.), city or town, state or province, country, and ZIP or foreign postal code [REDACTED] MANALICH, [REDACTED] [REDACTED]		6 Net unrealized appreciation in employer's securities \$	7 Distribution code(s) 7	8 Other \$ %
count number (see instructions) 17656R-15023386377-3		9a Your percentage of total distribution %	9b Total employee contributions \$	
11 1st year of desig. Roth contrib. \$		14 State tax withheld \$	15 State/Payer's state no. FL/	16 State distribution \$
copy B This document is not valid for more than 3 years from the date of issuance. It is not valid for more than 1 year from the date of issuance. This form is being furnished to you.	13 Date of payment	12 FATCA filing requirement	10 Amount allocable to IRR within 5 years \$	17 Local tax withheld \$
		18 Name of locality		19 Local distribution \$

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

Form 1099-R

CORRECTED (if checked)

AYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
 HARLES SCHWAB TRUST BANK
 OLLIER COUNTY DIST 401A SPP PL RO
 800 SCHWAB WAY
 USTIN, TX 78758

1 Gross distribution	OMB No. 1545-0119 2023 Form 1099-R
\$ 45,000.00	
2a Taxable amount	
\$ 45,000.00	Total distribution
2b Taxable amount not determined	

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

AYER'S TIN 12-3967259	RECIPIENT'S TIN [REDACTED]	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 11,250.00	5 Employee contributions / Designated Roth contributions or insurance premiums \$
CIPIENT'S name, street address (incl. apt. no.), city or town, state or province, country, and ZIP or foreign postal code [REDACTED] MANALICH, [REDACTED] [REDACTED]		6 Net unrealized appreciation in employer's securities \$	7 Distribution code(s) 7	8 Other \$ %
count number (see instructions)		9a Your percentage of total distribution %	9b Total employee contributions \$	
11 1st year of desig. Roth contrib. \$		14 State tax withheld \$	15 State/Payer's state no. FL/	16 State distribution \$
copy 2 This document is not valid for more than 3 years from the date of issuance. It is not valid for more than 1 year from the date of issuance. This form is being furnished to you.	13 Date of payment	12 FATCA filing requirement	10 Amount allocable to IRR within 5 years \$	17 Local tax withheld \$
		18 Name of locality		19 Local distribution \$

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

Form 1099-R

CORRECTED (if checked)

AYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
 HARLES SCHWAB TRUST BANK
 OLLIER COUNTY DIST 401A SPP PL RO
 800 SCHWAB WAY
 USTIN, TX 78758

1 Gross distribution	OMB No. 1545-0119 2023 Form 1099-R
\$ 45,000.00	
2a Taxable amount	
\$ 45,000.00	Total distribution
2b Taxable amount not determined	

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

AYER'S TIN -3967259	RECIPIENT'S TIN [REDACTED]	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 11,250.00	5 Employee contributions / Designated Roth contributions or insurance premiums \$
PIENT'S name, street address (incl. apt. no.), city or town, state or province, country, and ZIP or foreign postal code [REDACTED] MANALICH, [REDACTED] [REDACTED]		6 Net unrealized appreciation in employer's securities \$	7 Distribution code(s) 7	8 Other \$ %
count number (see instructions)		9a Your percentage of total distribution %	9b Total employee contributions \$	
11 1st year of desig. Roth contrib. \$		14 State tax withheld \$	15 State/Payer's state no. FL/	16 State distribution \$
copy C This document is not valid for more than 3 years from the date of issuance. It is not valid for more than 1 year from the date of issuance. This form is being furnished to you.	13 Date of payment	12 FATCA filing requirement	10 Amount allocable to IRR within 5 years \$	17 Local tax withheld \$
		18 Name of locality		19 Local distribution \$

www.irs.gov/Form1099R

(keep for your records)

Department of the Treasury - Internal Revenue Service

Support Ph #: (877) 319-2782

SUNCOAST CREDIT UNION
P.O. BOX 11904
TAMPA FL 33680

RAMIRO MANALICH

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code and telephone no. SUNCOAST CREDIT UNION P.O. BOX 11904 TAMPA FL 33680 800-999-5887		Payer's RTN (optional) 263182817	OMB No. 1545-0112 2023 Form 1099-INT		Interest Income
		1 Interest income \$ 1043.46			
		PAYER'S TIN 59-0291451		RECIPIENT'S TIN [REDACTED]	
RECIPIENT'S name and address RAMIRO MANALICH [REDACTED]		2 Early withdrawal penalty \$ 173.97		This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
		3 Interest on U.S. Savings Bonds and Treasury obligations \$ 0.00			
		4 Federal income tax withheld \$ 0.00	5 Investment expenses \$ 0.00		
		6 Foreign tax paid \$ 0.00	7 Foreign country or U.S. possession		
		8 Tax-exempt interest \$ 0.00	9 Specified private activity bond interest \$ 0.00		
FATCA filing requirement ☐		10 Market discount \$ 0.00	11 Bond premium \$	17 State tax withheld \$ 0.00	
		12 Bond premium on Treasury obligations \$ 0.00	13 Bond premium on tax-exempt bond \$ 0.00		
Account number (see instructions) [REDACTED]		14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification no.	

RAMIRO MANALICH

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. SUNCOAST CREDIT UNION PO BOX 11829 TAMPA FL 33680 (813) 621-7511		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.		OMB No. 1545-1380 2023 Form 1098	Mortgage Interest Statement Copy B For Payer/ Borrower The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.
1 Mortgage interest received from payer(s)/borrower(s)* \$ 8553.15		2 Outstanding mortgage principal \$ 414479.50		3 Mortgage origination date 20210813	
RECIPIENT'S/LENDER'S TIN 59-0291451	PAYER'S/BORROWER'S TIN [REDACTED]	4 Refund of overpaid interest \$ 0.00		5 Mortgage insurance premiums \$ 0.00	11 Mortgage acquisition date
PAYER'S/BORROWER'S name RAMIRO MANALICH		6 Points paid on purchase of principal residence \$ 0.00		7 ☒ If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.	
Street address (including apt. no.) [REDACTED]		8 Address or description of property securing mortgage			
City or town, state or province, country, and ZIP or foreign postal code [REDACTED]					
9 Number of properties securing the mortgage	10 Property Tax \$ 6183.87				
Account number (see instructions) [REDACTED]					

1 Wages, tips, other compensation	112,026.44	2 Federal income tax withheld	28,706.52
3 Social security wages	113,326.44	4 Social security tax withheld	7,026.28
5 Medicare wages and tips	113,326.44	6 Medicare tax withheld	1,643.21

Employer's name, address, and ZIP code
SCHOOL DISTRICT OF COLLIER COUNTY FLORIDA
5775 OSCEOLA TRAIL
NAPLES, FL 34109-0919

7 Social security tips	.00	8 Allocated tips	.00	9	.00
10 Dependent care benefits	.00	11 Nonqualified plans	12a E	900.00	

6,885.15	12c C	556.70	12d		
----------	-------	--------	-----	--	--

Employer identification number (EIN) 59-6000557 Employee's social security number [REDACTED]

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other	CAF-EE	2,222.36
X					

Employee's name, address, and ZIP code
[REDACTED]-MANALICH
[REDACTED]

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

To Be Filed With Employee's State, City, or Local Income Tax Return.

1 Wages, tips, other compensation	112,026.44	2 Federal income tax withheld	28,706.52
3 Social security wages	113,326.44	4 Social security tax withheld	7,026.28
5 Medicare wages and tips	113,326.44	6 Medicare tax withheld	1,643.21

Employer's name, address, and ZIP code
SCHOOL DISTRICT OF COLLIER COUNTY FLORIDA
5775 OSCEOLA TRAIL
NAPLES, FL 34109-0919

7 Social security tips	.00	8 Allocated tips	.00	9	.00
10 Dependent care benefits	.00	11 Nonqualified plans	12a See instructions for box 12 E	900.00	

6,885.15	12c C	556.70	12d		
----------	-------	--------	-----	--	--

Employer identification number (EIN) 59-6000557 Employee's social security number [REDACTED]

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other	CAF-EE	2,222.36
X					

Employee's name, address, and ZIP code
[REDACTED]-MANALICH
[REDACTED]

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

To Be Filed With Employee's FEDERAL Tax Return.

1 Wages, tips, other compensation	112,026.44	2 Federal income tax withheld	28,706.52
3 Social security wages	113,326.44	4 Social security tax withheld	7,026.28
5 Medicare wages and tips	113,326.44	6 Medicare tax withheld	1,643.21

Employer's name, address, and ZIP code
SCHOOL DISTRICT OF COLLIER COUNTY FLORIDA
5775 OSCEOLA TRAIL
NAPLES, FL 34109-0919

7 Social security tips	.00	8 Allocated tips	.00	9	.00
10 Dependent care benefits	.00	11 Nonqualified plans	12a E	900.00	

6,885.15	12c C	556.70	12d		
----------	-------	--------	-----	--	--

Employer identification number (EIN) 59-6000557 Employee's social security number [REDACTED]

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other	CAF-EE	2,222.36
X					

Employee's name, address, and ZIP code
[REDACTED]-MANALICH
[REDACTED]

Form W-2	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

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

1 Wages, tips, other compensation	112,026.44	2 Federal income tax withheld	28,706.52
3 Social security wages	113,326.44	4 Social security tax withheld	7,026.28
5 Medicare wages and tips	113,326.44	6 Medicare tax withheld	1,643.21

Employer's name, address, and ZIP code
SCHOOL DISTRICT OF COLLIER COUNTY FLORIDA
5775 OSCEOLA TRAIL
NAPLES, FL 34109-0919

7 Social security tips	.00	8 Allocated tips	.00	9	.00
10 Dependent care benefits	.00	11 Nonqualified plans	12a See instructions for box 12 E	900.00	

6,885.15	12c C	556.70	12d		
----------	-------	--------	-----	--	--

Employer identification number (EIN) 59-6000557 Employee's social security number [REDACTED]

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other	CAF-EE	2,222.36
X					

Employee's name, address, and ZIP code
[REDACTED]-MANALICH
[REDACTED]

Form W-2	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

Copy C - For EMPLOYEE'S RECORDS.
(See Notice to Employee on the back of Copy B.)

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. ANNUITY INVESTORS LIFE INSURANCE CO PO BOX 5420 CINCINNATI OH 45201-5420 1-800-854-3649			1 Gross distribution \$15,474.65		OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS.					
			2a Taxable amount \$15,474.65								
2b Taxable amount not determined ☐			Total distribution ☒								
PAYER'S TIN 31-1021738		RECIPIENT'S TIN [REDACTED]		3 Capital gain (included in box 2a) \$			4 Federal income tax withheld \$3,094.93				
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code [REDACTED] MANALICH			5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$						
			7 Distribution code(s) 7		8 Other \$ %						
			9a Your percentage of total distribution %		9b Total employee contributions \$						
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐		14 State tax withheld \$0.00		15 State/Payer's state no. FL		16 State distribution \$15,474.65	
Account number (see instructions) [REDACTED]			13 Date of payment		17 Local tax withheld \$		18 Name of locality		19 Local distribution \$		

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. ANNUITY INVESTORS LIFE INSURANCE CO PO BOX 5420 CINCINNATI OH 45201-5420 1-800-854-3649			1 Gross distribution \$15,474.65		OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax return, when required.					
			2a Taxable amount \$15,474.65								
2b Taxable amount not determined ☐			Total distribution ☒								
PAYER'S TIN 31-1021738		RECIPIENT'S TIN [REDACTED]		3 Capital gain (included in box 2a) \$			4 Federal income tax withheld \$3,094.93				
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code [REDACTED] MANALICH			5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$						
			7 Distribution code(s) 7		8 Other \$ %						
			9a Your percentage of total distribution %		9b Total employee contributions \$						
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐		14 State tax withheld \$0.00		15 State/Payer's state no. FL		16 State distribution \$15,474.65	
Account number (see instructions) [REDACTED]			13 Date of payment		17 Local tax withheld \$		18 Name of locality		19 Local distribution \$		

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

ANNUITY INVESTORS LIFE INSURANCE CO
PO BOX 5420
CINCINNATI OH 45201-5420

**IMPORTANT TAX RETURN
INFORMATION BELOW**

ADDRESS SERVICE REQUESTED

MANALICH

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. ANNUITY INVESTORS LIFE INSURANCE CO PO BOX 5420 CINCINNATI OH 45201-5420 1-800-854-3649			1 Gross distribution \$15,474.65		OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
			2a Taxable amount \$15,474.65					
PAYER'S TIN 31-1021738			2b Taxable amount not determined ☐		Total distribution ☒		Copy C For Recipient's Records	
			3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$3,094.93			
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code MANALICH			5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		This information is being furnished to the IRS.	
			7 Distribution code(s) 7		IRA/ SEP/ SIMPLE ☐	8 Other \$		%
			9a Your percentage of total distribution %		9b Total employee contributions \$			
10 Amount allocable to IRR within 5 years \$		11 1st year of design. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld \$0.00		15 State/Payer's state no. FL	16 State distribution \$15,474.65	
Account number (see instructions) MANALICH			13 Date of payment \$	17 Local tax withheld \$		18 Name of locality	19 Local distribution \$	

Employee Reference Copy	
W-2 Wage and Tax Statement 2023	
OMB No. 1545-0048	
d Control number	100123 PHIL/3BH
Dept.	999XXX
Corp.	
Employer use only	A
c Employer's name, address, and ZIP code US RETIREMENT PARTNERS 99 SOUTH WOOD AVENUE ISELIN NJ 08830	
Batch #00615	
e/f Employee's name, address, and ZIP code MANALICH	
b Employer's FED ID number	26-0829701
a Employee's SSA number	
1 Wages, tips, other comp.	17217.31
2 Federal income tax withheld	1795.72
3 Social security wages	17217.31
4 Social security tax withheld	1067.47
5 Medicare wages and tips	17217.31
6 Medicare tax withheld	249.65
7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b 12c 12d
13 Stat emp Ret plan 3rd party sick pay	
15 State Employer's state ID no.	FL
16 State wages, tips, etc.	
17 State income tax	
18 Local wages, tips, etc.	
19 Local income tax	
20 Locality name	

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

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

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	FL State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	17,417.31	17,417.31	17,417.31	
Less Medical FSA	200.00	200.00	200.00	
Reported W-2 Wages	17,217.31	17,217.31	17,217.31	

2. Employee Name and Address.

MANALICH

© 2023 ADP, Inc.

1 Wages, tips, other comp.	17217.31	2 Federal income tax withheld	1795.72
3 Social security wages	17217.31	4 Social security tax withheld	1067.47
5 Medicare wages and tips	17217.31	6 Medicare tax withheld	249.65
d Control number	100123 PHIL/3BH	Dept.	999XXX
Corp.		Employer use only	A
c Employer's name, address, and ZIP code US RETIREMENT PARTNERS 99 SOUTH WOOD AVENUE ISELIN NJ 08830			
b Employer's FED ID number	26-0829701	a Employee's SSA number	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
14 Other		12b 12c 12d	
13 Stat emp Ret plan 3rd party sick pay			
e/f Employee's name, address and ZIP code MANALICH			
15 State Employer's state ID no.	FL	16 State wages, tips, etc.	
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	
Federal Filing Copy W-2 Wage and Tax Statement 2023 OMB No. 1545-0048 Copy B to be filed with employee's Federal Income Tax Return.			

1 Wages, tips, other comp.	17217.31	2 Federal income tax withheld	1795.72
3 Social security wages	17217.31	4 Social security tax withheld	1067.47
5 Medicare wages and tips	17217.31	6 Medicare tax withheld	249.65
d Control number	100123 PHIL/3BH	Dept.	999XXX
Corp.		Employer use only	A
c Employer's name, address, and ZIP code US RETIREMENT PARTNERS 99 SOUTH WOOD AVENUE ISELIN NJ 08830			
b Employer's FED ID number	26-0829701	a Employee's SSA number	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a	
14 Other		12b 12c 12d	
13 Stat emp Ret plan 3rd party sick pay			
e/f Employee's name, address and ZIP code MANALICH			
15 State Employer's state ID no.	FL	16 State wages, tips, etc.	
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	
FL State Filing Copy W-2 Wage and Tax Statement 2023 OMB No. 1545-0048 Copy 2 to be filed with employee's State Income Tax Return.			

1 Wages, tips, other comp.	17217.31	2 Federal income tax withheld	1795.72
3 Social security wages	17217.31	4 Social security tax withheld	1067.47
5 Medicare wages and tips	17217.31	6 Medicare tax withheld	249.65
d Control number	100123 PHIL/3BH	Dept.	999XXX
Corp.		Employer use only	A
c Employer's name, address, and ZIP code US RETIREMENT PARTNERS 99 SOUTH WOOD AVENUE ISELIN NJ 08830			
b Employer's FED ID number	26-0829701	a Employee's SSA number	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a	
14 Other		12b 12c 12d	
13 Stat emp Ret plan 3rd party sick pay			
e/f Employee's name, address and ZIP code MANALICH			
15 State Employer's state ID no.	FL	16 State wages, tips, etc.	
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	
FL State Filing Copy W-2 Wage and Tax Statement 2023 OMB No. 1545-0048 Copy 2 to be filed with employee's State Income Tax Return.			

**Florida Retirement System
Division of Retirement
RETIREE ANNUAL STATEMENT -- 2023**

Personal Information

Payee Name [REDACTED] MANALICH
SSN [REDACTED]
Member Name [REDACTED] MANALICH
SSN [REDACTED]

Tax Status:

Filing Status M
Extra Withholding \$100.00
Stated Amount \$0.00
Withholding Response YES (1)

Annual Income/Deductions

Income - Payment Type: MONTHLY

Health Insurance Subsidy (HIS) \$ 675.00 (2)
Retirement Benefit \$ 13,876.05

TOTAL GROSS \$ 14,551.05

Deductions

Tax Withholding \$ 1,105.14
\$
\$
\$
\$
\$

TOTAL DEDUCTIONS \$ 1,105.14

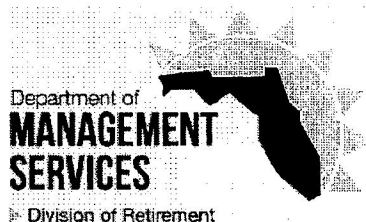
Form 1099-R Calculation

Gross Income \$ 14,551.05
Minus HIS Tax Exclusion \$ 0.00
= Box 1 (Gross Distribution) \$ 14,551.05
Minus Box 5 (Simplified Method) \$ 0.00
= Box 2a (Taxable Amount) \$ 14,551.05
Box 4 = Tax Withheld \$ 1,105.14
Box 7 = Distribution Code 7
Box 9b = Total Employee Contributions for
those who retired in current year \$ 0.00

(1) If you have income-tax related questions, please contact your tax advisor. You may also visit the Internal Revenue Services' (IRS) website at www.irs.gov, call the IRS toll free at 800-829-1040 or 800-829-4059 (TDD) if you are hearing impaired. Division of Retirement employees are not trained to provide tax or financial-related advice.

(2) The Health Insurance Subsidy (HIS) benefit is an optional monthly payment that eligible pension recipients must apply for. The purpose of the HIS payment is to provide assistance with the cost of health insurance coverage. The HIS benefit is not an insurance policy and it is not a part of your Florida Retirement System pension.

Pension Protection Act/HELPS Act - Under the provisions of this Act some "Public Safety Officer" retirees (as determined by this Act) may be eligible for a tax exclusion up to \$3,000. For more information, please contact your tax advisor or get general information from the IRS. You may visit the www.irs.gov website and refer to the Instructions Booklet for IRS Form 1040. For your convenience the document "Information for Retired Public Safety Officers Tax Exclusion" can be found on the "Retirees" page of the Division of Retirement's website at www.frs.myflorida.com under Helpful Links and Resources for Retirees.



Division of Retirement
P.O. Box 9000
Tallahassee, FL 32315-9000
Tel: 850-907-6500 | Fax: 850-410-2010 | Toll-Free: 844-377-1888

Ron DeSantis, Governor
Pedro Allende, Secretary

[REDACTED] MANALICH
[REDACTED]

Dear Benefit Recipient:

Attached is your 2023 IRS Form 1099-R and Retiree Annual Statement (RAS). The RAS is a year-end summary of your Florida Retirement System (FRS) pension income and deductions. If you live outside of Florida and must file state income taxes, you will need to make a copy of Form 1099-R to file with your state tax return. See Page 4 for Form 1099-R instructions.

You can view or print your 2023 Form 1099-R and RAS documents from your FRS Online account.

How to Log In to Your FRS Online Account
Visit our website at frs.fl.gov and enter your username and password. Once you've logged in, click the 1099-R box displayed on the Welcome page. You can also click on 1099-R in the left-hand navigation menu to access your 1099-Rs.

View the January 2024 Retiree Newsletter on the [publications page](#) of the Division of Retirement website. The newsletter includes information on Form 1099-R and a schedule of the 2024 monthly FRS payment dates.

If you need assistance, contact the division at 850-907-6500 or toll-free at 844-377-1888.

Best wishes for 2024!

Sincerely,

Kathy Gould, Director

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 14,551.05		OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS.					
			2a Taxable amount \$ 14,551.05								
			2b Taxable amount not determined ☐ Total distribution ☐								
PAYER'S TIN 59-1354377		RECIPIENT'S TIN [REDACTED]		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 1,105.14					
RECIPIENT'S name [REDACTED]-MANALICH [REDACTED]				5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$					
				7 Distribution code(s) 7		IRA/ SEP/ SIMPLE ☐	8 Other \$ %				
				9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00					
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐		14 State tax withheld \$		15 State/Payer's state no.		16 State distribution \$	
Account number (see instructions) [REDACTED]				13 Date of payment		17 Local tax withheld \$		18 Name of locality		19 Local distribution \$	

Form 1099-R www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 14,551.05		OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C For Recipient's Records This information is being furnished to the IRS.					
			2a Taxable amount \$ 14,551.05								
			2b Taxable amount not determined ☐ Total distribution ☐								
PAYER'S TIN 59-1354377		RECIPIENT'S TIN [REDACTED]		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 1,105.14					
RECIPIENT'S name [REDACTED]-MANALICH [REDACTED]				5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$					
				7 Distribution code(s) 7		IRA/ SEP/ SIMPLE ☐	8 Other \$ %				
				9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00					
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐		14 State tax withheld \$		15 State/Payer's state no.		16 State distribution \$	
Account number (see instructions) [REDACTED]				13 Date of payment		17 Local tax withheld \$		18 Name of locality		19 Local distribution \$	

Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

In addition to filing your W-2, you must report health insurance enrollment for yourself and your family. The IRS Form 1095-B and/or Form 1095-C provides your health insurance enrollment information. Keep it with your other tax reporting documents to prove you had minimum essential health insurance coverage. **You should be able to complete your income tax return without Form 1095.** If you have questions about reporting requirements for minimum essential health insurance coverage, discuss with your tax preparer.

For more information about this tax reporting requirement, read the Frequently Asked Questions below.

Why am I getting an IRS Form 1095?

You are required to report and provide proof of minimum essential coverage for you and your dependent(s), if any, on your federal income tax return. IRS Forms 1095-B and 1095-C provide health coverage information for you and your covered dependent(s) for tax reporting purposes.

What are IRS Forms 1095-B and 1095-C?

IRS Forms 1095-B and 1095-C provide information you need to report minimum essential coverage for you and your dependent(s), if any, on your income tax return. The employer reports the offer of minimum essential coverage on IRS Form 1095-C. Enrollment in a self-insured plan is also provided on IRS Form 1095-C. Enrollment in a fully insured plan is reported on IRS Form 1095-B.

What is minimal essential coverage?

The health insurance coverage offered through the State Group Insurance Program is considered minimum essential coverage based on Affordable Care Act (ACA) definitions.

Who requires these forms and this reporting?

The IRS requires these forms pursuant to the ACA, which requires most Americans to have minimum essential coverage. If you or your dependents do not have minimum essential coverage, you could face a penalty imposed by the IRS.

Why did I get multiple forms?

The most common reasons individuals receive more than one form are the following:

- You are enrolled in Capital Health Plan (CHP). You will receive IRS Form 1095-C from your employer and IRS Form 1095-B from CHP. The Form 1095-B will show your dependent enrollment, if any.
- You had more than one employer during the tax reporting year.
- You retired or terminated employment during the tax reporting year and continued health insurance as a retiree or under COBRA.

Whom do I call if I have questions about this form?

If you have questions about what to do with the form, call your tax preparer. If you have questions about the personal information on the form (for example, your address or Social Security number is incorrect), call the phone number in box 10 of the form. You can also visit the IRS website at <http://www.irs.gov/ACA>.

What do I do if I lose the form?

If you are employed, you can log in to People First, click on the "Insurance Benefits" tile and click on "Health Insurance Tax Form." If you are a former employee or you cannot log in to People First, you may call the People First Service Center at 866-663-4735 and request a duplicate copy.

I don't work for the State anymore, but the employer box says that the Division of State Group Insurance is my employer. What does this mean?

The IRS requires the employer section of the form to be completed, even for former employees. The Department of Management Services Division of State Group Insurance is the administrator of the State Group Health Insurance Program and can assist you if you have questions about the information on the form. If you have questions about what to do with the form, call your tax preparer.

Form 1095-C
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

Go to www.irs.gov/Form1095C for instructions and the latest information.

☐ VOID

☐ CORRECTED

OMB No. 1545-2251

2023

Part I Employee

1 Name of employee (first name, middle initial, last name) RAMIRO		2 Social security number (SSN) [REDACTED]	7 Name of employer FLORIDA STATE COURTS		8 Employer identification number (EIN) 35-2419664
3 Street address (including apartment no.) [REDACTED]		9 Street address (including room or suite no.) 500 S. DUVAL ST.		10 Contact telephone number 850-487-0778	
4 City or town [REDACTED]	5 State or province [REDACTED]	6 Country and ZIP or foreign postal code [REDACTED]	11 City or town Tallahassee	12 State or province FL	13 Country and ZIP or foreign postal code US 32399

Applicable Large Employer Member (Employer)

Part II Employee Offer of Coverage

Employee's Age on January 1

Plan Start Month (enter 2-digit number): 01

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code) 1E													
15 Employee Required Contribution (see instructions) \$ 15.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C													
17 ZIP Code													

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

Cat. No. 60705M

Form **1095-C** (2023)

Part III Covered IndividualsIf Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☒

	(a) Name of covered individual(s) First name, middle initial, last name			(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
							Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18	RAMIRO		MANALICH			☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19			MANALICH			☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20			MANALICH			☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
29						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
30						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

COLLIER COMMUNITY FOUNDATION™

1110 Pine Ridge Road, Suite 200
Naples, FL 34108
239-649-5000 • info@colliercf.org
colliercf.org

June 29, 2023

Hon. Ramiro Manalich & Ms. [REDACTED]-Manalich
[REDACTED]

Dear Ramiro and [REDACTED]:

Thank you for your donation on 06/28/2023 of \$200.00, check # [REDACTED], for the Collier Community Foundation General Operations of the Collier Community Foundation™.

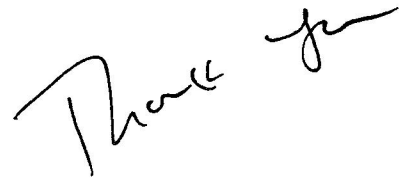
Supporting the Collier Community Foundation's Operating Fund provides the necessary resources to operate efficiently and effectively, ensuring fiscal responsibility in grant due diligence, donor and nonprofit education, research, and other activities

The CCF is a 501(c)(3) tax exempt organization (tax identification number 59-2396243) and has exclusive legal control over the contributed assets. Contributions are tax-deductible to the extent permitted by law and the Community Foundation provided no goods or services in return for your contribution. Please keep this letter as your receipt for tax purposes.

Sincerely,



Eileen Connolly-Keesler
President/CEO



Informed giving. Powerful results.™

2022-2023 BOARD OF TRUSTEES: James F. Morey · R. Robert Funderburg · Allyson Richards · Brad A. Galbraith · Jerry Tostrud · William Barker · Todd Bradley · John M. Costigan · Jeffrey Diermeier · Elizabeth T. Frank · Judy Jorgensen · Dolly Bodick Korest · Kathleen Ludwig · Lynn Martin · Vladimir J. Mathieu · Thomas Oliveri · Giselle Wagner · Myra Williams

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1.800.435.7352 WITHIN FLORIDA (REGISTRATION #CH327) OR AT WWW.FDACS.GOV. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. 100% OF EACH CONTRIBUTION IS RETAINED BY THE FOUNDATION.

The Honorable Ramiro Mañalich
Collier County Government Complex
3315 Tamiami Trail East
Naples, FL 34112

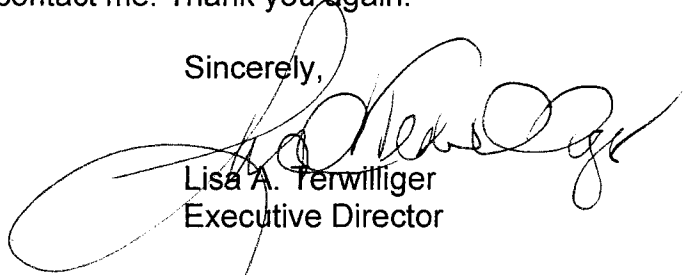
Dear Judge Mañalich,

I am writing to thank you for your generous contribution to the Collier County Bar Foundation. Your contribution in the amount of \$100.00 has been made to the Collier County Bar Foundation 100 Lawyers Giving Back Sponsorship Program. The Collier County Bar Foundation is a 501(c)(3) entity, which was founded in 1991 to provide a charitable vehicle for the Collier County Bar Association and its members. The Foundation's governing documents state the following purposes:

- 1. Raise funds to provide funding for qualified individuals for law-related activities.*
- 2. Encourage and promote education and community awareness of the law.*
- 3. Pursue and participate in charitable endeavors benefiting youth and/or underprivileged populations in Southwest Florida.*

This letter will serve as a receipt of your donation and to confirm that no goods or services were provided to you or your business in consideration of your gift. If you have any questions regarding this matter or require further information, please do not hesitate to contact me. Thank you again.

Sincerely,


Lisa A. Terwilliger
Executive Director

Thank you!



Collier County Bar Foundation
Lawyers Giving Back

REPLY TO: 3315 Tamiami Tr. E., Suite 505 • Naples, Florida 34112 • Ph. 239.252.8711



THE FELLOWS OF THE
**AMERICAN BAR
FOUNDATION**

750 North Lake Shore Drive, 4th Floor
Chicago, IL 60611-4557
(800) 292-5065
(312) 564-8910 fax
americanbarfoundation.org

1271

September 27, 2023

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Hahn & Hahn LLP
Pasadena, CA
(626) 796-9123
lfarber@hahnlawyers.com

Chair-Elect
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Neuner Pate
(337) 272-0311
fneuner@neunerpate.com

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nshoop@abfn.org

ABF Fellows Office
fellows@abfn.org
(800) 292-5065

Honorable Ramiro Manalich
Collier Co. Ct. House
3315 Tamiami Trl E Ste 405
Naples, FL 34112-5324

Dear Judge Manalich:

As I begin my term as Chair of the Fellows, I want to thank you for your pledge of support as a Fellow of the American Bar Foundation (ABF), one of the world's leading research institutes for the empirical study of law.

For more than 70 years, Fellows have provided significant support for the ground-breaking research conducted by the ABF's faculty of prize-winning scholars. I am grateful for your partnership in helping the ABF set the standard for research on important topics like the rule of law and access to justice.

Please take a moment to submit your pledged contribution for our new fiscal year, which began September 1, 2023. Enclosed is information on your pledge balance and a return envelope for your convenience. You may also make your pledge payment online by visiting abfn.org/give.

Also enclosed is a Fellows nomination form. Please use this form to recommend deserving colleagues whom you would like to honor with a nomination for membership in the Fellows. You can return this form with your pledge payment to the Fellows office or complete the form online at abfn.org/nominate.

Please feel free to contact the Fellows office at (800) 292-5065 or fellows@abfn.org with any questions regarding your giving history, Fellows events, or the ABF's research. You can always contact me directly with any suggestions or questions, or to learn more about the Fellows.

On behalf of the ABF Research faculty, the ABF Board, and the national Officers of the Fellows, thank you for your steadfast support.

Very truly yours,

Laura Farber
Chair, Fellows of the American Bar Foundation

Enclosures

P.S. If this letter has crossed with your 2023-2024 contribution in the mail or online, please disregard and accept my thanks!



PO Box 50 Lakeland, FL 33802

10/31/2023

ADVANCE NOTICE OF EXPECTED DEPOSIT

[REDACTED] MANALICH
[REDACTED]
[REDACTED]

Re: COLLIER COUNTY SCHOOL DISTRICT 401(A) SPECIAL PAY PLAN RO [REDACTED]

Dear [REDACTED] MANALICH,

This is to advise you that we have been notified of a contribution in the amount of **\$169,405.82** that is expected to be made to your BENCOR Special Pay Plan account.

This Deposit may come from your employer, based upon eligible Special Pay (i.e.: terminal sick leave, annual leave buyout, terminal pay or other types of "special pay" designated by your employer), or from rollovers you have requested from other eligible retirement plans.

When you log on to your account at www.BENCORPLANS.com, you will see this amount labeled as a **"Pending Trade"** until the funds are received from your employer or rollover institution. When the funds are received, the contribution will be included in your account balance and you will no longer see a **"Pending Trade."**

IMPORTANT: A "Pending Trade" indicates that funds have not yet been deposited into your account.

If this is your first deposit, we would like to take this opportunity to welcome you to the Plan. If you are already a valued member of the BENCOR Special Pay Plan, we are pleased to continue serving you.

You automatically save money when your employer makes a Special Pay deposit on your behalf. Special Pay contributions are not subject to Social Security or Medicare taxes. These taxes are permanently saved and will never need to be paid, even upon withdrawal. Additionally, the Special Pay Plan is a tax-deferred plan; therefore, income tax is not due until you withdraw the funds from the Plan. This gives you the option of postponing your withdrawal until a later tax year and can result in significant savings to you.

You may access your account 24 hours per day, via either our Voice Response System or Internet.

Special note for DROP participants: This plan has been designed to allow rollovers from DROP at the end of the DROP period. This gives you the option of maintaining the tax-deferred status of your DROP funds and taking advantage of the quality investments offered in this Plan.

If you have questions regarding your account or would like to be contacted by a representative, please call BENCOR Administrative Services toll-free at (866) 296-9712 or contact us via email at questions@bencorservices.com. Our representatives are available Monday through Friday from 9 a.m. until 6 p.m. ET. To reach your local advisor, visit us at www.BENCORPLANS.com and click on **Find Your Advisor**.

Online Account Access:

Please visit our website at www.BENCORPLANS.com. Click on **Participant Login**, select your State, County and Employer, then click on **Log In**.

- **First time users:** Select **New User** and follow the prompts to create your personalized security questions, user ID and password.

a Employee's social security number [REDACTED]		Payroll organization code 22-20-20-00-110		Intradepartment number 0000000050	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 178,826.44		2 Federal income tax withheld 27,300.84	
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 160,200.00		4 Social security tax withheld 9,932.40	
		5 Medicare wages and tips 182,426.44		6 Medicare tax withheld 2,645.18	
		7 Social security tips		10 Dependent care benefits	
d Control number 017663 01/05		11 Nonqualified plans		12a See instructions for box 12 G 3,600.00	
e Employee's first name, mi, and last name RAMIRO MANALICH [REDACTED]		13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		12b DD 22,269.14	
		14 Other 125 4,185.08		12c	
				12d	
				12e	
f Employee's address and ZIP code		15 State Employer's state ID number		16 State wages, tips, etc.	
		17 State income tax		18 Local wages, tips, etc.	
		19 Local income tax		20 Locality name	

FORM **W-2** **WAGE AND TAX STATEMENT** **2023**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

a Employee's social security number [REDACTED]		Payroll organization code 22-20-20-00-110		Intradepartment number 0000000050	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 178,826.44		2 Federal income tax withheld 27,300.84	
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 160,200.00		4 Social security tax withheld 9,932.40	
		5 Medicare wages and tips 182,426.44		6 Medicare tax withheld 2,645.18	
		7 Social security tips		10 Dependent care benefits	
d Control number 017663 01/05		11 Nonqualified plans		12a See instructions for box 12 G 3,600.00	
e Employee's first name, mi, and last name RAMIRO MANALICH [REDACTED]		13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		12b DD 22,269.14	
		14 Other 125 4,185.08		12c	
				12d	
				12e	
f Employee's address and ZIP code		15 State Employer's state ID number		16 State wages, tips, etc.	
		17 State income tax		18 Local wages, tips, etc.	
		19 Local income tax		20 Locality name	

FORM **W-2** **WAGE AND TAX STATEMENT** **2023**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA327W Rev. 06/09/2023

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

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Roosevelt University 430 South Michigan Ave Chicago IL 60605 Contact: 866-421-3535 ECSI: 866-428-1098		1 Payments received for qualified tuition and related expenses \$29,669.12 2	CMB No. 1545-1574 2023 Form 1098-T	Tuition Statement Copy B For Student This is important tax information and is being furnished to the Internal Revenue Service. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
FILER'S federal identification no. [REDACTED]	STUDENT'S TIN [REDACTED]	3		
STUDENT'S name, street address, city, state, and ZIP code [REDACTED] MANALICH [REDACTED]		4 Adjustments made for a prior year	5 Scholarships or grants \$3,000.00	
Service Provider/Acct No. (see instr.) [REDACTED]		6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2024 []	
8 Checked if at least half-time student ☒		9 Checked if a graduate student ☒	10 Ins. contract reimb./refund	

Form **1098-T** (keep for your records) www.irs.gov/1098t Department of the Treasury-Internal Revenue Service

If you have any general questions, please visit <https://www.ecsi.net/taxinfo.html> for information regarding your tax documents and to obtain contact information for ECSI. If you have any questions regarding the financial information on your 1098-T, please contact your school directly.

Neither your school nor ECSI can answer tax questions or provide tax advice, you must contact your tax professional.

Transaction History				Transaction History			
Trans Date	Box #	Trans Description	Trans Amt	Trans Date	Box #	Trans Description	Trans Amt

For a complete listing of your student account transactions, please access your student account online through the student portal provided by your institution.

Instructions for Student

You, or the person who can claim you as a dependent, may be able to claim an education credit on Form 1040 or 1040-SR. This statement has been furnished to you by an eligible educational institution in which you are enrolled, or by an insurer who makes reimbursements or refunds of qualified tuition and related expenses to you. This statement is required to support any claim for an education credit. Retain this statement for your records. To see if you qualify for a credit, and for help in calculating the amount of your credit, see Pub. 970, Form 8863, and the Instructions for Forms 1040 and 1040-SR.

Your institution must include its name, address, and information contact telephone number on this statement. It may also include contact information for a service provider. Although the filer or the service provider may be able to answer certain questions about the statement, do not contact the filer or the service provider for explanations of the requirements for (and how to figure) any education credit that you may claim.

Student's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete TIN to the IRS. **Caution:** If your TIN is not shown in this box, your school was not able to provide it. Contact your school if you have questions.

Account number. May show an account or other unique number the filer assigned to distinguish your account.

Box 1. Shows the total payments received by an eligible educational institution in 2023 from any source for qualified tuition and related expenses less any reimbursements or refunds made during 2023 that relate to those payments received during 2023.

Box 2. Reserved.

Box 3. Reserved.

Box 4. Shows any adjustment made by an eligible educational institution for a prior year for qualified tuition and related expenses that were reported on a prior year Form 1098-T. This amount may reduce any allowable education credit that you claimed for the prior year (may result in an increase in tax liability for the year of the refund). See "recapture" in the index to Pub. 970 to report a reduction in your education credit or tuition and fees deduction.

Box 5. Shows the total of all scholarships or grants administered and processed by the eligible educational institution. The amount of scholarships or grants for the calendar year (including those not reported by the institution) may reduce the amount of the education credit you claim for the year.

Tip. You may be able to increase the combined value of an education credit and certain educational assistance (including Pell Grants) if the student includes some or all of the educational assistance in income in the year it is received. For details, see Pub. 970.

Box 6. Shows adjustments to scholarships or grants for a prior year. This amount may affect the amount of any allowable tuition and fees deduction or education credit that you claimed for the prior year. You may have to file an amended income tax return (Form 1040X) for the prior year.

Box 7. Shows whether the amount in box 1 includes amounts for an academic period beginning January-March 2024. See Pub. 970 for how to report these amounts.

Box 8. Shows whether you are considered to be carrying at least one-half the normal full-time workload for your course of study at the reporting institution.

Box 9. Shows whether you are considered to be enrolled in a program leading to a graduate degree, graduate-level certificate, or other recognized graduate-level educational credential.

Box 10. Shows the total amount of reimbursements or refunds of qualified tuition and related expenses made by an insurer. The amount of reimbursements or refunds for the calendar year may reduce the amount of any education credit you can claim for the year (may result in an increase in tax liability for the year of the refund).

Future developments. For the latest information about developments related to Form 1098-T and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1098t.

More information about 1098-E/T is available in our document [Student Loan Tax Incentives](#).

Close Window

Term	Detail code	Description	Amount	Pro-rata
Spring 2023 - Chicago	2AFM	Acad Facility Maint Fund Assmt	\$233.00	
Spring 2023 - Chicago	2FEJ	Service Fee UIC Law	\$363.00	
Spring 2023 - Chicago	2LIT	Library & IT Assessment	\$153.00	
Spring 2023 - Chicago	2LW2	Law JD Tuition Nonresident	\$12,000.00	
Spring 2023 - Chicago	2NLJ	General Fee UIC Law	\$489.00	
Total			\$13,238.00	

Detail of Scholarship and Grants

Term	Detail code	Description	Amount	Pro-rata
Spring 2023 - Chicago	2A3C	Lee Scholarship	\$12,000.00	
Total			\$12,000.00	

Box 1 Payments Reportable

Tax Year	Beginning Unreported Charges (A)	Current Charges (B)	Decrease Previous Charges (C)	Box 4 Adjustment (D)	Cap Limit Charges Billed (E=A+B+C+D)	Current Payments (F)	Box 1 Reportable (G=Unreported (Least(E, F))	Ending Charges (H=E-G)
2023	0.0	13238.0		0.0	13238.0	13353.0	13238.0	0.0

Disclaimer

Please note this is not an official document and is provided for information only.

STATE FUNDRAISING DISCLOSURES

Your gift is very much appreciated and may be tax deductible pursuant to IRC §170(c). A copy of our latest financial report may be obtained by writing to American Bar Foundation, Chief Financial Officer, 750 N. Lake Shore Dr., 4th Floor, Chicago IL 60611, 312-988-6500. The American Bar Foundation has been formed to expand knowledge and advance justice through innovative, interdisciplinary, and rigorous empirical research on law, legal processes, and legal institutions. If you are a resident of one of these states, you may obtain financial information directly from the state agency or as otherwise indicated: FLORIDA – A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE, 1-800-435-7352 (800-HELP-FLA) WITHIN THE STATE OR VISITING www.FloridaConsumerHelp.com. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. Florida Registration CH34899; GEORGIA - A full and fair description of the programs of the American Bar Foundation and our financial statement summary is available upon request at the office and phone number indicated above; MARYLAND – For the cost of copies and postage, documents and information filed under the Maryland charitable organizations laws can be obtained from the Office of the Secretary of State, State House, Annapolis, MD 21401; MISSISSIPPI – The official registration and financial information of the American Bar Foundation may be obtained from the Mississippi Secretary of State's office by calling 1-888-236-6167. Registration by the Secretary of State does not imply endorsement; NEW JERSEY – INFORMATION FILED WITH THE ATTORNEY GENERAL CONCERNING THIS CHARITABLE SOLICITATION AND THE PERCENTAGE OF CONTRIBUTIONS RECEIVED BY THE CHARITY DURING THE LAST REPORTING PERIOD THAT WERE DEDICATED TO THE CHARITABLE PURPOSE MAY BE OBTAINED FROM THE ATTORNEY GENERAL OF THE STATE OF NEW JERSEY BY CALLING (973) 504-6215 AND IS AVAILABLE ON THE INTERNET AT <http://www.state.nj.us/lps/ca/charfrm.htm>. REGISTRATION WITH THE ATTORNEY GENERAL DOES NOT IMPLY ENDORSEMENT; NEW YORK – you may obtain information on charitable organizations and obtain a copy of our latest financial report from the New York Attorney General's Charities Registry at www.charitiesnys.com or, upon request from our organization at the address above, or by contacting the Office of the Attorney General, Charities Bureau, 28 Liberty Street, New York, NY 10005, or calling (212) 416-8401; NORTH CAROLINA – FINANCIAL INFORMATION ABOUT THIS ORGANIZATION AND A COPY OF ITS LICENSE ARE AVAILABLE FROM THE STATE SOLICITATION LICENSING BRANCH AT 1-888-830-4989. THE LICENSE IS NOT AN ENDORSEMENT BY THE STATE; PENNSYLVANIA – The official registration and financial information of the American Bar Foundation may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement; VIRGINIA – Virginia State Office of Consumer Affairs, Department of Agricultural and Consumer Services, PO Box 1163, Richmond, VA 23218; WASHINGTON – Charities Division, Office of the Secretary of State, State of Washington, Olympia, WA 98504-0422, 1-800-332-4483; WEST VIRGINIA – Residents may obtain a summary of the registration and financial documents from the Secretary of State, State Capitol, Charleston, WV 25305. WISCONSIN - A financial statement of the charitable organization disclosing assets, liabilities, fund balances, revenue, and expenses for the preceding fiscal year will be provided to any person upon request. Registration with any of these state agencies does not imply endorsement, approval or recommendation by any state.

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TRUST BANK

Charles Schwab Trust Bank
For BENCOR Administrative Services
PO Box 81685
Austin, TX 78708
1 (866) 296-9712

DISTRIBUTION ID	CHECK NUMBER	DATE	PLAN NUMBER	PLAN NAME	TAX STATE
		12/14/2023		COLLIER COUNTY DIST 401A SPP PL RO	FL

DESCRIPTION	AMOUNT	PAYMENT DESCRIPTION
GROSS AMOUNT FEDERAL WITHHOLDING TAX	45,000.00 11,250.00-	Distribution Code 1: 7 Total Distribution: N Taxable Amount Not Determined: N IRA/SEP/SIMPLE: N Payment Reason: RETIREMENT BENEFIT
CHECK AMOUNT	\$33,750.00	
TAXABLE AMOUNT	45,000.00	
STATE TAXABLE AMOUNT	45,000.00	

REMOVE DOCUMENT ALONG THIS PERFORATION



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PO Box 81685
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THIS IS NOT A CHECK

DISTRIBUTION ID	DISTRIBUTION NUMBER	DATE	PLAN NUMBER	PLAN NAME	TAX STATE
		12/07/2023		COLLIER COUNTY DIST 401A SP PLAN	FL

DESCRIPTION	AMOUNT	PAYMENT DESCRIPTION
GROSS AMOUNT FEDERAL WITHHOLDING TAX	1,043.25 208.65-	Distribution Code 1: 7 Total Distribution: Y Taxable Amount Not Determined: N IRA/SEP/SIMPLE: N Payment Reason: RETIREMENT BENEFIT
DISTRIBUTION AMOUNT	\$834.60	
TAXABLE AMOUNT	1,043.25	
STATE TAXABLE AMOUNT	1,043.25	



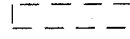
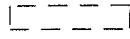
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For BENCOR Administrative Services
PO Box 81685
Austin, TX 78708
1 (866) 296-9712

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DISTRIBUTION ID	DISTRIBUTION NUMBER	DATE	PLAN NUMBER	PLAN NAME	TAX STATE
		11/08/2023		COLLIER COUNTY DIST 401A SP PLAN	FL

DESCRIPTION	AMOUNT	PAYMENT DESCRIPTION
GROSS AMOUNT FEDERAL WITHHOLDING TAX	5,500.00 1,100.00-	Distribution Code 1: 7 Total Distribution: N Taxable Amount Not Determined: N IRA/SEP/SIMPLE: N Payment Reason: RETIREMENT BENEFIT
DISTRIBUTION AMOUNT	\$4,400.00	
TAXABLE AMOUNT	5,500.00	
STATE TAXABLE AMOUNT	5,500.00	



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THIS IS NOT A CHECK

DISTRIBUTION ID	DISTRIBUTION NUMBER	DATE	PLAN NUMBER	PLAN NAME	TAX STATE
		01/08/2024		COLLIER COUNTY DIST 401A SPP PL RO	FL

DESCRIPTION	AMOUNT	PAYMENT DESCRIPTION
GROSS AMOUNT FEDERAL WITHHOLDING TAX	15,000.00 3,750.00-	Distribution Code 1: 7 Total Distribution: N Taxable Amount Not Determined: N IRA/SEP/SIMPLE: N Payment Reason: RETIREMENT BENEFIT
DISTRIBUTION AMOUNT	\$11,250.00	
TAXABLE AMOUNT	15,000.00	
STATE TAXABLE AMOUNT	15,000.00	

JUDGE RAMIRO MAÑALICH

FORM 6 ATTACHMENT

PART B - ASSETS

Household goods and personal effects:

2018 Hyundai Sonata	\$ 12,000.00
2019 Jeep Unlimited -Sahara	\$ 24,000.00
Furniture	\$ 14,000.00
Jewelry	\$ 1,500.00
Clothing	\$ 7,000.00
Subtotal.....	\$ 58,500.00

Assets worth more than \$1000.00:

\$ 975,000.00

Primary residence home

[REDACTED]

[REDACTED]

Suncoast Credit Union

P.O. Box 11904

Tampa, FL 33680

Savings	\$ 500.38
Checking	\$ 10,424.06
Money Market	\$ 676.16
Cert of Deposit	\$ 34,208.69

State of FL Def Comp Plan/Nationwide/Charles Schwab

\$ 40,130.22

P.O. Box 182797

Columbus, OH 43218-2797

State of FL DROP Account

\$ 550,164.38

FL Retirement System Pension Plan

P.O. Box 9000

Tallahassee, FL 32315-9000

State of FL DROP Account (spouse Jane)

\$ 95,205.00

U.S. Retirement Partners/Bencor

99 Wood Avenue South, Suite 501

Iselin, NJ 08830

Maimi Dolphins - 2 seats plus parking

\$ 9,808.00

347 Don Shula Drive

Miami Gardens, FL 33056

Subtotal..... \$ 1,716,116.89

Assets under \$1,000 not reported:

*Truist Financial

\$ 246.66

214 N. Tryon Street, Suite 3

Charlotte, NC 28202

*Line of credit reported last year as liability paid off.

Def. Comp (spouse Jane)	\$	283.82
U.S. Retirement Partners/Bencor		
99 Wood Avenue South, Suite 501		
Iselin, NJ 08830		
Subtotal.....	\$	530.48
Total Assets.....	\$	1,775,147.37

JUDGE RAMIRO MAÑALICH

FORM 6 ATTACHMENT

PART C - Liabilities over \$1,000:

Mortgage

Sun Coast Credit Union \$ 374,916.16
P.O. Box 11904
Tampa, FL 33680
7656 Winding Cypress Drive, Naples, FL 34114 Primary residence home

2nd home 1 year lease Expiring in 9/30/24 @ \$1,800 per month \$ 5,400.00



Chase Auto - Jeep Unlimited - Sahara debt \$ 27,896.87
P.O. Box 71220
Philadelphia, PA 19176

All reported liabilities total..... \$ 408,213.03

Net worth calculation:

Household goods and personal effects	\$ 58,500.00
Assets worth more than \$1,000.00	\$ 1,716,116.89
Assets under \$1,000 not reported above	\$ 530.48
<u>Total Assets</u>	\$ 1,775,147.37

Liabilities Reported	\$ 408,213.03
Unreported liabilities	\$ 10,000.00
<u>Total Liabilities</u>	\$ 418,213.03

All Assets	\$ 1,775,147.37
Minus	
Total Liabilities	\$ 418,213.03
Net worth	\$ 1,356,934.34