

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/24/2024

General Information

Name: Hon Bertila Ana Soto

CONFIDENTIAL

PID 9629

AGENCY INFORMATION

Organization	Suborganization	Title
Florida Clerks of Court Operations Corporation	Executive Council	
Judicial Circuit (11Th)	Elected Constitutional Officer	Circuit Court Judge

Net Worth

My Net Worth as of December 31, 2023 was \$ 784,579.17.

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 \$ 26,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
{REDACTED}	\$ 950,000.00
Regions Bank	\$ 12,427.82
Regions Bank	\$ 13,687.83
Genesis	\$ 1,200.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Chase Mortgage	PO Box 78420, Phoenix AZ 35062	\$ 162,636.48
Capitol One	PO Box 71083, Charlotte NC 28272	\$ 22,800.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

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

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

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
State of Florida	200 E Gaines Street Tallahassee FL 32399	\$ 185,208.48
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.

Bertila Ana Soto

Digitally signed: 06/24/2024

Filed with COE: 06/24/2024

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning

, 2023, ending

, 20

See separate instructions.

Your first name and middle initial

Bertila A

Last name

Soto

Your social security number

[REDACTED]

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

Spouse's social security number

[REDACTED]

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

Apt. no.

Presidential Election Campaign

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

☐ You ☐ Spouse

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

State

FL

ZIP code

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status☐ Single☐ Head of household (HOH)

Check only one box.

☒ Married filing jointly (even if only one had income)☐ Married filing separately (MFS)☐ 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, 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 alienAge/Blindness You: ☐ Were born before January 2, 1959 ☐ Are blind Spouse: ☐ Was born before January 2, 1959 ☐ Is blind**Dependents** (see instructions):If more than four dependents, see instructions and check here ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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	319,383.	
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	0.	
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h		1z	319,383.	
2a	Tax-exempt interest	2a	b	Taxable interest	2b
3a	Qualified dividends	3a	b	Ordinary dividends	3b
4a	IRA distributions	4a	b	Taxable amount	4b
5a	Pensions and annuities	5a	b	Taxable amount	5b
6a	Social security benefits	6a	b	Taxable amount	6b
c	If you elect to use the lump-sum election method, check here (see instructions)				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here		7		
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	319,383.	
10	Adjustments to income from Schedule 1, line 26		10		
11	Subtract line 10 from line 9. This is your adjusted gross income		11	319,383.	
12	Standard deduction or itemized deductions (from Schedule A)		12	27,700.	
13	Qualified business income deduction from Form 8995 or Form 8995-A		13		
14	Add lines 12 and 13		14	27,700.	
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income		15	291,683.	

Attach Sch. B if required.

Standard Deduction for—

- Single or Married filing separately, \$13,850
- Married filing jointly or Qualifying surviving spouse, \$27,700
- Head of household, \$20,800
- If you checked any box under Standard Deduction, see instructions.

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

Form **1040** (2023)

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	56,804.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	56,804.
	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	56,804.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	746.
	24	Add lines 22 and 23. This is your total tax	24	57,550.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	59,777.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	0.
	d	Add lines 25a through 25c	25d	59,777.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) No	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	59,777.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,227.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	2,227.
Direct deposit? See instructions.	b	Routing number	c	Type: ☒ Checking ☐ Savings
	d	Account number		
	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. ☒ No		
Designee's name	Phone no.	Personal identification number (PIN)	

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no.	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
	Firm's name	Firm's address			Phone no.
	Firm's EIN				

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **02**

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

Bertila A Soto &

Your social security number

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	746.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

746.

Additional Medicare Tax

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.

OMB No. 1545-0074

2023
Attachment
Sequence No. **71**

Name(s) shown on return

Your social security number

Bertila A Soto &

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	332,881.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	332,881.	
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		82,881.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		746.

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		
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		
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		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		
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		746.
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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	4,827.	
20	Enter the amount from line 1	20	332,881.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	4,827.	
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		0.

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

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.**2023**Attachment
Sequence No. **72**

Name(s) shown on your tax return

Your social security number or EIN

Bertila A Soto &

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
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)		4c
4b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)		
c	Combine lines 4a and 4b		
5a	Net gain or loss from disposition of property (see instructions)		5d
5b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)		
5c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)		
d	Combine lines 5a through 5c		
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

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	9d
b	State, local, and foreign income tax (see instructions)	9b	
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c		
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	0.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	319,383.
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	69,383.
16	Enter the smaller of line 12 or line 15	16	0.
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	0.
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b	
c	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	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	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	

► Keep for your records

Name(s) Shown on Return

Bertila A Soto &

Social Security Number

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/18/23		04/18/23			04/18/23		
2	06/15/23		06/15/23			06/15/23		
3	09/15/23		09/15/23			09/15/23		
4	01/16/24		01/16/24			01/16/24		
5								
Tot Estimated Payments . . .								

Federal

State

10

Local

ID

6 Overpayments applied to 2023

7 Credited by estates and trusts

8 Totals Lines 1 through 7

9 2023 extensions

Taxes Withheld From:

Federal

State

Local

10 Forms W-2

59,777.

11 Forms W-2G

12 Forms 1099-R

13 Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G .

14 Schedules K-1

15 Forms 1099-INT, DIV and OID

16 Social Security and Railroad Benefits

17 Form 1099-B St Loc 18 a Other withholding St Loc

b Other withholding	St	Loc
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c Other withholding	St	Loc
-----------------------------	----	-----

d Positive Adjustment . . .	St	Loc
-----------------------------	----	-----

e Negative Adjustment . . . | St | | Loc |

0.

19 Total Withholding Lines 10 through 18f

59,777.

20 Total Tax Payments for 2023

59,777.

Prior Year Taxes Paid In 2023

(If multiple states or localities, see Tax Help)

State

ID

Local

ID

21 Tax paid with 2022 extensions

22 2022 estimated tax paid after 12/31/2022

23 Balance due paid with 2022 return

24 Other (amended returns, installment payments, etc) . .

2023

Name(s) Shown on Return

Social Security Administration

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

(a) State	(b) Paid With Extension

(a) Locality	(b) Paid With Extension

(a) State	(c) Estimates Paid After 12/31

(a) Locality	(c) Estimates Paid After 12/31

(a) State	(e) Paid With Return

(a) Locality	(e) Paid With Return

(a) State	(g) Applied Amount

(a) Locality	(g) Applied Amount

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Bertila A Soto & [REDACTED]

Other Tax and Income Information		2022	2023
1	Filing status	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions	14,815.	14,958.
4	Check box if required to itemize deductions	☐	☐
5	Adjusted gross income	300,736.	319,383.
6	Tax liability for Form 2210 or Form 2210-F	54,396.	57,550.
7	Alternative minimum tax		
8	Federal overpayment applied to next year estimated tax		

QuickZoom to the IRA Information Worksheet for IRA information ▶

Excess Contributions		2022	2023
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a	
b	Spouse's excess Archer MSA contributions as of 12/31	b	
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a	
b	Spouse's excess Coverdell ESA contributions as of 12/31	b	
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a	
b	Spouse's excess HSA contributions as of 12/31	b	

Loss and Expense Carryovers		2022	2023
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss	12 a	
b	AMT Short-term capital loss	b	
13 a	Long-term capital loss	13 a	
b	AMT Long-term capital loss	b	
14 a	Net operating loss available to carry forward	14 a	
b	AMT Net operating loss available to carry forward	b	
15 a	Investment interest expense disallowed	15 a	
b	AMT Investment interest expense disallowed	b	
16	Nonrecaptured net Section 1231 losses from:	16 a	
	a 2023	a	
	b 2022	b	
	c 2021	c	
	d 2020	d	
	e 2019	e	
	f 2018	f	
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a	
	a 2023	a	
	b 2022	b	
	c 2021	c	
	d 2020	d	
	e 2019	e	
	f 2018	f	

Credit Carryovers		2022	2023
18	General business credit	18	
19	Adoption credit from:	19 a	
	a 2023	a	
	b 2022	b	
	c 2021	c	
	d 2020	d	
	e 2019	e	
	f 2018	f	
20	Mortgage interest credit from:	20 a	
	a 2023	a	
	b 2022	b	
	c 2021	c	
	d 2020	d	
21	Credit for prior year minimum tax	21	
22	District of Columbia first-time homebuyer credit	22	
23	Residential Clean Energy Credit (Previously the Residential energy efficient property credit	23	

Bertila A Soto & [REDACTED]

Other Carryovers				2022	2023
24	Section 179 expense deduction disallowed			24	
25	Excess	a	Taxpayer (Form 2555, line 46)	25 a	
	foreign	b	Taxpayer (Form 2555, line 48)	b	
	housing	c	Spouse (Form 2555, line 46)	c	
	deduction:	d	Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

26	2022 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2022					0.
b	2021					
c	2020					
d	2019					
e	2018					
27	2023 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2023					
b	2022					
c	2021					
d	2020					
e	2019					
28	Amount overpaid less earned income credit					1,554.

Qualified Business Income Deduction (Section 199A) carryovers				2022	2023
29	Qualified business loss carryforward			29	
30	Qualified PTP loss carryforward			30	
31	Applicable percentage	2018	31 a		
		2019	b		
		2020	c		
		2021	d		
		2022	e	100.00	

2022 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State