General Information

Name:

Tiffany Long

Address:

2284 E KEEPSAKE LN, HERNANDO, FL 34442

County:

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position

Agency Name

Position sought or held

Supervisor of Elections

Supervisor of Elections

Supervisor of Elections, Citrus

County

Net Worth

My Net Worth as of December 31, 2023 was \$ 3,000.00.

Δ	SS	ef	ts
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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 \$3,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
N/A	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

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

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income		20		Year.		
Identify each separate source income. Or attach a complete Please redact any social secur posted to the Commission's w	e copy of your 202 ity or account nui rebsite.	23 federal incon mbers before at	ne tax return, including all V ttaching your returns, as the	W2s, schedules, a e law requires th	and attachments.	
PRIMARY SOURCES OF INCOM	E:					
Name of Source of Income Ex	ceeding \$1,000	Address of So	urce of Income	# // L L	Amount	M
See Attached						
Name of Business Entity See Attached		or Sources of	Address of Source	Principa	al Business of Source	
		(A) (F)	A		8 ×	_
		W.W.		No.		
Interests in Specified	Businesses					
Business Entity # 1 N/A		0	5			- 11

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.

Tiffany Long

Digitally signed: 06/07/2024

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return 2023 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan	1. 1 ~De c	:. 31, 2023, or other tax year beginning			, 2023, end	ing		, 20	See	e separ	rate instr	uctions.
Your first name	and m	iddle initial	Last r	ame					You	ır socia	l security	number
TIFFANY			LON	G								
If joint return, s	pouse's	s first name and middle initial	Last r	ame					Spo	rtse,a s	ocial sect	urity number
	•	er and street). If you have a P.O. box, see	Instruc	tions.				Apt. no.				n Campaign
2284 E KEE											e if you, o	or your ly, want \$3
City, town, or p		ce. If you have a foreign address, also co	omplete	spaces be	alow.	Stat	FL	ZIP code 34442	to g	jo to thi		hecking a
Foreign countr	y name			Foreign p	orovince/state/o	ount	у	Foreign postal coo		r tax or	r refund.	Spouse
Filing Status	· ·	Single					Head of ho	usehold (HOH)				-
Check only one box.	If y	Married filing jointly (even if only on the second of the second of the MFS box, enter the salifying person is a child but not you	name	of your s				surviving spous or QSS box, e			s name i	f the
Ph. 12 14 24	AA	weaking desire 2000 did access (c) man	-h (-					A	(-)	-ti		
Digital Assets		ny time during 2023, did you: (a) rec ange, or otherwise dispose of a dig								ell,	Yes	✓No
Standard		eone can claim: You as a de			Your spouse			t): (Ooo iristi uci	40113.)		1100	- 140
Deduction	-	Spouse itemizes on a separate retur					а францени					
						HISTO						
Age/Blindnes	9 You	: Were born before January 2, 1	959	Are b	lind Spo	use:	Was bor	n before Januar			ls blir	
Dependent				(2)	Social security	411	(3) Relationshi	(4) Check the Child tax				
If more	(1) F	irst name Last name			number		to you			Cre	adit for othe	er dependents
than four dependents,	Ē	10.00		1.		4	SON		1			
see instruction	s —			+		-		-	1	-		1
and check	, —			-		\dashv]			7
here L	4	T-1-1	4 /-						<u>. </u>	4.		0007
income	1a	Total amount from Form(s) W-2, b							•	1a		8657
Attach Form(s)		Household employee wages not re								1b		
W-2 here. Also attach Forma	C	Tip income not reported on line 1a							.	10		
W-2G and	d	Medicaid waiver payments not rep				เรเบน	cuons)		•	1d		
1099-R if tax	0	Taxable dependent care benefits !				•				10		
was withheld. If you did not	f	Employer-provided adoption bene							•	1f		
get a Form	g	Wages from Form 8919, line 6 .							• 1	1g		
W-2, see	h	Other earned income (see instruct		ه د د محمد العدد م			1 1 1	1		1h		
instructions.		Nontaxable combat pay election (see ins	aructions		•	[11		-	4-		0057
		Add lines 1a through 1h	ا م			b T			-	1z		8657
Attach Sch. B If required.	28		28				axable interest			2b		
	3a		3a				rdinary dividen		1	3b		
tandard	48		4a		01		axable amount		-	4b		
eduction for-	5a	A STATE OF THE PARTY OF THE PAR	5a				axable amount		•	5b		
Single or Married filing	6a	The same of the sa	6a	an although	ala ala la ano		axable amount		$\dot{\Box}$	6b		
separately, \$13,850	C	If you elect to use the lump-sum e			and the second second				님	-		
Married filing	7	Capital gain or (loss). Attach Sche							Ш	7		
jointly or Qualifying	8	Additional income from Schedule							•	8		0057
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							•	9		8657
\$27,700 Head of	10	Adjustments to income from Sche			l avenue la serie				•	10		00==
household, \$20,800	11	Subtract line 10 from line 9. This is			-					11		8657
If you checked	12	Standard deduction or itemized							•	12		13850
any box under Standard	13	Qualified business income deduct					5-A			13		4
Deduction, see instructions.	14								•	14		13850
	46	Subtract line 14 from line 11 If you	70 OC 10	an aniar	_IL Ibio io u	ou se é	ovenie incere	A		46		

Form 1040 (2023									
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 🗌 881	4 2 4972	3 □ _		. 16	
Credits	17	Amount from Schedule 2, lin	ne3					. 17	
	18	Add lines 16 and 17						. 18	
	19	Child tax credit or credit for	other dependen	ts from Sched	lule 8812			. 19	2
	20	Amount from Schedule 3, lin	ne 8					. 20	9
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	
	23	Other taxes, including self-e	mployment tax,	from Schedul	e 2, line 21 .			. 23	
	24	Add lines 22 and 23. This is	your total tax					. 24	
Payments	25	Federal income tax withheld	l from:						
•	a	Form(s) W-2				25a		543	
	b	Form(s) 1099				25b			
	C	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						. 250	54
you have a	26	2023 estimated tax payment	ts and amount a	pplied from 2	022 return			. 26	
ualifying child,	27	Earned income credit (EIC)				27	2	950	
ttach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28		924	
	29	American opportunity credit	from Form 8863	3, line 8		29		100	
	30	Reserved for future use .				30	### T 350 "		
	31	Amount from Schedule 3, lin	ne 15			31			
			Theresee	total other n	syments and rei	undable c	redits .	. 32	387
	32	Add lines 27, 28, 29, and 31	. I nese are your	COURT OUT OF R	WILLIAM COLOR OF				
	32	Add lines 27, 28, 29, and 31 Add lines 25d, 26, and 32. T						. 33	441
Refund			hese are your to	otal payment				33	
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SCHEDULE EIC (Form 1040)

Earned Income Credit

Qualifying Child Information

OMB No. 1545-0074

2023

Attachment Sequence No. 43

Your social security number

Department of the Treasury Internal Revenue Service Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.

Go to www.irs.gov/ScheduleEiC for the latest information.

Name(s) shown on return

TIFFANY LONG

If you are separated from your spouse, filing a separate return, and meet the requirements to claim the EIC (see instructions), check here

Before you begin:

- See the instructions for Form 1040, line 27, to make sure that (a) you can take the EIC, and (b) you have a
 qualifying child. See also Pub. 596.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 800-772-1213.
- If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If your child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- . It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Q	ualifying Child Information	Child 1	Child 2	Child 3
1	Child's name	First name Last name	First name Last name	First name Last name
	If you have more than three qualifying children, you have to list only three to get the maximum credit.			
2	Child's SSN The child must have an SSN as defined in the instructions for Form 1040, line 27, unless the child was born and died in 2023 or you are claiming the self-only EIC (see instructions). If your child was born and died in 2023 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.			
3	Child's year of birth	Year If born after 2004 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year If born after 2004 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year If born after 2004 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.
4a	Was the child under age 24 at the end of 2023, a student, and younger than you (or your spouse, if filing jointly)?	Yes. No. Go to line 4b. line 5.	Yes. No. Go to Go to line 4b. line 5.	Go to line 4b.
b	Was the child permanently and totally disabled during any part of 2023?	Go to line 5. The child is not a qualifying child.	Yes. No. Go to Ine 5. The child is not a qualifying child.	Yes. No. Go to Ine 5. The child is not a qualifying child.
5	Child's relationship to you			
	(for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	SON		
6	Number of months child lived with you in the United States during 2023			
	• If the child lived with you for more than half of 2023 but less than 7 months, enter "7."			
	• If the child was born or died in 2023 and your home was the child's home for more	12 months	months	months
	than half the time he or she was alive during 2023, enter "12."	Do not enter more than 12 months.	Do not enter more than 12 months.	Do not enter more than 12 months.

Purpose of Schedule

After you have figured your earned income credit (EIC), use Schedule EIC to give the IRS information about your qualifying child(ren). See the instructions for Form 1040, line 27, for information on who may be a qualifying child.

To figure the amount of your credit or to have the IRS figure it for you, see the instructions for Form 1040, line 27.

Special rule for separated spouses. You can claim the EIC if you are married, not filing a joint return, had a qualifying child who lived with you for more than half of 2023, and either of the following applies.

- You lived apart from your spouse for the last 6 months of 2023, or
- You are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you didn't live in the same household as your spouse at the end of 2023.

If you meet these requirements, check the box at the top of Schedule EIC.

Qualifying child doesn't have an SSN. If you have a child who meets the conditions to be your qualifying child for purposes of

claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, line 27, and you are otherwise eligible, you can claim the self-only EIC. To claim the self-only EIC with a qualifying child, complete and attach Schedule EIC to your Form 1040 or 1040-SR. Complete line 1 and lines 2 through 6 for Child 1. If Child 1 has an ITIN, an ATIN, or an SSN that is not considered a valid SSN as defined in the instructions for Form 1040, line 27, enter it on line 2. Otherwise, leave line 2 blank.

Taking the EIC when not eligible. If you take the EIC even though you are not eligible and it is determined that your error is due to reckless or intentional disregard of the EIC rules, you will not be allowed to take the credit for 2 years even if you are otherwise eligible to do so. If you fraudulently take the EIC, you will not be allowed to take the credit for 10 years. You may also have to pay penalties.

Future developments. For the latest information about developments related to Schedule EIC (Form 1040) and its instructions, such as legislation enacted after they were published, go to www.irs.gov/ScheduleEIC.

Qualifying Child

A qualifying child for the EIC is a child who is your...

Son, daughter, stepchild, eligible foster child, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them (for example, your grandchild, niece, or nephew)



Under age 19 at the end of 2023 and younger than you (or your spouse, if filing jointly)

or

Under age 24 at the end of 2023, a student, and younger than you (or your spouse, if filing jointly)

OL

Any age and permanently and totally disabled



Who is not filing a joint return for 2023 or is filing a joint return for 2023 only to claim a refund of withheld income tax or estimated tax paid



Who lived with you in the United States for more than half of 2023.



You can't claim the EIC for a child who didn't live with you for more than half of the year, even if you paid most of the child's living expenses. The IRS may ask you for documents to show you lived with each qualifying child. Documents you might want to keep for this purpose include school and childcare records and other records that show your child's address.



If the child didn't live with you for more than half of the year because of a temporary absence, birth, death, or kidnapping, see Exception to time lived with you in the instructions for Form 1040, line 27.



If the child was married or meets the conditions to be a qualifying child of another person (other than your spouse, if filing a joint return), special rules apply. For details, see Married child or Qualifying child of more than one person in the instructions for Form 1040, line 27.

Schedule	8812	(Form	1040	2023

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	n: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27	🛚
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	2000
b	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b	1600
48	TTP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	1600
18a b	Earned income (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
17	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19 6157		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20	924
	Next. On line 16b, is the amount \$4,800 or more?	(4.00 Jay)	
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of Pue	rto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .		
23	Add lines 21 and 22		
24	1040 and		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	1000	
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.	14	0.77
	II-G Additional Child Tax Credit		
<u> 27</u>	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	924

Copy B To Be Filed With Employee's 38-2099803 FEDERAL Tax Return OMB No. 1545 0008 1 Wages, tips, other comp. 8656.71 a Employee's soc. sec. no 2 Federal income tax withheld 543.21 3 Social security wages 8966.37 4 Social security tax withheld 555.91 b Employer ID number 59-6000548 5 Medicare wages and tips 8966.37 6 Medicare tax withheld 130.01 c Employer's name, address, and ZIP code CITRUS COUNTY BOCC 110 N APOPKA AVENUE INVERNESS, FL 34450-4299 d Control number 1-536 e Employee's name, address, and ZIP code TIFFANY L LONG 2284 E KEEPSAKE LANE HERNANDO, FL 34442 7 Social security tips 8 Allocated tips .00 .00 10 Dependent care benefits See Inst. for box 12 1299.13 11 Nonqualified plans 12a Code DD .00 .00 13 Statutory employee 12b Code .00 0.0 Retirement plan .00 12c Code X .00 .00 .00 Third-party sick pay 12d Code .00 .00 .00 .00 .00 .00 15 State Empir's state I.D. # 16 State wages, tips, etc 17 State income tax 18Local wages, tips, etc. 19 Local income tax 20 Locality name .00 .00 .00 00 Form W-2 Wage and Tax Statement Dept. of the Treasury -- IRS This information is being furnished to the Internal Revenue Service.

Copy 2 To Be Filed With Employee's State, 38-2099803 City, or Local Income Tax Return OMB No. 1545-0008 a Employee's soc. sec. no. 1 Wages, tips, other comp. 8656.71 2 Federal income tax withheld 3 Social security wages 8966.37 4 Social security tax withheld b Employer ID number 555.91 59-6000548 5 Medicare wages and tips 8966.37 6 Medicare tax withheld 130.01 c Employer's name, address, and ZIP code CITRUS COUNTY BOCC 110 N APOPKA AVENUE INVERNESS, FL 34450-4299 d Control number 1-536 e Employee's name, address, and ZIP code. TIFFANY L LONG 2284 E KEEPSAKE LANE HERNANDO, FL 34442 7 Social security tips 8 Allocated tips .00 10 Dependent care benefits 12a Code DD .00 .00 1299.13 13 Statutory employee 14 Other 12b Code .00 .00 Retirement plan 12c Code .00 .00 .00 Third party sick pay 12d Code .00 0.0 .00 .00 .00 .00 15 State Empir's state I.D. # 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name .00 .00 .00 00 Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury -- IRS

Copy C For EMPLOYEE'S RECORDS 38-2099803 (See Notice to Employee on back of Copy.B.) OM8 No. 1545-0008 a Employee's soc. sec. no. 1 Wages, tips, other comp. 8656'. 71 2 Federal income tax withheld 543.21 3 Social security wages 8966.37 4 Social security tax withheld 555.191 b Employer ID number 59-6000548 5 Medicare wages and tips 8966.37 6 Medicare tax withheld 130.01 c Employer's name, address, and ZIP code CITRUS COUNTY BOCC 110 N APOPKA AVENUE INVERNESS, FL 34450-4299 d Control number e Employee's name, address, and ZIP code TIFFANY L LONG 2284 E KEEPSAKE LANE HERNANDO, FL 34442 7 Social security typs 8 Allocated tips .00 .00 10 Dependent care benefits 12a Code See Inst. fer bex 12 DD 1299.13 .00 13 Statutory employee 14Other .00 .00 .00 Retirement plan 12c Code X .00 0.0 .00 Third-party sick pay 12d Code .00 00 .00 .00 .00 .00 15 State Emplr's state I.D. # 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name .00 .00 Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury. This information is being furnished to the IRS. If you are required to file a tax return, a negligence

penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2 To Be File City, or Local Inco	me Tax Return		Vo. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp. 8656.71		ome tax withheld 543.21
b Employer ID number	3 Social security wages 8966.37	4 Social secu	rity tax withheld 555.91
59-6000548	5 Medicare wages and tips 8966.37	6 Medicare t	ax withheld 130.01
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2023

Dept. of the Treasury -- IRS

Netice to Employee

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843, See the learnyctoms for Form 643 instructions for Englishment of the Section of Section 1. Enter the stronger of the englishment of the engli

Box 8. This amount is not included in box 1.3.5, or 7. For information on their to report to on your fair return, wester the Form 16-19 instruction.

Your must file Form 16-19 with your Income bits return to report all least the allocated to amount unless you can prove with belongeate records that type received a smaller amount even of it is more to test thin the allocated type. Use Form 4.137 to ligete the social security and MacKero as is, over the set that the second security and MacKero as is, over on the years for your time return. By file of form 4.137, you would rescure to secure the security pose. Beat 10. This amount on flow wages fire of your time return. By file of form 4.137, you would rescure to fire the security and MacKero as is, over on the security of the

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Amounts in excess of the overall elective deferrel limit must be included in income. See the Form 1940 instructions

the Form 1840 instructions.

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Form 1040 instructions

CF - Exactle cost of graph-term file resurrance over \$50,000 (included in brasis 1, 3 lep 10

CF - Exactle cost of graph-term file resurrance over \$50,000 (included in brasis 1, 3 lep 10

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2. H.— Sections deferrats in a section 501 (c) (18/05 tax = emplo organización plets. See the Form 1040 instructions.

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2. — Employee contributions to your Archer MSA. Report on Form 8833

3. — Employee seller reduction contributions under a section 408(b) \$100 (\$

EE — Designated Roth contributions under a governmental section 457(b) plan. This smouth does not apply to contributions under a tax-exempt organization section 457(b)

s -Permitted benefits under a qualified email employer health reimbu

FF—Parmidded benefits under a qualified signal, repropriet interpretation from a repropriet interpretation from the control f

Notice to Employee

De you have for till 2 Refer to the Form (14/1 instructions to determine it you are required to the state when you don't have to till a sta when, you may be slightle for a refund if bor 2 shows an amount or if you are slightle for any credit.

Emmed Income receil (EEL). You may be able to take the EU for 2023 if your explanted group income of the state of the

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information gent; The amount reported with code DD is no

habitin covirage is for your information only. The amount reported with code DD is not classible.

Credit for access taxes. If you had more than one employer in 2022 and more than 3 922.40 in social sociaryly pridor. The 1 rail-cod relearment (PRTA) tax en water withheld, you may be able to claim a credit for the excess against, you include income tax. See the SAS, 202.60 in the "RTA" tax are withheld, you may be able to claim a credit for the excess against, you include income tax. See the SAS, 202.60 in the "RTA" tax are water whitheld, you may be able to claim a refund on Form 8-83. Set the freshouschose for Form 6-33. Interpretions for Findelings.

Box 1. River this amount on the weights line of your tax refurm.

Box 5. You may be required to report this amount on Form 8959. Set the Form 1040 instructions to determined you are required to complete Form 8504.

Box 6. This amount encludes the 14-5% Medican tax withheld on all Medicane eague and peak above \$200.0000.

Medicane weights and types above \$200.0000.

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axis 8. This amount is not included in lose 1, 3, 5, or 7, For information on how to report topol only out an entire, see the Form 10 fill entanction.

You must the Form 4.37 with your known is name in report at feast the effocuted by a recommendation of the property of

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B—therolected Medicare tas on tops, include the tax on Form 1940 or 1949-SR See the Form 1940 instructions.

C—Taxable cost of group-ferm Me Insurance over \$50,000 (procluded in boxes 1, 3 jup to the social security was beens, and 3) in social security was beens, and 3) in social security was beens, and 3) in social security was been seen and the security of the s

Q — Nontauble combat pay. See the Form 1040 instructions for details on reporting this amount.

amours.

#-Employer contributions to your Archer MSA. Report on Form 8853.

#-Employee salary reduction contributions under a section 408(s) SALPE, plan inco-reducted in box 1.

T--Adoption barrells you finished in box 1). Complete Form 8839 to Rigure eny taxable and nortaxiable amounts.

An extractive way stol included in box 1). Complete Form 8609 to figure any taxable and notabasities invaries.

V – tooms from exercise of nonstantiety, stock opponing sincluded in boxes 1, 1 (sp.) to the social security where bases, and 5, 66 ee Pub. 25 for importing requirements.

W – Employer contributions planking amounts the employer elected to contribute using a section 150 objectives plank to your health seving account. Report on Erm 8869.

Y – Ovierrals under a section 400A nonsystifficial deferred compensation plant

Z – homes under a nonsystifficial deferred compensation plant and table to seally section external. See the Form 1640 extractions.

As – Hosping and RPC contributions.

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amount does not appry so currencement and property plan.

FF.—Permitted benefits under a qualified small employer health nembu arrangament.

arrangement.

(GI - Income from qualified equity grants under section 83(8).

RH - Aggregate defends under section 83(9) selections as of the close of the calendar year.

Box 13. If the "Receptant plain" box is chacked, special limits may apply to the amount of tractional 874 contributions you may calculat. See Fulls. 560-A.

I enablement IPAL contributions you may be desire. See Pubs. 500-A.

Box 14. Employers may use their loss for report references such as state destability insurance larges exhibited, unifor diseas, undorn psycremists, health insurance personance disease, and the seed exhibited, unifor disease, undorn psycremists, health insurance personance deductived, montable incomes exhibited and essentiance personance are undorsed resonance personance and uniforms. Additional healthcare State. Notice they are provided by the enrollarges to the employer or an Additional healthcare State. Notice they response by the enrollarge to the employer or the Additional healthcare State. Notice they are reported by the enrollarge to the employer or the Additional healthcare State. Notice they are reported by the enrollarge to the employer or the Additional healthcare State. More for exhibiting the seed of t

Notice to Employme
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health coverage is for your information only. The amount reported with code DOI is not treatable.

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Bigs 8. This product is not included in too 1.2, 5, 5 or 7, for information on how to hepot?

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Companying requires of Sub-Principles and Page Progression, and the sub-Principles and Page Principles and

the Form 1040 instructions.

Note: If a year Enfows code D through 14, 5, Y. AA. BB, or EE, you made a make-up prescon contribution that a price yearly when you were in-mittany service. To figure prescon contribution that a price yearly when you were in-mittany service. To figure whether you made access deliverals, consider those smithurs for the year shown, not the current year. If no year is shown, not the current year. If no year is shown you demonstrate one for sources year. If no year is shown, not the current year.

A—Indicated the Medicate tax on the holds the tax on Form 1040 or 1040-SR See the Form 1040 indirections.

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B—Uncollected Medicaler tax on their Industrials on Form 1040 or 1040-SR See the Form 1040 instructions.

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#—Employer contributions to your Archar MSA, Report on Form 8853.

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##, Complete Form 8839 to figure any taxable and nortustable increments.

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emount does not apply till contributions under a tax-exempt organization secto plan. FF—Permitted benefits under a qualified small employer health reimbursement

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referenter you lift compression. Note: Keep Copy Of Form: W-2 for at least 3 years after the due date for fairig your income fax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a queeton about your work record and/or earmings in a particular year.

Notice to Employee to Employee to the items 1940 instructions to optionmen if you are required to like a last return. Even if you don't have to like a last return, you may be eligible for a refund of to a 2 theme is a mount with you are eligible to the return of to a 2 theme is a mount with you are eligible to red you can select the red you can be a return of the credit (EICE). You may be able to take the EIC for 2021 if your adjusted gross encome yold in less than an operation amount. This amount of the credit a based on following the return of the credit is able to the control of the credit is a set than a post time amount. This amount of the credit is based on following the return of the credit is able to the post of the post

The many singular to your about Homever, your employer has reported your correlated SSN to the RTS and the Social Security Advertisation (SSN).

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health coverage is for your information only. The amount reported with code DO is not castalle.

Credit for excess taxes, if you had more than one employee in 2023 and more than 35.052 do in accid security and/or Tier I rainteed retornance PRTA class were withheld, you may be able to claim a result for the increas agents your feel and income tax. See the \$5.552.00 are to \$5.552

Description responses on pulsars range registration, which the document register accounts of the most as shown in box 12.7 to Jump; need the information to complete your fax return. Bective deformate (codes 0, E. F., and Sa and designated Rott contributions) codes AA, BBB, and EE, funded as fights are generally filtered to a local of \$22.500 (\$315.500 of you crit) have \$640PLE plants, \$25,000 for section 4000 plants also quality for the 1.5 year and excitation of Phus 571, Deformed surfaces are generally closed to a local of \$22.500 color rate under code H are firmled to \$27.000 for section 4000 plants, \$25,000 plants, \$25,00

Amounts in access of the overell efective defental limit must be included in income. See 1 the Form 1940 Instructions.

Note: If a year follows code D through H.S., Y. AA, DB, or EE, you made a make-too president controllation for a pietry residently sheet you writer in military senter. To figure whether you made a costs offerings, collicitier these amounts for 19 year afform, or commercing the proper sentences are for the outernity permitted by pairs all shown, for contributions are for the outernity permitted by the sentences are form 1940 or form 1940 or form 1940 or form 1940 or form 1940 entirections.

Be Uncollected Medicates by an object include the bits on Form 1940 or 1940-SR, See the Form 1940 entirications.

B—Licoplaced Medicare to an object include the tax on Form 1040 or 1040-SR. See the B—Licoplaced Medicare to an object include the tax on Form 1040 or 1040-SR. See the B—Licoplaced Medicare to an object include the tax on Form 1040 or 1040-SR. See the B—Licoplaced Medicare to a section 4016; death or deferred anrangement. Also includes deferrable under a section 4016; death or deferred anrangement. Also includes deferrable under a section 4000; alsely reduction agreement. E—Buche deferrable under a section 4000; alsely reduction septement. E—Buche deferrable under a section 4000; alsely reduction septement. E—Buche deferrable under a section 4000; alsely reduction 5000 assertion 4500 deferrable under a section 4000; alsely reduction 5000 assertion 4500 deferrable under a section 5016; (if 80) tax in exempt trigentiation plans. See the Form 1040 deferrable to a section 4516 deferrable under a section 5016; (if 80) tax in exempt trigentiation plans. See the Form 1040 deferrable to the section 5000 deferrable under the section 5000 deferrable unde

T — Adoption benefits (not included in too. 1). Complete Form (8539 to Sigure any taxable and nontaxable immutes.

V — Income from exercise of monstaturing stock options) ginduided in boxes 1, 3 last to the social security exploses, and 3). Size in Coll 355 for reporting requirements.

W — Exployer contributions globularing amounts he employee electical proceedings of section 175 clienters) (size in comparable of the section 150 clienters) (size in the form 1504) of restrictions.

A — Designated Ribot contributions under a section 40(3) plain

BB — Designated Ribot contributions under a section 40(3) plain

D — Cost of endorse reportioned hearth coverage. The amount reported with code DD is not taxable.

Ex — Designated Ribot contributions under a governmental section 45(8) plain The amount does not apply to contributions under a tax-evernel organization section 45(8) plain

plen FF — Parmitted benefits under s qualified small employer health reimburs an annement

amangement.

Oil—Income from qualified equity grants under section 83(8)

1941—Aggregate deterrals under section 83(9) elections as of the close of the calendar year.

194 s. S. if the "Retrement (plan" box is checked, spaced limits may apply 10 the amount of tradscand 874 constitutions 974 constitu

tradicional BPA contribution's you may deduct. See Pois 550 A. State of Contribution's you may deduct. See Pois 550 A. State of Contribution's you may deduct. See Pois 550 A. State of Contribution See Pois 150 A. State of Contribution See Pois 150 A. State of Contribution See Pois 150 A. State of Contribution See See Pois 150 A. State Office See Poi