Record 2024JUN10PM12:11

General Information

Name:

John Albert Sgromolo III

Address:

1978 PROTECTION PT, FLEMING ISLE, FL 32003

County: (`

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position

Agency Name

Position sought or held

County Commission

Clay County Board of County Commissioners

County Commissioner District 1

Net Worth

My Net Worth as of May 30, 2024 was \$ 200,278.48.

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 \$25,500.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset				
HOUSE	\$ 487,700.00				
ROTH IRA	\$ 22,000.00				
FRS RETIREMENT	\$ 17,000.00				
CHECKING ACCOUNT	\$ 12,000.00				

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability		
Mazda Financial Services	6400 Main Street Suite 200 Williamsville NY 14221	\$ 8,976.88		
Community First Credit Union	P.O. Box 2600 Jacksonville, FL 32232	\$ 15,365.25		
aidVantage	P.O. Box 300001 Greenville, TX 75403	\$ 12,860.81		
M&T Bank	P.O. Box 1302 Buffalo, NY 14240	\$ 326,718.58		

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income							
Identify each separate source income. Or attach a complet Please redact any social secur posted to the Commission's value I elect to file a copy of my PRIMARY SOURCES OF INCOM	e copy of your 202 rity or account nui vebsite.	23 federal incon mbers before at	ne tax return, including all V	V2s, schedules, e law requires th	and attachments.		
Name of Source of Income E	xceeding \$1,000	Address of So	ource of Income	DE LE LA	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 Address of Source							

Interests in Speci	ified Business	ses	
Business Entity # 1			
N/A			

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.

John Albert Sgromolo III

Digitally signed: 05/30/2024



2023 Federal Tax Return Filing Instructions FOR THE YEAR ENDING December 31, 2023

Prepared for	JOHN A SGROMOLO III CALLIE W SGROMOLO					
Tax Summary	Gross Income Adjusted Gross Income Total Deductions Total Taxable Income Total Tax Total Payments Refund Amount Amount You Owe	\$167689 \$167535 \$27700 \$139835 \$18779 \$17216 \$0 \$1563				
Make check payable to						
Malling Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.					

Instructions

If you e-filed your return and it has been accepted, you will get notified via text or email if you opted for that option.

If you have a balance due being paid by check or are paper filing the return, mail it to the address indicated.

Keep a copy of your return and supporting documents for your records.

INTERNAL REVENUE SERVICE P O Box 1214 Charlotte, NC 28201-1214

Fold here for #10 envelope

INTERNAL REVENUE SERVICE
P O Box 1214
Charlotte, NC 28201-1214

Fold here for 6x9 envelope

2023 TWO YEAR COMPARISON

JOHN A SGROMOLO III & CALLIE W SGROMOLO

	2023	2022	Neep for Your Record
Filing status	MFJ	MFJ	Dilletelice
Filing status		HF U	
INCOME:			
Wages, salaries, tips, etc.	167,689	142,307	25,382
Interest income			
Ordinary dividend income			
IRA distributions and pension income			
Taxable social security income			
Capital gain or (loss) (Schedule D)		4,177	-4,177
Schedule 1 - Income			
Refunds of state and local taxes			
Alimony received			
Business income or (loss) (Schedule C)			-
Other gains or (losses) (Form 4797)	7. 9		
Rental real estate, partnerships, estates, etc. (Schedule E)			
Farm income or (loss) (Schedule F)		-	-
Unemployment compensation	-		
Other income			
Total Income	167,689	146,484	21,205
	1017003	1.0/101	
ADJUSTMENTS:			
Schedule 1 - Adjustments			
Educator expenses			
Busn expenses for reserviists, performing artists, etc			•
Health savings account deduction			
Moving expenses			
Deductible part of self-employment tax			
Self-employed SEP, SIMPLE and qualified plans deduction		•	
Self-employed health insurance			
Alimony paid			
-			
IRA contributions	154		154
Student loan interest deduction	134		134
Archer MSA deduction			
Other adjustments	154		154
Total adjustments		146,484	21,051
ADJUSTED GROSS INCOME:	167,535	140,404	
DEDUCTIONS			
DEDUCTIONS:	27,700	25,900	1,800
Standard deduction or Itemized deductions	N/A	23, 900	
Charitable contributions if taking standard deduction	IN/A		
Medical and dental expenses			
Sales, income, and other taxes paid	7,296		7,296
Interest paid			16,583
			10,303
Casualty and theft losses			
Other miscellaneous deductions			
Qualified business income deduction	120 025	120 504	19,251
TAXABLE INCOME:	139,835	120,584	19,231

MATERIAL TO GROWN

2023 TWO YEAR COMPARISON

JOHN A SGROMOLO III & CALLIE W SGROMOLO

JOHN A SGROMOLO III & CALLIE W SGROMOL	_		Keep for Your Record
	2023	2022	Difference
AX COMPUTATION (BEFORE CREDITS):			
Tax	21,379	17,471	3,908
Tax calculation methodSchedule 2 - Taxes	TCW	QDCGTW	
Alternative minimum tax	**************************************		
Total taxes	21,379	17,471	3,908
Tax rate	22%	22%	
CREDITS:			
Child and other dependents tax credit	2,000	2,000	
Schedule 3 - Non-Refundable Credits	2,000		
Foreign tax credit			
Child care credit	600	600	
Education credit			
Retirement savings contribution credit			
Other credits			
Total credits	2,600	2,600	•
OTHER TAXES: Schedule 2 - Other Taxes			
Self-employment tax			
Additional tax on IRAs			
Other taxes			
TOTAL TAXES:	18,779	14,871	3,908
PAYMENTS:			
Federal income tax withheld	17,216	17,228	-12
Estimated payments made		-	
7 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A			
Schedule 3 - Refundable Credits & Payments			
ACA premium tax credit			
Other payments		-	
Total payments	17,216	17,228	-12
AMOUNT DUE / REFUND:			
Amount overpaid		2,357	-2,35
Overpayment applied to next year			
Refund		2,357	-2,35
Amount due	1,563		1,56
OIt	1,000		-130

Tax Calculation Methods:

Sch J = Inc Aver for Farmer/Fisherman FEITW = Foreign Earned Income Tax WS

QDCGTW = Qual Div Cap Gain Tax WS F8615 = Child with unearned income Sch D = Sch D tax worksheet

TCW = Tax Comp Worksheet (rates)
TABLE = Tax Table

Form Software Copyright 1998 - 2024 HRB Tax Group, Inc. FDA

H0508M

23_ANALYS2

[1040		nt of the Treasury-Internal Reve ndividual Income 1		2023	ОМВ	No. 1545-007	'4 IRS	S Use Only-	Do not wri	de or staple	in this	врасе.
For the year Ja	an. 1-De	c. 31, 2023, or other tax	year beginning		, 2023, endi	ng	, 20		Зөө зөр	arate ins	tructio	ns.
Your first nam	ne and n	niddle initial		Last name				Your s	ocial se	curity n	umbe	r
JOHN A				SGROMO	LO III			- 8		3/2	THE.	•
	spouse	's first name and middle	initial	Last name				Spous	e's soc	lal secui	ity nu	ımber
CALLIE				SGROMO	LO			4		2-1		
Home addres	ss (num	per and street). If you have	e a P.O. box, see	instructions.		Apt. no.				lection		algn
1978 Pr	otec	tion Point								you, or yo		2
		. If you have a foreign addres	s, also complete spac	es below.	State	ZIP code				nd. Che		
Fleming	Isl	and			FL	32003		100000000000000000000000000000000000000		not chai	Action of the second	
Foreign cour	7.		Foreign province	/state/county		Foreign pos	stal code	your ta	x or ref	und.	_	
-5-X										You	Ш	Spouse
Filing Stat	us	Single		N	Aarried filing	separately (N	MFS)	He	ad of ho	usehold	(HOH)
Check only	X	Married filing jointly (eve	n if only one had i	income)				Qua	lifying su	rviving sp	ouse (Q	SS)
one box.	If	ou checked the MFS bo	x, enter the name	of your spouse	. If you ched	ked the HOH	or QSS t	ox, ente	r the chi	ld's nam	e if the	ө
	qu	alifying person is a child	but not your depe	ndent:								
Digital Assets	At a	ny time during 2023, did you: hange, or otherwise dispose	(a) receive (as a rewar	d, award, or paym	ent for proper	ty or services); st)? (See instruc	or (b) sell, tions.)			Yes	X	No
Standard		neone can claim: Y			spouse as a	127 127						
Deduction	Ī	Spouse itemizes on a										
Age/Blindnes	s You	T .				Was born	before Ja	nuary 2.	1959	☐ Is bl	ind	
			ounday 2, 1000		72.2	ial security	(3) Relat	350 7001		heck the b	ox if q	ualifies
Dependents	7 9		.ast name			umber		/ou	Child	for (see tax credit	Credi	t for other
		1 II ST HOUSE	CONTINUE OF THE PROPERTY OF TH		9 18 Sans	Section 190	SON			kl		
If more than four												
dependents,												
and check here	-											
Income	18	Total amount from For	n(s) W-2, box 1 (se	e instructions).					1a		167	,689
	,_\ t	Household employee	wages not reporte	ed on Form(s)	N-2				1b			
Attach Form W-2 here. A		Tip income not report	ed on line 1a (see	instructions) .					10			
attach Form		Medicaid waiver payr	nents not reported	on Form(s) W	-2 (see instr	uctions)			1d			
W-2G and 1099-R If tax	, (Taxable dependent c	ere benefits from f	Form 2441, line	28				1e			
was withhel	d. 1								11			
If you did not		Wages from Form 89	19, line 6						1g			
get a Form	1	Service representation of the property of the							1h			
W-2, see instructions.	1	Nontaxable combat p	ay election (see in	structions)		. 11						
	;	Add lines 1a through	1h		1				1z		167	,689
Attach Sch. B if	2	Tax-exempt interest .	2a		The state of the s	e interest			2b			
required		Qualified dividends				ry dividends			3b			
					-	e amount			4b			
Standard	5		man and the second			e amount			5b		_	
Deduction	3000000	Control of the Contro				e amount			6b			
• Single or Ma	latu	C If you elect to use the lun							_			
filing separat	- 1 '							-	7			
Married filing jointly or	50	Additional income fro							8		167	600
Qualifying	9	Add lines 1z, 2b, 3b,							9		167	,689 154
surviving spo \$27,700									10		167	
• Head of	11								12			,700
household, \$20,800	12								13		21	, 100
• If you check any box und			rome deduction tr	OIU LOUII 8992	OI FOITH 698	,u-M			14		27	.700

139,835

15

Form 1040 (20	23)	JOHN A SGROMOLO	III	& CALLI	E W SGRO	MOLO		A PLEASE	ALC: N	Page 2
Tax and		Tax (see instructions). Check if an			814 2 4972				16	21,379
Credits	17	Amount from Schedule 2, line 3 .							17	
-,	18	Add lines 16 and 17							18	21,379
	19	Child tax credit or credit for other	depende	ents from Schedu	9 8812				19	2,000
	20	Amount from Schedule 3, line 8 .				• • • • • • •			20	600
	0.000	Add lines 19 and 20							21	2,600
		Subtract line 21 from line 18. If zer							22	18,779
	23	Other taxes, including self-employ	ment ta	x, from Schedule	2, line 21				23	
	24	Add lines 22 and 23. This is your	total tax	(, , , , , , , , , , , , , , , , , , ,					24	18,779
Payments	25	Federal income tax withheld from:	:					W 98.8		
-		Form(s) W-2					1	7,216		
	b	Form(s) 1099		• • • • • • • • • • • • • • • • • • • •						
		Other forms (see instructions)								
	d	Add lines 25a through 25c · · · ·	• • • • • •						25d	17,216
		2023 estimated tax payments and				1 1			26	
If you have a qualifying		Earned income credit (EIC)				1				
child, attach Sch. EIC.		Additional child tax credit from Schedu								
		American opportunity credit from Form								
		Reserved for future use							-	
		Amount from Schedule 3, line 15								
		Add lines 27, 28, 29, and 31. The							32	17 016
		Add lines 25d, 28, and 32. These							33	17,216
Refund		If line 33 is more than line 24, sub							34	
		a Amount of line 34 you want refu							35a	
Direct deposit?		b Routing number XXXXXXX			с Туре		cking	Savings		
See instruction		d Account number XXXXXXX								
		Amount of line 34 you want appl				36			1	
Amount	37	Subtract line 33 from line 24. This							37	1,563
You Owe		For details on how to pay, go to				C sames in			3/	1,303
		Estimated tax penalty (see instruc				1.2.2.				
Third Par	್.	Do you want to allow another personstructions					s. Comple	to holow	X No	
Designee					Phone	🗆 "	a. Compie		al identifi	
		Designee's name			no.			numbe		
Öl		Under penalties of perjury, I declare that I have		t this set we and access		ad statements	and to the h			natiof they are true
Sign	,	onder penalties of penury, I declare that I have correct, and complete. Declaration of preparer	(other tha	n (axpayer) is based on	all information of wh	ich preparer h	as any knowle	dgo.	ricago una s	oner, stoy are ade.
Here	,	Your signature		Date	Your occup	ation	- 1	If the IRS se	nt you an Ide	entity
Joint return?		Tour signature		00.0	Athlet		recto	Protection Pl	N, enter	
See instructions Keep a copy for	3	Spouse's signature. If a joint return, both mus	t sign.	Date	Spouse's o			If the IRS se	nt your spou	se an Identity
your records.			•		Physic		erapi	Protection Pi		
	-	Phone no. 9044498521		Email address	jsgromo					lu
		Preparer's name	Prepar	er's signature	Jogramo	Date		PTIN		Check if:
Pald		Topa of o mano	1.1000	o, o oigitutaro						Self-employed
Preparer	-	Firm's name						Phon	e no.	
Use Only	-	Firm's address								
Cac Offiny								Firm's	EIN	
			ha lataat	information						Form 1040 (2023)

SCHEDULE 1

Department of the Treasury Internal Revenue Service

(Form 1040)

Additional Income and Adjustments to Income

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. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number JOHN A SGROMOLO III & CALLIE W SGROMOLO **Additional Income** Taxable refunds, credits, or offsets of state and local income taxes 2a 28 Date of original divorce or separation agreement (see instructions): Business income or (loss). Attach Schedule C 3 3 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 Farm income or (loss). Attach Schedule F..... 6 7 Other income: 8a a Net operating loss..... b Gambling.... 8b c Cancellation of debt..... 8c d Foreign earned income exclusion from Form 2555 8d 8e 81 8g h Jury duty pay 8h I Prizes and awards..... 81 8] Activity not engaged in for profit income k Stock options 8k Income from the rental of personal property if you engaged in the rental for profit 81 but were not in the business of renting such property m Olympic and Paralympic medals and USOC prize money (see instructions) 8m o Section 951A(a) inclusion (see instructions) p Section 461(I) excess business loss adjustment q Taxable distributions from an ABLE account (see instructions) r Scholarship and fellowship grants not reported on Form W-2 s Nontaxable amount of Medicaid waiver payments included on Form t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan u Wages earned while incarcerated z Other income. List type and amount: Combine lines 1 through 7 and 9. This is your additional Income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8.....

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

Schedule 1 (Form 1040) 2023

3EB 23 1040SCH1

TXO 1040

Form Software Copyright 1996 - 2024 HRB Tax Group, Inc.

art	dule 1 (Form 1040) 2023 JOHN A SGROMOLO III & CALLIE W				
المييو	Educator expenses		11		
	Certain business expenses of recervists, performing artists, and fee-basis government office				
	Form 2108		12		
	Health savings account deduction. Attach Form 8889		13		
	Moving expenses for members of the Armed Forces. Attach Form 3903		14		
	Deductible part of self-employment tax. Attach Schedule SE		15		
	Self-employed SEP, SIMPLE, and qualified plans		16		
	Self-employed health insurance deduction		17		
	Penalty on early withdrawal of savings		18		
	Alimony paid	******	19a		
	Recipient's SSN				
b					
	Date of original divorce or separation agreement (see instructions): IRA deduction		20		
)	Student loan interest deduction		21	7.0	15
	Reserved for future use		22		10
	Archer MSA deduction		23		
1	The state of the s	1	23		
	Other adjustments:				
a	Jury duty pay (see instructions)				
b	Deductible expenses related to income reported on line 8l from				
	the rental of personal property engaged in for profit				
C	Nontaxable amount of the value of Olympic and Paralympic				
	medals and USOC prize money reported on line 8m				
d	Reforestation amortization and expenses				
e	Repayment of supplemental unemployment benefits under the				
	Trade Act of 1974				
f	Contributions to section 501(c)(18)(D) pension plans				
g	Contributions by certain chaplains to section 403(b) plans 24g				
h	Attorney fees and court costs for actions involving certain				
	unlawful discrimination claims (see instructions)		_		
1	Attorney fees and court costs you paid in connection with an				
	award from the IRS for information you provided that helped the				
	IRS detect tax law violations				
i	Housing deduction from Form 2555				
k	Excess deductions of section 67(e) expenses from Schedule K-1				
	(Form 1041)				
z	Other adjustments. List type and amount:		-		
•	242	-			
	Total other adjustments. Add lines 24a through 24z		25		
5 6	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and	on Form 1040.			
0	1040-SR, or 1040-NR, line 10		26		15
	23 1040SCH12 TXO 1040 Form Software Copyright 1996 - 2024 HRB Tax Group, Inc.		Schedule 1	/Earm	

SCHEDULE 3

Department of the Treasury Internal Revenue Service

(Form 1040)

Additional Credits and Payments

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. 03

ame(s)	shown on Form 1040, 1040-SR, or 1040-NR		Your so	ocial security number
OHN	A SGROMOLO III & CALLIE W SGROMOLO			
Part I	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1118 if required		1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach			
	Form 2441		2	600
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15	,	5а	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:		72 1	
а	General business credit. Attach Form 3800 · · · · · · · · · ·	6a	575	
b	Credit for prior year minimum tax. Attach Form 8801	6b		
c	Adoption credit. Attach Form 8839	6c	11 12	
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Reserved for future use	6e		
t	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
1	Qualified electric vehicle credit. Attach Form 8834	61		
1	Alternative fuel vehicle refueling property credit. Attach Form 8911	6)		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
1	Amount on Form 8978, line 14. See instructions	61	144	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m		
z	Other nonrefundable credits. List type and amount:			1
		6z	400	
7	Total other nonrefundable credits. Add lines 6a through 6z		. 7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, o	r		
	1040-NR, line 20		. 8	600
	SACHMER PRODUCT STREET CONTROL AND STOCK S			(continued on page 2)
			Schen	fule 3 (Form 1040) 2023

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

Schedule 3 (Form 1040) 2023

Form 2441

Child and Dependent Care Expenses

OMB No. 1545-0074 2023

Attach to Form 1040, 1040-SR, or 1040-NR. Department of the Treasury Attachment Sequence No.21 Go to www.irs.gov/Form2441 for instructions and the latest information Internal Revenue Service Your social security number Name(s) shown on return JOHN A SGROMOLO III & CALLIE W SGROMOLO or Married W A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under Married Persons Filing Separately. If you meet these requirements, check this box...... B If you or your spouse was a student or was disabled during 2023 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under If You or Your Spouse Was a Student or Disabled, check this box Persons or Organizations Who Provided the Care -- You must complete this part. Part I If you have more than three care providers, see the instructions and check this box (d) Was the care provider our household employee a 2023? For example, this enerally includes hannies (b) Address (c) Identifying number (e) Amount paid (a) Care provider's (number, street, apt. no., city, state, and ZIP code) but not daycare centers (see inst.) (see instructions) name (SSN or EIN) 10,775 X No Complete only Part II below. No Did you receive dependent care benefits? Complete Part III on page 2 next. Yes Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2023 but didn't pay them until 2024, or if you prepaid in 2023 for care to be provided in 2024, don't include these expenses in column (d) of line 2 for 2023. See the instructions. Credit for Child and Dependent Care Expenses Information about your qualifying person(s). If you have more than three qualifying persons, see the instructions and check this box ... (d) Qualified expenses (a) Qualifying person's name (c) Check here if the you incurred and paid in 2023 for the person qualifying person wa First Last (b) Qualifying person's over age 12 and was social security number disabled (see inst.) listed in column (a) 10,775 Add the amounts in column (d) of line 2. Don't enter more than \$3,000 if you had one qualifying person 3,000 or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31..... 3 88,740 4 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student 78,949 5 or was disabled, see the instructions); all others, enter the amount from line 4...... 6 3,000 167,535 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: If line 7 is: If line 7 is: Decimal **But not** Decimal Decimal **But not But not** amount is amount Is Over over amount is Over over over \$37,000-39,000 \$0-15,000 .35 \$25,000-27,000 .29 .23 .22 8 x .20 .34 27,000-29,000 .28 39,000-41,000 15.000-17.000 .33 29,000-31,000 .27 41,000-43,000 .21 17,000-19,000 .20

43,000-No limit 19,000-21,000 .32 31,000-33,000 .28 .31 33,000-35,000 .25 21.000-23.000 .30 35,000-37,000 .24 23.000-25.000 600 9a Multiply line 6 by the decimal amount on line 8..... 9a If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c 9b 600 90 21,379 10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions

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

600 Form 2441 (2023)

10

on Schedule 3 (Form 1040), line 2 . .

Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074 2023

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Attachment Sequence No. 47 Your social security number

Name	(s) shown on return	Your socia	l security number
JOH	N A SGROMOLO III & CALLIE W SGROMOLO	5	The same of the sa
Pa	Child Tax Credit and Credit for Other Dependents		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	167,535
2a	Enter income from Puerto Rico that you excluded 2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555		
	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	167,535
4	Number of qualifying children under age 17 with the required social security no. 4	1	
5	Multiply line 4 by \$2,000	5	2,000
6	Number of other dependents, including any qualifying children who are not		
	under age 17 or who do not have the required social security number		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S.		
	resident alien. Also, do not include anyone you included on line 4.		
7	Multiply line 6 by \$500 · · · · · · · · · · · · · · · · · ·	7	
8	Add lines 5 and 7 · · · · · · · · · · · · · · · · · ·	8	2,000
9	Enter the amount shown below for your filing status.		
	Married filing jointly\$400,000		
	All other filing statuses\$200,000	9	400,000
10	Subtract line 9 from line 3.		
	If zero or less, enter -0		
	If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For		
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0
11	Multiply line 10 by 5% (0.05)	. 11	
12	Is the amount on line 8 more than the amount on line 11?	. 12	2,000
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.		
	Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from Credit Limit Worksheet A	. 13	20,779
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	. 14	2,000
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		
	If the amount on line 12 is more than the amount on line 14, you may be able to take the additional child ta	x credit	
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through lin		
	(also complete Schedule 3, line 11) before completing Part II-A.		

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

Schedule 8812 (Form 1040) 2023

JOHN A SGROMOLO III & CALLIE W SGROMOLO

Employer Name	Employer EIN	⊢გთ	Wages	Federal Withholding	Federal Social Security Withholding Tax Withheld	State	State Wages	State Local Tax Withheld Tax Withheld	Local Tax Withheld
DISTRICT SCHOOL BOARD OF CL 59-(St Johns Country Day School 59-(BAPTIST MEDICAL CENTER 59-(59-6000552 59-0700127 59-0747311	HΗN	47,916 40,824 78,949	7,917 2,040 7,259	3,061 2,531 5,054	FT			

2023 FEDERAL TAX WITHHOLDINGS ATTACHMENT

JOHN A SGROMOLO III & CALLIE W SGROMOLO

W-2	DISTRICT SCHOOL BOARD OF C	7,917
W-2	St Johns Country Day Schoo	2,040
W-2	BAPTIST MEDICAL CENTER	7,259

Total to Form 1040/1040-SR line 25d

17,216

2023 FORM 2441 CREDIT LIMIT WORKSHEET - LINE 10

2023 FORM 2441 EARNED INCOME WORKSHEET - LINES 4 AND 5

JOHN A SGROMOLO III & CALLIE W SGROMOLO

-				Кеер	for Your Records
	-	Taxpayer (a)	Spouse (b)	Taxpayer (c)	Spouse (d)
1. /	Amount from Form 1040, line 1z		1.	88,740	78,949
2. F	Form 2555, line 43, excluded as foreign earned income				
3 1	f member of clergy, amount from line 1 also eported on Schedule SE				
	f church employee with \$108.28 or more of church income, amount from line 1 also reported on Schedule SE 4.				
5. /	Add lines 2 through 4 5.				
6.	Subtract line 5 from line 1		6.	88,740	78,949
7.	Amount from Schedule SE, line 3 7.				
8.	Schedule SE deduction claimed on Schedule 1, line 15				
	Subtract line 8 from line 7				
10.	Amount from Schedule SE, line 4b 10.		# A		
11.	Amount from Schedule SE, line 5a 11.				
12.	Add lines 10 and 11		12.		
13.	Amount from Schedule C, line 1, if filing as a statutory employee				
14.	Amount of nontaxable combat pay14.				
15.	Self-employment loss from Schedule C, Schedule F, and partnership K-1				
16.	Self-employment net earnings less than \$400 from Schedule C, Schedule F, and PTK-1 16.				
	Add lines 13, 14, 15, and 16				
18.	Add lines 6, 9, 12, and 17, but not less than zero		18.	88,740	78,949
19.	Student/disabled allowance		19.		
20.	Total earned income. Add lines 18 and 19		20.	88,740	78,949
	Enter taxpayer earned income (line 20, column c) on Fo				
	Enter spouse earned income (line 20, column d) on For	m 2441, line 5			

2023 STUDENT LOAN INTEREST DEDUCTION WORKSHEET - SCHEDULE 1, LINE 21

JOHN A SGROMOLO III & CALLIE W SGROMOLO

Keep for Your Records

Befor	e you begin:	J	Figure any write-in adjustments to be entered on Schedule 1, line 24z (see the instructions for Schedule 1, line 24z).	10	
		J	Be sure you have read the Exception in the instructions for this line to see if you can use this	work	rsheet
		٠	instead of Pub. 970 to figure your deduction.		
-					
1.	Enter the total inte	est	you paid in 2023 on qualified student loans (see instructions for line 21).		
	Don't enter more t	han	\$2,500	1.	267
2.	Enter the amount	rom	Form 1040 or 1040-SR, line 9, plus any foreign earned income		
	exclusion and/or h	ous	ng exclusion (Form 2555, line 45), any foreign housing		
	deduction (Form 2	555,	line 50), amount of excluded income from Puerto Rico,		
	and amount of exc	lude	nd income from American Samoa (Form 4563, line 15) 2167, 689		
3.	Enter the total of the	ne al	mounts from Schedule 1, lines 11 through 20, and 23 and 25 3.		
4.	Subtract line 3 from	n lin	e2 4. <u>167,689</u>		
5.	Enter the amount	shov	vn below for your filing status.		
	 Single, head of 	hou	sehold, or qualifying surviving spouse - \$75,000		
	 Married filing jo 	intly	sehold, or qualifying surviving spouse - \$75,000 5 5 5.		
6.	Is the amount on I	ine 4	4 more than the amount on line 5?		
	No. Skip lines 6	and	7, enter -0- on line 8, and go to line 9.		
	Yes. Subtract line	5 f	rom line 4		
7.	Divide line 6 by \$1	5,00	00 (\$30,000 if married filing jointly). Enter the result as a decimal		
	(rounded to at lea	st th	ree places). If the result is 1.000 or more, enter 1.000	7.	.423
8.	Multiply line 1 by I	ine 7	<i>,</i>	8.	113
9.			t deduction. Subtract line 8 from line 1. Enter the result here and on		
	Schedule 1, line 2	1. 0	on't include this amount in figuring any other deduction on your		
	return (such as or	Scl	nedule A, C, E, etc.)	9.	154

2023 SCHEDULE 8812 CREDIT LIMIT WORKSHEET A

JOHN A SGROMOLO III & CALLIE W SGROMOLO

Keep for Your Records

1.	Enter the amount from line 18 of your Form 1040, 1040-SR, or Form 1040-NR	1	21,379
2.	Add the following amounts (if applicable) from:		
	Schedule 3, line 1 +		
	Schedule 3, line 2 + 600		
	Schedule 3, line 3 +		
	Schedule 3, line 4		
	Schedule 3, line 5b		
	Schedule 3, line 6d		
	Schedule 3, line 6f		
	Schedule 3, line 6l		
	Schedule 3, line 6m		
	Enter the total		
3.	Subtract line 2 from line 1	3	20,779
	You are claiming one or more of the following credits:		
	a. Mortgage interest credit, Form 8398.		
	b. Adoption credit, Form 8839.		
	c. Residential clean energy credit, Form 5695, Part I.		
	 d. District of Columbia first-time homebuyer credit, Form 8859. 		
	2. You are not filing Form 2555.		
	3. Line 4 of Schedule 8812 is more than zero.		
	If you are not completing Credit Limit Worksheet B, enter -0-; otherwise, enter		
4.	the amount from Credit Limit Worksheet B	4	-
		5	20 770
5.	Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13	L	20,779

2023 SCHEDULE 8812 CREDIT LIMIT WORKSHEET B

JOHN A SGROMOLO III & CALLIE W SGROMOLO Keep for Your Records Complete the Earned Income Worksheet in the instructions. Before you begin: 1040 and 1040-SR Filers: Complete line 27; Schedule 2, line 5; Schedule 2, line 6; Schedule 2, line 13; and Schedule 3, line 11 of your return if they apply to you. 1040-NR Filers: Complete Schedule 2, line 5; Schedule 2, line 6; Schedule 2, line 13; and Schedule 3, line 11 of your return if they apply to you. Use this worksheet only if you meet each of the items discussed under line 3 of Credit Limit Worksheet A, including Caution that you are not filing Form 2666. 2,000 1. Enter the amount from Schedule 8812, line 12 2. Number of qualifying children under 17 with the required social security 1,600 1 x \$1,600. Enter the result TIP: The number of children you use for this line is the same as the number of children you used for line 4 of Schedule 8812. Enter your earned income from line 7 of the Earned 3 167,689 Income Worksheet Is the amount on line 3 more than \$2,500? No. Leave line 4 blank, enter -0- on line 5, and go 165,189 to line 6 Yes. Subtract \$2,500 from the amount on line 3. Enter the result. 5 24,778 Multiply the amount on line 4 by 15% (0.15) and enter the result On line 2 of this worksheet, is the amount \$4,800 or more? X No. If you are a bona fide resident of Puerto Rico and line 5 above is less than line 1 above, go to line 7. Otherwise, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12. Yes. If line 5 above is equal to or more than line 1 above, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12. Otherwise, go to line 7. If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use the Additional Medicare Tax and RRTA Tax Worksheet to figure the amount to enter; otherwise enter the following amounts. If married filing Social security tax withheld from Form(s) W-2 box 4, and jointly, include your spouse's Puerto Rico Form(s) 499R-2/W-2PR, box 21, and amounts with Medicare tax withheld from Form(s) W-2, box 6, and yours when completing lines Puerto Rico Form(s) 499R-2/W-2PR, box 23 7 and 8. Enter the total of any amounts from -Schedule 1, line 15; 8 Schedule 2, line 5: Schedule 2, line 6: and Schedule 2, line 13. 9. Add lines 7 and 8. Enter the total

2023 SCHEDULE 8812 CREDIT LIMIT WORKSHEET B - CONT.

JOHN A SGROMOLO III & CALLIE W SGROMOLO

Keep for Your Records

10.	1040 and 1040-SR filers. Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3, line 11.	
	1040-NR filers. Enter the amount from Schedule 3, line 11.	
11.	Subtract line 10 from line 9. If the result is zero or less, enter -0-	11 0
12.	Enter the larger of line 5 or line 11	24,778
13.	Enter the smaller of line 2 or line 12	13 1,600
14.	Is the amount on line 13 of this worksheet more than the amount on line 1? No. Subtract line 13 from line 1. Enter the result. Yes. Enter -0	14 400
	Next, figure the amount of any of the following credits that you are claiming. Mortgage interest credit, Form 8398. Adoption credit, Form 8839. Residential clean energy credit, Form 5695, Part I. District of Columbia first-time homebuyer credit, Form 8859.	
	Then, go to line 15.	
15.	Enter the total of the amounts from - Schedule 3, line 5a Schedule 3, line 6c Schedule 3, line 6g, and Schedule 3, line 6h	15 Enter this amount on line 4 of Credit Limit Worksheet A.

A voucher is printed at the bottom of this page.

NOTE: This is a new scannable voucher approved by the IRS for filling of the 1040-V for the year 2023. This is different than the voucher that is on the IRS website.

- ▶ Use this voucher when making a payment with Form 1040.
- Do not staple this voucher or your payment to Form 1040.
- Make your check or money order payable to the "United States Treasury".
- Write your Social Security Number (SSN) on your check or money order.

Mail payment to:

INTERNAL REVENUE SERVICE P O Box 1214 Charlotte, NC 28201-1214

Form Software Copyright 1998 - 2024 HRB Tax Group, Inc.

23 1040VS1

Separate here and mail with your payment and return.

Form 1040-V (2023)

Department of the Treasury Internal Revenue Service

2023 OMB No. 1545-0074

Form 1040-V Payment Voucher

■ Use Form 1040-V when paying the balance due on Form 1040, Form 1040A, 1040EZ, or 1040NR.

Enter your SSN on your check or money order

If your name, address, or SSN is incorrect, see instructions.

Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"

Dollars 1,563

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



JOHN A SGROMOLO III & CALLIE W SGROM INTERNAL REVENUE SERVICE 1978 Protection Point Fleming Island, FL 32003

P 0 Box 1214 Charlotte, NC 28201-1214

2024 CARRYFORWARD INFORMATION

JOHN A.SGROMOLO III & CALLIE W SGROMOLO

ONN A BOROMODO III u ci			Keep for Your Records
Itemized Returns Only - 2023 state and local to			
Charitable contributions carryover to 2024			
Estimated short-term capital loss carryover .			
Estimated long-term capital loss carryover			
2023 tax liability (for 2024 Form 2210 purposes			
Form 8839: 2022 carryover of unqualified expe			
Refund amount applied to 2024			
Disallowed investment interest in 2023			
Additional state taxes paid			
Form 8396: Mortgage interest credit from 2021			
Mortgage interest credit from 2022	2		
Mortgage interest credit from 2023	3		
Form 8801: Minimum tax credit carryforward			
Potential 2024 IRA contribution from 2023 tax	refund		
NOL carryforward: Regula	ar Tax		AMT Tax
from 2003	from 2013	from 2003	from 2013
from 2004	from 2014	from 2004	from 2014
from 2005	from 2015	from 2005	from 2015
from 2006	from 2016	from 2006	from 2016
from 2007	from 2017	from 2007	from 2017
from 2008	from 2018	from 2008	from 2018
from 2009	from 2019	from 2009	from 2019
from 2010	from 2020	from 2010	from 2020
from 2011	from 2021	from 2011	from 2021
from 2012	from 2022	from 2012	from 2022
Gross NOL generated in 2023			ated in 2023
To be absorbed in carryback per	od		ryback period
Net carryforward from 2023			2023
Total carryforward to 2024		Total carryforward to 2	024
 The amounts carried to next year from 		1 and/or 2, are found on Form 8582	2,

•	The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582,
	Worksheet 6, Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.

- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
- Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2024.