

Please print or type your name, mailing address, agency name, and position below:

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Licata, Jennifer Lynn

MAILING ADDRESS:
5332 Pierpoint Ave

CITY: ZIP: COUNTY:
Spring Hill 34608 Hernando

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Hernando County School Board District 1

CHECK IF THIS IS A FILING BY A CANDIDATE

2022 JUN 17 AM 9:30
SUPERVISOR OF ELECTIONS
HERNANDO COUNTY, FL

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2021 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of June 15th, 2022 was \$ 14,321.00.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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 effects (described above) is \$ 15,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2020 Toyota Rav4	\$29,850.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Santander	30,529.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- 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 2021 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 2021 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2021 tax return, you need not complete the remainder of Part D.]

2022 JUN 17 AM 9:30

SUPERVISOR OF ELECTIONS
 HERNANDO COUNTY, FL

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA

COUNTY OF Hernando

Sworn to (or affirmed) and subscribed before me by means of

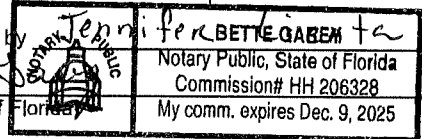
physical presence or online notarization, this 17 day of

JUNE, 2022

(Signature of Notary Public--State of Florida)

Bette Garey

(Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known _____ OR Produced Identification

Type of Identification Produced FL DL

Jennifer Garcia
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial CHRISTOPHER L		Last name LICATA III		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial JENNIFER L		Last name LICATA		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. 3781 BRAMBLEWOOD LOOP				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. SPRING HILL			State FL	ZIP code 34609	
Foreign country name		Foreign province/state/county		Foreign postal code	

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

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1957 Are blind **Spouse:** Was born before January 2, 1957 Is blind

Dependents (see instructions):

If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name		(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
	Last name				Child tax credit	Credit for other dependents
	BRYCE	LICATA	[REDACTED]	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	89,240
	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	6a Social security benefits	6a	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8 Other income from Schedule 1, line 10	8	
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	89,240
	10 Adjustments to income from Schedule 1, line 26	10	
	11 Subtract line 10 from line 9. This is your adjusted gross income	11	89,240
Standard Deduction for- • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions	12a Standard deduction or itemized deductions (from Schedule A)	12a	25,100
	b Charitable contributions if you take the standard deduction (see instructions)	12b	
	c Add lines 12a and 12b	12c	25,100
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14 Add lines 12c and 13	14	25,100
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	64,140

**SCHEDULE 1
(Form 1040)**

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

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

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

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

Your social security number

CHRISTOPHER L & JENNIFER L LICATA III

[REDACTED]

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1
2a	Alimony received		2a
b	Date of original divorce or separation agreement (see instructions)	▶ _____	
3	Business income or (loss). Attach Schedule C		3
4	Other gains or (losses). Attach Form 4797		4
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5
6	Farm income or (loss). Attach Schedule F		6
7	Unemployment compensation		7
8	Other income:		
a	Net operating loss	8a (_____)	
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d (_____)	
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
9	Total other income. Add lines 8a through 8z		9
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR line 8		10

0

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	0
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN ▶ _____			
c	Date of original divorce or separation agreement (see instructions) . . ▶ _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
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)	24h		
i	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	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount ▶ _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	0

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

2021

Attachment
Sequence No. **03**

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

Your social security number

CHRISTOPHER L & JENNIFER L LICATA III

██████████

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
a	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
c	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
e	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor 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		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
l	Amount on Form 8978, line 14. See instructions	6l		
z	Other nonrefundable credits. List type and amount ▶ _____	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		8	0

(continued on page 2)

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

Schedule 3 (Form 1040) 2021

EEA

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136.	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b	
c	Health coverage tax credit from Form 8885	13c	
d	Credit for repayment of amounts included in income from earlier years	13d	
e	Reserved for future use	13e	
f	Deferred amount of net 965 tax liability (see instructions)	13f	
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g	3,778
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h	
z	Other payments or refundable credits. List type and amount ▶ _____	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	3,778
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	3,778

Child and Dependent Care Expenses

2021

Attachment
Sequence No. **21**

Department of the Treasury
Internal Revenue Service (99)

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

▶ Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

Your social security number

CHRISTOPHER L & JENNIFER L LICATA III

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 stated in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box

B For 2021, your credit for child and dependent care expenses is refundable if you, or your spouse if married filing jointly, had a principal place of abode in the United States for more than half of 2021. If you meet these requirements, check this box

Part I Persons or Organizations Who Provided the Care - You must complete this part.

If you have more than three care providers, see the instructions and check this box

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Check here if the care provider is your household employee. (see instructions)	(e) Amount paid (see instructions)
DISCOVERY POINT	14281 ODYSSEY ROAD	81-2385135	<input type="checkbox"/>	7,555
	SPRING HILL, FL			
	34609			
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

Did you receive dependent care benefits? No Yes

Complete only Part II below.
Complete Part III on page 2 next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule H (Form 1040). If you incurred care expenses in 2021 but didn't pay them until 2022, or if you prepaid in 2021 for care to be provided in 2022, don't include these expenses in column (c) of line 2 for 2021. See the instructions.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2021 for the person listed in column (a)
First	Last		
BRYCE	LICATA	[REDACTED]	7,555

3 Add the amounts in column (c) of line 2. Don't enter more than \$8,000 if you had one qualifying person or \$16,000 if you had two or more persons. If you completed Part III, enter the amount from line 31	3	7,555
4 Enter your earned income . See instructions	4	29,978
5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	59,262
6 Enter the smallest of line 3, 4, or 5	6	7,555
7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11	7	89,240
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. <ul style="list-style-type: none"> If line 7 is \$125,000 or less, enter .50 on line 8. If line 7 is over \$125,000 and no more than \$438,000, see instructions for line 8 for the amount to enter. If line 7 is over \$438,000, don't complete line 8. Enter zero on line 9a. You may be able to claim a credit on line 9b. 	8	X .50
9a Multiply line 6 by the decimal amount on line 8	9a	3,778
b If you paid 2020 expenses in 2021, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, go to line 10	9b	
10 Add lines 9a and 9b and enter result. If you checked the box on line B above, this is your refundable credit for child and dependent care expenses ; enter the amount from this line on Schedule 3 (Form 1040), line 13g, and don't complete line 11. If you didn't check the box on line B above, go to line 11	10	3,778
11 Nonrefundable credit for child and dependent care expenses. If you didn't check the box on line B above, your credit is nonrefundable and limited by the amount of your tax; see the instructions to figure the portion of line 10 that you can claim and enter that amount here and on Schedule 3 (Form 1040), line 2	11	

SCHEDULE 8812
(Form 1040)

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

2021

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

Your social security number

CHRISTOPHER L & JENNIFER L LICATA III

Part I-A 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	89,240
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b		
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d		
3	Add lines 1 and 2d	3		89,240
4a	Number of qualifying children under age 18 with the required social security number	4a	1	
b	Number of children included on line 4a who were under age 6 at the end of 2021	4b	1	
c	Subtract line 4b from line 4a	4c		
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0-	5		3,600
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number	6		
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 4a.				
7	Multiply line 6 by \$500	7		
8	Add lines 5 and 7	8		3,600
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	Subtract line 11 from line 8. If zero or less, enter -0-	12		3,600
13	Check all the boxes that apply to you (or your spouse if married filing jointly). A Check here if you (or your spouse if married filing jointly) have a principal place of abode in the United States for more than half of 2021 <input checked="" type="checkbox"/> B Check here if you (or your spouse if married filing jointly) are a bona fide resident of Puerto Rico for 2021 <input type="checkbox"/>			

Part I-B Filers Who Check a Box on Line 13

Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.

14a	Enter the smaller of line 7 or line 12	14a		0
b	Subtract line 14a from line 12	14b		3,600
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	14c		0
d	Enter the smaller of line 14a or line 14c	14d		0
e	Add lines 14b and 14d	14e		3,600
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0- Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	14f		1,800
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	14g		1,800
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	14h		0
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	14i		1,800

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

Schedule 8812 (Form 1040) 2021

Part I-C Filers Who Do Not Check a Box on Line 13

Caution: If you checked a box on line 13, do not complete Part I-C.

15a	Enter the amount from the Credit Limit Worksheet A	15a	
b	Enter the smaller of line 12 or line 15a Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items. 1. You are not filing Form 2555. 2. Line 4a is more than zero. 3. Line 12 is more than line 15a.	15b	\$
c	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0-	15c	
d	Add lines 15b and 15c	15d	
e	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0- Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	15e	
f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f	
g	Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	15g	
h	Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	15h	

Part II-A Additional Child Tax Credit (use only if completing Part I-C)

Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

16a	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a	
b	Number of qualifying children under 18 with the required social security number: _____ x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 TIP: The number of children you use for this line is the same as the number of children you used for line 4a.	16b	
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,200 or more? <input type="checkbox"/> No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> 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.	20	

Part II-B Certain Filers Who Have Three or More Qualifying Children

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, see instructions	21	
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	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

27	Enter this amount on line 15c	27	
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Part III Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)

28a	Enter the amount from line 14f or line 15e, whichever applies	28a	
b	Enter the amount from line 14e or line 15d, whichever applies	28b	
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29	
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	30	
31	Enter the smaller of line 4a or line 30	31	
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32	
33	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly or Qualifying widow(er)—\$60,000 • Head of household—\$50,000 • All other filing statuses—\$40,000 	33	
34	Subtract line 33 from line 3. If zero or less, enter -0-	34	
35	Enter the amount from line 33	35	
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36	
37	Multiply line 32 by \$2,000	37	
38	Multiply line 37 by line 36	38	
39	Subtract line 38 from line 37	39	
40	Subtract line 39 from line 29. If zero or less, enter -0-. This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1040), line 19	40	

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

CHRISTOPHER L & JENNIFER L LICATA III

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

Table with 13 rows for HSA contributions and deductions. Includes checkboxes for Self-only and Family coverage. Values include 7,200 for family coverage and 2,100 for employer contributions.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

Table with 7 rows for HSA distributions. Values include 2,034 for total distributions and 0 for taxable HSA distributions.

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

Table with 4 rows for income and additional tax. Values include 0 for last-month rule and 0 for additional tax.

Recovery Rebate Credit Worksheet

(keep for your records)

2021

Name(s) as shown on return

Tax ID Number

CHRISTOPHER L & JENNIFER L LICATA III

1. Can you be claimed as a dependent on another person's 2021 return? If filing a joint return, go to line 2.
 No. Go to line 2.
 Yes. STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.

2. Does your 2021 return include a social security number that was issued on or before the due date of your 2021 return (including extensions) for you and, if filing a joint return, your spouse?
 Yes. Go to line 6.
 No. If you are filing a joint return, go to line 3.
If you aren't filing a joint return, go to line 5.

3. Was at least one of you a member of the U.S. Armed Forces at any time during 2021, and does at least one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?
 Yes. Your credit is not limited. Go to line 6.
 No. Go to line 4.

4. Does one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?
 Yes. Your credit is limited. Go to line 6.
 No. Go to line 5.

5. Do you have any dependents listed in the *Dependents* section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number?
 Yes. Enter zero on line 6 and go to line 7.
 No. STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.

6. Enter:
• \$1,400 if single, head of household, married filing separately, or qualifying widow(er),
• \$1,400 if married filing jointly and you answered "Yes" to question 4, or
• \$2,800 if married filing jointly and you answered "Yes" to question 2 or 3 6. 2,800

7. Multiply \$1,400 by the number of dependents listed in the *Dependents* section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number 7. 1,400

8. Add lines 6 and 7 8. 4,200

9. Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?
• Single or Married filing separately—\$75,000
• Married filing jointly or qualifying widow(er)—\$150,000
• Head of household—\$112,500
 Yes. Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10 9. _____
 No. Enter the amount from line 8 on line 12 and skip lines 10 and 11.

10. Is line 9 more than the amount shown below for your filing status?
• Single or married filing separately—\$80,000
• Married filing jointly or qualifying widow(er)—\$160,000
• Head of household—\$120,000
 Yes. STOP You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
 No. Subtract line 9 from the amount shown above for your filing status 10. _____

11. Divide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to at least 2 places).
• Single or married filing separately—\$5,000
• Married filing jointly or qualifying widow(er)—\$10,000
• Head of household—\$7,500 11. _____

12. Multiply line 8 by line 11 12. 4,200

13. Enter the amount, if any, of EIP 3 that was issued to you. If filing a joint return, include the amount, if any, of your spouse's EIP 3. You may refer to Notice 1444-C or your tax account information at [IRS.gov/Account](https://www.irs.gov/Account) for the amount to enter here 13. 4,200

14. **Recovery rebate credit.** Subtract line 13 from line 12. If zero or less, enter -0-. If line 13 is more than line 12, you don't have to pay back the difference. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR 14. 0

Worksheet for Schedule 8812, Line 5

Schedule 8812

(Keep for your records)

2021

Name(s) as shown on return

Tax ID Number

CHRISTOPHER L & JENNIFER L LICATA III

1. Multiply Schedule 8812, line 4b, by \$3,600	1.	3,600
2. Multiply Schedule 8812, line 4c, by \$3,000	2.	
3. Add line 1 and line 2	3.	3,600
4. Multiply Schedule 8812, line 4a, by \$2,000	4.	2,000
5. Subtract line 4 from line 3	5.	1,600
6. Enter the amount shown below for your filing status		
• Married filing jointly - \$12,500		
• Qualifying widow(er) - \$2,500		
• Head of household - \$4,375		
• All other filing statuses - \$6,250	6.	12,500
7. Enter the smaller of line 5 or line 6	7.	1,600
8. Enter the amount shown below for your filing status		
• Married filing jointly or Qualifying widow(er) - \$150,000		
• Head of household - \$112,500		
• All other filing statuses - \$75,000	8.	150,000
9. Subtract line 8 from Schedule 8812, 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	9.	0
10. Multiply line 9 by 5% (0.05)	10.	0
11. Enter the smaller of line 7 or line 10	11.	0
12. Subtract line 11 from line 3. Enter on Schedule 8812, line 5	12.	3,600

a Employee's social security number [REDACTED]		OMB No. 1545-0008		Safe, accurate, FASTI Use		IRS e-file		Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 59-6000793				1 Wages, tips, other compensation 29,978		2 Federal income tax withheld 18				
c Employer's name, address, and ZIP code BOARD OF CO COMMISSIONERS 38053 LIVE OAK AVENUE DADE CITY FL 33523				3 Social security wages 31,028		4 Social security tax withheld 1,924				
				5 Medicare wages and tips 31,028		6 Medicare tax withheld 450				
				7 Social security tips		8 Allocated tips				
d Control number				9 [REDACTED]		10 Dependent care benefits				
e Employee's first name and initial CHRISTOPHER L LICATA III		Last name LICATA III		Suff.		11 Nonqualified plans		12a See instructions for box 12 W 2,100		
f Employee's address and ZIP code 3781 BRAMBLEWOOD LOOP SPRING HILL FL 34609				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b DD 16,572				
				14 Other RETIREME 1,050		12c				
						12d				
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name

Form **W-2** Wage and Tax Statement

2021

Department of the Treasury-Internal Revenue Service

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

EEA
The information on the Form W-2 was used to prepare the taxpayer's 2021 Federal tax return by Shirley T Sitki

a Employee's social security number [REDACTED]		OMB No. 1545-0008		Safe, accurate, FASTI Use		IRS e-file		Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 47-1871810				1 Wages, tips, other compensation 59,262		2 Federal income tax withheld 5,212				
c Employer's name, address, and ZIP code K9 PARTNERS FOR PATRIOTS 15322 AVIATION LOOP DR BROOKSVILLE FL 34604				3 Social security wages 59,262		4 Social security tax withheld 3,674				
				5 Medicare wages and tips 59,262		6 Medicare tax withheld 859				
				7 Social security tips		8 Allocated tips				
d Control number				9 [REDACTED]		10 Dependent care benefits				
e Employee's first name and initial JENNIFER L LICATA		Last name LICATA		Suff.		11 Nonqualified plans		12a See instructions for box 12		
f Employee's address and ZIP code 3781 BRAMBLEWOOD LOOP SPRING HILL FL 34609				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b				
				14 Other		12c				
						12d				
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name

Form **W-2** Wage and Tax Statement

2021

Department of the Treasury-Internal Revenue Service

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EEA
The information on the Form W-2 was used to prepare the taxpayer's 2021 Federal tax return by Shirley T Sitki

Computation of Regular Tax

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

Tax ID Number

CHRISTOPHER L & JENNIFER L LICATA III

Statement for line 16 of Form 1040

Tax per Tax Table \$ 7,297

\$ 7,297 Tax computed using only available method

Credit Limit Worksheet

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

Tax ID Number

CHRISTOPHER J. & JENNIFER L LICATA III

1. Amount from line 18 of Form 1040, 1040-SR, or 1040-NR minus Schedule 3, line 6l	1.		7,297
2. Foreign tax credit amount from Schedule 3 (Form 1040), line 1	2.		
3. Subtract line 2 from line 1. If zero or less, enter -0-. This amount is used to calculate Form 2441, line 11	3.		7,297
4. Amount from Form 2441, line 11	4.		
5. Subtract line 4 from line 3. If zero or less, enter -0-. Enter this amount on Schedule R, line 21	5.		7,297
6. Amount from Schedule R, line 22	6.		
7. Enter amount from Form 8863, line 18	7.		
8. Subtract line 6 from line 5. If zero or less, enter -0-	8.		7,297
9. Enter the smaller of line 7 or line 8. Nonrefundable lifetime learning credit	9.		
10. Enter amount from Form 8863, line 9	10.		
11. Subtract line 9 from line 8. If zero or less, enter -0-	11.		7,297
12. Enter the smaller of line 10 or line 11. Nonrefundable American Opportunity credit	12.		
13. Add line 9 and line 12. Enter this amount on Form 8863, line 19	13.		0
14. Subtract line 13 from line 8. If zero or less, enter -0-. Enter this amount on Form 8880, line 11	14.		7,297
15. Amount from Form 8880, line 12	15.		
16. Subtract line 15 from line 14. If zero or less, enter -0-. Enter this amount on Form 5695, line 29	16.		7,297
17. Amount from Form 5695, line 30	17.		
18. Reserved	18.		
19. Reserved	19.		
20. Subtract line 17 from line 16. If zero or less, enter -0-. Enter this amount on Form 8910, line 14	20.		7,297
21. Amount from Form 8910, line 15	21.		
22. Subtract line 21 from line 20. If zero or less, enter -0-. Enter this amount on Form 8936, line 22	22.		7,297
23. Amount from Form 8936, line 23	23.		
24. Amount from line 19 of Form 1040, 1040-SR or 1040-NR, or amount from line 14 of Credit Limit Worksheet B (Form 8812), if present in the return	24.		
25. Subtract lines 23 and 24 from line 22. If zero or less, enter -0-. Enter this amount on Form 8396, line 8	25.		7,297
26. Amount from Form 8396, line 9	26.		
27. Subtract line 26 from line 25. If zero or less, enter -0-	27.		7,297
28. Amount from Form 8839, line 14	28.		
29. Enter the smaller of line 27 or line 28. Enter this amount on Form 8839, lines 15 and 16	29.		
30. Subtract line 29 from line 27. If zero or less, enter -0-. Enter this amount on Form 8859, line 2	30.		7,297
31. Amount from Form 8859, line 3	31.		
32. Subtract line 31 from line 30. If zero or less, enter -0-. Enter this amount on Form 5695, line 14	32.		7,297