

FORM 6

FULL AND PUBLIC DISCLOSURE

2021

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:

Nickles James Lee

MAILING ADDRESS:

4475 White Oak Circle

OSC SOE JUN13'22 15:43

CITY:

Kissimmee

ZIP:

34746

COUNTY:

Osceola

NAME OF AGENCY:

Osceola County School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Board Member District 1

CHECK IF THIS IS A FILING BY A CANDIDATE

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 10, 20 22 was \$ 598,000.

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

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
4475 White Oak Circle Kissimmee, FL 34746	\$ 392,000
1818 Foxhall Circle Kissimmee FL 34741	\$ 180,000
585 Seagraves Road Tracy City, TN 38277	\$ 217,000
Bank Account (Bank of America)	\$ 3,500

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Bank of America 100 North Tryon St Charlotte, NC 28255	\$ 148,000
Navy Federal Credit Union PO Box 3000 Memphis, VA 22119	\$ 15,000

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 2020 tax return, you need not complete the remainder of Part D.]

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 Osceola
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 10 day of
June, 2022 by James L. Nickles
C. Germaine
 (Signature of Notary Public--State of Florida)

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print name of Notary Public) CAPTAIN A. GERMAINE
 Personally known OR Produced Identification
 Commission Expires APRIL 12, 2023
 Type of Identification Produced FL Driver License

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 this form 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

Form 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

2021

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status [] Single [X] 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: James L
Last name: Nickles, Jr
Your social security number: [REDACTED]
If joint return, spouse's first name and middle initial: Laura A
Last name: Nickles
Spouse's social security number: [REDACTED]
Home address (number and street): 4475 White Oak Cir
Apt. no.:
City, town, or post office: Kissimmee
State: FL
ZIP code: 347465836
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [] Yes [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (Child tax credit, Credit for other dependents). Row 1: Jack M, Nickles, [REDACTED], Son, [X], []

Main tax calculation table with columns 1-15 and sub-columns a, b, c. Line 1: 115,275. Line 8: -21,508. Line 9: 93,767. Line 11: 93,767. Line 12a: 25,100. Line 12b: 25. Line 12c: 25,125. Line 13: 0. Line 14: 25,125. Line 15: 68,642.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	7,837.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	7,837.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	7,837.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax ▶	24	7,837.
25	Federal income tax withheld from:		
	a Form(s) W-2	25a	9,201.
	b Form(s) 1099	25b	
	c Other forms (see instructions)	25c	
	d Add lines 25a through 25c	25d	9,201.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) ^{No}	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ▶ <input type="checkbox"/>		
	b Nontaxable combat pay election	27b	
	c Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits ▶	32	
33	Add lines 25d, 26, and 32. These are your total payments ▶	33	9,201.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,364.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	35a	1,364.
Direct deposit? See instructions.	▶ b Routing number [REDACTED] <input type="checkbox"/> Savings		
	▶ d Account number [REDACTED]		
	36 Amount of line 34 you want applied to your 2022 estimated tax ▶	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions ▶	37	
	38 Estimated tax penalty (see instructions) ▶	38	

If you have a qualifying child, attach Sch. EIC.

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions ▶ **Yes. Complete below.** **No**

Designee's name ▶ _____ Phone no. ▶ _____ Personal identification number (PIN) ▶ [] [] [] [] [] [] [] [] [] []

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

Joint return? See instructions. Keep a copy for your records.	Your signature _____ Date _____ Your occupation Sales Manager	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ [] [] [] [] [] [] [] [] [] []
	Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation Teacher	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ [] [] [] [] [] [] [] [] [] []

Phone no. (407) 390-9611 Email address _____

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name ▶ Self-Prepared	Firm's address ▶ _____			Phone no. _____
Firm's EIN ▶ _____				

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

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

2021
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
James L Nickles, Jr & Laura A Nickles

Your social security number

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	-3,409.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-18,099.
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	-21,508.

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

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	
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	

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor <u>James L Nickles, Jr</u>		Social security number (SSN) <div style="background-color: black; width: 100px; height: 15px;"></div>						
A Principal business or profession, including product or service (see instructions) <u>Security guard</u>	B Enter code from instructions ▶ <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px;">5</td><td style="width: 20px;">6</td><td style="width: 20px;">1</td><td style="width: 20px;">6</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td></tr> </table>		5	6	1	6	0	0
5	6	1	6	0	0			
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.) <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> </table>							
E Business address (including suite or room no.) ▶ <u>4475 White Oak Cir</u> City, town or post office, state, and ZIP code <u>Kissimmee, FL 34746-5836</u>								
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____								
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
H If you started or acquired this business during 2021, check here . . . <input type="checkbox"/>								
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
J If "Yes," did you or will you file required Form(s) 1099? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No								

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . ▶ <input type="checkbox"/>	1	1,240.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	1,240.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	1,240.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	1,240.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a	
12 Depletion	12	b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15	23 Taxes and licenses	23	
16 Interest (see instructions):		24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a	a Travel	24a	
b Other	16b	b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28	26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	27a Other expenses (from line 48)	27a	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.				1,240.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.				1,240.

32a All investment is at risk.
32b Some investment is not at risk.

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2021
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Name of proprietor James L Nickles, Jr		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) rideshare	B Enter code from instructions ▶ 4 8 5 3 0 0	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.) [REDACTED]	
E Business address (including suite or room no.) ▶ 4475 White Oak Cir City, town or post office, state, and ZIP code Kissimmee, FL 34746-5836		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2021, check here		<input type="checkbox"/>
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/>	1	2,412.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	2,412.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	2,412.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	2,412.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	5,005.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):	20a	
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20b	
12 Depletion	12		b Other business property	21	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	988.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):	16a		24 Travel and meals:	24a	
a Mortgage (paid to banks, etc.)	16b		a Travel	24b	
b Other	17		b Deductible meals (see instructions)	25	780.
17 Legal and professional services	17		25 Utilities	26	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28		26 Wages (less employment credits)	27a	288.
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27b	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b Reserved for future use	28	7,061.
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31		28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	29	-4,649.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32a		29 Tentative profit or (loss). Subtract line 28 from line 7	31	-4,649.
	32b		30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30		

32a All investment is at risk.
32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) ► 01/01/2021

44 Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:

a Business 8,205 b Commuting (see instructions) c Other 3,997

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Sirus		288.
48 Total other expenses. Enter here and on line 27a	48	288.

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2021

Attachment
Sequence No. **13**

Name(s) shown on return

James L Nickles, Jr & Laura A Nickles

Your social security number

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions **Yes** **No**

B If "Yes," did you or will you file required Form(s) 1099? **Yes** **No**

1a	Physical address of each property (street, city, state, ZIP code)				
A	1818 Foxhall Circle Kissimmee FL 34741				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties:	A	B	C
3	Rents received	3	7,200.		
4	Royalties received	4			
Expenses:					
5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7			
8	Commissions.	8			
9	Insurance	9	1,584.		
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest.	13			
14	Repairs.	14	20,306.		
15	Supplies	15	154.		
16	Taxes	16	1,488.		
17	Utilities.	17			
18	Depreciation expense or depletion	18	1,742.		
19	Other (list) ▶ See Line 19 Other Expenses	19	25.		
20	Total expenses. Add lines 5 through 19	20	25,299.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-18,099.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(18,099.)	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		7,200.	
b	Total of all amounts reported on line 4 for all royalty properties	23b			
c	Total of all amounts reported on line 12 for all properties	23c			
d	Total of all amounts reported on line 18 for all properties	23d		1,742.	
e	Total of all amounts reported on line 20 for all properties	23e		25,299.	
24	Income. Add positive amounts shown on line 21. Do not include any losses	24			
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(18,099.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26			-18,099.

For Paperwork Reduction Act Notice, see the separate instructions.

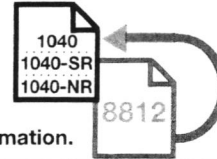
**SCHEDULE 8812
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

**Credits for Qualifying Children
and Other Dependents**

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

▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.



OMB No. 1545-0074

2021

Attachment
Sequence No. **47**

Name(s) shown on return

James L Nickles, Jr & Laura A Nickles

Your social security number

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	93,767.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	93,767.
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	0.
c	Subtract line 4b from line 4a	4c	1.
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0-	5	3,000.
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 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.	6	0.
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	3,000.
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	0.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	3,000.
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) had 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) were 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	3,000.
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	3,000.
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	3,000.
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	14g	0.
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	0.

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

BAA

REV 04/09/22 Intuit.com.cfp.sp

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	3,000.
b	Enter the amount from line 14e or line 15d, whichever applies	28b	3,000.
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29	0.
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	

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

Attachment
Sequence No. **55**

Name(s) shown on return: James L Nickles, Jr & Laura A Nickles Your taxpayer identification number: [REDACTED]

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.
Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	James L Nickles, Jr	[REDACTED]	1,240.
ii	James L Nickles, Jr	[REDACTED]	-4,649.
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	-3,409.	
3	Qualified business net (loss) carryforward from the prior year	(7,864.)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	0.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		0.
11	Taxable income before qualified business income deduction (see instructions)	68,642.	
12	Net capital gain (see instructions)	0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	68,642.	
14	Income limitation. Multiply line 13 by 20% (0.20)		13,728.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) ▶		0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		(11,273.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		(0.)

Passive Activity Loss Limitations

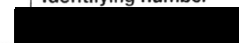
Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040, 1040-SR, or 1041.
▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

Identifying number

James L Nickles, Jr & Laura A Nickles



Part I 2021 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see *Special Allowance for Rental Real Estate Activities* in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a	0.		1d	-18,099.
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(18,099.)			
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()			
d Combine lines 1a, 1b, and 1c					

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a			2d	
b Activities with net loss (enter the amount from Part V, column (b))	2b	()			
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()			
d Combine lines 2a, 2b, and 2c					

3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3			3	-18,099.
--	----------	--	--	----------	----------

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	18,099.		4	
5 Enter \$150,000. If married filing separately, see instructions	5	150,000.			
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	111,866.			
7 Subtract line 6 from line 5	7	38,134.			
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	19,067.		8	
9 Enter the smaller of line 4 or line 8	9	18,099.		9	

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	0.		11	
11 Total losses allowed from all passive activities for 2021. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return		18,099.			

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
1818 Foxhall Circle	0.	18,099.			18,099.
Total. Enter on Part I, lines 1a, 1b, and 1c ▶	0.	18,099.			

For Paperwork Reduction Act Notice, see instructions.

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c ▶					

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
1818 Foxhall Circle	E Ln 22	18,099.	1.00000000	18,099.	0.
Total ▶		18,099.	1.00	18,099.	0.

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total ▶			1.00	

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total ▶				

Additional information from your 2021 Federal Tax Return**Schedule E: Supplemental Income and Loss****Line 19 Other Expenses: Property (1)****Continuation Statement**

Expense Description	Amount
association fees	0.
monthly pest control	25.
landscape	0.
Total	25.

OMB No. 1545-0008

d Control Number	1 Wages, tips, other compensation 50582.22	2 Federal income tax withheld 4279.51
b Employer identification number (EIN) 02-0579190	3 Social security wages 50582.22	4 Social security tax withheld 3136.10
a Employee's social security number [REDACTED]	5 Medicare wages and tips 50582.22	6 Medicare tax withheld 733.44

c Employer's name, address and ZIP code
OASIS OUTSOURCING ADMIN II, LLC
2054 VISTA PARKWAY STE 300
WEST PALM BEACH FL 33411

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code DD 7203.34
12b Code	12c Code	12d See instructions for box 12
13 Statutory employee	Retirement plan	Third-party sick pay
	14 Other DEN	96.88
	MED	4329.26

e Employee's name, address and ZIP code
JAMES L NICKLES
4475 WHITE OAK CIR
KISSIMMEE FL 34746

2021 Form W-2

15 State Employer's state I.D. no.	16 State wages, tips, etc.
------------------------------------	----------------------------

Wage and Tax Statement
Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

d Control Number	1 Wages, tips, other compensation 50582.22	2 Federal income tax withheld 4279.51
b Employer identification number (EIN) 02-0579190	3 Social security wages 50582.22	4 Social security tax withheld 3136.10
a Employee's social security number [REDACTED]	5 Medicare wages and tips 50582.22	6 Medicare tax withheld 733.44

c Employer's name, address and ZIP code
OASIS OUTSOURCING ADMIN II, LLC
2054 VISTA PARKWAY STE 300
WEST PALM BEACH FL 33411

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code DD 7203.34
12b Code	12c Code	12d See instructions for box 12
13 Statutory employee	Retirement plan	Third-party sick pay
	14 Other DEN	96.88
	MED	4329.26

e Employee's name, address and ZIP code
JAMES L NICKLES
4475 WHITE OAK CIR
KISSIMMEE FL 34746

2021 Form W-2

15 State Employer's state I.D. no.	16 State wages, tips, etc.
------------------------------------	----------------------------

Wage and Tax Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.

17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service

d Control number 10032174	1 Wages, tips, other compensation 62,378.02	2 Federal income tax withheld 4,921.16
OMB NO. 1545-0008	3 Social security wages 64,378.45	4 Social security tax withheld 3,991.46
	5 Medicare wages and tips 64,378.45	6 Medicare tax withheld 933.42

c Employer's name, address and ZIP code
The School District of Osceola County, FL
817 Bill Beck Blvd.
Kissimmee, FL 34744-4495

7 Social Security tips	8 Allocated tips	9 Advanced EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 9,714.00
12b Code	12c Code C 180.20	12d Code

b Employer's identification number 59-6000779	a Employee's social security number [REDACTED]		
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		SECTION 125 FRS 3% 3,030.50 2,000.43

e Employee's name, address and ZIP code
LAURA ANN NICKLES
4475 WHITE OAK CIR
KISSIMMEE, FL 34746

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

2021 Form W-2

15 State Employer's state I.D. No.	16 State wages, tips, etc.
------------------------------------	----------------------------

Wage and Tax Statement
Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)

17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality Name

d Control number 10032174	1 Wages, tips, other compensation 62,378.02	2 Federal income tax withheld 4,921.16
OMB NO. 1545-0008	3 Social security wages 64,378.45	4 Social security tax withheld 3,991.46
	5 Medicare wages and tips 64,378.45	6 Medicare tax withheld 933.42

c Employer's name, address and ZIP code
The School District of Osceola County, FL
817 Bill Beck Blvd.
Kissimmee, FL 34744-4495

7 Social Security tips	8 Allocated tips	9 Advanced EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 9,714.00
12b Code	12c Code C 180.20	12d Code

b Employer's identification number 59-6000779	a Employee's social security number [REDACTED]		
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		SECTION 125 FRS 3% 3,030.50 2,000.43

e Employee's name, address and ZIP code
LAURA ANN NICKLES
4475 WHITE OAK CIR
KISSIMMEE, FL 34746

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

2021 Form W-2

15 State Employer's state I.D. No.	16 State wages, tips, etc.
------------------------------------	----------------------------

Wage and Tax Statement
Copy B To Be Filed With Employee's FEDERAL Tax Return

17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality Name

2021 W-2 and EARNINGS SUMMARY



Employee Reference Copy W-2 Wage and Tax 2021 Statement <small>OMB No. 1545-0008</small>			
<small>Copy C for employee's records.</small>			
d Control number	Dept.	Corp.	Employer use only
000016 KD/C67			A 9
c Employer's name, address, and ZIP code			
EVENT SECURITY SERVICES LLC 4475 WHITE OAK CIRCLE KISSIMMEE, FL 34746 Batch #99086			
e/f Employee's name, address, and ZIP code			
LAURA NICKLES 4475 WHITE OAK CIRCLE KISSIMMEE, FL 34746			
b Employer's FED ID number	a Employer's SSA number		
83-2373929	[REDACTED]		
1 Wages, tips, other comp.	2 Federal income tax withheld		
140.00			
3 Social security wages	4 Social security tax withheld		
140.00	8.68		
5 Medicare wages and tips	6 Medicare tax withheld		
140.00	2.03		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b		
	12c		
	12d		
	13 Stat emp	Ret. plan	3rd party sick pay
15 State Employer's state ID no.	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

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

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

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	140.00	140.00	140.00
Reported W-2 Wages	140.00	140.00	140.00

2. Employee Name and Address.

LAURA NICKLES
4475 WHITE OAK CIRCLE
KISSIMMEE, FL 34746

2021 W-2 and EARNINGS SUMMARY



Employee Reference Copy	
W-2 Wage and Tax Statement 2021	
<small>OMB No. 1545-0008</small>	
<small>Copy C for employee's records.</small>	
d Control number	Dept.
000015	KD/C67
Corp.	Employer use only
	A 8
c Employer's name, address, and ZIP code	
EVENT SECURITY SERVICES LLC 4475 WHITE OAK CIRCLE KISSIMMEE, FL 34746	
Batch #99086	
e/f Employee's name, address, and ZIP code	
JAMES NICKLES 4475 WHITE OAK CIRCLE KISSIMMEE, FL 34746	
b Employer's FED ID number	a Employee's SSA number
83-2373929	[REDACTED]
1 Wages, tips, other comp.	2 Federal income tax withheld
2175.00	.42
3 Social security wages	4 Social security tax withheld
2175.00	134.85
5 Medicare wages and tips	6 Medicare tax withheld
2175.00	31.54
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay
15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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




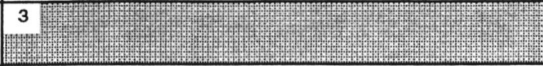
1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	2,175.00	2,175.00	2,175.00
Reported W-2 Wages	2,175.00	2,175.00	2,175.00

2. Employee Name and Address.

**JAMES NICKLES
4475 WHITE OAK CIRCLE
KISSIMMEE, FL 34746**

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. ARTES PROTECTIVE SERVICES LLC 950 S PINE ISLAND RD SUITE 1090 PLANTATION FL 33324		OMB No. 1545-0116 2021 Form 1099-NEC	Nonemployee Compensation Copy 2 To be filed with recipient's state income tax return, when required.	
PAYER'S TIN 85-1738612	RECIPIENT'S TIN 	1 Nonemployee compensation \$ 1240.00		
RECIPIENT'S name JAMES L NICKLES		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		
Street address (including apt. no.) 4475 WHITE OAK CIRCLE		3 		
City or town, state or province, country, and ZIP or foreign postal code KISSIMMEE FL 34746		4 Federal income tax withheld \$		
Account number (see instructions) 000116 KD/22H A		5 State tax withheld \$	6 State/Payer's state no. FL	7 State income \$

Form **1099-NEC**

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service