# CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION

SUPERVISOR OF ELECTIONS

2022 JUN 14 PM 12: 44

PALH BEACH COUNTY, FL

OFFICE USE ONLY

				OFFICE USE ONLY
		Candidate (		
ı. Robe	ert S. Weinroth	(Section 99.021(1)(a), Flo	rīda Statutes)	
		pear on the hallet If you	r last name consists of two or more	,
hypher	n. check box (see page 2 - Co	omnound Last Names)	r last name consists of two or more No change can be made after the ei	names but has no
				id of qualifyirig.)
am a candi	date for the office of Palm E			, ,
		(Office)	(District #)	(Circuit #)
	; my legal residence is P	alm Beach	County, Florida; I a	am a qualified elector
(Group or S	Geat #)			
under the C	onstitution and the Laws of Florid	da to hold the office to v	vhich I desire to be nominated or ele	ected; I have qualified
for no other	public office in the state, the ten	m of which office or any	part thereof runs concurrent with t	he office I seek; and I
have resign	ed from any office from which I	am required to resign	pursuant to Section 99.012, Florid	la Statutes; and I will
support the	Constitution of the United States	and the Constitution of t	the State of Florida.	
		Statement of		
	D	(Section 99.021(1)(b), Flo	rida Statutes)	
I am a mem			have been a registered member of	this political party, for
which I am	seeking nomination as a candida	te, for 365 days before	the beginning of qualifying preceding	g the general election
stated politic	seek to quality; and I have paid the	e assessment levied ag	ainst me, if any, by the executive co	mmittee of the above-
Stated politic	sar party.			
Candidate's	s Florida Voter Registration Nu	mber (located on your vo	ter information card): 11254769	91
Phonetic s	pelling for audio ballot: Print na	me phonetically on the	line below as you wish it to be pron	ounced on the audio
ballot as ma	y be used by persons with disabilit	ies (see instructions on	page 2 of this form):	
ROB-E	RT 9 WINE-ROTH			
V		(561) 689-9787		
Signature of	Candidate		RobertWeinroth@	
PO Box 7		Telephone Number Boca Raton	Email Addr	
Address	T4	City	Florida State	33429-0742 ZIP Code
STATE OF	EL ODIDA	•	1	2.1 3043
STATE OF	0		KiniM. Leekore	
COUNTY	of Palm Beach		gnature of Notary Public	
Sworn to (or	affirmed) and subscribed before me	Pri by means of	nt, Type, or Stamp Commissioned Name o	of Notary Public below:
online notari	<b></b>	esence X	KIM M. LEEBOVE	
this 13	day of June	. 2022 .	Commission # HH 041051	
			Expires January 10, 2025  Bonded Thru Troy Fain Insurance 800-385-	7019
Personally k		fication		
Type of Iden	ntification Produced:			

FORM 6 FULL AND PUBLIC DISCLOSU	RE	2021
Please print or type your name, mailing address, agency name, and position below:  OF FINANCIAL INTERESTS	RVISOR OF OR OFFICE U	
	2 JUN 14 PM 12: 44	
MAILING ADDRESS: 200 SE MIZNER BLVD UNIT 304	M BEACH COUNTY, FL.	
ID NO 253909		
BOCA RATON  ZIP: COUNTY:  BOCA RATON  ZIP: PALM BEACH		
NAME OF AGENCY: PALM BEACH COUNTY BOARD of COUNTY COMMISSIONERS		
NAME OF OFFICE OR POSITION HELD OR SOUGHT: COUNTY COMMISSIONER DISTRICT 4		
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 culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so please so	date. [Note: Net worth i	s not cal- ge 3.1
My net worth as of31st Day of December, 2021 was \$4.		·
PART B ASSETS		
HOUSEHOLD GOODS AND PERSONAL EFFECTS:  Household goods and personal effects may be reported in a lump sum if their aggregate value excee following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic if 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 \$	tems; art objects; household e	des any of the equipment and
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:		
DESCRIPTION OF ASSET (specific description is required - see instructions p.4)		OF ASSET
(Please refer to attached exhibit for PART B assets)	\$5,	,205,000
27.8311.001		
PART C LIABILITIES		
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):  NAME AND ADDRESS OF CREDITOR	AMOUNT	OF LIABILITY
AMERICAN EXPRESS PO BOX 650448 DALLAS TX 75265-0448	\$	11,000
MORGAN STANLEY 200 S BISCAYNE BLVD MIAMI FL 33131-2310	\$6	587,000
BMW FINANCIAL SERVICES PO BOX 78103 PHOENIX AZ 85062-8103	\$	28,000
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:		
NAME AND ADDRESS OF CREDITOR	AMOUNT	OF LIABILITY

GS3 - Changes Only February 2015 Retention Schedule to June 2022 Retention Schedule

Item #	Item Title	Changes to Title	New Retention Schedule	
	County Canvassing Boards Cerificates: Federal, State & Local		Permanent: Retain original format for	
19	Elections	N/A	22 mos of applicable election	
			Permanent: Retain original format for	
35	Elections Returns: County Tabulations	N/A	22 mos of applicable election	
			Permanent: Retain original format for	•
69	Precinct Boundary Records and Maps	N/A	22 mos of applicable election	
			Permanent: Retain original format for	
94	Voter Registration: Book and Offical Records	N/A	22 mos of applicable election	
	Voter Registration: Change of, Party, Signature Or		Permanent: Retain original format for	
22		N/A	22 mos of applicable election	
	Voter Registration: Special Applicants - Identification	Voter Registration: Identification	Permanent: Retain original format for	
130		Exemption Records	22 mos of applicable election	
			Permanent: Retain original format for	
158	Voter Registration: Voter Eligiblity Case Files (Ineligible)	N/A	22 mos of applicable election	
	Voter Registration: Voter Potential Ineligiblity Source	Voter Registration: Voter Potential	Retain until obsolete, superseded or	
87	Records	Ineligiblity Source Records	value is lost	
118	Voter Registration System: Change Logs	Daily Voter Logs	Same Retention Schedule	
New Item	New RR Title	New Retention Schedule	Old Item #	Old Title
169	169 Mail Ballot Election Records	Same Retention Schedule	167	Mail Ballot Election Plan Records
169	169 Mail Ballot Election Records	Same Retention Schedule	104	Mail Ballot Envelopes
87	87 Voter Registration : Voter Potential Ineligibilty Source Record Retain until Obsolete, Superseded, Value	Retain until Obsolete, Superseded, Value	49	Mental Competency Voting Rights Restored Records
170	170 Petition Records: Balloted Issues	Same Retention Schedule	121	Petition Records: Balloted Issues (Constitutional Ame
170	170 Petition Records: Balloted Issues	Same Retention Schedule	57	Petition Records: Balloted Issues (Other than Consti
171	171 Petition Records: UnBalloted Issues	Retain until request is closed, withdrawn	122	Petition Records: UnBalloted Issues (Constitutional A
171	171 Petition Records: UnBalloted Issues	Retain until request is closed, withdrawn	101	Petition Records: UnBalloted Issues (Other than Con
43	43 Mail, Undeliverabel First Class: Election Materials	2 years after receipt	Q3	Voter Registration: Voter Information Cards

Amendments)
nstitutional Amendments)

New Item New RR Title	New Retention Schedule	Old Item #	Old Title
168 Election Records: Genreral, Special or Primary	22 mos applicable election date	135	Absentee Ballot Envelopes and Certificates : Federal Elections
168 Election Records: Genreral, Special or Primary	22 mos applicable election date	136	Absentee Ballot Envelopes and Certificates : State & Local Elections
168 Election Records: Genreral, Special or Primary	22 mos applicable election date	137	Absenteee Ballot Request File Reports
168 Election Records: Genreral, Special or Primary	22 mos applicable election date	111	Absentee Ballot Request: Federal Elections
168 Election Records: Genreral, Special or Primary	22 mos applicable election date	112	Absentee Ballot Request: Stat & Local Elections
168 Election Records: Genreral, Special or Primary	22 mos applicable election date	1	Affidavits/Affirmations: Early Voting or Polls: Federal Elections
168 Election Records: Genreral, Special or Primary	22 mos applicable election date	2	Affidavits/Affirmations: Early Voting or Polls: State & Local Elections
168 Election Records: Genreral, Special or Primary	22 mos applicable election date	5	Applications: Absentee Ballot/Registrations (Federal Postcard Applications)
168 Election Records: Genreral, Special or Primary	22 mos applicable election date	165	Ballot Design: Federal Election
168 Election Records: Genreral, Special or Primary	22 mos applicable election date	166	Ballot Design: State & Local Election
168 Election Records: Genreral, Special or Primary	22 mos applicable election date	113	Ballot Image Files
168 Election Records: Genreral, Special or Primary	22 mos applicable election date	138	Ballot Inspection Cerification: Federal Elections
168 Election Records: Genreral, Special or Primary	22 mos applicable election date	139	Ballot Inspection Cerification: State & Local Elections
168 Election Records: Genreral, Special or Primary	22 mos applicable election date	140	Ballot-On-Demand Request Records
168 Election Records: Genreral, Special or Primary	22 mos applicable election date	114	Ballot Stubs - Federal Elections
168 Election Records: Genreral, Special or Primary	22 mos applicable election date	115	Ballot Stubs - State & Local Elections
168 Election Records: Genreral, Special or Primary	22 mos applicable election date	11	Ballots Offical: Federal Elections
168 Election Records: Genreral, Special or Primary	22 mos applicable election date	10	Ballots Offical: State & Local Elections
168 Election Records: Genreral, Special or Primary	22 mos applicable election date	141	Book Closing Statistics: Federal Elections

12 mos applicable election date   14 mos applicable election date   12 mos applicable election date   15 mos applicable election date   15 mos applicable election date   15 mos applicable election date   17 mos applicable election date   12 mos applicable election date   13 mos applicable election date   13 mos applicable election date   15 mos applicable election date   16 m		22 mos applicable election date	168 Election Records: Genreral, Special or Primary	
12 mos applicable election date   144	163 Voting System Overvotes/Undervotes Reports	22 mos applicable election date	168 Election Records: Genreral, Special or Primary	_
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necial or Primary 22 mos applicable election date 142 Book Closing Statistics: State & Local Elections		22 mos applicable election date	168 Election Records: Genreral, Special or Primary	_

## Newly Added

New Item	New RR Title	New Retention Schedule
172	Testimonial Notices	5 fiscal years afer filing
	Third Party Voter Registration Organizaton Reporting	Retain until obsolete, superseded or
173	Records	value is lost

SUPERVISOR OF ELECTIONS

### 2022 JUN 14 PM 12: 44

### PART B - ASSETS ALM BEACH COUNTY, FL. (000'S)

RESIDENCE	\$1,500
PACIFIC LIFE	\$179
INVESTACORP (NFS INC)	\$1,286
FUNDRISE	\$29
JOHN HANCOCK LIFE	\$63
PRUCO LIFE INS CO	\$912
CHARLES SCHWAB	\$29
NORTH AMERICAN LIFE	\$23
US LIFE INS CO (NY)	\$21
MORGAN STANLEY	\$1,013
SOUND HEALTH	\$50
AIG PENSION (estimate)	\$100
	\$5,205

1040  Department of the Treasury - Internal Revenue Serv	(99)	2021					
O.S. maividual income rax h				B No. 1545-0074	IRS Use Or	nly - Do not write	e or staple in this space.
Filing Status Single X Married filing jointly	Married filing sepa	arately (MFS)	Head of	household (HOH	I) 🗌 Qua	alifying widow	(er) (QW)
Check only one box.  If you checked the MFS box, enter the name one box.	of your spouse. If	you checked th	e HOH or Q	W box, enter the	child's nar	me if the quali	fying person is
one box. a child but not your dependent ►  Your first name and middle initial	Last name					Tv ·	
ROBERT S.							al security number
If joint return, spouse's first name and middle initial	WEINROTH Last name	1					44 7798
PAMELA J.						Spouse's s	social security number
Home address (number and street). If you have a P.O.	WEINROTH	1 tions		ΙΛ	pt. no.	Draeidanti	ial Election Campaign
200 SE MIZNER BLVD	200, 000 11101140	tions.			304	Check here	e if you, or your
City, town, or post office. If you have a foreign address	. also complete	spaces below	1.	State ZIP cod			filing jointly, want \$3 to fund. Checking a box
BOCA RATON	,			FL3343	_		not change your tax or
Foreign country name	Foreign	province/state	e/county	Foreign posta		refund.	You Spouse
			,				You Spouse
At any time during 2021, did you receive, sell, exchange	, or otherwise d	ispose of any	financial i	nterest in any	virtual cur	rency?	Yes X No
Standard Someone can claim: You as a depend					· · · · · · · · · · · · · · · · · · ·	. unoy .	μη 100 μη 110
Deduction Spouse itemizes on a separate return							
Age/Blindness You: X Were born before January 2, 1957	Are blind	Spouse:	Was bor	n before January	, 2, 1957	ls blind	
Dependents (see instructions):	(2	2) Social security		(3) Relationship t			es for (see instructions):
If more than four (1) First name Last name				•		Child tax credi	
depend- ents, see							
instr. and							
check here							
<b>&gt;</b>							
1 Wages, salaries, tips, etc. Attach F	orm(s) W-2			STM	г1	1	213141.
Sch B if	а		<b>b</b> Taxable	e interest		2b	1317.
required 3a Qualified dividends	а	8738.	<b>b</b> Ordinar	ry dividends		3b	11821.
4a IRA distributions 4			<b>b</b> Taxable	e amount		4b	67447.
5a Pensions and annuities 5	a		<b>b</b> Taxable	e amount		5b	12434.
Standard 6a Social security benefits 6			<b>b</b> Taxable			6b	
Deduction for - 7 Capital gain or (loss). Attach Sche						7	-3000.
Single or Married filing separately.	ne 10 <sub></sub>					8	876.
\$12,550 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,						9	304036.
Married filing jointly or						10	62.
Oualifying widow(er), Standard doduction or itemized						11	303974.
\$25,100 Za Standard deduction of itemized	•		,	3.	1586.		
b Charitable contributions if you take the household, \$18,900							21506
\$18,800      If you checked      Qualified business income deduction	tion from Form 9	2005 or Form	 2005 A	•••••		12c	31586.
any box under						13	31648.
Deduction, 15 Tayable income Subtract line 14						14	31040.
see instructions.  If zero or less, e						15	272326.
							2723201
LHA For Disclosure, Privacy Act, and Paperwork Re	duction Act No	tice, see sep	arate inst	ructions.			Form 1040 (2021)
							1 51111 10 10 (252 1)
						944(1)	5
						> 8	3
						PALM BEACH COUNTY, F	SUPERVISOR
						CI (	5
						>	_ 3
						2	- A
						C	0 7
							PHEOTIO
						-4	3
						-5	PHIC: WA
113921 12-10-21						77	135

4 2021.03050 WEINROTH, ROBERT

1458\_\_\_1

Form 1040 (2021)	ROBERT S. & PAMELA J. WEINROTH	067-44-7798	Page 2
STMT 5	16 Tax (see instructions). Check if any from Form(s): 1 8814 2		16 52614
	17 Amount from Schedule 2, line 3		17
	18 Add lines 16 and 17		18 52614.
	Nonrefundable child tax credit or credit for other dependents from		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 52614
	Other taxes, including self-employment tax, from Schedule 2, line	21	23 508
	24 Add lines 22 and 23. This is your total tax 25 Federal income tax withheld from:	<b>&gt;</b>	24 53122
		27400	
		25a 27400. 25b 10117.	
			1
		25c	27517
	d Add lines 25a through 25c		25d 37517 26 3212
If you have a qualifying child,			
attach Sch. EIC.	Check here if you were born after January 1, 1998, and before	27a	DERVISOR NERVISOR
	January 2, 2004, and you satisfy all the other requirements for	die	10 6 A
	taxpayers who are at least age 18, to claim the EIC. See instr.		E N So
	b Nontaxable combat pay election 27b		A LA
	c Prior year (2019) earned income 27c	N 7 12	
	28 Refundable child tax credit or additional child tax		2 3 7
		28	2 5 6
		29	PM 12: 14
		30	7 7 75
		31 13000.	4 1 5 1/4
	32 Add lines 27a and 28 through 31. These are your total other payments		-1
	33 Add lines 25d, 26, and 32. These are your total payments		33 53729
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is		34 607
	35a Amount of line 34 you want refunded to you. If Form 8888 is attac		35a
Direct deposit?	▶ b Routing number ▶ c Typ		5-3
See instructions.	▶ d Account number		
	36 Amount of line 34 you want applied to your 2022 estimated tax ▶	36 495.	
Amount	37 Amount you owe. Subtract line 33 from line 24. For details on how	w to pay, see instructions	37
You Owe		38 112.	
Third Part	y Do you want to allow another person to discuss this return with the IR		
Designee	instructions	Yes. Complete bel	ow. No
	Designee's Phone	Personal ider	ntification
	name ►ELIZABETH A. DUNN, CPA no. ►561-3	391-1120 number (PIN)	15798
	Under penalties of perjury, I declare that I have examined this return and accompanying schec correct, and complete. Declaration of preparer (other than taxpayer) is based on all information	Jules and statements, and to the best of rangers of the state of the s	1
Sign	Your signature Date Your occ	upation	If the IRS sent you an Identi Protection PIN, enter it here
Here			(see inst.)
		JIC OFFICIAL s occupation	▶ 1251473
Joint return? See instructions.	Spouse's signature. If a joint return, both must sign.	s occupation	If the IRS sent your spouse an Identity Protection PIN,
Keep a copy for vour records.			enter it here (see inst.)
your records.		TETING	▶ 4629613
D-:-I	Phone no. 561-338-4900 Email address  Preparer's name Preparer's signature	Date PTIN	
Paid Preparer		Date PTIN	Check if:
Use Only	ELIZABETH A DUNN, FA OUND OFF	05/05/00-00440	
ooc omy	CPA CH DUIN JIT	05/25/22P00449	
Firm's	THANKS A DINNE ON DA		Phone no.
	JIZABETH A DUNN, CPA, PA		561-391-1120
Eirm'o	01 YAMATO ROAD #100		Firm's EIN
addressBOC <i>F</i>	RATON, FL 33431		65-1102371
Go to www.ir	s.gov/Form1040 for instructions and the latest information.		Form <b>1040</b> (2021
			l l

113922 12-10-21

#### 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

Your social security number

Pa

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

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		070.
sts etc Attach Schedule F	5	0.
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81		
8m	30.5	
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)8p	433	
8z		
	sts, etc. Attach Schedule E   8a ( 8b 8c 8d ( 8e 8f 8g 8h 8i 8i 8i 8j 6c 8h 8i 8i 8j 8i 8j 8c 8h 8i 8j 8d 8c 8d	taxes

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

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or

Schedule 1 (Form 1040) 2021

876.

1458

1

114141 12-06-21

10

1040-NR, line 8

Part	II Adjustments to Income			Page Z
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	government officials. Attac	ch III	
	Form 2106			
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	62.
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			
С	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:	I I	20	
а	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		
С	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		
е	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			
h	Attorney fees and court costs for actions involving certain			
	unlawful discrimination claims (see instructions)	24h		
ì	Attorney fees and court costs you paid in connection with an		Wiles	
	award from the IRS for information you provided that helped the		42.2	
	IRS detect tax law violations	24i		
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1			
	(Form 1041)	24k		
z	Other adjustments. List type and amount			
			2.3	
		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	62.

Schedule 1 (Form 1040) 2021

PALM BEACH COUNTY, FL 2022 JUN 14 PM 12: 44

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#### **SCHEDULE 2**

(Form 1040)

Department of the Treasury Internal Revenue Service

#### **Additional Taxes**

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

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

OMB No. 1545-0074

Name(s	s) shown on Form 1040, 1040-SR, or 1040-NR	Your social	security number
ROBI	ERT S. & PAMELA J. WEINROTH	067-44	
Part		201 44	
1	Alternative minimum tax. Attach Form 6251	1	0.
2	Excess advance premium tax credit repayment. Attach Form 8962	2	•
_3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0.
Part	II Other laxes		
4	Self-employment tax. Attach Schedule SE	4	123.
5	Social security and Medicare tax on unreported tip income.		
	Attach Form 41375		
6	Uncollected social security and Medicare tax on wages. Attach		
	Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960		385.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life		
	insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots		
	and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price		
	over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
			tinued on page 2)

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

Schedule 2 (Form 1040) 2021

2022 JUN 14 PM 12: 45

Sched	ule 2 (Form 1040) 2021			Page 2
Part	II Other Taxes (continued)			1 ago 2
17	Other additional taxes:		127	
а	Recapture of other credits. List type, form number, and			
	amount >	17a		
b	Recapture of federal mortgage subsidy. If you sold your home in			
	2021, see instructions	17b		
С	Additional tax on HSA distributions. Attach Form 8889		1	
d	Additional tax on an HSA because you didn't remain an eligible			
	individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach		933	
	Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a			
	fractional interest in tangible personal property	17g	53.9	
h	Income you received from a nonqualified deferred compensation			
	plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred			
	compensation plan described in section 457A			
j	Section 72(m)(5) excess benefits tax			
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated			
	corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form		4	
	8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the			
	year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions		11.14	
	from, and dispositions of, stock of a section 1291 fund			
q	Any interest from Form 8621, line 24			
Z	Any other taxes. List type and amount ▶			
		17z	6304	
18	Total additional taxes. Add lines 17a through 17z			
19	Additional tax from Schedule 8812		19	
20	Section 965 net tax liability installment from Form 965-A			
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes. E			
	and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	508.

Schedule 2 (Form 1040) 2021

PALM BEACH COUNTY, FL

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#### **SCHEDULE 3** (Form 1040)

**Additional Credits and Payments** 

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

OMB No. 1545-0074 Attachment 03

Departm Internal F	ent of the Treasury Revenue Service	Go to www.irs.gov/Form1040 for instru			Attachment Sequence No. <b>03</b>
Name(s	s) shown on Form 1	040, 1040-SR, or 1040-NR			r social security number
ROB	ERT S. &	PAMELA J. WEINROTH		06	7-44-7798
Part	I Nonrefund	lable Credits			
1	Foreign tax cred	lit. Attach Form 1116 if required		1	
2	Credit for child a	and dependent care expenses from Form 2441, line 11. A	Attach		
	Form 2441			2	
3	Education credi	ts from Form 8863, line 19		3	
4	Retirement savi	ngs contributions credit. Attach Form 8880		4	
5	Residential ener	rgy credits. Attach Form 5695		5	
6	Other nonrefund				
а		ss credit. Attach Form 3800			
b		/ear minimum tax. Attach Form 8801			
С	Adoption credit	. Attach Form 8839	6c	1220	
d	Credit for the ele	derly or disabled. Attach Schedule R	6d		
е	Alternative motor	or vehicle credit. Attach Form 8910	6e		
f		motor vehicle credit. Attach Form 8936			
g	Mortgage intere	st credit. Attach Form 8396	6g		
h		nbia first-time homebuyer credit. Attach Form 8859			
i		c vehicle credit. Attach Form 8834			
j		vehicle refueling property credit. Attach Form 8911			
k		s of tax credit bonds. Attach Form 8912			
I		n 8978, line 14. See instructions		A-2-14	
z	Other nonrefund	dable credits. List type and amount ▶	 6z		
7	Total other nonr	refundable credits. Add lines 6a through 6z		7	
8	Add lines 1 thro	ugh 5 and 7. Enter here and on Form 1040, 1040-SR, or	1040-NR		
				8	0.
			••••••		(continued on page 2)
LHA	For Paperwork	Reduction Act Notice, see your tax return instruction	ıs.	Sc	chedule 3 (Form 1040) 2021
		, , , , , , , , , , , , , , , , , , , ,			medule 0 (1 01111 1040) 2021
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114161 12-06-21

Sched	ule 3 (Form 1040) 2021			Page 2
Part	I 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	13000.
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:			
а	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		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)			
g	Credit for child and dependent care expenses from Form 2441,			
	line 10. Attach Form 2441	13g		
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	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR,	or 1040-NR,		
	line 31	<u> </u>	15	13000.

Schedule 3 (Form 1040) 2021

2022 JUN 14 PM 12: 45

PALM BEACH COUNTY, FL

#### Recovery Rebate Credit Worksheet - Line 30

- ICCOVE	The bate of early workshoot and so		
	shown on return TS. & PAMELA J. WEINROTH	our SSN 0 6 7 - 4 4 - 7	798)
Before	you begin:   See the instructions for line 30 to find out if you can take this credit and for definitions needed to fill out this worksheet.  If you received Notice 1444-C, have it available.  Don't include on line 13 any amount you received but later returned to the IRS.  If you can't take the recovery rebate credit, you don't have to repay any amount of EIP 3 on		
<b>1.</b> Ca	n you be claimed as a dependent on another person's 2021 return? If filing a joint return, go to line 2.		
X	No. Go to line 2.		
	You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.		
<b>2</b> . Do	es your 2021 return include a social security number that was issued on or before the due date of your 202	21	
ret	urn (including extensions) for you and, if filing a joint return, your spouse?		
X	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. W	as at least one of you a member of the U.S. Armed Forces at any time during 2021, and does at least one of	of you	
ha	ve a social security number that was issued on or before the due date of your 2021 return (including exten	sions)?	
	Yes. Your credit is not limited. Go to line 6.		
	No. Go to line 4.		
4. Do	des one of you have a social security number that was issued on or before the due date of your 2021 return	ı (ıncluding exten	sions)
	Yes. Your credit is limited. Go to line 6.		
L	No. Go to line 5.	I *	3 3
5. Do	you have any dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom	you 🚆 🧟	
	tered a social security number that was issued on or before the due date of your 2021 return (including	> 4 O *	9
ex	tensions) 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.	0 5	2 7
_			
6. Et			3 0
-	\$1,400 if single, head of household, married filing separately or qualifying widow(er),	- 4	
	\$1,400 if married filing jointly and you answered "Yes" to question 4, or	- 1	2800.
	<ul> <li>\$2,800 if married filing jointly and you answered "Yes" to question 2 or 3</li> <li>ultiply \$1,400 by the number of dependents listed in the Dependents section on page 1 of Form 1040 or</li> </ul>	0	
7. M	uitiply \$1,400 by the number of dependents listed in the <i>Dependents</i> section on page 1 of 1 of 11 of 1640 of 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2	021	
	turn (including extensions) or an adoption taxpayer identification number		
	dd lines 6 and 7		2800.
8. A	the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?		
9. 15	• 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.	303974.
Ī	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		
	<ul> <li>Married filing jointly or qualifying widow(er) - \$160,000</li> </ul>		
	Head of household - \$120,000		
	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.	ivide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to at		
le	east 2 places).		
	• Single or married filing separately - \$5,000		
	<ul> <li>Married filing jointly or qualifying widow(er) - \$10,000</li> </ul>	44	
	Head of household - \$7,500	11	
12. N	Aultiply line 8 by line 11	12	
13. E	inter the amount, if any, of EIP 3 that was issued to you. If filing a joint return, include the amount, if any, of		
)	our spouse's EIP 3. You may refer to Notice 1444-C or your tax account information at <u>IRS.gov/Account</u>	13	
l f	or the amount to enter here  Recovery rebate credit. Subtract line 13 from line 12. If zero or less, enter -0 If line 13 is more than line 12.	10	
14.	Recovery rebate credit. Subtract line 13 from line 12. If 2ero or less, effect-0 If life 13 is more than line 12 rou don't have to pay back the difference. Enter the result here and, if more than zero, on line 30 of Form	,	
	040 or 1040-SR	14.	
	040 of 1040-Sh 11.1		

#### Eorm 2210

**Underpayment of Estimated Tax by** Individuals, Estates, and Trusts

► Go to www.irs.gov/Form2210 for instructions and the latest information.

OMB No.1545-0140

Internal Revenue Service

Name(s) shown on tax return

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

Attachment Sequence No. 06 Identifying number

ROBERT S. & PAMELA J. WEINROTH Do You Have To File Form 2210? Yes Complete lines 1 through 7 below. Is line 4 or line 7 less than Don't file Form 2210. You don't owe a penalty. \$1,000? No Complete lines 8 and 9 below. Is line 6 equal to or more than Yes You don't owe a penalty. Don't file Form 2210 unless box E in line 9? Part II applies, then file page 1 of Form 2210. Yes You may owe a penalty. Does any box in Part II below apply? You must file Form 2210. Does box B, C, or D in Part II apply? No Yes No You must figure your penalty. Don't file Form 2210. You aren't required to figure your You aren't required to figure your penalty because the IRS will penalty because the IRS will figure it and send you a bill for any figure it and send you a bill for any unpaid amount. If you want to unpaid amount. If you want to figure it, you may use Part III figure it, you may use Part III as a worksheet and enter your as a worksheet and enter your penalty amount on your tax penalty amount on your tax return, but file only page 1 of return, but don't file Form 2210. Form 2210. Part I Required Annual Payment Enter your 2021 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.) 52614. Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions) 508. 2 Other payments and refundable credits (see instructions) 3 3 Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop; you don't owe a penalty. Don't file Form 2210 53122. 4 Withholding taxes. Don't include estimated tax payments. See instructions 6 37517. Subtract line 6 from line 4. If less than \$1,000, stop; you don't owe a penalty. Don't file Form 2210 7 7 15605. Maximum required annual payment based on prior year's tax (see instructions) 49364. 8 Required annual payment. Enter the smaller of line 5 or line 8 9 47810. Next: Is line 9 more than line 6? No. You don't owe a penalty. Don't file Form 2210 unless box E below applies. Yes. You may owe a penalty, but don't file Form 2210 unless one or more boxes in Part II below applies. • If box B, C, or D applies, you must figure your penalty and file Form 2210. • If box A or E applies (but not B, C, or D), file only page 1 of Form 2210. You aren't required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but file only page 1 of Form 2210. Part II Reasons for Filing. Check applicable boxes. If none apply, don't file Form 2210. You request a waiver (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty. You request a waiver (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210. C \_\_\_ Your income varied during the year and your penalty is reduced or eliminated when figured using the annualized income installment method. You must figure the penalty using Schedule Al and file Form 2210. D Lagrange Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210. You filed or are filing a joint return for either 2020 or 2021, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you aren't required to figure your penalty (unless box B, C, or D applies). LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2210 (2021)

112501 01-12-22

Penalty. Also include this amount on Form 1040, 1040-SR, or 1040-NR, line 38, or Form 1041, line 27.

Don't file Form 2210 unless you checked a box in Part II

Part III | Penalty Computation (See the instructions if you're filing Form 1040-NR.) **Payment Due Dates** Section A - Figure Your Underpayment (a) 4/15/21 (**b)** 6/15/21 (d) 1/15/22 (c) 9/15/21 10 Required installments. If box C in Part II applies. enter the amounts from Schedule Al, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions 10 11953. 11953. 11953. 11951. 11 Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II 12591. 9379. 11 9379. 9380. Complete lines 12 through 18 of one column before going to line 12 of the next column. 12 Enter the amount, if any, from line 18 in the previous 12 638 13 Add lines 1 and 12 \_\_\_\_\_ 10017. 13 9379 9380. 14 Add the amounts on lines 16 and 17 in the previous column 14 1936. 4510. 15 Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11 12591. 10017. 15 7443. 4870. 16 If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-16 0 0 17 Underpayment. If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 1936. 4510. 17 7081. 18 Overpayment. If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column 638. Section B - Figure the Penalty (Use the Worksheet for Form 2210, Part III, Section B - Figure the Penalty in the instructions.) 19 Penalty. Enter the total penalty from line 14 of the Worksheet for Form 2210, Part III, Section B - Figure the

Form **2210** (2021)

SEE ATTACHED WORKSHEET

19

2022 JUN 14 PM 12: 45

#### UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

ame(s)				Identifying Nur	mber
ROBERT S.	& PAMELA J. WE		(D)	067-44	(-7798)
*Date	Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/21	11953.	11953.			
04/15/21	-9379.	2574.			
04/15/21	-3212.	-638.			
06/15/21	11953.	11315.			
6/15/21	-9379.	1936.	92	.000082192	1
9/15/21	11953.	13889.			
09/15/21	-9379.	4510.	122	.000082192	4
)1/15/22	11951.	16461.			
01/15/22	-9380.	7081.	90	.000082192	5
					2 2
				6	9
				2	
			-		G NS
alty Due (Sum of Col	umn F).				11

<sup>\*</sup> Date of estimated tax payment, withholding credit date or installment due date.

112511

14 2021.03050 WEINROTH, ROBERT

#### **SCHEDULE A** (Form 1040)

**Itemized Deductions** 

► Go to www.irs.gov/ScheduleA for instructions and the latest information. Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040 or 1040-SR

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Your social security number

ROBERT S		& PAMELA J. WEINROTH			( P	
Medical	•	Caution: Do not include expenses reimbursed or paid by others.			167:4	4 7798
and	1	Medical and dental expenses (see instructions)				
Dental	2	Enter amount from Form 1040 or 1040-SR, line 11 2	1			
Expenses	3	Multiply line 2 by 7.5% (0.075)	2			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	3		4	
Taxes You	5	State and local taxes.			14	
Paid	á	a State and local income taxes or general sales taxes. You may				
		include either income taxes or general sales taxes on line 5a,				
		but not both. If you elect to include general sales taxes instead				
		of income taxes, check this box	5a	201	2.	
	ŀ	State and local real estate taxes (see instructions) SEE STATEMENT 10	5b	367		
		State and local personal property taxes	5c		-	
	(	d Add lines 5a through 5c	5d	568	39.	
	•	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing				
		separately)	5e	568	9.	
	6	Other taxes. List type and amount ▶				
			6			
	7	Add lines 5e and 6			7	5689.
Interest You	8	Home mortgage interest and points. If you didn't use all of your home		710		(,)
Paid		mortgage loan(s) to buy, build, or improve your home, see		>	23	=
Caution: Your		instructions and check this box			53	T
mortgage interest deduction may be	á	a Home mortgage interest and points reported to you on Form 1098. See		OB	<u>C</u> =	VIS
limited (see		instructions if limited SEE STATEMENT 9	8a	1008	0.	
instructions).	k	Home mortgage interest not reported to you on Form 1098. See		7	- Pro-	20
		instructions if limited. If paid to the person from whom you bought the		0		-M
		home, see instructions and show that person's name, identifying no., and		2		144
		address >		at-	73	O
			74	***	40	
			8b	1997	OT:	6
	c	Points not reported to you on Form 1098. See instructions for				တ
		special rules	8c			
	C	Mortgage insurance premiums (see instructions)	8d			
		Add lines 8a through 8d	8e	1008	0.	
	9	Investment interest. Attach Form 4952 if required. See				
		instructions	9			
	10	Add lines 8e and 9			10	10080.
Gifts to	11	Gifts by cash or check. If you made any gift of \$250 or more,				
Charity		see instructions	11	1431	7.	
Caution: If you	12	Other than by cash or check. If you made any gift of \$250 or more,				
made a gift and		see instructions. You must attach Form 8283 if over \$500	12	150	0.	
got a benefit for it, see instructions.	13	Carryover from prior year	13			
	14	Add lines 11 through 13			14	15817.
Casualty and	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualifie	d			
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. S	See			
		instructions			15	
Other	16	Other - from list in instructions. List type and amount ▶			The state of	
Itemized						
Deductions					16	
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amou	int on			
Itemized		Form 1040 or 1040-SR, line 12a			17	31586.
Deductions	18	If you elect to itemize deductions even though they are less than your standard				
		deduction, check this box		▶		
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