

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Harris Jennifer Rita

MAILING ADDRESS:

13547 Eyas Rd

Orlando 32837 Orange

CITY: ZIP: COUNTY:
Orlando 32837 Orange

NAME OF AGENCY:
Florida House of Representatives

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
State Representative District 44

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED
DEPARTMENT OF STATE
2022 JUN 13 AM 10:32
DIVISION OF ELECTIONS
TALLAHASSEE, FL

PART A -- NET WORTH

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

My net worth as of June 10, 20 22 was \$ 186,300

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 \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|--|----------------|
| Bmw Car | 5,000 |
| Bmw Car | 2,000 |
| Volvo Car | 5,000 |
| Volvo Car | 18,000 |

PART C -- LIABILITIES

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

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|---|---------------------|
| House 13547 Eyas Rd, Orlando, FL 32837 | 130,000 |
| Volvo | 22,000 |
| Capital Student Loans Dept of E 400 Maryland Ave Wash DC | 30,000 |
| John's Student DOE, 400 Maryland Ave, SW Washington DC 20202 | 100,000 |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|---|---------------------|
| IRS - Dept of Treasury, IRS, Austin, TX 73301-004 | 198,000 |
| BS's Credit Card Community Capital Bank Columbus, OH 43218 | 3,973.81 |
| Ultra Credit Card Community Capital Bank Columbus, OH 43218 | 2,233.44 |

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 | Valeo Cloud Consulting | Harris Cloud Consulting | |
| ADDRESS OF BUSINESS ENTITY | 6213 Laffayette Hill Ln, Ft. Lauderdale, FL 33306 | 13877 Elys Rd, Manalapan, FL 33832 | |
| PRINCIPAL BUSINESS ACTIVITY | IT Consulting Firm | IT Consulting Firm | |
| POSITION HELD WITH ENTITY | Spouse is a partner | Spouse owns | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | NO | NO | |
| NATURE OF MY OWNERSHIP INTEREST | Spouse | Spouse | |

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 Orange

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____

10/10/2022 by Carmen Cruz-Venice
 (Signature of Notary Public--State of Florida)

Carmen Cruz-Venice
 Notary Public
 State of Florida
 Comm# HH036961
 Expires 10/3/2024

Personally Known OR Produced Identification

Type of Identification Produced _____

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

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

Signature

Date

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

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

Part B Cont.

Home at 13547 Egas Rd, Orlando, FL, 32837
\$410,000

Stocks at \$11,000

Money in Bank - \$50,000

Part C Cont.

Amex American Express P.O. Box 650448 Dallas, TX \$15,000
75265

Chase Amazon VISA 1,679.97 P.O. Box 15298
Wilmington, DE, 19850

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

Your first name and middle initial: **John** Last name: **Harris** Your social security number: ***-**-
 If joint return, spouse's first name and middle initial: **Jennifer R** Last name: **Harris** Spouse's social security number: ***-**-

Home address (number and street). If you have a P.O. box, see instructions. **13547 Eyas Road** Apt. no.:
 City, town or post office. If you have a foreign address, also complete spaces below. **Orlando** State: **FL** ZIP code: **32837**
 Foreign country name: Foreign province/state/county: Foreign postal code: Presidential Election Campaign: You Spouse

At anytime during 2020, did you receive, sell, send, exchange, or otherwise acquire financial interest in any virtual currency? Yes No
Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind

Dependents (see instructions):

| (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions) | Child tax credit | Credit for other dependents |
|----------------|-----------|----------------------------|-------------------------|---|------------------|-----------------------------|
| | | | | | | |
| | | | | | | |

| | | | |
|----|---|-----|---------|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | 130,910 |
| 2a | Tax-exempt interest | 2b | |
| 3a | Qualified dividends | 3b | |
| 4a | IRA distributions | 4b | |
| 5a | Pensions and annuities | 5b | |
| 6a | Soc. sec. ben. | 6b | |
| 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 7 | |
| 8 | Other income from Schedule 1, line 9 | 8 | 52,200 |
| 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | 9 | 183,110 |
| 10 | Adjustments to income: | | |
| a | From Schedule 1, line 22 | 10a | 1,126 |
| b | Charitable contributions if you take the standard deduction. See instructions | 10b | 300 |
| c | Add line 10a and 10b. These are your total adjustments to income | 10c | 1,426 |
| 11 | Subtract line 10c from line 9. This is your adjusted gross income | 11 | 181,684 |
| 12 | Standard deduction or itemized deductions (from Schedule A) | 12 | 24,800 |
| 13 | Qualified business income deduction. Attach Form 8995 or Form 8995-A | 13 | 10,215 |
| 14 | Add lines 12 and 13 | 14 | 35,015 |
| 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | 15 | 146,669 |

| | | | |
|----|---|-----|--------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 <input type="checkbox"/> 3 | 16 | 23,847 |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 23,847 |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 23,847 |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 2,251 |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 26,098 |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 13,978 |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 13,978 |
| 26 | 2020 estimated tax payments and amount applied from 2019 return. | 26 | |
| 27 | Earned income credit (EIC) | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 0 |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 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 | 13,978 |

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

| | | | | |
|-------------------------------------|-----|---|-----|--|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | |
| Direct deposit? See instructions | 35a | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | 35a | |
| | b | Routing number | c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| | d | Account number | | |
| | 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

| | | | | |
|--|----|---|----|--------|
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | 12,120 |
| For details on how to pay, see instructions. | 38 | Estimated tax penalty (see instructions) | 38 | |

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 **David M. Cole, CPA** Phone no. **407-536-2033** Personal identification number (PIN) **20855**

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.

| | | | |
|--|------|---------------------|---|
| Your signature | Date | Your occupation | 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 | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

| | | | | |
|--------------------------------|--|-----------------|---------------------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: <input type="checkbox"/> Self-employed |
| David M. Cole, CPA | | 05/14/21 | ***** | |
| Firm's name | Firm's address | | Phone no. | Firm's EIN |
| David M. Cole, CPA, LLC | 5401 S Kirkman Rd Ste 700 Orlando FL 32819-7911 | | 407-536-2033 | ** - *** 2710 |

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only 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 one box. qualifying person is a child but not your dependent ▶

| | | | |
|---|--|---------------------|---|
| Your first name and middle initial JOHN C | | Last name HARRIS | Your social security number [REDACTED] |
| If joint return, spouse's first name and middle initial JENNIFER R | | Last name HARRIS | Spouse's social security number [REDACTED] |
| Home address (number and street). If you have a P.O. box, see instructions. 13547 Eyas Road | | Apt. no. | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. |
| City, town, or post office. If you have a foreign address, also complete spaces below. Orlando | | State FL | |
| Foreign country name | | Foreign postal code | |
| Foreign province/state/county | | Foreign postal code | <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

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

| Dependents (see instructions): | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see inst.): | |
|--|----------------|-----------|----------------------------|-------------------------|---|-------------------------------------|
| | | | | | Child tax credit | Credit for other dependents |
| If more than four dependents, see instructions and check here <input type="checkbox"/> | Anissa | Harris | 601-65-9158 | DAUGHTER | | <input checked="" type="checkbox"/> |
| | | | | | | |

| | | | |
|--|---|---------|--------|
| 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 77,523 |
| Attach Sch. B if required. | 2a Tax-exempt interest | 2a | |
| | 3a Qualified dividends | 3a | |
| | 4a IRA distributions | 4a | |
| | 5a Pensions and annuities | 5a | |
| | 6a Social security benefits | 6a | |
| | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 7 | |
| 8 Other income from Schedule 1, line 10 | 8 | 227,615 | |
| 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | 9 | 305,138 | |
| 10 Adjustments to income from Schedule 1, line 26 | 10 | 7,095 | |
| 11 Subtract line 10 from line 9. This is your adjusted gross income | 11 | 298,043 | |
| 12a Standard deduction or itemized deductions (from Schedule A) | 12a | 25,100 | |
| b Charitable contributions if you take the standard deduction (see instructions) | 12b | | |
| c Add lines 12a and 12b | 12c | 25,100 | |
| 13 Qualified business income deduction from Form 8995 or Form 8995-A | 13 | 44,104 | |
| 14 Add lines 12c and 13 | 14 | 69,204 | |
| 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | 15 | 228,839 | |

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

Table with 2 columns: Description and Amount. Rows include Tax (42,963), Amount from Schedule 2, line 3, Add lines 16 and 17 (42,963), Nonrefundable child tax credit (500), Add lines 19 and 20 (500), Subtract line 21 from line 18 (42,463), Other taxes (14,530), Add lines 22 and 23 (56,993).

Table for Federal income tax withheld. Rows: a Form(s) W-2 (7,463), b Form(s) 1099, c Other forms, d Add lines 25a through 25c (7,463).

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

Table for tax payments and credits. Rows: 26 2021 estimated tax payments (7,463), 27a Earned income credit (checkbox), 27b Nontaxable combat pay election, 27c Prior year (2019) earned income, 28 Refundable child tax credit, 29 American opportunity credit, 30 Recovery rebate credit, 31 Amount from Schedule 3, line 15, 32 Add lines 27a and 28 through 31 (7,463), 33 Add lines 25d, 26, and 32 (7,463).

Table for refund and direct deposit. Rows: 34 Refund (checkbox), 35a Amount of line 34 you want refunded (checkbox), b Routing number (XXXXXXXXXXXXXXXXXXXX), c Type (Checking/Savings), d Account number (XXXXXXXXXXXXXXXXXXXXXXXXXXXX), 36 Amount of line 34 you want applied to your 2022 estimated tax.

Table for amount you owe. Rows: 37 Amount you owe (49,530), 38 Estimated tax penalty.

Third Party Designee section. Includes question: 'Do you want to allow another person to discuss this return with the IRS?' with Yes/No options and fields for name, phone, and PIN.

Sign Here section. Includes declaration: 'Under penalties of perjury, I declare that I have examined this return...' and signature/occupation fields for taxpayer and spouse.

Paid Preparer Use Only section. Includes fields for preparer's name, signature, date, PTIN, firm's name, address, and EIN.

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020

Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

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

John & Jennifer R Harris

Your social security number

***-**-XXXX

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 | 52,200 |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ▶ | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 9 | 52,200 |

Part II Adjustments to Income

| | | | |
|------------|---|------------|--------------|
| 10 | Educator expenses | 10 | |
| 11 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 11 | |
| 12 | Health savings account deduction. Attach Form 8889 | 12 | |
| 13 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 13 | |
| 14 | Deductible part of self-employment tax. Attach Schedule SE | 14 | 1,126 |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | 15 | |
| 16 | Self-employed health insurance deduction | 16 | |
| 17 | Penalty on early withdrawal of savings | 17 | |
| 18a | Alimony paid | 18a | |
| b | Recipient's SSN | | |
| c | Date of original divorce or separation agreement (see instructions) ▶ | | |
| 19 | IRA deduction | 19 | |
| 20 | Student loan interest deduction | 20 | |
| 21 | Tuition and fees deduction. Attach Form 8917 | 21 | |
| 22 | Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a | 22 | 1,126 |

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

Schedule 1 (Form 1040) 2020

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ Attach to Form 1040 or 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment
Sequence No. **02**

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

John & Jennifer R Harris

Your social security number

***-**-

Part I Tax

| | | | |
|---|--|---|--|
| 1 | Alternative minimum tax. Attach Form 6251 | 1 | |
| 2 | Excess advance premium tax credit repayment. Attach Form 8962 | 2 | |
| 3 | Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, or 1040-NR, line 17 | 3 | |

Part II Other Taxes

| | | | |
|----|---|----|-------|
| 4 | Self-employment tax. Attach Schedule SE | 4 | 2,251 |
| 5 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 5 | |
| 6 | Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required | 6 | |
| 7a | Household employment taxes. Attach Schedule H | 7a | |
| b | Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required | 7b | |
| 8 | Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) | 8 | |
| 9 | Section 965 net tax liability installment from Form 965-A | 9 | |
| 10 | Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | 10 | 2,251 |

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

Schedule 2 (Form 1040) 2020

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2020

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 generally must file Form 1065.

Name of proprietor

John Harris

Social security number (SSN)

-**-*

A Principal business or profession, including product or service (see instructions)

Consulting

B Enter code from instructions

▶ **541510**

C Business name. If no separate business name, leave blank.

John Harris

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ▶ **13547 Eyas Road**

City, town or post office, state, and ZIP code **Orlando FL 32837**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2020, check here Yes No

I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes No

J If "Yes," did you or will you file required Form(s) 1099? Yes 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 | 59,000 |
| 2 Returns and allowances | 2 | |
| 3 Subtract line 2 from line 1 | 3 | 59,000 |
| 4 Cost of goods sold (from line 42) | 4 | |
| 5 Gross profit. Subtract line 4 from line 3 | 5 | 59,000 |
| 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 | 59,000 |

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

| | | | | | |
|--|------------|------------|---|------------|--------------|
| 8 Advertising | 8 | | 18 Office expense (see instructions) | 18 | 700 |
| 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 | 300 |
| b Other | 16b | | b Deductible meals (see instructions) | 24b | |
| 17 Legal and professional services | 17 | 150 | 25 Utilities | 25 | 700 |
| | | | 26 Wages (less employment credits) | 26 | |
| | | | 27a Other expenses (from line 48) | 27a | 4,950 |
| | | | b Reserved for future use | 27b | |

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a **6,800**

29 Tentative profit or (loss). Subtract line 28 from line 7 **52,200**

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

31 **Net profit or (loss).** Subtract line 30 from line 29. **52,200**

- 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.

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

SCHEDULE SE
(Form 1040)

Self-Employment Tax

OMB No. 1545-0074

2020

Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Social security number of person
with self-employment income ▶

John Harris

***-**-

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is church employee income, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b**

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 52,200

3 Combine lines 1a, 1b, and 2 **3** 52,200

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 48,207

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

c Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. **Exception:** If less than \$400 and you had church employee income, enter -0- and continue ▶ **4c** 48,207

5a Enter your church employee income from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0

6 Add lines 4c and 5b **6** 48,207

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020 **7** 137,700

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11 **8a** 130,820

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d** 130,820

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶ **9** 6,880

10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124) **10** 853

11 Multiply line 6 by 2.9% (0.029) **11** 1,398

12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4 **12** 2,251

13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040), line 14 **13** 1,126

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than \$8,460, or (b) your net farm profits² were less than \$6,107.

14 Maximum income for optional methods **14** 5,640

15 Enter the smaller of two-thirds (2/3) of gross farm income¹ (not less than zero) or \$5,640. Also include this amount on line 4b above **15**

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$6,107 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14 **16**

17 Enter the smaller of two-thirds (2/3) of gross nonfarm income⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above **17**

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**Qualified Business Income Deduction
Simplified Computation**

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

Attachment
Sequence No. **55**

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

Name(s) shown on return

John & Jennifer R Harris

Your taxpayer identification number

***-**-XXXX

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 cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 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 | John Harris | ***-**-XXXX | 51,074 |
| ii | | | |
| iii | | | |
| iv | | | |
| v | | | |
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 51,074 | |
| 3 | Qualified business net (loss) carryforward from the prior year | | |
| 4 | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- | 51,074 | |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | | 10,215 |
| 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- | 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 | | 10,215 |
| 11 | Taxable income before qualified business income deduction | 156,884 | |
| 12 | Net capital gain (see instructions) | | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 156,884 | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | | 31,377 |
| 15 | Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶ | | 10,215 |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- | | 0 |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- | | |

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

Filing Status: 1 Single 2 Married filing jointly 3 Married filing separately 4 Head of household* 5 Qualifying widow(er)*
 MFS spouse name: _____ *Qualifying person that is a child but not a dependent:

| | | |
|---|--------------------------------|---|
| Taxpayer first name and initial John | Last name Harris | Taxpayer social security number ***-**- |
| If a joint return, spouse's first name and initial Jennifer R | Last name Harris | Spouse's social security number ***-**- |
| Home address (number and street). If you have a P.O. box, see instructions. 13547 Eyas Road | | Apt. no. _____ |
| City, town or post office, state, and ZIP code. Orlando FL 32837 | | Presidential Election Campaign Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> |
| Foreign country name | Foreign province/state/country | Foreign postal code |

At anytime during 2020, did you receive, sell, send, exchange, or otherwise acquire financial interest in any virtual currency? Yes No

| | |
|---|---|
| 6a <input checked="" type="checkbox"/> Taxpayer. If someone can claim you as a dependent, do not check box 6a b <input checked="" type="checkbox"/> Spouse | Boxes checked on 6a and 6b 2 Children on 6c who lived with you Children on 6c who did not live with you Dependents on 6c not entered above Total. Add lines above 2 |
|---|---|

| 6C Dependents: | | | | (4) <input checked="" type="checkbox"/> if qualifies for | | If more than four dependents, <input type="checkbox"/> here |
|----------------|-----------|----------------------------|-------------------------|--|------------------|---|
| (1) First name | Last name | (2) Social security number | (3) Relationship to you | Child tax credit | Other dependents | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | |
|-------------------------------|--|--|
| Income (Schedule 1) | 7 Wages, salaries, tips, etc. Attach Form(s) W-2 130,910 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends 9b 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 52,200 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15a b Taxable amount 16a Pensions and annuities 16a b Taxable amount 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20a b Taxable amount 21 Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 183,110 | 7 130,910 8a 9a 10 11 12 52,200 13 14 15b 16b 17 18 19 20b 21 22 183,110 |
|-------------------------------|--|--|

| | | |
|--|--|---|
| Adjusted Gross Income (Schedule 1) | 23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 1,126 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction 32 33 Student loan interest deduction 33 34 Tuition and fees. Attach Form 8917 34 35 Charitable contributions if you take the standard deduction 300 36 Add lines 23 through 35 1,426 37 Subtract line 36 from line 22. This is your adjusted gross income 181,684 | 23 24 25 26 27 1,126 28 29 30 31a 32 33 34 35 300 36 1,426 37 181,684 |
|--|--|---|

Name John & Jennifer R Harris

Tp TIN ***-**-

181,684

Tax and Credits (Schedules 2, 3)

Table with columns for line number, description, and amount. Includes lines 38-56 for Tax and Credits, and lines 57-63 for Other Taxes.

Standard Deduction for—
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$12,400
Married filing jointly or Qualifying widow(er), \$24,800
Head of household, \$18,650

Other Taxes (Schedule 2)

Table with columns for line number, description, and amount. Includes lines 57-63 for Other Taxes.

Payments (Schedule 3)

Table with columns for line number, description, and amount. Includes lines 64-75 for Payments.

Refund

Table with columns for line number, description, and amount. Includes lines 76-78 for Refund.

Table with columns for line number, description, and amount. Includes lines 79-80 for Amount You Owe.

Int/Pen, Thrd Party Designee, Other Info sections with various fields for identification, contact info, and designee details.