

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED

2023 NOV 30 P 1:02

NOTE: This form must be on file with the filing officer before opening the campaign account.

SUPERVISOR OF ELECTIONS OFFICE USE ONLY  
LEON COUNTY, FLORIDA

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form  Re-filing to Change:  Treasurer/Deputy  Depository  Office  Party

**2. Name of Candidate** (in this order: First, Middle, Last):  
(Please Print or Type Name)

Robert Churchill

**3. Address** (include PO Box or Street, City, State, Zip Code):

2640A Mitcham Drive, Tallahassee, FL 32308

**4. Telephone:**

( 850 ) 404-9795

**5. Candidate's Voter Registration #:**

105108415

(not required for qualifying purposes)

**6. Email Address:**

ChurchillForJudge@gmail.com

**7. Office Sought** (include district, circuit, group, or seat #):

Leon County Judge, Seat 4

**8. If a candidate for a nonpartisan office, check the box if applicable:**

I intend to run as a Write-In Candidate.

**9. If a candidate for partisan office, check the box and fill in the name of the party as applicable:** I intend to run as a

Write-In Candidate.  No Party Affiliation Candidate.  \_\_\_\_\_ Party candidate.

**10. I have appointed the following person to act as my:**

Campaign Treasurer

Deputy Treasurer

**11. Name of Treasurer or Deputy Treasurer:**

Stephanie Zottoli, CPA

**12. Telephone:**

( 850 ) 877-1099

**13. Email Address:**

szottoli@ccrcpa.com

**14. Mailing Address:**

2640A Mitcham Drive

**15. City:**

Tallahassee

**16. State:**

FL

**17. Zip Code:**

32308

**18. I have designated the following bank as my** (check appropriate box):  Primary Depository  Secondary Depository

**19. Name of Bank:**

Hancock Whitney Bank

**20. Address:**

101 N. Monroe Street, Suite 150

**21. City:**

Tallahassee

**22. County:**

Leon

**23. State:**

FL

**24. Zip Code:**

32301

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date:**

11/29/2023

**26. Signature of Candidate:**

X 

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate box)

I, Stephanie Zottoli do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

11/30/23

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X 

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the filing officer before opening the campaign account.

RECEIVED

2023 NOV 29 P 4:36

SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA  
OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form  Re-filing to Change:  Treasurer/Deputy  Depository  Office  Party

**2. Name of Candidate** (in this order: First, Middle, Last):  
(Please Print or Type Name)

Robert Churchill

**3. Address** (include PO Box or Street, City, State, Zip Code):

2640A Mitcham Drive, Tallahassee, FL 32308

**4. Telephone:**

( 850 ) 404-9795

**5. Candidate's Voter Registration #:**

105108415

(not required for qualifying purposes)

**6. Email Address:**

ChurchillForJudge@gmail.com

**7. Office Sought** (include district, circuit, group, or seat #):

Leon County Judge, Seat 4

**8. If a candidate for a nonpartisan office, check the box if applicable:**

I intend to run as a Write-In Candidate.

**9. If a candidate for partisan office, check the box and fill in the name of the party as applicable:** I intend to run as a

Write-In Candidate.  No Party Affiliation Candidate.  \_\_\_\_\_ Party candidate.

**10. I have appointed the following person to act as my:**

Campaign Treasurer

Deputy Treasurer

**11. Name of Treasurer or Deputy Treasurer:**

Rich Heitmeyer, CPA

**12. Telephone:**

( 850 ) 877-1099

**13. Email Address:**

rheimeyer@ccrcpa.com

**14. Mailing Address:**

2640A Mitcham Drive

**15. City:**

Tallahassee

**16. State:**

FL

**17. Zip Code:**

32308

**18. I have designated the following bank as my** (check appropriate box):  Primary Depository  Secondary Depository

**19. Name of Bank:**

Hancock Whitney Bank

**20. Address:**

101 N. Monroe Street, Suite 150

**21. City:**

Tallahassee

**22. County:**

Leon

**23. State:**

FL

**24. Zip Code:**

32301

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date:** 11/29/2023

**26. Signature of Candidate:**

X 

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate box)

I, Rich Heitmeyer do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:** 11/29/23

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X Rich Heitmeyer

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the filing officer before opening the campaign account.

RECEIVED

2023 NOV 29 P 4:36

OFFICE USE ONLY  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form  Re-filing to Change:  Treasurer/Deputy  Depository  Office  Party

**2. Name of Candidate** (in this order: First, Middle, Last):  
(Please Print or Type Name)

Robert Churchill

**3. Address** (include PO Box or Street, City, State, Zip Code):

2640A Mitcham Drive, Tallahassee, FL 32308

**4. Telephone:**

( 850 ) 404-9795

**5. Candidate's Voter Registration #:**

105108415

(not required for qualifying purposes)

**6. Email Address:**

ChurchillForJudge@gmail.com

**7. Office Sought** (include district, circuit, group, or seat #):

Leon County Judge, Seat 4

**8. If a candidate for a nonpartisan office, check the box if applicable:**

I intend to run as a Write-In Candidate.

**9. If a candidate for partisan office, check the box and fill in the name of the party as applicable:** I intend to run as a

Write-In Candidate.  No Party Affiliation Candidate.  \_\_\_\_\_ Party candidate.

**10. I have appointed the following person to act as my:**

Campaign Treasurer

Deputy Treasurer

**11. Name of Treasurer or Deputy Treasurer:**

Abby Dupree, CPA

**12. Telephone:**

( 850 ) 877-1099

**13. Email Address:**

adupree@ccrcpa.com

**14. Mailing Address:**

2640A Mitcham Drive

**15. City:**

Tallahassee

**16. State:**

FL

**17. Zip Code:**

32308

**18. I have designated the following bank as my** (check appropriate box):  Primary Depository  Secondary Depository

**19. Name of Bank:**

Hancock Whitney Bank

**20. Address:**

101 N. Monroe Street, Suite 150

**21. City:**

Tallahassee

**22. County:**

Leon

**23. State:**

FL

**24. Zip Code:**

32301

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date:** 11/29/2023

**26. Signature of Candidate:**

X 

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate box)

I, Abby F. Dupree do hereby accept the appointment designated above as:


(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:** 11/29/2023

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X 

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED

2023 NOV 29 P 4: 36

SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

I, Robert Churchill ,

candidate for the office of Leon County Judge, Seat 4 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

11/29/2023

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**STATEMENT OF  
CANDIDATE  
FOR JUDICIAL OFFICE**

(Section 105.031(5), F.S.)

(Please Type)

OFFICE USE ONLY

RECEIVED

2023 NOV 29 P 4: 36

SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

I, Robert Churchill

a judicial candidate, have received, read, and understand the requirements of the Florida Code of Judicial Conduct.



\_\_\_\_\_  
(Signature of candidate)

11/29/2023

\_\_\_\_\_  
(Date)

Each candidate for judicial office, including an incumbent judge, shall file a statement with the qualifying officer, within 10 days after filing the Appointment of Campaign Treasurer and Designation of Campaign Depository.



**Mark S. Earley**  
**Supervisor of Elections Leon County, Florida**  
**RECEIPT FOR QUALIFYING FEE**

**RECEIVED**  
 2024 APR 19 P 1:21  
 SUPERVISOR OF ELECTIONS  
 LEON COUNTY, FLORIDA

Received this 19<sup>TH</sup> day of APRIL, 2024 from ROBERT CHURCHILL,  
(Candidate's name)  
 campaign check number 1008 in the amount of \$ \$7,224.64, made payable to  
 the Leon County Supervisor of Elections, the qualifying fee for the office of  
COUNTY JUDGE  
(Office sought)

  
 \_\_\_\_\_  
 SOE Staff Signature

**QUALIFYING FEES**

Office	Qualifying Fee
Constitutional Offices – Non-Partisan (excluding Sheriff)	\$6,399.52
Constitutional Offices – Partisan (excluding Sheriff)	\$9,599.28
Sheriff – Non-	\$7,833.52
Sheriff - Partisan	\$11,750.28
Leon County Judge	\$7,224.64
Leon County Commission	\$3,623.07
Leon County School Board	\$1,763.68
Tallahassee City Commission	\$452.87
Leon Soil & Water Conservation District Supervisor	\$25.00
Capital Region Community Development District (CDD)	\$25.00
Piney-Z Community Development District (CDD)	\$25.00

**\*Note:**

1. The qualifying fees are based on a percentage of the salary as of July 1, 2023, per 99.092(1) F.S.
2. The qualifying fee for a candidate running for a **non-partisan county office** or as a **NPA candidate for partisan office** (excluding CDDs and Special Districts) is 4% of the annual salary of the office (3% filing fee; 1% election assessment fee) per 99.092(1) F.S.
3. The qualifying fee for a candidate running with a party affiliation in a **partisan** race (excluding CDDs and Special Districts) is 6% of the annual salary of the office (2% party assessment; 3% filing fee; 1% election assessment fee) per 99.092(1) F.S.
4. The qualifying fee for **non-partisan city commission office** is 1% of the annual salary per the City of Tallahassee Charter.
5. No fee shall be returned to the candidate unless the candidate withdraws his/her candidacy prior to the end of qualifying per 99.092(1) F.S.

**CANDIDATE OATH  
JUDICIAL OFFICE**

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

RECEIVED

2024 APR 19 P 1:23

OFFICE USE ONLY  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

**Candidate Oath**

Name to appear on ballot: Robert Churchill

Check box if two last names without hyphen.  (Name cannot be changed after qualifying.)

Check box if name includes nickname.  (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the judicial office of County Judge (Office) (District #)

4 (Circuit #) 4 (Group or Seat #); my legal residence is Leon County, Florida;

I am a qualified elector of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the constitution and laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent to the office I seek; I have resigned from any office which I am required to resign pursuant to s. 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

**Section 876.05, Florida Statutes** (only applicable if elected and when term of office begins): I am a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

**Statement of Outstanding Fines, Fees, or Penalties**

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 105.031(4) F.S.).

YES, I Do \_\_\_\_\_ NO, I Do Not X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X 

(850) 404-9795

churchillforjudge@gmail.com

Signature of Candidate

Telephone Number

Email Address

139 Patale Drive

Tallahassee

Florida

32317

Address of Legal Residence

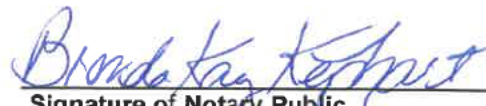
City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Leon



Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

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

online notarization  OR physical presence

this 17th day of April, 2024.

Personally Known  OR Produced Identification

Type of Identification Produced: \_\_\_\_\_



**BRENDA KAY KEPHART**  
Commission # HH 129084  
Expires July 30, 2025  
Bonded Thru Budget Notary Services

### Phonetic Spelling of Name

**Phonetic spelling for the audio ballot** (not required for qualifying purposes): Print the name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 3 of this form):

ROB-ERT CHUR-CHILL

### Statement of Outstanding Fines, Fees or Penalties

**Pursuant to Section 99.021(1)(d), F.S.**, each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity

RECEIVED  
2024 APR 19 P 1:21  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

### Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is \_\_\_\_\_ I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is \_\_\_\_\_. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means  
of online notarization  OR physical presence

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Personally Known  OR Produced Identification

Type of Identification Produced: \_\_\_\_\_



2023 Form 6 - Full and Public Disclosure of Financial Interests

**General Information**

Name: Robert Churchill  
Address: 139 Patale Drive, Tallahassee, FL 32317  
County: Leon

Organization	Suborganization	Title
N/A		

**CANDIDATE FOR**

Position	Agency Name	Position sought or held
County Judge	Leon County	County Judge, Seat 4

**Net Worth**

My Net Worth as of December 31, 2023 was \$ 1,035,854.00.

For Quality Only  
Purposes Only

RECEIVED  
2024 APR 19 PM 1:22  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

## 2023 Form 6 - Full and Public Disclosure of Financial Interests

### Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 40,000.00.

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Homestead property	\$ 529,000.00
403 Hayden Road, Unit 222	\$ 117,200.00
1717 Biscay Blvd	\$ 3,000.00
1736 Normandy Blvd	\$ 2,000.00
1741 Burgandy Blvd	\$ 2,000.00
Vanguard Market Index Fund (IRA)	\$ 61,434.00
American Funds College Savings Account	\$ 2,000.00
Capital City Bank Personal Account	\$ 3,000.00
Rental Income from listed real estate interests	\$ 25,720.00
Ownership Interest in Churchill Law Group, PLLC	\$ 500,000.00

2023 Form 6 - Full and Public Disclosure of Financial Interests

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Envision CU - HELOC	600 N. Monroe Street, Tallahassee, FL 32301	\$ 30,000.00
Gulf Winds FCU	133 North Monroe Street, Tallahassee, FL 32301	\$ 18,000.00
Chase Home Lending / Chase Mortgage	3415 Vision Drive, Columbus, OH 43219	\$ 200,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

For Quality  
Purposes Only

## 2023 Form 6 - Full and Public Disclosure of Financial Interests

### 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 2023 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 2023 federal income tax return and all W2s, schedules, and attachments.

#### PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
See Attached		

#### SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
See Attached			

### Interests in Specified Businesses

#### Business Entity # 1

N/A

**Signature of Reporting Official or Candidate**

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

***Robert Churchill***

Digitally signed: 04/17/2024

For Qualifying  
Purposes Only



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

2023 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1—Dec. 31, 2023, or other tax year beginning 2023, ending 2023, ending . 20. See separate instructions.

Your first name and middle initial ROBERT G. Last name CHURCHILL Your social security number \*\*\*-\*\*-\*\*\*\*

If joint return, spouse's first name and middle initial STACEY D. Last name CHURCHILL Spouse's social security number \*\*\*-\*\*-\*\*\*\*

Home address (number and street). If you have a P.O. box, see instructions. 139 PATALE DR Apt. no. City, town or post office. If you have a foreign address, also complete spaces below. TALLAHASSEE State FL ZIP code 32317 Foreign country name Foreign province/state/county Foreign postal code Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. [ ] You [ ] Spouse

Filing Status [ ] Single [ ] Head of household (HOH) [X] Married filing jointly (even if only one had income) [ ] Married filing separately (MFS) [ ] Qualifying surviving spouse (QSS) Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] 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, 1959 [ ] Are blind Spouse: [ ] Was born before January 2, 1959 [ ] Is blind

Table with 4 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Rows include ALYSON C CHURCHILL DAUGHTER, MEGAN A CHURCHILL DAUGHTER, PAIGE E CHURCHILL DAUGHTER, SARAH C CHURCHILL DAUGHTER.

Income section with rows 1a through 1i. 1a Total amount from Form(s) W-2, box 1 (see instructions) 40,240. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions). 1i Nontaxable combat pay election (see instructions).

Income section with rows 2a through 15. 2a Tax-exempt interest. 2b Taxable interest 12. 3a Qualified dividends. 3b Ordinary dividends. 4a IRA distributions. 4b Taxable amount. 5a Pensions and annuities. 5b Taxable amount. 6a Soc. sec. ben. 6b Taxable amount. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8 Other income from Schedule 1, line 10. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 141,588. 10 Adjustments to income from Schedule 1, line 26 19,240. 11 Subtract line 10 from line 9. This is your adjusted gross income 162,600. 12 Standard deduction or itemized deductions (from Schedule A) 27,700. 13 Qualified business income deduction from Form 8995 or Form 8995-A 25,910. 14 Add lines 12 and 13 53,610. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 108,990.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2023)

<b>Tax and Credits</b>	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	14,593
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	14,593
	19	Child tax credit or credit for other dependents from Schedule 8812	19	3,500
	20	Amount from Schedule 3, line 8	20	1,305
	21	Add lines 19 and 20	21	4,805
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	9,788
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	9,788	

<b>Payments</b>	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	7,080
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	7,080
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	870
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31	1,467	
32	Add lines 27, 28, 29 and 31. These are your total other payments and refundable credits	32	2,337	
33	Add lines 25d, 26, and 32. These are your total payments	33	9,417	

<b>Refund</b>	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	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 2024 estimated tax	36		

<b>Amount You Owe</b>	37	Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	37	371
	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 **JOHN D. HARVARD CPA** Phone no. **850-224-9008** Personal identification number (PIN) **40376**

**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 instr.)
<b>[Signature]</b>		<b>ATTORNEY</b>	
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 instr.)
		<b>HOMEMAKER</b>	

Preparer's name	Preparer's signature	Date	PTIN	Check if:
<b>JOHN D. HARVARD CPA</b>	<b>JOHN D. HARVARD CPA</b>		*****	<input checked="" type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
<b>HARVARD &amp; ASSOCIATES, CPA, PA</b>	<b>1408 N. PIEDMONT WAY TALLAHASSEE FL 32308</b>		<b>850-224-9008</b>	



**ROBERT G CHURCHILL**  
139 PATALE DRIVE  
TALLAHASSEE FL 32317-8589

FORM **W-2** Wage and Tax Statement **2023**  
Copy B—To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

OMB No 1545-0008 Department of the Treasury—Internal Revenue Service

c Employer's name, address, and ZIP code <b>CHURCHILL LAW GROUP PLLC</b> 902 N. DUVAL ST. TALLAHASSEE, FL 32303 US		9	3 Social security wages 25,000.00	4 Social security tax withheld 1,550.00		
d Control number		10 Dependent care benefits 0.00	5 Medicare wages and tips 25,000.00	6 Medicare tax withheld 362.50		
e Employee's name, address, and ZIP code <b>ROBERT G CHURCHILL</b> 139 PATALE DRIVE TALLAHASSEE, FL 32317 US		11 Nonqualified plans 0.00	7 Social security tips 0.00	8 Allocated tips 0.00		
12a (See instructions for box 12)		12b	12c			
12d		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other S-Corp Med 15,240.47			
a Employee's social security number XXX-XX-XXXX		b Employer identification number (EIN) 82-4731899				
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

FORM **W-2** Wage and Tax Statement **2023**  
Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No 1545-0008 Department of the Treasury—Internal Revenue Service

c Employer's name, address, and ZIP code <b>CHURCHILL LAW GROUP PLLC</b> 902 N. DUVAL ST. TALLAHASSEE, FL 32303 US		9	3 Social security wages 25,000.00	4 Social security tax withheld 1,550.00		
d Control number		10 Dependent care benefits 0.00	5 Medicare wages and tips 25,000.00	6 Medicare tax withheld 362.50		
e Employee's name, address, and ZIP code <b>ROBERT G CHURCHILL</b> 139 PATALE DRIVE TALLAHASSEE, FL 32317 US		11 Nonqualified plans 0.00	7 Social security tips 0.00	8 Allocated tips 0.00		
12a (See instructions for box 12)		12b	12c			
12d		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other S-Corp Med 15,240.47			
a Employee's social security number XXX-XX-XXXX		b Employer identification number (EIN) 82-4731899				
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

FORM **W-2** Wage and Tax Statement **2023**  
Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back.)

OMB No 1545-0008 Department of the Treasury—Internal Revenue Service

c Employer's name, address, and ZIP code <b>CHURCHILL LAW GROUP PLLC</b> 902 N. DUVAL ST. TALLAHASSEE, FL 32303 US		9	3 Social security wages 25,000.00	4 Social security tax withheld 1,550.00
d Control number		10 Dependent care benefits 0.00	5 Medicare wages and tips 25,000.00	6 Medicare tax withheld 362.50
e Employee's name, address, and ZIP code <b>ROBERT G CHURCHILL</b> 139 PATALE DRIVE TALLAHASSEE, FL 32317 US		11 Nonqualified plans 0.00	7 Social security tips 0.00	8 Allocated tips 0.00
12a (See instructions for box 12)		12b	12c	
12d		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other S-Corp Med 15,240.47	
a Employee's social security number		b Employer identification number (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](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

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

**ROBERT G. & STACEY D. CHURCHILL**

Your social security number

\*\*\*-\*\*-XXXX

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes	<b>1</b>	
<b>2a</b>	Alimony received	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>3</b>	Business income or (loss). Attach Schedule C	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	<b>141,588</b>
<b>6</b>	Farm income or (loss). Attach Schedule F	<b>6</b>	
<b>7</b>	Unemployment compensation	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss	<b>8a</b>	( )
<b>b</b>	Gambling	<b>8b</b>	
<b>c</b>	Cancellation of debt	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555	<b>8d</b>	( )
<b>e</b>	Income from Form 8853	<b>8e</b>	
<b>f</b>	Income from Form 8889	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends	<b>8g</b>	
<b>h</b>	Jury duty pay	<b>8h</b>	
<b>i</b>	Prizes and awards	<b>8i</b>	
<b>j</b>	Activity not engaged in for profit income	<b>8j</b>	
<b>k</b>	Stock options	<b>8k</b>	
<b>l</b>	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	<b>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions)	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions)	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions)	<b>8o</b>	
<b>p</b>	Section 461(l) excess business loss adjustment	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABL account (see instructions)	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2	<b>8r</b>	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated	<b>8u</b>	
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	<b>10</b>	<b>141,588</b>

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

Schedule 1 (Form 1040) 2023

Schedule 1 (Form 1040) 2023

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	15,240
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	4,000
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 8l 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 8m	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, 1040-SR, or 1040-NR, line 10		26	19,240



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

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **03**

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

**ROBERT G. & STACEY D. CHURCHILL**

Your social security number

\*\*\*-\*\*-\*\*\*\*

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required		<b>1</b>
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		<b>2</b>
<b>3</b>	Education credits from Form 8863, line 19		<b>3</b> 1,305
<b>4</b>	Retirement savings contributions credit. Attach Form 8880		<b>4</b>
<b>5a</b>	Residential clean energy credit from Form 5695, line 15		<b>5a</b>
<b>5b</b>	Energy efficient home improvement credit from Form 5695, line 32		<b>5b</b>
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R	<b>6d</b>	
<b>e</b>	Reserved for future use	<b>6e</b>	
<b>f</b>	Clean vehicle credit. Attach Form 8936	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions	<b>6l</b>	
<b>m</b>	Credit for previously owned clean vehicles. Attach Form 8936	<b>6m</b>	
<b>z</b>	Other nonrefundable credits. List type and amount:	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z		<b>7</b>
<b>8</b>	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		<b>8</b> 1,305

(continued on page 2)

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

Schedule 3 (Form 1040) 2023

Schedule 3 (Form 1040) 2023

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	1,467
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
c	Elective payment election amount from Form 3800, Part III, line 8, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
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		15	1,467

Schedule 3 (Form 1040) 2023

SCHEDULE E

(Form 1040)

Department of the Treasury Internal Revenue Service

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.

2023

Attachment Sequence No. 13

Name(s) shown on return

ROBERT G. & STACEY D. CHURCHILL

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 2023 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 1717 BISCAY BOULEVARD, TALLAHASSEE, FL 32303
B 1736 NORMANDY BOULEVARD, TALLAHASSEE, FL 32303
C 1741 BURGANDY BLVD, TALLAHASSEE, FL 32303

Table with columns: 1b Type of Property, 2 Fair Rental Days, Personal Use Days, QJV. Rows A, B, C with values 1, 365, 365, 365.

- 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 and Expenses table with columns A, B, C. Rows 3-22 showing rents received, royalties, advertising, repairs, utilities, depreciation, etc.

23a-23e Total of all amounts reported on line 3 for all rental properties, line 4 for all royalty properties, line 12 for all properties, line 18 for all properties, line 20 for all properties.
24 Income. Add positive amounts shown on line 21. Do not include any losses
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here.

**Supplemental Income and Loss**

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

Department of the Treasury  
 Internal Revenue Service

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

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

**ROBERT G. & STACEY D. CHURCHILL**

\*\*\*-\*\*-\*\*\*\*

**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 2023 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 1736 BERNAY BOULEVARD, TALLAHASSEE, FL 32303

B 403 HAYDEN ROAD APT 222, TALLAHASSEE, FL 32304

**1b Type of Property (from list below)**

A	1
B	1
C	

**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	365		
B	365		
C			

**Type of Property:**

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

**Income:**

	A	B	C
3 Rents received	13,822	7,510	
4 Royalties received			

**Expenses:**

5 Advertising			
6 Auto and travel (see instructions)			
7 Cleaning and maintenance			
8 Commissions			
9 Insurance			
10 Legal and other professional fees			
11 Management fees			
12 Mortgage interest paid to banks, etc. (see instructions)			
13 Other interest			
14 Repairs	1,970	4,400	
15 Supplies			
16 Taxes		1,152	
17 Utilities		905	
18 Depreciation expense or depletion	91	4,155	
19 Other (list) SEE STATEMENT 4, 5	7,221	3,520	
20 Total expenses. Add lines 5 through 19	9,282	14,132	
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	4,540	-6,622	
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	0	6,622	

23a Total of all amounts reported on line 3 for all rental properties	54,016
b Total of all amounts reported on line 4 for all royalty properties	
c Total of all amounts reported on line 12 for all properties	
d Total of all amounts reported on line 18 for all properties	6,456
e Total of all amounts reported on line 20 for all properties	48,598

24 <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses	12,040
25 <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	6,622
26 <b>Total rental real estate and royalty income or (loss).</b> 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	5,418

For Paperwork Reduction Act Notice, see the separate instructions.

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

ROBERT G. & STACEY D. CHURCHILL

\*\*\*-\*\*-XXXX

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section

Yes [X] No [ ]

Table with 6 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Row A: CHURCHILL LAW GROUP, PLLC, S, [ ], \*\*-\*\*-XXXX, [X], [ ]

Table with 5 columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction from Form 4562, (k) Nonpassive income from Schedule K-1. Totals: 136,170

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B are blank.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Totals: 35, 36, 37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39: Combine columns (d) and (e) only.

Part V Summary

Summary table with 2 columns: Description, Amount. Row 41: Total income or (loss). 141,588



**SCHEDULE 8812**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Credits for Qualifying Children  
and Other Dependents**

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

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **47**

Name(s) shown on return

**ROBERT G. & STACEY D. CHURCHILL**

Your social security number

\*\*\*-\*\*-XXXX

**Part I 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	162,600
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	162,600
4	Number of qualifying children under age 17 with the required social security number	4	1
5	Multiply line 4 by \$2,000	5	2,000
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	3
<p><b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.</p>			
7	Multiply line 6 by \$500	7	1,500
8	Add lines 5 and 7	8	3,500
9	Enter the amount shown below for your filing status	9	400,000
<ul style="list-style-type: none"> <li>• Married filing jointly—\$400,000</li> <li>• All other filing statuses—\$200,000</li> </ul>			
10	Subtract line 9 from line 3.	10	0
<ul style="list-style-type: none"> <li>• If zero or less, enter -0-.</li> <li>• 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.</li> </ul>			
11	Multiply line 10 by 5% (0.05)	11	
12	Is the amount on line 8 more than the amount on line 11?	12	3,500
<input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
<input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the <b>Credit Limit Worksheet A</b>	13	13,288
14	Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b>	14	3,500

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the additional child tax credit on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

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

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15 Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27. [ ]

16a Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27

b Number of qualifying children under 17 with the required social security number: \_\_\_\_\_ x \$1,600. Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. 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 4.

17 Enter the smaller of line 16a or line 16b

18a Earned income (see instructions)

b Nontaxable combat pay (see instructions)

19 Is the amount on line 18a more than \$2,500?

[ ] No. Leave line 19 blank and enter -0- on line 20.

[ ] Yes. Subtract \$2,500 from the amount on line 18a. Enter the result

20 Multiply the amount on line 19 by 15% (0.15) and enter the result

Next. On line 16b, is the amount \$4,800 or more?

[ ] No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.

[ ] 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.

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

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, or if you are a bona fide resident of Puerto Rico, see instructions.

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

23 Add lines 21 and 22

24 1040 and

1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.

1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.

25 Subtract line 24 from line 23. If zero or less, enter -0-

26 Enter the larger of line 20 or line 25

Next, enter the smaller of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

27 This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28

0

Form **8863**

# Education Credits (American Opportunity and Lifetime Learning Credits)

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **50**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

Name(s) shown on return

**ROBERT G. & STACEY D. CHURCHILL**

Your social security number

\*\*\*-\*\*-

**!** **CAUTION** Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

### Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	2,500
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	2	180,000
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3	162,600
4	Subtract line 3 from line 2. If zero or less, stop; you can't take any education credit	4	17,400
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5	20,000
6	If line 4 is: <ul style="list-style-type: none"> <li>Equal to or more than line 5, enter 1.000 on line 6</li> <li>Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)</li> </ul>	6	0.870
7	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	2,175
8	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below	8	870

### Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	1,305
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	
11	Enter the smaller of line 10 or \$10,000	11	
12	Multiply line 11 by 20% (0.20)	12	
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	13	
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16	
17	If line 15 is: <ul style="list-style-type: none"> <li>Equal to or more than line 16, enter 1.000 on line 17 and go to line 18</li> <li>Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)</li> </ul>	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	18	
19	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	1,305

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

Form **8863** (2023)

Name(s) shown on return

Your social security number

**ROBERT G. & STACEY D. CHURCHILL**

\*\*\*-\*\*-XXXX

**CAUTION** Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

**Part III Student and Educational Institution Information.** See instructions.

<p><b>20</b> Student name (as shown on page 1 of your tax return)</p> <p><b>PAIGE E CHURCHILL</b></p>	<p><b>21</b> Student social security number (as shown on page 1 of your tax return)</p> <p>***-**-XXXX</p>		
<p><b>22</b> Educational institution information (see instructions)</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p><b>a.</b> Name of first educational institution</p> <p><b>FLAGLER COLLEGE, INC.</b></p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>74 KING STREET ST AUGUSTINE FL 32084</b></p> </td> <td style="width:50%; vertical-align: top;"> <p><b>b.</b> Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> </td> </tr> </table>		<p><b>a.</b> Name of first educational institution</p> <p><b>FLAGLER COLLEGE, INC.</b></p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>74 KING STREET ST AUGUSTINE FL 32084</b></p>	<p><b>b.</b> Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p>
<p><b>a.</b> Name of first educational institution</p> <p><b>FLAGLER COLLEGE, INC.</b></p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>74 KING STREET ST AUGUSTINE FL 32084</b></p>	<p><b>b.</b> Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p>		
<p>(2) Did the student receive Form 1098-T from this institution for 2023? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>(2) Did the student receive Form 1098-T from this institution for 2023? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>(3) Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>(3) Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> <p>**-***</p>	<p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p>		

**23** Has the American opportunity credit been claimed for this student for any 4 prior tax years?  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 24.

**24** Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.  Yes — Go to line 25.  No — **Stop!** Go to line 31 for this student.

**25** Did the student complete the first 4 years of postsecondary education before 2023? See instructions.  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 26.

**26** Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?  Yes — **Stop!** Go to line 31 for this student.  No — Complete lines 27 through 30 for this student.

**CAUTION** You **can't** take the American opportunity credit and the lifetime learning credit for the **same** student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	<b>27</b>	<b>4,000</b>
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0-	<b>28</b>	<b>2,000</b>
<b>29</b> Multiply line 28 by 25% (0.25)	<b>29</b>	<b>500</b>
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	<b>30</b>	<b>2,500</b>

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	<b>31</b>	
---	-----------	--

Form **8995**

## Qualified Business Income Deduction Simplified Computation

OMB No. 1545-2294

2023

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Attachment  
Sequence No. **55**

Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

Name(s) shown on return

**ROBERT G. & STACEY D. CHURCHILL**

Your taxpayer identification number

\*\*\*-\*\*-

**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 \$182,100 (\$364,200 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	403 HAYDEN	***-**-	-6,622
ii	CHURCHILL LAW GROUP, PLLC	**-***-	136,170
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	129,548	
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-	129,548	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		25,910
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		25,910
11	Taxable income before qualified business income deduction (see instructions)	134,900	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)		
13	Subtract line 12 from line 11. If zero or less, enter -0-	134,900	
14	Income limitation. Multiply line 13 by 20% (0.20)		26,980
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)		25,910
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.

Form **8995** (2023)