FY 2021 Summer Camp/AfterSchool			Applicant # 8		Meeting 4/26/21	New
Wages	2019	$93,701.00	2020	36,210.55		
Refund		$406.00				
Child Support		N/A		N/A		
Unemployment		$33,636		$33,636		
Stimulus Payment		$3,400.00		3,400.00		
LeeCares Benefit		$156.00		$156		
Total:		$131,299.00		73,402.55		

FINANCIAL ASSISTANCE CALCULATOR

PROGRAMS			# CHILD(REN)	2
	FEES	# SESSIONS	TOTAL FEES	
AFS FALL/WTR/SPR	340.00	2	1,360.00	
Middle School AFS FALL/WTR/SPR	340.00			
FUNDAYS	30.50	4	244.00	
WINTER REC	135.00		-	
SPRING REC	135.00	1	270.00	
SUMMER REC	135.00			
Youth Basketball	46.75		-	
C.I.T.	25.50		-	
TOTAL			1,874.00	
* FINANCIAL ASST % (* COVID-19 sliding fee scale)		65%	1,218.10	
DUE FROM FAMILY			655.90	

CITY OF SANIBEL

RECREATION FINANCIAL ASSISTANCE APPLICATION

The City of Sanibel has financial assistance available for Recreation Programs. The amount of the financial assistance will be determined using a sliding fee scale and is based on annual income and other financial support received. To assist in our review, please provide the following:

1. Copy of most recent pay stub, W-2, and tax return with social security numbers removed
2. Copy of bank statements for 90 days prior to the date of application, if self employed
3. Proof of filing for child support, if applicable
4. A Valid Florida Driver's License, ID card or Voter's Registration Card showing local address
5. All information must be provided within 60 days of application or the request for assistance will be denied

*The Financial Assistance Committee may require additional information in order to process application.

***APPLICATION AND ALL REQUIRED PAPERWORK MUST BE SUBMITTED WITHIN 60 DAYS TO PRESENT TO THE FINANCIAL ASSISTANCE COMMITTEE.**

Parent/Guardian: ________ Email: ________

Street Address: ________ City: Ft Myers State: ________ Zip: ________

Home Phone: ________ Work Phone: ________ Cell Phone: ________

List the names of all persons, 18 years & over, living in the household (income tax returns required for each):

1) ________ 2) ________ 3) ________ 4) ________

Are you a client of F.I.S.H? [ ] Yes [x] No Services received: ________

Do you reside in CHR? [ ] Yes [x] No

Do you currently own or rent your residence? [ ] Own [x] Rent

Do you receive TANF Benefits? [ ] Yes [x] No Monthly benefit amount: $________

Do you receive SNAP Benefits? [ ] Yes [x] No Monthly benefit amount: $________

Is there a court order for child support? [ ] Yes [x] No Court ordered amount: $________

Case # ________ State: _____ County: ________ Date ordered: ________

Do you receive child support? [ ] Yes [x] No Monthly support amount: $________

Is there a court order for shared child care expenses? [ ] Yes [x] No Court ordered amount/percent: $________

Do you receive the court ordered amount/percentage for shared child care expenses? [ ] Yes [x] No

DO YOU RECEIVE:

Social Security Benefits	[ ] Yes [x] No	Monthly amount:	$
Pension	[ ] Yes [x] No	Monthly amount:	$
Spousal Support	[ ] Yes [x] No	Monthly amount:	$
Foster Care payments	[ ] Yes [x] No	Monthly amount:	$
Workers' Compensation	[ ] Yes [x] No	Monthly amount:	$
Unemployment Compensation	[x] Yes [ ] No	Monthly amount: Total	$33,636.00
Assistance with housing payments, groceries, utilities, automobile/gas, room/board, etc.?	[ ] Yes [ ] No	Monthly amount:	LC - $156.00
Any other financial assistance?	[x] Yes [ ] No	Monthly amount: Lee Cares + Stimulus	$3400.00
From whom? Lee Cares + Stimulus			
		SUBTOTAL:	$37,192.00

Federal Income Tax Return Total Income: 2019 $93,701.00

Federal Income Tax Return Refund Amount: $ 406.00

Total Household Annual Income: $131,299.00

Updated 10/7/2020

Check Program(s) for which Financial Assistance is Requested:

☑ After School/Middle School Program:	# Children 2	Amount $ 1360.-
☐ Winter Camp: # of weeks_____	# Children _____	Amount $_________
☑ Spring Break Camp:	# Children 2	Amount $ 270.-
☑ Fun Days Program: # of days 4	# Children 2	Amount $ 244.-
☐ Summer Program: # of weeks_______	# Children _____	Amount $_________
☐ Babysitter Training Camp:	# Children _____	Amount $_________
☐ Basketball League:	# Children _____	Amount $_________
☐ Volleyball Camp:	# Children _____	Amount $_________

PROGRAM TOTAL $ 1874.-

Other than the information provided on page 1 of this application, list any special circumstances to be considered. Attach additional page if more space is needed.

My husband lost his employment in March 2020

NOTE: I swear and affirm under penalties of perjury that the foregoing representations are true and correct to the best of my knowledge. I will report any change in my financial circumstance within 10 days, in writing with documentation, to the Recreation Staff Financial Assistance Representative. False reporting or lack of reporting may result in discontinuation of assistance. Continued eligibility is conditioned upon program payments being current.

Signature of Parent/Guardian: ______ ________ Date: 11-16-2020

STATE OF FLORIDA
COUNTY OF LEE

The foregoing instrument was acknowledged before me this 20 day of November, 20 2-, by

_______________________________(name of person acknowledging).

MATTHEW J FANNON
Notary Public - State of Florida
Commission # GG 337186
My Comm. Expires May 28, 2023
Bonded through National Notary Assn.
(NOTARY SEAL)

____
Signature of Notary Public

____
Typed/Printed Name of Notary Public

Personally Known _______ Produced Identification X Type: FLA Driver License

(You may have this application notarized at the Recreation Center, City Hall, Bank of the Islands and Sanibel/Captiva Community Bank at no charge)

This application will be reviewed by the Recreation Financial Assistance Committee in a public meeting which is held at MacKenzie Hall. The Committee will review this application and determine if assistance can be granted. The Recreation Department will contact you and let you know of the Committee's decision.

STAFF USE ONLY

Date completed application received: 11/20/2020 Staff Signature: T. Phillips

Applicant Status: ☑ New ☐ Repeat

All Social Security numbers/names/phone numbers/addresses are blacked out: ☑ Yes ☐ No

Assistance amount has been determined and written on application: ☑ Yes ☐ No

Applicant is aware that they may participate in activity they applied for: ☑ Yes ☐ No

Applicant is aware that a sliding scale based on income is used to determine assistance: ☑ Yes ☐ No

Applicant is aware that the fees for programs are due when the program begins, or at the time the Committee has made a decision on the Financial Assistance application: Staff Initials: ________

Date applicant was contacted about committee decision: ____________ Staff Initials: ________

Is F.I.S.H. providing assistance: ☐ Yes ☑ No (If yes) Amount: $________

Does the applicant have an outstanding balance? ☐ Yes ☑ No (If yes) Amount: $________

Staff must record status here, any outstanding balance, and time and date of calls made to patrons:

____

Staff must keep track of approved applicant attendance in programs. (NOTE: Responsibility of Financial Assistance Representative). Staff Initials: ________

Date data entered into RecTrac: ______________ Staff Initials: ________

STAFF NOTES:

____

☐ Application Approved ☐ Application Denied

Committee Approved ☐ Yes ☐ No Date: ________

Assistance amount for After School/Middle School Program: $________

Assistance amount for Holiday Camp Programs: $________

Assistance amount for Fun Days Program: $________

Assistance amount for Summer Program: $________

Assistance amount for Babysitter Training Camp, Basketball, Volleyball Camp: $________

Total Assistance Granted: $________

2020 W-2 and EARNINGS SUMMARY

ADP

W-2 Employee Reference Copy Wage and Tax Statement		**2020** OMB No. 1545-0008
Copy C for employee's records.		
d Control number 090491 MIAM/0G0	Dept. 000080	Corp. / Employer use only T 34
c Employer's name, address, and ZIP code FORT MYERS FL 33908-5903		
e/f Employee's name, address, and ZIP code		
b Employer's FED ID number	a Employee's SSA number X	
1 Wages, tips, other comp. 13133.65	2 Federal income tax withheld 265.03	
3 Social security wages 7834.62	4 Social security tax withheld 814.29	
5 Medicare wages and tips 13133.65	6 Medicare tax withheld 190.44	
7 Social security tips 5299.03	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12	
14 Other	12b 12c 12d	
	13 Stat emp / Ret. plan X / 3rd party sick pay	
15 State FL / Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

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

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

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	FL. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	13,702.91	13,702.91	13,702.91	
Less Taxable Tips	N/A	5,299.03	N/A	
Less Other Cafe 125	569.26	569.26	569.26	
Reported W-2 Wages	**13,133.65**	**7,834.62**	**13,133.65**	

2. Employee Name and Address.

1 Wages, tips, other comp. 13133.65	2 Federal income tax withheld 265.03
3 Social security wages 7834.62	4 Social security tax withheld 814.29
5 Medicare wages and tips 13133.65	6 Medicare tax withheld 190.44
d Control number 090491 MIAM/0G0 / Dept. 000080	Corp. / Employer use only T 34
c Employer's name, address, and ZIP code	
b Employer's FED ID number 65-	a Employee's SSA number
7 Social security tips 5299.03	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b 12c 12d
	13 Stat emp / Ret. plan X / 3rd party sick pay
e/f Employee's name, address and ZIP code	
15 State FL / Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
W-2 Federal Filing Copy Wage and Tax Statement **2020** OMB No. 1545-0008	
Copy B to be filed with employee's Federal Income Tax Return.	

1 Wages, tips, other comp. 13133.65	2 Federal income tax withheld 265.03
3 Social security wages 7834.62	4 Social security tax withheld 814.29
5 Medicare wages and tips 13133.65	6 Medicare tax withheld 190.44
d Control number 090491 MIAM/0G0 / Dept. 000080	Corp. / Employer use only T 34
c Employer's name, address, and ZIP code	
b Employer's FED ID number 65-	a Employee's SSA number X
7 Social security tips 5299.03	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b 12c 12d
	13 Stat emp / Ret. plan X / 3rd party sick pay
e/f Employee's name, address and ZIP code	
15 State FL / Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

W-2 FL.State Reference Copy Wage and Tax Statement **2020** OMB No. 1545-0008
Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 13133.65	2 Federal income tax withheld 265.03
3 Social security wages 7834.62	4 Social security tax withheld 814.29
5 Medicare wages and tips 13133.65	6 Medicare tax withheld 190.44
d Control number 090491 MIAM/0G0 / Dept. 000080	Corp. / Employer use only T 34
c Employer's name, address, and ZIP code	
b Employer's FED ID number 65-	a Employee's SSA number
7 Social security tips 5299.03	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b 12c 12d
	13 Stat emp / Ret. plan X / 3rd party sick pay
e/f Employee's name, address and ZIP code	
15 State FL / Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

W-2 FL.State Filing Copy Wage and Tax Statement **2020** OMB No. 1545-0008
Copy 2 to be filed with employee's State Income Tax Return.

Form W-2 Wage and Tax Statement 2020

21001 Copy C, for employees records

d Control number	0041-18111082 0000000109-OSTAFF
Void	
b Employer's identification number	
a Employee's social security number	
c Employer's name, address, and ZIP code	FORT MYERS FL 33908
e Employee's name, address, and ZIP code	
13 Statutory employee / Retirement plan / Third-party sick pay	
12 See Instrs. for Box 12	
14 Other	
Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
1 Wages, tips, other compensation	23076.90
2 Federal income tax withheld	1796.85
3 Social security wages	23076.90
4 Social security tax withheld	1430.76
5 Medicare wages and tips	23076.90
6 Medicare tax withheld	334.61
7 Social security tips	
8 Allocated tips	
10 Dependent care benefits	
11 Nonqualified plans	
15 State	
Employer's state ID No.	
16 State wages, tips, etc.	
17 State income tax	
18 Local wages, tips, etc	
19 Local income tax	
20 Locality name	

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

Form W-2 Wage and Tax Statement 2020

Copy B, to be filed with employees FEDERAL tax return

d Control number	0041-18111082 0000000109-OSTAFF
Void	
b Employer's identification number	65-
a Employee's social security number	
c Employer's name, address, and ZIP code	FORT MYERS FL 33908
e Employee's name, address, and ZIP code	
13 Statutory employee / Retirement plan / Third-party sick pay	
12 See Instrs. for Box 12	
14 Other	
Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
1 Wages, tips, other compensation	23076.90
2 Federal income tax withheld	1796.85
3 Social security wages	23076.90
4 Social security tax withheld	1430.76
5 Medicare wages and tips	23076.90
6 Medicare tax withheld	334.61
7 Social security tips	
8 Allocated tips	
10 Dependent care benefits	
11 Nonqualified plans	
15 State	
Employer's state ID No.	
16 State wages, tips, etc.	
17 State income tax	
18 Local wages, tips, etc.	
19 Local income tax	
20 Locality name	

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

Form W-2 Wage and Tax Statement 2020

d Control number	
Void	X
b Employer's identification number	
a Employee's social security number	
c Employer's name, address, and ZIP code	
e Employee's name, address, and ZIP code	
13 Statutory employee / Retirement plan / Third-party sick pay	
12 See Instrs. for Box 12	
14 Other	
Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
1 Wages, tips, other compensation	
2 Federal income tax withheld	
3 Social security wages	
4 Social security tax withheld	
5 Medicare wages and tips	
6 Medicare tax withheld	
7 Social security tips	
8 Allocated tips	
10 Dependent care benefits	
11 Nonqualified plans	
15 State	
Employer's state ID No.	
16 State wages, tips, etc.	
17 State income tax	
18 Local wages, tips, etc.	
19 Local income tax	
20 Locality name	

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

Form W-2 Wage and Tax Statement 2020

d Control number	
Void	X
b Employer's identification number	
a Employee's social security number	
c Employer's name, address, and ZIP code	
e Employee's name, address, and ZIP code	
13 Statutory employee / Retirement plan / Third-party sick pay	
12 See Instrs. for Box 12	
14 Other	
Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
1 Wages, tips, other compensation	
2 Federal income tax withheld	
3 Social security wages	
4 Social security tax withheld	
5 Medicare wages and tips	
6 Medicare tax withheld	
7 Social security tips	
8 Allocated tips	
10 Dependent care benefits	
11 Nonqualified plans	
15 State	
Employer's state ID No.	
16 State wages, tips, etc.	
17 State income tax	
18 Local wages, tips, etc.	
19 Local income tax	
20 Locality name	

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

STATE OF FLORIDA DEPARTMENT OF ECONOMIC OPPORTUNITY SPECIAL PAYMENTS UNIT PO BOX 5350 TALLAHASSEE, FL 32314-5350 1-800-204-2418		CERTAIN GOVERNMENT PAYMENTS FORM 1099-G
PAYER'S Federal Identification number 36-4706134	RECIPIENT'S Identification Number	TAX YEAR **2020**
1. REEMPLOYMENT ASSISTANCE **$15,411.00**	4. Total Federal income tax withheld **$1,180.00**	INSTRUCTIONS TO CLAIMANT This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
5. ATAA/RTAA payments **$0.00**		
RECIPIENT'S NAME		

(KEEP FOR YOUR RECORDS)

DEO FORM 1099-G (Rev. 9/2006)

INSTRUCTIONS FOR RECIPIENT

BOX 1. - Shows total reemployment assistance paid to you this year. This amount is considered taxable income. For details, see the instructions for filing Federal income tax returns. A request can be made for the payer to withhold Federal income tax from each payment on any future benefits, or estimated tax payments can be made by using FORM 1040-ES, Estimated Tax for Individuals.

BOX 4. - Shows total Federal income tax withheld. **INCLUDE THIS ON YOUR INCOME TAX RETURN AS TAX WITHHELD.**

BOX 5. - Shows taxable Alternative Trade Adjustment Assistance (ATAA) Or Reemployment Trade Adjustment Assistance (RTAA) payments.

Additional Recipient Information - Please read

Repayments of any overpayment of reemployment assistance in the tax year indicated above should be subtracted from the total amount of reemployment assistance received. Include the adjusted amount on the appropriate line of the income tax form. Enter "Repaid" and the amount repaid in the space to the left of the appropriate line. Any repayments of reemployment assistance in the above tax year that were included in an earlier year may be deducted from the amount repaid. Any questions on how to report repayments of a reemployment assistance overpayment should be directed to the Internal Revenue Service.

A statement of any monies repaid to the Department of Economic Opportunity in the above tax year will be mailed separately.

STATE OF FLORIDA DEPARTMENT OF ECONOMIC OPPORTUNITY SPECIAL PAYMENTS UNIT PO BOX 5350 TALLAHASSEE, FL 32314-5350 1-800-204-2418		CERTAIN GOVERNMENT PAYMENTS FORM 1099-G
PAYER'S Federal Identification number 36-4706134	RECIPIENT'S Identification Number	TAX YEAR 2020
1. REEMPLOYMENT ASSISTANCE **$18,225.00**	4. Total Federal income tax withheld **$0.00**	
5. ATAA/RTAA payments **$0.00**		
RECIPIENT'S NAME		

(KEEP FOR YOUR RECORDS)

INSTRUCTIONS TO CLAIMANT

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

DEO FORM 1099-G (Rev. 9/2006)

INSTRUCTIONS FOR RECIPIENT

BOX 1. - Shows total reemployment assistance paid to you this year. This amount is considered taxable income. For details, see the instructions for filing Federal income tax returns. A request can be made for the payer to withhold Federal income tax from each payment on any future benefits, or estimated tax payments can be made by using FORM 1040-ES, Estimated Tax for Individuals.

BOX 4. - Shows total Federal income tax withheld. **INCLUDE THIS ON YOUR INCOME TAX RETURN AS TAX WITHHELD.**

BOX 5. - Shows taxable Alternative Trade Adjustment Assistance (ATAA) Or Reemployment Trade Adjustment Assistance (RTAA) payments.

Additional Recipient Information - Please read

Repayments of any overpayment of reemployment assistance in the tax year indicated above should be subtracted from the total amount of reemployment assistance received. Include the adjusted amount on the appropriate line of the income tax form. Enter "Repaid" and the amount repaid in the space to the left of the appropriate line. Any repayments of reemployment assistance in the above tax year that were included in an earlier year may be deducted from the amount repaid. Any questions on how to report repayments of a reemployment assistance overpayment should be directed to the Internal Revenue Service.

A statement of any monies repaid to the Department of Economic Opportunity in the above tax year will be mailed separately.

Form **8879**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

ERO must obtain and retain completed Form 8879.
Go to *www.irs.gov/Form8879* for the latest information.

OMB No. 1545-0074

2019

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
Spouse's name	Spouse's social security number

Part I — Tax Return Information — Tax Year Ending December 31, 2019 (Whole dollars only)

1	Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1	93,701
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	6,193
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR line 17; Form 1040-NR, line 62a)	3	6,599
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	406
5	Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	[redacted]	

Part II — Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

TAXPAYER COPY

Taxpayer's PIN: check one box only

[X] I authorize ______________ (ERO firm name) to enter or generate my PIN ______ (Enter five digits, but don't enter all zeros) as my signature on my tax year 2019 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ______________ Date 02/03/20

Spouse's PIN: check one box only

[X] I authorize ______________ C (ERO firm name) to enter or generate my PIN ______ (Enter five digits, but don't enter all zeros) as my signature on my tax year 2019 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ______________ Date 02/03/20

Practitioner PIN Method Returns Only—continue below

Part III — Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by [redacted]-digit self-selected PIN. ______ (Don't enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ______________ Date 02/03/20

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Form **1040** Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return **2019**
OMB No. 1545-0074 IRS Use Only–Do not write or staple in this space.

Filing Status Check only one box. ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

If you checked the MFS box, enter the name of 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	Last name	Your social security number
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O box, see instructions.	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. ☐ You ☐ Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).		
Foreign country name	Foreign province/state/county	Foreign postal code — If more than four dependents, see instr. and here ☐

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, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) if qualifies for (see instructions): Child tax credit	Credit for other dependents
	[redacted]	SON	X	
	[redacted]	DAUGHTER	X	

1	Wages, salaries, tips, etc. Attach Form(s) W-2				1	101,402
2a	Tax-exempt interest	2a		b Taxable interest. Attach Sch. B if required	2b	328
3a	Qualified dividends	3a		b Ordinary divs. Att. Sch. B if req.	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
c	Pensions and annuities	4c		d Taxable amount	4d	
5a	Soc. sec. ben.	5a		b Taxable amount	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				6	
7a	Other income from Schedule 1, line 9				7a	7,983
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income**				7b	109,713
8a	Adjustments to income from Schedule 1, line 22				8a	16,012
b	Subtract line 8a from line 7b. This is your **adjusted gross income**				8b	93,701
9	**Standard deduction or itemized deductions** (from Schedule A)	9	24,400			
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10				
11a	Add lines 9 and 10				11a	24,400
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-				11b	69,301

Standard Deduction for—
• Single or Married filing separately, $12,200
• Married filing jointly or Qualifying widow(er), $24,400
• Head of household, $18,350
• If you checked any box under Standard Deduction, see instructions.

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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2019)

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12a	Tax (see instr.) Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	12a 7,931	
b	Add Schedule 2, line 3, and line 12a and enter the total		12b 7,931
13a	Child tax credit or credit for other dependents	13a 4,000	
b	Add Schedule 3, line 7, and line 13a and enter the total		13b 4,000
[redacted]	[redacted]t line 13b from line 12b. If zero or less, enter -0-		14 3,931
15	Other taxes, including self-employment tax, from Schedule 2, line 10		15 2,262
[redacted]	[redacted]es 14 and 15. This is your **total tax**		16 6,193
17	Federal income tax withheld from Forms W-2 and 1099		17 6,599
18	Other payments and refundable credits:		
a	Earned income credit (EIC)	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	
e	Add lines 18a through 18d. These are your **total other payments and refundable credits**		18e
19	Add lines 17 and 18e. These are your **total payments**		19 6,599

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

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid**		20 406
21a	Amount of line 20 you want **refunded to you.** If Form 8888 is attached, check here ☐		21a 406
b	Routing number XXXXXXXXX c Type: ☐ Checking ☐ Savings		
d	Account number XXXXXXXXXXXXXXXXX		
22	Amount of line 20 you want **applied to your 2020 estimat**[redacted]	22	

Direct deposit? See instructions.

Amount You Owe

23	**Amount you owe.** Subtract line 19 from line 16. For [redacted]ay, see instructions		23
24	Estimated tax penalty (see instructions)	24	

Third Party Designee (Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes. Complete below.** ☐ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

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

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Joint return? See instructions. Keep a copy for your records.

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

Phone no. | Email address

Paid Preparer Use Only

Preparer's name | Preparer's signature | PTIN | Check if: ☒ 3rd Party Designee ☐ Self-employed

Firm's name | Date 02/08/20 | Phone no.

Firm's address FL | Firm's EIN

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SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074
2019
Attachment Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR | Your social security number

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

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	16,012
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-10,665
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount	8	2,636
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	7,983

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	1,131
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	14,881
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. Attach Form 8917	21	
22	Add lines 20 through 21. These are your **adjustments to income**. Enter here and on Form 1040 or 1040-SR, line 8a	22	16,012

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SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074
2019
Attachment Sequence No. **02**

Name(s) shown on Form 1040 or 1040-SR | 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, line 12b	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	2,262
5	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 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 ☐ Form 8959 b ☐ Form 8960 c ☐ 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 15	10	2,262

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

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SCHEDULE C
(Form 1040 or 1040-SR)
Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

Go to *www.irs.gov/ScheduleC* for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074
2019
Attachment Sequence No. **09**

Name of proprietor | Social security number (SSN)

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

B Enter code from instructions

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

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

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code

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

G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2019, check here ☐

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

J If "Yes," did you or will you file required Forms 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 ☐	1	96,359
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	96,359
4	Cost of goods sold (from line 42)	4	15,437
5	**Gross profit.** Subtract line 4 from line 3	5	80,922
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	80,922

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

8	Advertising	8	992	18	Office expense (see instructions)	18	1,233
9	Car and truck expenses (see instructions)	9	3,766	19	Pension and profit-sharing plans	19	
				20	Rent or lease (see instructions):		
10	Commissions and fees	10		a	Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11		b	Other business property	20b	25,000
12	Depletion	12		21	Repairs and maintenance	21	3,919
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22	Supplies (not included in Part III)	22	
				23	Taxes and licenses	23	4,385
				24	Travel and meals:		
14	Employee benefit programs (other than on line 19)	14		a	Travel	24a	6,256
15	Insurance (other than health)	15	968	b	Deductible meals (see instructions)	24b	838
16	Interest (see instructions):			25	Utilities	25	1,868
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	
b	Other	16b	2,100	27a	Other expenses (from line 48)	27a	2,877
17	Legal and professional services	17	10,708	b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a	28	64,910
29	Tentative profit or (loss). Subtract line 28 from line 7	29	16,012
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: ______ and (b) the part of your home used for business: ______ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	16,012

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 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) 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.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closi[redacted] [X] Cost   b [ ] Lower of cost or market   c [ ] Other (attach explanation)

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

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	0
36	Purchases less cost of items withdrawn for personal use	36	5,872
37	Cost of labor. Do not include any amounts paid to yourself	37	9,565
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	15,437
41	Inventory at end of year	41	0
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	15,437

Part IV Information on Your Vehicle.

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

43 When did you place your vehicle in service for business purposes? (month, day, year) 01/01/19

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44 Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:

a Business 6,493   b Commuting (see instructions) ....   c Other 9,157

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

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

47a Do you have evidence to support your deduction? .... [X] Yes [ ] No

b If "Yes," is the evidence written? .... [ ] Yes [X] No

Part V Other Expenses.

List below business expenses not included on lines 8-26 or line 30.

SMALL TOOLS	717
UNIFORM	522
BANK SERVICE CHARGES	480
TELEPHONE	237
DUES & SUBSCRIBTIONS	220
EDUCATIONAL TRAINING	215
TRASH DISPOSAL	149
COMPUTER & INTERNET	133
CONTINUING EDUCATION	93
MISCELLANEOUS	64
POSTAGE & DELIVERY	47

48 **Total other expenses.** Enter here and on line 27a 48 2,877

SCHEDULE E (Form 1040 or 1040-SR) Department of the Treasury Internal Revenue Service (99)	**Supplemental Income and Loss** (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to *www.irs.gov/ScheduleE* for instructions and the latest information.	OMB No. 1545-0074 **2019** Attachment Sequence No. **13**

Name(s) shown on return | 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 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

B If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

1a	Physical address of each property (street, city, state, ZIP code)
A	, CO
B	
C	

1b	Type of Property (from list below)
A	5
B	
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			☐
C			☐

Type of Property:

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

Income: Properties:		A	B	C
3 Rents received	3			
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list)	19			
20 Total expenses. Add lines 5 through 19	20			
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21			
22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	22	(10,665)	( )	( )

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23a Total of all amounts reported on line 3 for all rental properties	23a	
b Total of all amounts reported on line 4 for all royalty properties	23b	
c Total of all amounts reported on line 12 for all properties	23c	
d Total of all amounts reported on line 18 for all properties	23d	
e Total of all amounts reported on line 20 for all properties	23e	

24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses	24	0
25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(10,665)
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	-10,665

SCHEDULE SE
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2019

Attachment Sequence No. **17**

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

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart **only if** you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.

Did you receive wages or tips in 2019?

No

Are you a minister, member of a religious order, or Christian Science practitioner who received IRS approval not to be taxed on earnings from these sources, **but** you owe self-employment tax on other earnings? — Yes

No

Are you using one of the optional methods to figure your net earnings (see instructions)? — Yes

No

Did you receive church employee income (see instructions) reported on Form W-2 of $108.28 or more? — Yes

No

You may use Short Schedule SE below

Yes

Was the total of your wages and tips subject to social security or railroad retirement (tier 1) tax **plus** your net earnings from self-employment more than $132,900? — Yes

No

Did you receive tips subject to social security or Medicare tax that you **didn't** report to your employer? — Yes

No

No — Did you report any wages on Form 8919, Uncollected Social Security and Medicare Tax on Wages? — Yes

You must use Long Schedule SE on page 2

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Section A — Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

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**	( )
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	**2**	16,012
3	Combine lines 1a, 1b, and 2	**3**	16,012
4	Multiply line 3 by 92.35% (0.9235). If less than $400, you don't owe self-employment tax; **don't** file this schedule unless you have an amount on line 1b **Note:** If line 4 is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.	**4**	14,787
5	**Self-employment tax.** If the amount on line 4 is: • $132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on **Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.** • More than $132,900, multiply line 4 by 2.9% (0.029). Then, add $16,479.60 to the result. Enter the total here and on **Schedule 2 (Form 1040 or 1040-SR), line 4,** or **Form 1040-NR, line 55**	**5**	2,262
6	**Deduction for one-half of self-employment tax.** Multiply line 5 by 50% (0.50). Enter the result here and on **Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27** — **6** 1,131		

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

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Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

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

OMB No. 1545-0123

2019

Attachment Sequence No. **55**

Name(s) shown

Your taxpayer identification number

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2			
3	Qualified business net (loss) carryforward from the prior year	3	(23,845)		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	0
11	Taxable income before qualified business income deduction	11	69,301		
12	Net capital gain (see instructions)	12			
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	69,301		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	13,860
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			15	0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(23,845)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	( )

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

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Form **8867**

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074

2019

Attachment Sequence No. **70**

Taxpayer name(s) shown on return

Taxpayer identification number

Enter preparer's na[redacted]

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

	Question	Yes	No	N/A
1	Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you?	☒	☐	
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s)	☒	☐	
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	☐	☒	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s)	☒	☐	
	List those documents, if any, that you relied on. TAXPAYER SUMMARY OF INCOME			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	☒	☐	☐
a	Did you complete the required recertification Form 8862?	☐	☐	☐
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)?	☒	☐	☐

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For Paperwork Reduction Act Notice, see separate instructions.

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Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Question	Yes	No	N/A
9a	Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	☐	☐	
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	☐	☐	
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	☐	☐	☐

Part III Due Diligence Question for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Question	Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	X	☐	
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	☐	☐	☐
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X	☐	☐

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Question	Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Question	Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☐	☐

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; and

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a $530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

	Question	Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	X	☐

[redacted]

Form **8962**

Department of the Treasury
Internal Revenue Service

Premium Tax Credit (PTC)

Attach to Form 1040, 1040-SR, or 1040-NR
Go to *www.irs.gov/Form8962* for instructions and the latest information.

OMB No. 1545-0074
2019
Attachment Sequence No. **73**

Name shown on your return | Your social security number

You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box ☐

Part I Annual and Monthly Contribution Amount

1	Tax family size. Enter your tax family size (see instructions)	1	4
2a	Modified AGI. Enter your modified AGI (see instructions) — 2a: 93,701		
b	Enter the total of your dependents' modified AGI (see instructions) — 2b:		
3	Household income. Add the amounts on lines 2a and 2b (see instructions)	3	93,701
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. a ☐ Alaska b ☐ Hawaii c ☒ Other 48 states and DC	4	25,100
5	Household income as a percentage of federal poverty line (see instructions)	5	373 %
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%.) ☒ **No.** Continue to line 7. ☐ **Yes.** You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.		
7	Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0986
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount — 8a: 9,239		
b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	770

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?
☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ **No.** Continue to line 10.

10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
☒ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.
☐ **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

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Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals	25,740	35,832	9,239	26,593	25,740	25,740

Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January						
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						

24	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	25,740
25	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	25	25,740
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040 or 1040-SR), line 9, or Form 1040-NR, line 65. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	0

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions)	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040 or 1040-SR) line 2, or Form 1040-NR, line 44	29	

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

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

30	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 2

31	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 3

32	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 4

33	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

34 Have you completed all policy amount allocations?

☐ **Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

☐ **No.** See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

35	Alternative entries for your SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
36	Alternative entries for your spouse's SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month

RESTRICTIONS:

ENDORSEMENTS:
CLASS: E - Any non-commercial vehicle with a GVWR less than 26,001 lbs. or any RV

REPLACEMENT LICENSE REQUIRED WITHIN 10 DAYS OF ADDRESS OR NAME CHANGE.
The State of Florida retains all property rights herein.

Terry L. Rhodes
Executive Director
Clayton Boyd Walden
Director of Motorist Services
N621703140110
Rev Date 06-01-14

www.flhsmv.gov

[redacted]

Florida The Sunshine State
DRIVER LICENSE-CLASS E

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RESTR:
ENDORSE:

ORGAN DONOR
SAFE DRIVER MOTORCYCLE ALSO
Operation of a motor vehicle constitutes consent to any sobriety test required by law