FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2019

FOR OFFICE USE ONLY:

2020 JUN 10 AM 10:37

Alachua County-Elected Constitutional Officer

********AUTO**ALL FOR AADC 320 T1 P1 237 237

SHIRLEY (SADIE) J DARNELL, SHERIFF
2621 SE HAWTHORNE RD
GAINESVILLE FL 32641-7546

ID CODE

ID NO. 208842

CONF. CODE

Darnell, Shirley (Sadie) J

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of December, 2019 was $ 2,247,726.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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

The aggregate value of my household goods and personal effects (described above) is $ 182,000* (*1/2 of joint assets)

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Retirement/Investment: IRA, FRS, RHS	$1,571,176
*Bank Account: SunState Federal Credit Union	$24,000
*Brokerage Account: Charles Schwab	$136,500
*Real Property: Residence and Vacant Lot	$455,250

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
*Cenlar Mortgage (Residence)	$75,000
*SunState Federal Credit Union HELOC	$46,200

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

(Continued on reverse side)

PART D -- INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2019 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.

[X] I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
See Federal Income Tax Return	CY 2019 AGI	
Employer	2621 SE Hawthorne Rd. Gainesville, FL32641	

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			
N/A			

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
ADDRESS OF BUSINESS ENTITY	N/A		
PRINCIPAL BUSINESS ACTIVITY	N/A		
POSITION HELD WITH ENTITY	N/A		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A		
NATURE OF MY OWNERSHIP INTEREST	N/A		

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

[X] **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Sadie Darnell

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA

COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me by means of [X] physical presence or [ ] online notarization, this 8th day of June, 20 20 by Sadie Darnell.

(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

KAITLIN ARNOLD
Commission # GG 324460
Expires April 16, 2023
Bonded Thru Troy Fain Insurance 800-385-7019

Personally Known X OR Produced Identification

Type of Identification Produced

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

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

Signature

Date

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

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

Form **1040-SR** Department of the Treasury--Internal Revenue Service (99)
U.S. Tax Return for Seniors **2019**

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

Filing Status Check only one box.

[X] 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
SHIRLEY	DARNELL	[redacted]
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. P O BOX 358898	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). GAINESVILLE FL 32635		
Foreign country name / Foreign province/state/county	Foreign postal code	If more than four dependents, see inst. 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: [X] 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 no.	(3) Relationship to you	(4) ✓ if qualifies for (see inst.): Child tax credit	Credit for other dependents

Attach Schedule B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2					1	120,680
2a	Tax-exempt interest	2a		b	Taxable interest	2b	
3a	Qualified dividends	3a		b	Ordinary dividends	3b	
4a	IRA distributions	4a		b	Taxable amount	4b	
c	Pensions and annuities	4c	660,300	d	Taxable amount ROLLOVER	4d	50,588
5a	Social security benefits	5a	32,274	b	Taxable amount	5b	27,433
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	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income** ▶					7b	198,701
8a	Adjustments to income from Schedule 1, line 22					8a	
b	Subtract line 8a from line 7b. This is your **adjusted gross income** ▶					8b	198,701
9	**Standard deduction or itemized deductions** (from Schedule A)	9	34,403				
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10					
11a	Add lines 9 and 10					11a	34,403
b	**Taxable income.** Subtract line 11a from line 8b. If zero or less, enter -0-					11b	164,298

Standard Deduction See Standard Deduction Chart below.

Standard Deduction Chart*

Add the number of boxes checked in the "Age/Blindness" section of Standard Deduction ▶ 1

IF your filing status is...	AND the number of boxes checked is...	THEN your standard deduction is...	IF your filing status is...	AND the number of boxes checked is...	THEN your standard deduction is...
Single	1	13,850	Head of household	1	20,000
	2	15,500		2	21,650
Married filing jointly or Qualifying widow(er)	1	25,700	Married filing separately	1	13,500
	2	27,000		2	14,800
	3	28,300		3	16,100
	4	29,600		4	17,400

*Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

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

IMPORTANT TAX RETURN INFORMATION BELOW

Account Number: 1124196053

#6d

☐ **CORRECTED (if checked)**

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CITIMORTGAGE, INC. PO BOX 790005 ST LOUIS MO 63179-0005 CUSTOMER SERVICE: 1-800-283-7918**	*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-1380 **2019** Form 1098

Mortgage Interest Statement

RECIPIENT'S/LENDER'S TIN 13-3222578	PAYER'S/BORROWER'S TIN [redacted]	1 Mortgage interest received from payer(s)/borrower(s)* $ 1,396.99 ✓	
PAYER'S/BORROWER'S name SHIRLEY J [redacted]ELL [redacted]		2 Outstanding mortgage principal $ 161,727.63	3 Mortgage origination date 10/15/2015
		4 Refund of overpaid interest $	5 Mortgage insurance premiums $
Street address (including apt. no.) PO BOX 358898		6 Points paid on purchase of principal residence $	
City or town, state or province, country, and ZIP or foreign postal code GAINESVILLE FL 32635-8898		7 ☐ If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.	
9 Number of properties securing the mortgage 1	10 Other	8 Address or description of property securing mortgage (see instructions) 2025 NW 24TH AVE GAINESVILLE, FL 32605	
Account number (see instructions) 1124196053			

Copy B

For Payer/Borrower

The information in boxes through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a non-deductible item

11 Mortgage acquisition date

Form 1098 (Keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service

Annual Tax and Interest Statement

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

PRINCIPAL BALANCE INFORMATION		INTEREST INFORMATION	
ENDING as of your service transfer	$155,495.36	GROSS INTEREST APPLIED	$1,396.99
		NET INTEREST PAID(SEE BOX 1)	$1,396.99

IMPORTANT MESSAGES

This 2019 Form 1098 contains important tax information that will be reported to the Internal Revenue Service. Real Estate Tax amounts are for informational purposes only and have not been reported to the IRS. Refer to the back of this statement for other important messages and instructions. Please consult with your tax advisor for any tax related questions. Additional relevant information may be available at the Internal Revenue Service's website at https://www.irs.gov.

CITIMORTGAGE, INC.
PO BOX 790005
ST LOUIS MO 63179-0005

CitiMortgage, Inc.
For Information Call: 1-800-283-7918 **
Customer Service Hours:
Monday - Friday 9:00 A.M. - 5:30 P.M., ET
TTY Services: Dial 711 from the US;
Dial 1-866-280-2050 from Puerto Rico
Or visit our Website at WWW.CITIMORTGAGE.COM

00173300 1 27691063 TTD 00013300

SHIRLEY J DARNELL
NORMA A DARNELL
PO BOX 358898
GAINESVILLE FL 32635-8898

LOB 501 UPGR

12a	Tax (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐	12a	33,892
b	Add Schedule 2, line 3, and line 12a and enter the total ▶	12b	33,892
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total ▶	13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	33,892
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	
16	Add lines 14 and 15. This is your **total tax** ▶	16	33,892
17	Federal income tax withheld from Forms W-2 and 1099 FORM 1099	17	33,680
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	33,680

• 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	
21a	Amount of line 20 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	21a	
b	Routing number ▶ c Type: ☐ Checking ☐ Savings		
d	Account number		
22	Amount of line 20 you want **applied to your 2020 estimated tax** ▶	22	

Direct deposit? See instructions.

Amount You Owe

23	**Amount you owe.** Subtract line 19 from line 16. For details on how to pay, see instructions ▶	23	212
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.

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		SHERIFF	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. 352-281-5990 Email address DARNELL.NORMA@GMAIL.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
LINDA SPURNY		03-27-2020	P00066684	☐ 3rd Party Designee ☐ Self-employed

Firm's name ▶ HRB TAX GROUP INC Phone no. 352-336-5012

Firm's address ▶ 1507 NW 23RD AVE GAINESVILLE FL 32609 Firm's EIN ▶ 431871840

Go to www.irs.gov/Form1040SR for instructions and the latest information.

SCHEDULE A
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.
▶ Attach to Form 1040 or 1040-SR.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074
2019
Attachment Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR: SHIRLEY DARNELL

Your social security no.: [redacted]

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1			
	2	Enter amount from Form 1040 or 1040-SR, line 8b — 2: 198,701				
	3	Multiply line 2 by 7.5% (0.075)	3	14,903		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0
Taxes You Paid	5	State and local taxes.				
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ▶ ☒	5a	1,322		
	b	State and local real estate taxes (see instr.)	5b	9,002		
	c	State and local personal property taxes	5c			
	d	Add lines 5a through 5c	5d	10,324		
	e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	10,000		
	6	Other taxes. List type and amount ▶	6			
	7	Add lines 5e and 6			7	10,000
Interest You Paid	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ▶ ☐				
Caution: Your mortgage interest deduction may be limited (see instructions).	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	9,199		
	b	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	8b	0		
	c	Points not reported to you on Form 1098. See instructions for special rules	8c			
	d	Mortgage insurance premiums (see instructions)	8d			
	e	Add lines 8a through 8d	8e	9,199		
	9	Investment interest. Attach Form 4952 if required. See instructions	9			
	10	Add lines 8e and 9			10	9,199
Gifts to Charity	11	Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	14,079		
Caution: If you made a gift and got a benefit for it, see instructions.	12	Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	12	1,125		
	13	Carryover from prior year	13			
	14	Add lines 11 through 13			14	15,204
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			15	0
Other Itemized Deductions	16	Other — from list in instructions. List type and amount ▶			16	
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9			17	34,403
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box ▶ ☐				

Form **8283**

(Rev. November 2019)

Department of the Treasury
Internal Revenue Service

Noncash Charitable Contributions

▶ Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over $500 for all contributed property.

▶ Go to www.irs.gov/Form8283 for instructions and the latest information.

OMB No. 1545-0908

Attachment Sequence No. **155**

Name(s) shown on your income tax return: SHIRLEY DARNELL

Identifying number: [redacted]

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of $5,000 or Less and Publicly Traded Securities — List in this section **only** an items (or groups of similar items) for which you claimed a deduction of $5,000 or less. Also list publicly traded securities and certain other property even if the deduction is more than $5,000 (see instructions).

Part I Information on Donated Property — If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, (see instructions.)
A	VARIOUS 325 NW 10TH AV GAINESVILLE FL 32601	☐	
B		☐	
C		☐	
D		☐	
E		☐	

Note: If the amount you claimed as a deduction for an item is $500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see insts.)	(i) Method used to determine the fair market value
A	06-20-2019	01-01-2019	PURCHASED	5000	1125	THRIFT STORE VALUE
B						
C						
D						
E						

Part II Partial Interests and Restricted Use Property — Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

2a Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ ____

If Part II applies to more than one property, attach a separate statement.

b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ▶ ____

(2) For any prior tax years ▶ ____

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

d For tangible property, enter the place where the property is located or kept ▶ ____

e Name of any person, other than the donee organization, having actual possession of the property ▶ ____

		Yes	No
3a	Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?		X
b	Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?		X
c	Is there a restriction limiting the donated property for a particular use?		X

2019 SCHEDULE A – ITEMIZED DEDUCTIONS ATTACHMENT

SHIRLEY DARNELL
[redacted]

GIFTS BY CASH OR CHECK	
BREAD OF THE MIGHTY FOOD BANK	1,450
UNITED CHURCH OF GAINESVILLE	2,680
UNIV OF FLORIDA SHANDS HOSPITAL..	2,500
CONCERNS OF POLICE SURVIVORS	600
FLORIDA SHERIFFS YOUTH RANCHES	600
CITIZENS FOR SOCIAL JUSTICE	510
PARTNERSHIP FOR STRONG FAMILIES	400
MACON CEMETERY ASSOCIATION	500
MERIDIAN BEHAVIORAL HEALTHCARE	300
NATIONAL ALLIANCE FOR MENTAL ILLNESS	400
SHINING LIGHT OF ALACHUA COUNTY	400
SPRINGHILL BAPTIST CHURCH	400
VARIOUS SMALLER CONTRIBUTIONS	3,339
TOTAL TO SCHEDULE A LINE 11	14,079

2019 SOCIAL SECURITY TAXABLE BENEFITS WORKSHEET

SHIRLEY DARNELL

[redacted]

Keep for Your Records
Publication 915

Before you begin:

√ If you are married filing separately and you lived apart from your spouse for all of 2019, enter "D" to the right of the word "benefits" on Form 1040 or 1040-SR, line 5a.

√ Don't use this worksheet if you repaid benefits in 2019 and your total repayments (box 4 of Forms SSA-1099 and RRB-1099) were more than your gross benefits for 2018 (box 3 of Forms SSA-1099 and RRB-1099). None of your benefits are taxable for 2019. For more information, see "Repayments More Than Gross Benefits" in Pub 915.

√ If you are filing Form 8815, Exclusion of Interest From Series EE and I U.S. Savings Bonds Issued After 1989, do not include the amount from line 2b of Form 1040 on line 3 of this worksheet. Instead, include the amount from Schedule B (Form 1040), line 2.

1. Enter the total amount from box 5 of ALL your Forms SSA-1099 and Forms RRB-1099. Also enter this amount on Form 1040 or 1040-SR, line 5a 1. 32,274
2. Multiply line 1 by 50% (0.50) 2. 16,137
3. Combine the amounts from:
   Form 1040/1040-SR: Lines 1, 2b, 3b, 4b, 4d, 6 and Schedule 1 (Form1040 or 1040-SR) line 9 .... 3. 171,268
4. Enter the amount, if any, from Form 1040 or 1040-SR line 2a .... 4.
5. Enter the total of any exclusions/adjustments for:
   - Adoption benefits (Form 8839, line 28)
   - Foreign earned income or housing (Form 2555, lines 45 and 50), and
   - Certain income of bona fide residents of American Samoa (Form 4563, line 15) or Puerto Rico .... 5.
6. Combine lines 2, 3, 4, and 5 .... 6. 187,405
7. **Form 1040 filers:** Enter the amounts from Schedule 1 (Form 1040/1040-SR) lines 10 through 19, and any write-in adjustments you entered on the dotted line next to line 22 .... 7.
8. Is the amount on line 7 less than the amount on line 6?
   No. **STOP** None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 5b

   Yes. Subtract line 7 from line 6 .... 8. 187,405
9. If you are:
   - Married filing jointly, enter $32,000
   - Single, head of household, qualifying widow(er), or married filing separately and you **lived apart** from your spouse for all of 2019, enter $25,000 .... 9. 25,000

   Note: If you are married filing separately and you lived with your spouse at any time in 2019, skip lines 9 through 16; multiply line 8 by 85% (0.85) and enter the result on line 17. Then go to line 18.

   Is the amount on line 9 less than the amount on line 8?
10. **No.** **STOP** None of your benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 5b. If you are married filing separately and you **lived apart** from your spouse for all of 2019, be sure you entered "D" to the right of the word "benefits" on Fm 1040 or 1040-SR, line 5a.

    Yes. Subtract line 9 from line 8 .... 10. 162,405
11. Enter: $12,000 if married filing jointly; $9,000 if single, head of household, qualifying widow(er), or married filing separately and you **lived apart** from your spouse for all of 2019 .... 11. 9,000
12. Subtract line 11 from line 10. If zero or less, enter -0- 12. 153,405
13. Enter the **smaller** of line 10 or line 11 .... 13. 9,000
14. Multiply line 13 by 50% (0.50) 14. 4,500
15. Enter the **smaller** of line 2 or line 14 .... 15. 4,500
16. Multiply line 12 by 85% (0.85). If line 12 is zero, enter -0- 16. 130,394
17. Add lines 15 and 16 .... 17. 134,894
18. Multiply line 1 by 85% (0.85) 18. 27,433
19. **Taxable benefits.** Enter the **smaller** of line 17 or line 18. Also enter this amount on Form 1040 or 1040-SR line 5b 19. 27,433

TIP: If you received a lump-sum payment in 2019 that was for an earlier year, also complete Worksheet 2 or 3 and Worksheet 4 to see if you can report a lower taxable benefit.

2019 SIMPLIFIED METHOD WORKSHEET – LINES 4c and 4d

SHIRLEY DARNELL
[redacted]
CITY OF GAINESVILLE

Keep for Your Records
Publication 575

Note: If you had more than one partially taxable pension or annuity, figure the taxable part of each separately. Enter the total of the taxable parts on Form 1040 or 1040-SR, line 4d. Enter the total pension or annuity payments received in 2019 on Form 1040 or 1040-SR, line 4c.

1. Enter the total pension or annuity payments from Form 1099-R, box 1. Also, enter this amount on Form 1040 or 1040-SR, line 4c; or Form 1040NR, line 4c 1. 51,196
2. Enter your cost in the plan (contract) at the annuity starting date plus any death benefit exclusion * 2. 27,605
   Note. If your annuity starting date was before this year and you completed this worksheet last year, skip line 3 and enter the amount from line 4 of last year's worksheet on line 4 below (even if the amount of your pension or annuity has changed). Otherwise, go to line 3.
3. Enter the appropriate number from Table 1 below. **But** if your annuity starting date was **after** 1997 **and** payments are for your life and that of your beneficiary, enter the appropriate number from Table 2 below 3. 360
4. Divide line 2 by the number on line 3 .... 4. 76.6806
5. Multiply line 4 by the number of months for which this year's payments were made. If your annuity starting date was **before** 1987, skip lines 6 and 7 and enter this amount on line 8. Otherwise, go to line 6 .... 5. 920
6. Enter the amount, if any, recovered tax free in years after 1986. If you completed this worksheet last year, enter the amount from line 10 of last year's worksheet 6. 1,840
7. Subtract line 6 from line 2 .... 7. 25,765
8. Enter the **smaller** of line 5 or line 7 .... 8. 920
9. **Taxable amount.** Subtract line 8 from line 1. Enter the result, but not less than zero. Also, enter this amount on Form 1040 or 1040_SR, line 4d; or Form 1040NR, line 17b. If your Form 1099-R shows a larger amount, use the amount on this line instead of the amount from Form 1099-R. If you are a retired public safety officer, see the instructions before entering an amount on your tax return 9. 50,276
10. Was your annuity starting date before 1987?
    - [ ] Yes. **STOP.** Do not complete the rest of this worksheet.
    - [X] No. Add lines 6 and 8. This is the **amount you have recovered tax free** through 2019. You will need this number if you need to fill out this worksheet next year 10. 2,760
11. **Balance of cost to be recovered.** Subtract line 10 from line 2. If zero, you won't have to complete this worksheet next year. The payments you receive next year will generally be fully taxable 11. 24,845

* A death benefit exclusion (up to $5,000) applied to certain benefits received by employees who died before August 21, 1996.

Table 1 for Line 3 Above

IF your age on your annuity starting date was.....	**AND** your annuity starting date was-- **before** November 19, 1996, THEN enter on line 3	**after** November 18, 1996, THEN enter on line 3 .....
55 and under	300	360
56-60	260	310
61-65	240	260
66-70	170	210
71 and older	120	160

Table 2 for Line 3 Above

IF the combined ages at starting date were.....	THEN enter on line 3....
110 or under	410
111-120	360
121-130	310
131-140	260
141 or older	210

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT #4

2019 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

CU208881O-11151O44715-2

Box 1. Name		Box 2. Beneficiary's Social Security Number
SHIRLEY J DARNELL		[redacted]
Box 3. Benefits Paid in 2019	**Box 4. Benefits Repaid to SSA in 2019**	**Box 5. Net Benefits for 2019** *(Box 3 minus Box 4)*
$32,274.00	NONE	$32,274.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$25,173.70
Voluntary Federal income tax withheld	$7,100.30
Total Additions	$32,274.00
Benefits for 2019	$32,274.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

$7,100.30

Box 7. Address

SHIRLEY J DARNELL
P O BOX 358898
GAINESVILLE FL 32635-8800

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

[redacted]

CU208881O-11151O44715-2

m SSA-1099-SM (1-2020) **DO NOT RETURN THIS FORM TO SSA OR IRS**

CORRECTED (if checked)

Form 1099-R — 2019 — OMB No. 1545-0119

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code
VANTAGEPOINT TRANSFER AGENTS (800)669-7400
FOR 300646 CITY OF GAINESVILLE
777 NORTH CAPITOL STREET, NE
WASHINGTON, DC 20002-4240

PAYER'S TIN: [redacted]
RECIPIENT'S TIN: *** - ** - 9876

RECIPIENT'S name, street address (incld. apt. no.), city or town, providence or state country, and ZIP or foreign postal code
DARNELL, SHIRLEY J.
PO BOX 358898
GAINESVILLE, FL 32635

1 Gross distribution	$ 608,791.72
2a Taxable amount	$ 0.00
2b Taxable amount not determined	☐
Total distribution	☐
3 Capital gain (included in box 2a)	$ 0.00
4 Federal income tax withheld	$ 0.00
5 Employee contributions/Designated Roth contributions or insurance premiums	$ 0.00
6 Net unrealized appreciation in employer's securities	$ 0.00
7 Distribution code(s)	G
IRA/SEP/SIMPLE	☐
8 Other	$ 0.00 %
9a Your percentage of total distribution	%
9b Total employee contributions	$
10 Amount allocable to IRR within 5 years	$
11 1st year of desig. Roth contrib.	
FATCA filing requirement	☐
Account number (see instructions)	[redacted]
Date of payment	
12 State tax withheld	$ 0.00
13 State/Payer's state no.	FL
14 State distribution	$ 0.00
15 Local tax withheld	$ 0.00
16 Name of locality	
17 Local distribution	$

Copy C For Recipient's Records

This information is being furnished to the Internal Revenue Service

Form 1099-R www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service

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CORRECTED (if checked)

Form 1099-R — 2019 — OMB No. 1545-0119

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.
CITY OF GAINESVILLE EMPLOYEE PENSION PLAN
PO BOX 490, STATION 8
GAINESVILLE, FL 32627-0490
(352) 393-8350

PAYER'S TIN: [redacted]
RECIPIENT'S TIN: *****9876

RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code
SHIRLEY J DARNELL
PO BOX 358898
GAINESVILLE, FL 32635-8800

1 Gross distribution	$312.12
2a Taxable amount	
2b Taxable amount not determined	X
Total distribution	☐
3 Capital gain (included in box 2a)	
4 Federal income tax withheld	
5 Employee contributions/Designated Roth contributions or insurance premiums	
6 Net unrealized appreciation in employer's securities	
7 Distribution code(s)	7
IRA / SEP / SIMPLE	☐
8 Other	%
9a Your percentage of total distribution	%
9b Total employee contributions	
10 Amount allocable to IRR within 5 years	
11 1st year of desig. Roth contrib.	
FATCA filing requirement	☐
Account number (see instructions)	
Date of payment	
12 State tax withheld	
13 State/Payer's state no.	FL
14 State distribution	
15 Local tax withheld	
16 Name of locality	
17 Local distribution	

Copy C For Recipient's Records

This information is being furnished to the IRS.

Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury-Internal Revenue Service

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CORRECTED (if checked)

Form 1099-R — 2019 — OMB No. 1545-0119

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.
CITY OF GAINESVILLE POLICE PENSION FUND
PO BOX 490, STATION 8
GAINESVILLE, FL 32627-0490
(352) 393-8350

PAYER'S TIN: [redacted]
RECIPIENT'S TIN: *****9876

RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code
SHIRLEY J DARNELL
PO BOX 358898
GAINESVILLE, FL 32635-8800

1 Gross distribution	$51,195.69
2a Taxable amount	
2b Taxable amount not determined	X
Total distribution	☐
3 Capital gain (included in box 2a)	
4 Federal income tax withheld	$5,362.40
5 Employee contributions/Designated Roth contributions or insurance premiums	
6 Net unrealized appreciation in employer's securities	
7 Distribution code(s)	7
IRA / SEP / SIMPLE	☐
8 Other	%
9a Your percentage of total distribution	%
9b Total employee contributions	
10 Amount allocable to IRR within 5 years	
11 1st year of desig. Roth contrib.	
FATCA filing requirement	☐
Account number (see instructions)	
Date of payment	
12 State tax withheld	
13 State/Payer's state no.	FL
14 State distribution	
15 Local tax withheld	
16 Name of locality	
17 Local distribution	

Copy C For Recipient's Records

This information is being furnished to the IRS.

Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury-Internal Revenue Service

ECIPIENT'S/LENDER'S name, street address, city or town, state or rovince, country, ZIP or foreign postal code, and telephone no.

Central Loan Administration & Reporting
PO Box 77404
Ewing, NJ 08628
888-686-5459

* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

OMB No. 1545-1380

2019

Form 1098

Mortgage Interest Statement

Account number (see instructions) [redacted]

1 Mortgage interest received from payer(s)/borrower(s)* $ 4,428.97

2 Outstanding mortgage principal $ 155,495.36

3 Mortgage origination date 10/15/15

4 Refund of overpaid interest $ 0.00

5 Mortgage insurance premiums $0.00

6 Points paid on purchase of principal residence $ 0.00

7 ☐ If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.

8 Address or description of property securing mortgage (see instructions)
2025 NW 24TH AVE
GAINESVILLE FL 32605

9 Number of properties securing the mortgage
01

'AYER'S/BORROWER'S name, street address (including apt. no.), ity or town, state or province, country, and ZIP or foreign postal code

0377927 000012097 09CNYI 0929471 MO 1AF041 P1 CT
SHIRLEY J DARNELL
NORMA A DARNELL
PO BOX 358898
GAINESVILLE FL 32635

Copy B For Payer/Borrower

The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.

Other	11 Mortgage acquisition date	RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN
	04/01/2019	21-0534340	XXX-XX-9876

Form 1098 (keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service

Current Total Payment	1,789.99	Disbursement Activity 2019:	
Current Escrow Payment	913.57	Hazard Insurance	1,961.00
		Property Taxes	9,001.75
		Escrow Refund	427.43
Principal Activity 2019:			
Beginning Balance	155,495.36		
Payments Applied	6,379.05		
Remaining Balance	149,116.31		
Escrow Activity 2019:			
Beginning Escrow Balance	5,641.67		
Total Deposits	9,402.70		
Total Disbursements	11,390.18		
Closing Escrow Balance	3,654.19 **		

** Balance held for next years disbursements, not a Surplus.

M #5

2019 Net Interest payments reported to IRS ****** 4,428.97 F #6A

Please remember to file for Homestead Exemption, if you are eligible.

Message: If your loan was also serviced by another company in 2019, you may receive a separate statement from them as well.

Please Note: For State Funded Program Participants
Your interest may be overstated in Box 1 if all or a portion of your payments are subsidized by a state funded program. Contact your tax advisor with questions.

If Box 5 (Mortgage Insurance Premiums) is populated, the amount in Box 5 may not be deductible. Please consult your tax advisor to determine if the amount in Box 5 is tax deductible.

See the back of this document for answers to frequently asked questions.

[redacted]
GAINESVILLE FL[redacted]

1
Wages

22222	a Employee's social security number [redacted]	OMB No. 1545-0008

b Employer identification number (EIN) [redacted]	1 Wages, tips, other compensation 120,679.97	2 Federal income tax withheld 21,217.66
c Employer's name, address, and ZIP code Alachua County Sheriff's Office P.O. Box 5489 Gainesville, FL 32627-5489	3 Social security wages 132,900.00	4 Social security tax withheld 8,239.80
	5 Medicare wages and tips 150,251.15	6 Medicare tax withheld 2,178.57
	7 Social security tips	8 Allocated tips
d Control number	9 Verification code	10 Dependent care benefits
e Employee's first name and initial / Last Name / Suff. SHIRLEY J DARNELL PO BOX 358898 GAINESVILLE, FL 32635	11 Nonqualified plans	12a Code G 25,000.00
	13 Statutory employee [ ] Retirement Plan [X] Third-party sick pay [ ]	12b Code DD 7,546.00
	14 Other	12c Code
f Employee's address and ZIP code		12d Code

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** 2019

Department of the Treasury—Internal Revenue Service

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. SUNSTATE FEDERAL CREDIT UNION 405 SE 2ND PLACE GAINESVILLE, FL 32601-6890 (352) 381-5200	* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-1380 **2019** Form **1098**	**Mortgage Interest Statement**
RECIPIENT'S/LENDER'S TIN [redacted] / PAYER'S/BORROWER'S TIN [redacted]	1 Mortgage interest received from payer(s)/borrower(s)* $3,372.99		**Copy B For Payer/Borrower** The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.
	2 Outstanding mortgage principal $120,999.39	3 Mortgage origination date 03/22/2018	
PAYER'S/BORROWER'S name, Street address (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code [redacted] PO BOX 358898 GAINESVILLE, FL 32635-8800	4 Refund of overpaid interest $0.00	5 Mortgage insurance premiums $	
	6 Points paid on purchase of principal residence $0.00		
	7 [X] If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.		
9 Number of properties securing the mortgage / 10	8 Address or description of property securing mortgage (see instructions)		11 Mortgage acquisition date
Account number (see instructions) [redacted]			

Form **1098** (keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service