

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Kaufman Randolph Lee

MAILING ADDRESS:

8729 SW 145 PL

CITY:

Archer

ZIP:

32618

COUNTY:

Alachua

2020 JUN 12 AM 10:19

NAME OF AGENCY:

Alachua County Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Alachua County Commissioner District One (1)

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 April 30, 20 20 was \$ 1,379,514.10.

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 \$ 23,500

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
<u>see attached</u>	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>none</u>	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>none</u>	

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.

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
<i>see attached</i>		

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
	<i>none</i>		

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	<i>none</i>		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

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

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

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

STATE OF FLORIDA

COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 12 day of

June, 2020 by Randolph Kaufman

[Signature]
 (Signature of Notary Public—State of Florida)

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp) **YVETTE CARRERAS**
 Notary Public, State of Florida
 Commission # **GG 963846**
 My Commission Expires on **February 02, 2024**
 Type of Identification Produced: license ✓

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

Filing Status Single Married filing jointly Married filing separately (MFS)
 Head of household (HOH) Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of 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: RANDOLPH L; Last name: KAUFMAN; Your social security number: [REDACTED]; Spouse's social security number: [REDACTED]; Home address: 8729 SW 145TH PLACE; City: ARCHER FL 32618; Foreign country name: [REDACTED]; Foreign province/state/county: [REDACTED]; Foreign postal code: [REDACTED]; Presidential Election Campaign: [REDACTED]; If more than four dependents, see inst. and / here: [REDACTED]

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

Table with 4 columns: (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. Includes a large 'COPY' watermark.

Income and Deduction Summary Table. Rows include: 1 Wages, salaries, tips, etc. Attach Form(s) W-2... 2a Tax-exempt interest... 3a Qualified dividends... 4a IRA distributions... c Pensions and annuities... 5a Social security benefits... 6 Capital gain or (loss)... 7a Other income from Schedule 1, line 9... b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income... 8a Adjustments to income from Schedule 1, line 22... b Subtract line 8a from line 7b. This is your adjusted gross income... 9 Standard deduction or itemized deductions (from Schedule A)... 10 Qualified business income deduction... 11a Add lines 9 and 10... b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-...

Standard Deduction Chart* Table. Columns: IF your filing status is... AND the number of boxes checked is... THEN your standard deduction is... Rows include Single (1, 2), Married filing jointly or Qualifying widow(er) (1, 2, 3, 4), Head of household (1, 2), Married filing separately (1, 2, 3, 4).

*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.

12a Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____	12a	8,301
b Add Schedule 2, line 3, and line 12a and enter the total	12b	8,301
13a Child tax credit or credit for other dependents	13a	
b Add Schedule 3, line 7, and line 13a and enter the total	13b	148
14 Subtract line 13b from line 12b. If zero or less, enter -0-	14	8,153
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	8,153
17 Federal income tax withheld from Forms W-2 and 1099	17	3,220
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	3,220

• 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 <input type="checkbox"/>	21a	
b Routing number _____	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> 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	5,073
24 Estimated tax penalty (see instructions)	24	140

Third Party Designee 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**

(Other than paid preparer) Designee's name **HRB TAX GROUP INC** Phone no. **352-377-8800** Personal identification number (PIN) **09179**

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.)
	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. 352-495-2564		Email address	

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
	LASCHELLE QUARTERMAN		05-11-2020	[REDACTED]	
	Firm's name HRB TAX GROUP INC	Firm's address 5141 NW 43RD ST STE 103 GAINESVILLE FL 32606			Phone no. 352-377-8800
				Firm's EIN 431871840	

Go to www.irs.gov/Form1040SR for instructions and the latest information. Form **1040-SR** (2019)

SCHEDULE 1
(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2019

Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

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

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

RANDOLPH L AND JEAN W KAUFMAN

Your social security number

[REDACTED]

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

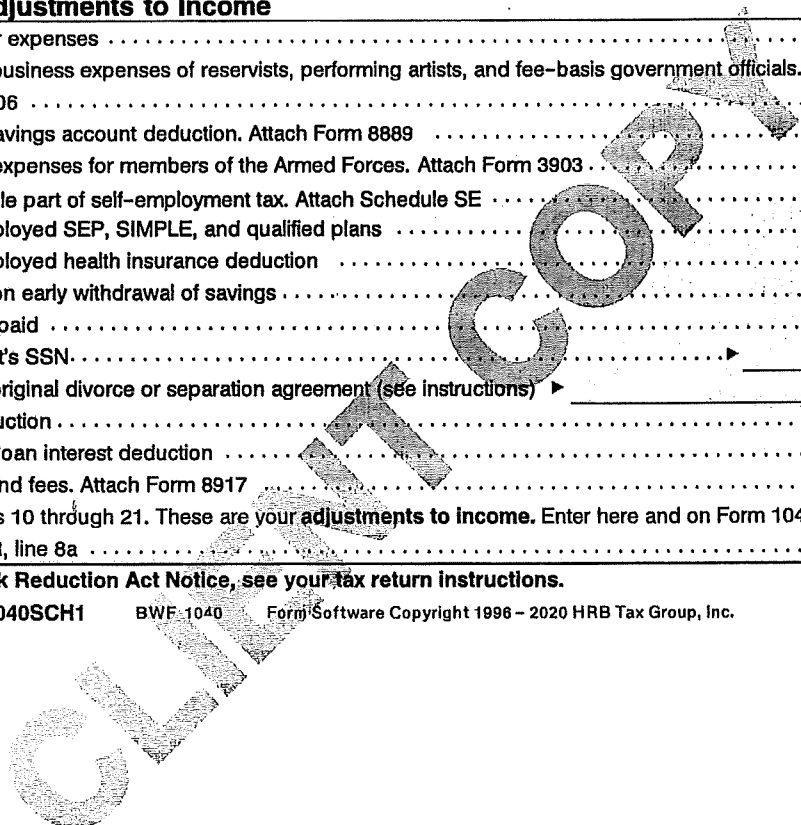
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	267
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	267

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	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a	22	

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

Schedule 1 (Form 1040 or 1040-SR) 2019



SCHEDULE 3
(Form 1040 or 1040-SR)

Additional Credits and Payments

OMB No. 1545-0074

2019

Attachment
Sequence No. **03**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

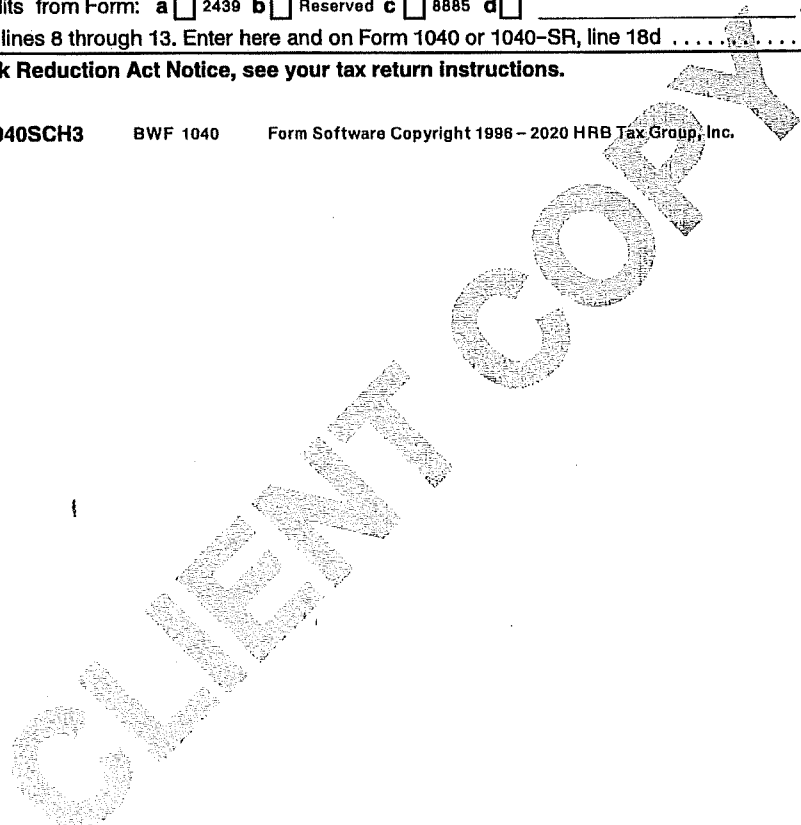
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040 or 1040-SR RANDOLPH L AND JEAN W KAUFMAN	Your social security number [REDACTED]
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Part I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required	1	148
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credit. Attach Form 5695	5	
6	Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	148

Part II Other Payments and Refundable Credits			
8	2019 estimated tax payments and amount applied from 2018 return	8	
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	

For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 3 (Form 1040 or 1040-SR) 2019



SCHEDULE B
(Form 1040 or 1040-SR)

Interest and Ordinary Dividends

OMB No. 1545-0074

2019

Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

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

▶ Attach to Form 1040 or 1040-SR.

Name(s) shown on return

RANDOLPH L AND JEAN W KAUFMAN

Your social security no.

Part I

Interest

(See instructions and the instructions for Forms 1040 and 1040-SR, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶ <u>CAMPUS USA CREDIT UNION</u> <u>CAMPUS CU</u> <u>MERRILL LYNCH, PIERCE, FENNER & SMITH</u> <u>MERRILL LYNCH</u>
2	Add the amounts on line 1
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ▶

	Amount
	100
	114
	60
	399
1	
2	673
3	
4	673

Note: If line 4 is over \$1,500, you must complete Part III.

Part II

Ordinary Dividends

(See instructions and the instructions for Forms 1040 and 1040-SR, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5	List name of payer ▶ <u>NOKIA CORPORATION</u> <u>MERRILL LYNCH, PIERCE, FENNER & SMITH</u>
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ▶

	Amount
	22
	15,110
5	
6	15,132

Part III

Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

7a	At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions	Yes	No
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		X
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
8	During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

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

Schedule B (Form 1040 or 1040-SR) 2019

#1

SCHEDULE E
(Form 1040 or 1040-SR)

Supplemental Income and Loss

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name(s) shown on return

Your social security number

RANDOLPH L AND JEAN W KAUFMAN

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
B
C

1b Type of Property (from list below)	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	B	A	B		
A 6							
B							
C							

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3			
4 Royalties received	4	312		
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	45		
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	45		
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	267		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	()
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	312		
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	45		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			267
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	()		()
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			267

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040 or 1040-SR) 2019

**Qualified Business Income Deduction
Simplified Computation**

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

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

Name(s) shown on return

Your taxpayer identification number

RANDOLPH L AND JEAN W KAUFMAN

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	()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	
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	456
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	456
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9 91
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 91
11	Taxable income before qualified business income deduction	11	82,589
12	Net capital gain (see instructions)	12	14,777
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	67,812
14	Income limitation. Multiply line 13 by 20% (0.20)		14 13,562
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 91
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	()
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()

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

CLIENT

IRS e-file Signature Authorization

CLIENT COPY 2019

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

Taxpayer's name: RANDOLPH L KAUFMAN; Spouse's name: JEAN W KAUFMAN; Social security number and Spouse's social security number fields are redacted.

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

Table with 5 rows: 1 Adjusted gross income (109,589), 2 Total tax (8,153), 3 Federal income tax withheld (3,220), 4 Refund, 5 Amount you owe (5,073).

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.

Taxpayer's PIN: check one box only

[X] I authorize HRB TAX GROUP INC to enter or generate my PIN 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.

Your signature: SIGNATURE AND DATE ON FILE; Date:

Spouse's PIN: check one box only

[X] I authorize HRB TAX GROUP INC to enter or generate my PIN 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.

Spouse's signature: SIGNATURE AND DATE ON FILE; Date:

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 your five-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.

ERO's signature; Date: 05-11-2020

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

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

Form **8453**

U.S. Individual Income Tax Transmittal for an IRS e-file Return

OMB No. 1545-0074

For the year January 1-December 31, 2019

2019

Department of the Treasury
Internal Revenue Service

▶ See instructions.

▶ Go to www.irs.gov/Form8453 for the latest information.

PLEASE PRINT CLEARLY	Your first name and initial RANDOLPH		Last name KAUFMAN		Your social security number [REDACTED]
	If a joint return, spouse's first name and initial JEAN		Last name KAUFMAN		Spouse's social security no. [REDACTED]
	Home address (number and street). If you have a P.O. box, see instructions.			Apt. no.	
	8729 SW 145TH PLACE				
	City, town or post office, state, and ZIP code (If a foreign address, also complete spaces below.) ARCHER FL 32618				
Foreign country name		Foreign province/state/county		Foreign postal code	

Important!
You must enter your SSN(s) above.

FILE THIS FORM ONLY IF YOU ARE ATTACHING ONE OR MORE OF THE FOLLOWING FORMS OR SUPPORTING DOCUMENTS.

Check the applicable box(es) to identify the attachments.

- Form 1098-C, Contributions of Motor Vehicles, Boats, and Airplanes (or equivalent contemporaneous written acknowledgement)
- Form 2848, Power of Attorney and Declaration of Representative (or POA that states the agent is granted authority to sign the return)
- Form 3115, Application for Change in Accounting Method
- Form 3468 - attach a copy of the first page of NPS Form 10-168, Historic Preservation Certification Application (Part 2 -- Description of Rehabilitation), with an indication that it was received by the Department of the Interior or the State Historic Preservation Officer, together with proof that the building is a certified historic structure (or that such status has been requested)
- Form 4136 - attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller or a certificate from the provider identifying the product as renewable diesel and, if applicable, a statement from the reseller
- Form 5713, International Boycott Report
- Form 8283, Noncash Charitable Contributions, Section A (if any statement or qualified appraisal is required), or Section B, Donated Property, and any related attachments (including any qualified appraisal or partnership Form 8283)
- Form 8332, Release/Revocation of Release of Claim to Exemption for Child by Custodial Parent (or certain pages from a divorce decree or separation agreement that went into effect after 1984 and before 2009) (see instructions)
- Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)
- Form 8864 - attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller or a certificate from the provider identifying the product as renewable diesel and, if applicable, a statement from the reseller
- Form 8885, Health Coverage Tax Credit, and all required attachments
- Form 8949, Sales and Other Dispositions of Capital Assets (or a statement with the same information), if you elect not to report your transactions electronically on Form 8949

DON'T SIGN THIS FORM.

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

Form **8453** (2019)

A voucher is printed at the bottom of this page.

NOTE: This is a new scannable voucher approved by the IRS for filing of the 1040-V for the year 2019. This is different than the voucher that is on the IRS website.

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the "United States Treasury".
- ▶ Write your Social Security Number (SSN) on your check or money order.

Mail payment to:

INTERNAL REVENUE SERVICE
PO BOX 1214
CHARLOTTE NC 28201-1214

Form Software Copyright 1996 - 2020 HRB Tax Group, Inc.

19 1040VS1 BWF 1040

Form **1040-V** (2019)

▼ Detach Here and Mail with Your Payment and Return ▼

Department of the Treasury Internal Revenue Service	2019 OMB No. 1545-0074	Form 1040-V Payment Voucher
--	----------------------------------	------------------------------------

- ▶ Use Form 1040-V when paying the balance due on Form 1040, Form 1040A, 1040EZ, or 1040NR.
- ▶ Enter your SSN on your check or money order.
- ▶ If your name, address, or SSN is incorrect, see instructions.

Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"	Dollars 5,073
--	-------------------------

2029

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



RANDOLPH L AND JEAN W KAUFMAN
8729 SW 145TH PLACE
ARCHER FL 32618

INTERNAL REVENUE SERVICE
PO BOX 1214
CHARLOTTE NC 28201-1214

**2019 QUALIFIED BUSINESS INCOME DEDUCTION WORKSHEET
DETAIL BY BUSINESS**

RANDOLPH L AND JEAN W KAUFMAN

DIV #2

MERRILL

13-5674085

NON-SPEC

Schedule/Form
Business Name

EIN/SSN

Business Type

Included in Aggregation #

PTP Income

Qualified Business Income (QBI)

1. Specified Business Income/Loss from Sch/Form

2. Non-Specified Business Income/Loss from Sch/Form

Less applicable adjustments from 1040 Schedule 1
(includes SE Tax, SEHIN, & Qual Retirement plans)

3. QBI/ Qualified Losses and ST Gains from Asset Disposition

4. Net Qualified Business Income (QBI) (sum L1 - L3)

Qualified Other Income (QOI)

5. Qualified REIT Sec 199A Dividends from 1099-DIV and K-1s

6. Qualified Other Income from PTPs

7. QOI Qualified Losses and ST Gains from Disposition incl Sale of PTP

8. Net Qualified Other Income (QOI) (L5 + L6 + L7)

9. Net QBI and QOI (L4 + L8)

NO

COPY

456

456

456

Client Sources of Income Verification

To ensure your return is prepared accurately, review the entries below and confirm they represent all your sources of income, regardless of taxability.

Sources of Income – Total \$ 118,041

NOTE: The amount shown may not match your total Adjusted Gross Income as there may be sources of income present on your return that are not independently reported to the IRS.

<u>Document</u>	<u>Issued by</u>	<u>Amount</u>
1099 DIV	NOKIA CORPORATION	\$22
1099 DIV	MERRILL LYNCH, PIERCE, FEN	\$16,985
1099 INT	CAMPUS USA CREDIT UNION	\$100
1099 INT	CAMPUS CU	\$114
1099 INT	MERRILL LYNCH, PIERCE, FEN	\$60
1099 INT	MERRILL LYNCH	\$399
1099-MISC	CHS REFINERY	\$312
1099R	STATE OF FLORIDA DEP	\$30,694
1099R	SANTE FE HEALTHCARE INC	\$3,311
1099R	MERRILL LYNCH	\$5,995
1099R	MERRILL LYNCH	\$6,955
CAPITAL GAINS/LOSSES	ALL SOURCES	\$9,546
SSA-1099	SOCIAL SECURITY ADMINIST	\$43,548

My/our signature(s) below confirms that I/we verify that I/we have no additional sources of income for the 2019 tax year in the categories listed above.

Client Name Signature Date
 Client RANDOLPH L KAUFMAN SIGNATURE AND DATE ON FILE _____

Spouse JEAN W KAUFMAN SIGNATURE AND DATE ON FILE _____

(If married and Spouse is present, Spouse must also sign.)

Tax Professional: _____ Date: _____

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side **SSN or taxpayer identification number**
 RANDOLPH L AND JEAN W KAUFMAN

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions).

For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see NOTE above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions.	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	MULTIPLE			136,009	130,620	MW	79	5,468
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Sch. D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶								
				136,009	130,620		79	5,468

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE D
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service(99)

Capital Gains and Losses

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2019
Attachment
Sequence No. **12**

Name(s) shown on return

RANDOLPH L AND JEAN W KAUFMAN

Your social security number

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses — Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	34,018	34,019		(1)
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	148,525	146,644	439	2,320
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 2,319

Part II Long-Term Capital Gains and Losses — Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	136,009	130,620	79	5,468
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 1,759
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15 7,227

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

Schedule D (Form 1040 or 1040-SR) 2019

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	9,546
	<ul style="list-style-type: none"> ● If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below. ● If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. ● If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22. 		
17	Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	2
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below. <input checked="" type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of: <ul style="list-style-type: none"> ● The loss on line 16; or ● (\$3,000), or if married filing separately, (\$1,500) <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	()
22	Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR or 1040-NR.		

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2019
Attachment
Sequence No. **12A**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

SSN or taxpayer identification number

RANDOLPH L AND JEAN W KAUFMAN

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.
Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	MULTIPLE			148,525	146,644	M	439	2,320
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Sch. D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶								
				148,525	146,644		439	2,320

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone number CAMPUS USA CREDIT UNION PO BOX 147029 GAINESVILLE, FL 32614-7029 (352) 335-9090		Payer's RTN (optional)	OMB No. 1545-0112 2019 Form 1099-INT		Interest Income	
PAYER'S TIN [REDACTED]		1 Interest income \$ 100.00		Copy B For Recipient This 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 this income is taxable and the IRS determines that it has not been reported.		
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code KAUFMAN RANDOLPH L 8729 SW 145 PL ARCHER FL 32618		2 Early withdrawal penalty \$ 0.00			3 Interest on U.S. Savings Bonds and Treas. obligations \$ 0.00	
		4 Federal income tax withheld \$ 0.00			5 Investment expenses \$ 0.00	
		6 Foreign tax paid \$ 0.00			7 Foreign country or U.S. possession	
		8 Tax-exempt interest \$ 0.00			9 Specified private activity bond interest \$ 0.00	
		10 Market discount \$ 0.00			11 Bond premium \$ 0.00	
Account number (see instructions) [REDACTED]		RECIPIENT'S TIN XXX-XX [REDACTED]			FATCA filing requirement <input type="checkbox"/>	
		12 Bond premium on Treasury obligations \$ 0.00			13 Bond premium on tax-exempt bond \$ 0.00	
		14 Tax-exempt and tax credit bond CUSIP no.			15 St. 16 St. identification no.	
					17 State tax withheld \$ 0.00	

Form 1099-INT

Substitute Form

(Keep for your records)

Department of the Treasury - Internal Revenue Service
www.irs.gov/Form1099INT

Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the instructions for Form 8949. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer generally must report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the instructions for Form 8938.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during 2019 on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912. See the instructions above for a taxable covered security acquired at a premium.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. This amount is included in box 1.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions.

Box 7. Shows the country or U.S. possession to which the foreign tax was paid.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. See how to report this amount in the instructions for Form 1040. This amount may be subject to backup withholding. See Box 4 above. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 10. For a taxable or tax-exempt covered security, if you made an election under section 1278(b) to include market discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.6045-1(n)(5), shows the market discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-OID. For a taxable or tax-exempt covered security acquired on or after January 1, 2015, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to make a constant yield election for market discount under section 1278(b). Report the accrued market discount on your income tax return as directed in the instructions for Form 1040. Market discount on a tax-exempt security is includible in taxable income as interest income.

Box 11. For a taxable covered security (other than a U.S. Treasury obligation), shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Form 1040 (Schedule B) to determine the net amount of interest includible in income on Form 1040 with respect to the security. If an amount is not reported in this box for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in box 11 is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4).

Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Form 1040 (Schedule B) to determine the net amount of interest includible in income on Form 1040 with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 3. If the amount in box 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4).

Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to determine the net amount of tax-exempt interest reportable on Form 1040. If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount in box 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(ii).

Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s).

Boxes 15-17. State tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096 list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099INT.

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone number CAMPUS USA CREDIT UNION PO BOX 147029 GAINESVILLE, FL 32614-7029 (352) 335-9090		Payer's RTN (optional)	OMB No. 1545-0112 2019 Form 1099-INT			
PAYER'S TIN [REDACTED]		1 Interest income \$ 114.11				
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code KAUFMAN JEAN W 8729 SW 145 PL ARCHER FL 32618		2 Early withdrawal penalty \$ 0.00	3 Interest on U.S. Savings Bonds and Treas. obligations \$ 0.00			
		4 Federal income tax withheld \$ 0.00	5 Investment expenses \$ 0.00			
		6 Foreign tax paid \$ 0.00	7 Foreign country or U.S. possession			
		8 Tax-exempt interest \$ 0.00	9 Specified private activity bond interest \$ 0.00			
Account number (see Instructions) [REDACTED]	RECIPIENT'S TIN XXX-XX [REDACTED]	FATCA filing requirement <input type="checkbox"/>	10 Market discount \$ 0.00	11 Bond premium \$ 0.00		
	12 Bond premium on Treasury obligations \$ 0.00	13 Bond premium on tax-exempt bond \$ 0.00	14 Tax-exempt and tax credit bond CUSIP no.	15 St.	16 St. identification no.	17 State tax withheld \$ 0.00

Interest Income

Copy B For Recipient
This 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 this income is taxable and the IRS determines that it has not been reported.

Form 1099-INT Substitute Form (Keep for your records)

Department of the Treasury - Internal Revenue Service
www.irs.gov/Form1099INT

Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the Instructions for Form 8949. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer generally must report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did not notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during 2019 on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912. See the instructions above for a taxable covered security acquired at a premium.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the Instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. This amount is included in box 1.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions.

Box 7. Shows the country or U.S. possession to which the foreign tax was paid.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. See how to report this amount in the Instructions for Form 1040. This amount may be subject to backup withholding. See Box 4 above. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the Instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 10. For a taxable or tax-exempt covered security, if you made an election under section 1278(b) to include market discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.6045-1(n)(5), shows the market discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-OID. For a taxable or tax-exempt covered security acquired on or after January 1, 2015, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to make a constant yield election for market discount under section 1276(b). Report the accrued market discount on your income tax return as directed in the Instructions for Form 1040. Market discount on a tax-exempt security is includible in taxable income as interest income.

Box 11. For a taxable covered security (other than a U.S. Treasury obligation), shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the Instructions for Form 1040 (Schedule B) to determine the net amount of interest includible in income on Form 1040 with respect to the security. If an amount is not reported in this box for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in box 11 is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(e)(4).

Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the Instructions for Form 1040 (Schedule B) to determine the net amount of interest includible in income on Form 1040 with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 3. If the amount in box 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4).

Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to determine the net amount of tax-exempt interest reportable on Form 1040. If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount in box 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(ii).

Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s).

Boxes 15-17. State tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096 list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099INT.

JEAN KAUFMAN
 & RANDY KAUFMAN JT TEN
 8729 SW 145TH PL
 ARCHER FL 32618-4450

Payer's Details
 CITIBANK NA
 PO BOX 43077
 PROVIDENCE RI 02940-3077
 Payer's Federal ID Number: 13-5266470

Reported to IRS } Gross Proceeds
 Net Proceeds
 Corrected (if checked)

Account Number [REDACTED]
 Recipient's ID No. ending in [REDACTED]

OMB No. 1545-0715

Form 1099-B - Proceeds From Broker and Barter Exchange Transactions 2019

Issuer Name: Nokia Corporation

1a	1b	1c	1d	1e	1g	2	4	5	12	14	15	16	
Applicable check box on Form 9849	Description of property	Date acquired	Date sold or disposed	Proceeds (\$)	Cost or other basis (\$)	Wash sale loss disallowed	Type of gain or loss	FEDERAL INCOME TAX WITHHELD (\$)	Check if Noncovered security	Check if reported to IRS	State name	State identification no.	State tax withheld (\$)
A	0.223452 shares of DSPP - SPONSORED ADR (CUSIP: 654902204) sold	11 Jun 2019	08 Aug 2019	1.16	1.16	0.00	Short Term	0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>			0.00

Your sale of 0.223452 shares of DSPP - SPONSORED ADR (CUSIP: 654902204) sold @ \$5.38 on 08 Aug 2019 and totaling \$1.20 will be reported to the IRS as follows:

NOTE: The Payer will report the amount in column 1d to the IRS. The difference between the reportable proceeds in column 1d and the net proceeds you received represents withholding taxes and nonstandard service fees or charges you may have paid.
 Copy B - For Recipient (Keep for your records)
 Department of the Treasury - Internal Revenue Service
 This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). 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.

2019 Form 1099-B

PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS.

PAYER'S name, street address, city, state, ZIP code, and telephone no.

EQUINITI TRUST COMPANY – Shareowner Services
 P.O. Box 64854
 St. Paul, MN 55164-1854

1-855-854-1364

OMB No. 1545-0715

Page 2 of 2

Copy B for Recipient: This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). 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. The IRS requires us to remind you that you are ultimately responsible for the accuracy of your tax return.

PAYER'S TIN

RECIPIENT'S TIN

RECIPIENT'S account number



RECIPIENT'S name and address

JEAN W KAUFMAN &
 RANDOLPH L KAUFMAN JT TEN
 8729 SW 145TH PL
 ARCHER FL 32618-4450

Box 1a: Description of property

Westinghouse Air Brake Technologies Corporation (WBB1)
 Common Stock
 CUSIP: 929740108

Summary of Proceeds from Broker and Barter Exchange Transactions

Box 1b Date acquired	Box 1c Date sold or disposed	Quantity sold*	Box 1d ** Proceeds	Box 1e Cost or other basis	Boxes 1g: (W) - Wash sale adjustments	Box 4 Federal Income Tax Withheld	Transaction Description
02/25/2019	02/25/2019	0.237	\$17.70	\$18.50	\$0.00	\$0.00	Cash Liquidation
Short-Term Subtotals *			\$17.70	\$18.50	\$0.00	\$0.00	
Grand Totals *			\$17.70	\$18.50	\$0.00	\$0.00	

Box 2: Covered Securities, Short-term transactions for which basis is reported to the IRS(Box 3)-- Report on Form 8949, Part I, with Box A checked.

* The Quantity Sold, Subtotals and Grand Totals are provided as a courtesy; these values are not provided to the Internal Revenue Service.
 ** The amounts listed under the Box 1d ("Proceeds") column are reported net of commissions and transfer taxes, as required by federal tax regulations.

View your tax documents, and more, while signed into your account at shareowneronline.com
 • New users: enroll by selecting **Sign Up Now!**, select **Authentication ID**, and then check **I do not have my Authentication ID**.
 • Tax information is also available on our automated phone system at **1-855-854-1364**

Confidential

□ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.

RETIREMENT SERVICES
SANTAFE HEALTHCARE INC PENSION PLAN
550 S. 4TH STREET, N9310-081
MINNEAPOLIS, MN 55415-1529

PAYER'S TIN [REDACTED] RECIPIENT'S TIN XXXX-XX-XXXX

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

RANDOLPH L KAUFMAN
8729 SW 145TH PLACE
ARCHER, FL 32618

10 Amount allocable to IRR within 5 years FATCA filing requirement

Account number (see instructions) Tracking # [REDACTED] Date of Payment

FORM 1099-R www.irs.gov/form1099r

□ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.

RETIREMENT SERVICES
SANTAFE HEALTHCARE INC PENSION PLAN
550 S. 4TH STREET, N9310-081
MINNEAPOLIS, MN 55415-1529

PAYER'S TIN [REDACTED] RECIPIENT'S TIN XXXXXX-XXXX

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

RANDOLPH L KAUFMAN
8729 SW 145TH PLACE
ARCHER, FL 32618

10 Amount allocable to IRR within 5 years 11 1st year of desig. Roth contrib. FATCA filing requirement

Account number (see instructions) Tracking # [REDACTED] Date of Payment

FORM 1099-R www.irs.gov/form1099r

1 Gross distribution \$ 3311.16		2b Taxable amount not determined <input type="checkbox"/>		OMB No. 1545-0119 2019 Form 1099-R Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. This information is being furnished to the Internal Revenue Service
2a Taxable amount \$ 3311.16		Total distribution <input type="checkbox"/>		
3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$		COPY C For Recipient's Records This information is being furnished to the Internal Revenue Service
5 Employee contributions / Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
7 Distribution code(s) 7		8 Other \$		
9a Your percentage of total distribution %		9b Total employee contributions %		
12 State tax withheld \$		13 State/Payer's state no. FL		
15 Local tax withheld \$		16 Name of locality		
14 State distribution \$		17 Local distribution \$		

Department of the Treasury - Internal Revenue Service

□ CORRECTED (if checked)

1 Gross distribution \$ 3311.16 2b Taxable amount not determined

2a Taxable amount \$ 3311.16 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 8 Other \$

9a Your percentage of total distribution % 9b Total employee contributions %

12 State tax withheld \$ 13 State/Payer's state no. FL

15 Local tax withheld \$ 16 Name of locality

14 State distribution \$ 17 Local distribution \$

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0119 2019

Form 1099-R Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
This information is being furnished to the Internal Revenue Service

COPY 2

File this copy with your state, city, or local income tax return when required.

14 State distribution

17 Local distribution

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code
MERRILL LYNCH AS CUSTODIAN
P.O. BOX 2150
LAKEMOOD, NJ 08701-8150
1-800-738-1099

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
JEAN W KAUFMAN
8729 SW 145TH PL
ARCHER FL 32618-4450

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code
MERRILL LYNCH AS CUSTODIAN
P.O. BOX 2150
LAKEMOOD, NJ 08701-8150
1-800-738-1099

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
JEAN W KAUFMAN
8729 SW 145TH PL
ARCHER FL 32618-4450

Account number (see instructions)		73334674		CORRECTED (if checked)	
1 Gross distribution		PAYER'S TIN		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
2a Taxable amount		RECIPIENT'S TIN		2019	
\$ 5,995.09		XXX-XX-XXXX		Form 1099-R	
2b Taxable amount not determined		Total distribution		Copy B	
<input checked="" type="checkbox"/>		Federal income tax withheld		Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.	
3 Capital gain (included in box 2a)		1,199.02		FATCA filing Requirement <input type="checkbox"/>	
5 Employee contributions / Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		10 Amount allocable to RRR within 5 years	
\$		\$		\$	
7 Distribution code(s)		8 Other		11 1st year of desig. Roth contrib.	
7 SIMPLE <input checked="" type="checkbox"/>		8		%	
9a Your percentage of total distribution		9b Total employee contributions		14 State distribution	
%		\$		\$	
12 State tax withheld		13 State/Payer's state no.		Date of Payment	
\$		FL			
15 Local tax withheld		16 Name of locality		17 Local distribution	
\$				\$	

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0119

Account number (see instructions)		73334674		CORRECTED (if checked)	
1 Gross distribution		PAYER'S TIN		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
\$ 5,995.09		RECIPIENT'S TIN		2019	
2a Taxable amount		XXX-XX-XXXX		Form 1099-R	
2b Taxable amount not determined		Total distribution		Copy C	
<input checked="" type="checkbox"/>		Federal income tax withheld		For Recipient's Records	
3 Capital gain (included in box 2a)		1,199.02		FATCA filing Requirement <input type="checkbox"/>	
5 Employee contributions / Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		10 Amount allocable to RRR within 5 years	
\$		\$		\$	
7 Distribution code(s)		8 Other		11 1st year of desig. Roth contrib.	
7 SIMPLE <input checked="" type="checkbox"/>		8		%	
9a Your percentage of total distribution		9b Total employee contributions		14 State distribution	
%		\$		\$	
12 State tax withheld		13 State/Payer's state no.		Date of Payment	
\$		FL			
15 Local tax withheld		16 Name of locality		17 Local distribution	
\$				\$	

PAYER'S name, street address, city or town, state or province,
country, and ZIP or foreign postal code
MERRILL LYNCH AS CUSTODIAN
P.O. BOX 2150
LAKewood, NJ 08701-8150
1-800-738-1099

RECIPIENT'S name, street address (including apt. no.), city or
town, state or province, country, and ZIP or foreign postal code

RANDOLPH LEE KAUFMAN
8729 SW 145TH PL
ARCHER FL 32618-4450

PAYER'S name, street address, city or town, state or province,
country, and ZIP or foreign postal code
MERRILL LYNCH AS CUSTODIAN
P.O. BOX 2150
LAKewood, NJ 08701-8150
1-800-738-1099

RECIPIENT'S name, street address (including apt. no.), city or
town, state or province, country, and ZIP or foreign postal code
RANDOLPH LEE KAUFMAN
8729 SW 145TH PL
ARCHER FL 32618-4450

Account number (see instructions)		73314676		CORRECTED (if checked)		OMB No. 1545-0119	
1	Gross distribution	\$ 6,955.44	PAYER'S TIN				Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2a	Taxable amount	\$ 6,955.44	RECIPIENT'S TIN				
2b	Taxable amount not determined	\$ 6,955.44	XXX-XX-XXXX				2019 Form 1099-R
3	Capital gain (included in box 2a)	\$ 1,391.09					Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
5	Employee contributions /designated Roth contributions or insurance premiums	\$					FATCA filing Requirement <input type="checkbox"/>
7	Distribution code(s)	IRA/SEP/SIMPLE	Other				
9a	Your percentage of total distribution	%	9b Total employee contributions	\$			11 1st year of desig. Roth contrib.
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
			17	Local distribution	\$		Date of Payment

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

Account number (see instructions)		73314676		CORRECTED (if checked)		OMB No. 1545-0119	
1	Gross distribution	\$ 6,955.44	PAYER'S TIN				Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2a	Taxable amount	\$ 6,955.44	RECIPIENT'S TIN				
2b	Taxable amount not determined	\$ 6,955.44	XXX-XX-XXXX				2019 Form 1099-R
3	Capital gain (included in box 2a)	\$ 1,391.09					Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
5	Employee contributions /designated Roth contributions or insurance premiums	\$					FATCA filing Requirement <input type="checkbox"/>
7	Distribution code(s)	IRA/SEP/SIMPLE	Other				
9a	Your percentage of total distribution	%	9b Total employee contributions	\$			11 1st year of desig. Roth contrib.
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
			17	Local distribution	\$		Date of Payment

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

THIS STATEMENT ISSUED AS A 1099-MISC U.S. INFORMATION RETURN
RETAIN FOR TAX PURPOSES

Payer: CHS McPherson Refinery Inc.
2000 S Main Street
McPherson KS 67460

E.I.N.: 48-0348003

Recipient:

Owner No.: [REDACTED]

RANDOLPH LEE KAUFMAN
8729 SW 145TH PL
ARCHER FL 32618-4450

Taxpayer ID No.: XXX-XX [REDACTED]

1099-MISC AMOUNTS FOR TAX YEAR 2019:

(Box 1) Rentals	\$0.00
(Box 2) Royalties	\$311.68
(Box 3) Other Income	\$0.00
(Box 4) Federal Income tax withheld	\$0.00
(Box 7) Nonemployee compensation	\$0.00
(Box 14) Gross proceeds paid to attorney	\$0.00
(Box 16) State Income tax withheld	\$0.00
(Box 17) State/Payer's State Number	

Contact: Crude Oil Accounting 620-241-9183
MCP.COA@CHSINC.COM

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.

SUMMARY OF AMOUNTS PAID IN 2019:

	Gross Amount	Deductions	Net Amount
	\$311.68	\$0.88	\$310.80
KS Royalty Interest	311.68	0.88 KS KCC	

Nokia Corporation



Citibank, N.A.
PO Box 43077

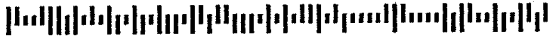
Providence, RI 02940-3077

Within USA, US territories & Canada 877 665 4223
Outside USA, US territories & Canada 781 575 4555

www.computershare.com/investor

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

099347



Recipient
JEAN KAUFMAN
& RANDY KAUFMAN JT TEN
8729 SW 145TH PL
ARCHER FL 32618-4450

Control #: 7706 4325 2397

Holder Account Number Co.ID
C4004819964 NOKC

Recipient's ID No. ending in ***-**-9505
Payer's Federal ID No. 00-0000000

*Uncertified accounts are subject to withholding taxes on dividend payments and sales proceeds.

Instructions for Recipients

Recipient's Taxpayer Identification Number (TIN): For your protection, this form may show only the last four digits of your TIN. However, the issuer has reported your complete identification number to the IRS.

Account Number: May show an account or other unique number the payer assigned to distinguish your account.

Box 1a: Shows total ordinary dividends that are taxable. Include this amount on the "Ordinary dividends" line of Form 1040. Also, report it on Schedule B (Form 1040), if required.

Box 1b: Shows the portion of the amount in box 1a that may be eligible for reduced capital gains rates. See the Form 1040 instructions for how to determine this amount and where to report.

The amount shown may be dividends a corporation paid directly to you as a participant (or beneficiary of a participant) in an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040 but treat it as a plan distribution, not as investment income, for any other purpose.

Box 2a: Shows total capital gain distributions from a regulated investment company (RIC) or real estate investment trust (REIT). See How To Report in the Instructions for Schedule D (Form 1040). But, if no amount is shown in boxes 2c-2d and your only capital gains and losses are capital gain distributions, you may be able to report the amounts shown in box 2a on your Form 1040 rather than Schedule D. See the Form 1040 instructions.

Box 2b: Shows the portion of the amount in box 2a that is unrecaptured section 1250 gain from certain depreciable real property. See the Unrecaptured Section 1250 Gain Worksheet - Line 19 in the Instructions for Schedule D (Form 1040).

Box 2c: Shows the portion of the amount in box 2a that is section 1202 gain from certain small business stock that may be subject to an exclusion. See the Schedule D (Form 1040) instructions.

Box 2d: Shows 28% rate gain from sales or exchanges of collectibles. If required, use this amount when completing the 28% Rate Gain Worksheet - Line 18 in the Instructions for Schedule D (Form 1040).

Box 3: Shows the part of the distribution that is non-taxable because it is a return of your cost (or other basis). You must reduce your cost (or other basis) by this amount for figuring gain or loss when you sell your stock. But if you get back all

your cost (or other basis), report future distributions as capital gains. See Pub. 550.

Box 4: Shows backup withholding. For example, a payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5: Shows dividends eligible for the 20% qualified business income deduction under section 199A. See the Instructions for Form 1040.

Box 6: Shows your share of expenses of a nonpublicly offered RIC, generally a nonpublicly offered mutual fund. This amount is included in box 1a.

Box 7: Shows the foreign tax that you may be able to claim as a deduction or a credit on Form 1040. See the Form 1040 instructions.

Box 8: This box should be left blank if a RIC reported the foreign tax shown in box 7.

Box 9: Shows cash liquidation distributions.

Box 11: Shows exempt-interest dividends from a mutual fund or other RIC paid to you during the calendar year. See the Instructions for Form 1040 for where to report. This amount may be subject to backup withholding. See Box 4 above.

Box 12: Shows exempt-interest dividends subject to the alternative minimum tax. This amount is included in box 11. See the Instructions for Form 6251.

Nominees: If this form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-DIV (with a Form 1098) with the IRS for each of the other owners to show their share of the income, and you must furnish a Form 1099-DIV to each. A spouse is not required to file a nominee return to show amounts owned by the other spouse. See the current tax year General Instructions for Certain Information Returns.

188UDR

00RT0C (Rev. 12/18)

Nokia Corporation

PAYER'S Federal identification number: 00-0000000
PAYER'S name, street address, city, state, and ZIP code
NOKIA CORPORATION
C/O CITIBANK NA
PO BOX 43077
PROVIDENCE RI 02940-3077

RECIPIENT'S ID No. ending in: ***-**-9505
Account number (see instructions): [REDACTED]
RECIPIENT'S name, street address, city, state, ZIP code
JEAN KAUFMAN
& RANDY KAUFMAN JT TEN
8729 SW 145TH PL
ARCHER FL 32618-4450

CORRECTED (if checked)

Dividends and Distributions

1a Total ordinary dividends \$ 21.59	1b Qualified dividends \$ 21.59
2a Total capital gain distr. \$ 0.00	2b Unrecap. Sec. 1250 gain \$ 0.00
2c Section 1202 gain \$ 0.00	2d Collectibles (28%) gain \$ 0.00
3 Nondividend distributions \$ 0.00	4 Federal income tax withheld \$ 0.00
5 Section 199A dividends \$ 0.00	6 Investment expenses \$ 0.00
7 Foreign tax paid \$ 3.23	8 Foreign country or U.S. possession Finland
9 Cash liquidation distributions \$ 0.00	11 Exempt-interest dividend \$ 0.00
12 Specified private activity bond interest dividends \$ 0.00	

OMB No. 1545-0110

2019

Form 1099-DIV

Copy B
For Recipient

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.

The reportable amounts above include the following additional income:

Company Paid Fees \$ 0.00	Company Paid Service Charges \$ 0.00
Discount on Reinvestment \$ 0.00	

Form 1099-DIV (keep for your records)

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

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

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

Copy B
Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the IRS.



PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000		1 Gross distribution \$ 30,761.94		Total distribution <input type="checkbox"/>	
PAYER'S TIN [REDACTED]		2a Taxable amount \$ 30,694.14		4 Federal income tax withheld \$ 629.82	
RECIPIENT'S TIN XXX-XX-XXXX		2b Taxable amount not determined <input type="checkbox"/>		6 Net unrealized appreciation in employer's securities \$	
RECIPIENT'S name JEAN W KAUFMAN 8729 SW 145TH PL ARCHER, FL 32618-4450		3 Capital gain (included in box 2a) \$		7 Distribution code(s) 7	
10 Amount allocable to IRR within 5 years \$		5 Employee contributions/Designated Roth contributions or insurance premiums \$ 67.80		8 Other \$	
11 1st year of desig. Roth contrib. <input type="checkbox"/>		9a Your percentage of total distribution % 0.00		9b Total employee contributions \$	
12 State tax withheld \$		13 State/Payer's state no. \$		14 State distribution \$	
15 Local tax withheld \$		16 Name of locality \$		17 Local distribution \$	
Account number (see instructions) XXX-XX-XXXX		Date of payment \$		\$	

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

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

CU1803103-11180901820-1

CU1803103-11180901820-1

Box 1. Name RANDOLPH L KAUFMAN		Box 2. Beneficiary's Social Security Number 
Box 3. Benefits Paid in 2019 \$26,730.00	Box 4. Benefits Repaid to SSA in 2019 NONE	Box 5. Net Benefits for 2019 (Box 3 minus Box 4) \$26,730.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$25,084.00 Medicare Part B premiums deducted from your benefits \$1,626.00 Medicare Prescription Drug Premiums (Part D) deducted from your benefits \$20.00 Total Additions \$26,730.00 Benefits for 2019 \$26,730.00		DESCRIPTION OF AMOUNT IN BOX 4 NONE
Box 6. Voluntary Federal Income Tax Withheld NONE		Box 7. Address RANDOLPH L KAUFMAN 8729 SW 145 PL ARCHER FL 32618-4450
Box 8. Claim Number (Use this number if you need to contact SSA.) 		

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

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

CU1802453-11180901495-1

Box 1. Name JEAN W KAUFMAN		Box 2. Beneficiary's Social Security Number [REDACTED]
Box 3. Benefits Paid in 2019 \$16,818.00	Box 4. Benefits Repaid to SSA in 2019 NONE	Box 5. Net Benefits for 2019 (Box 3 minus Box 4) \$16,818.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$15,192.00 Medicare Part B premiums deducted from your benefits \$1,626.00 Total Additions \$16,818.00 Benefits for 2019 \$16,818.00		DESCRIPTION OF AMOUNT IN BOX 4 NONE
Box 6. Voluntary Federal Income Tax Withheld NONE		
Box 7. Address JEAN W KAUFMAN 8729 S W 145 PL ARCHER FL 32618-4450		
Box 8. Claim Number (Use this number if you need to contact SSA.) [REDACTED]		

CU1802453-11180901495-1

Assets

Life Insurance

Fidelity Union Life

cash surrender value 657 93

New York Life

cash surrender value 35,456 00

Boat: 1986 16' Sea Nymph

w/ 65 hp Suzuki 1,700 00

House: 8729 SW 145 PL

Archer, FL 148,020 00

Bank Accounts: Campus USA Credit Union

Savings: 13,626 12

Checking: 11,181 86

Randolph L Kaufman

Assets - Equities

Abbot Labs	7,735	56
Abbvie Inc SHS	2,301	60
Air Products & Chem	4,962	76
Alphabet Inc SHS CLA	8,080	20
Amazon Com Inc Com	9,896	00
American Tower REIT Inc	2,618	00
Amgen Inc Com	1,913	76
Anthem Inc	2,807	30
Apple Inc	8,520	20
Automatic Data Proc	3,520	56
Ball Corp Com	1,246	21
Blackrock Inc	8,032	64
Broadcom Ltd.	2,987	82
Capitol One Finl	1,230	44
Chevron Corp	3,312	00
Chubb Ltd	972	09
Cisco Systems Inc Com	8,772	66
Citigroup Inc Com New	2,039	52
Coca Cola Com	1,422	59
Comcast Corp New Cla	2,032	02
Constellation Brands Inc	4,281	94
Costco Wholesale Crp Del	4,242	00
Crown Castle REIT Inc	4,942	33
Danaher Corp Del Com	4,740	34
Disney (Walt) Co Com STK	3,028	20
Eaton Corp Plc	918	50
Eli Lilly & Co	3,092	80
Eversource Energy Com	645	60
Fiserv Inc Wisc PV 1CT	1,236	72

Randolph L Kaufman

Assets - Equities

Hilton Worldwide	1,287 07
Home Depot Inc	9,013 03
Honeywell Intl Inc Del	8,514 00
Illinois Tool Works Inc	2,437 50
Johnson and Johnson Com	4,651 24
JPMorgan Chase & Co	7,373 52
Lockheed Martin Corp	10,504 62
Lyondellbasell Industrie	521 55
Marsh & McLennan Cos Inc	3,114 56
Maxim Integrated Prods	1,319 52
McDonalds Corp Com	3,563 64
Medtronic Plc Shs	3,319 42
Merck and Co Inc Shs	3,490 96
Microchip Technology Inc	3,070 55
Microsoft Corp	15,053 64
Mondelez International	4,166 64
Nextera Energy Inc Shs	10,400 40
Paychex Inc	3,426 00
Pepsico Inc	8,069 69
Pfizer Inc	2,224 88
Phillips 66 Shs	1,317 06
Pnc Fincl Services Group	2,453 41
Proctor and Gamble Co	1,650 18
Prologis Inc	4,372 27
Realty Incm Crp Md PV \$1	1,427 92
Ross Stores Inc Com	1,370 40
Sempra Energy	2,972 40
Starbucks Corp	3,606 31
Texas Instruments	5,223 15

Randolph L Kaufman

Assets - Equities

Thermo Fisher Scientific	5,354 88
Total S.A. Sp Adr	2,601 10
Truist Finl Corp	6,232 44
Union Pacific Corp	3,355 59
US Bancorp	2,080 50
Valero Energy Corp New	506 80
Verizon Communications Com	2,700 15
Visa Inc Cl A Shrs	5,182 88
Walmart Inc	4,497 35
Wec Energy Group Inc Shs	4,074 75
Zoetis Inc	3,879 30

Cash / Money Accounts

ML Bank Deposit Program	51,926 54
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Randolph L Kaufman

() Mutual Funds / Closed End Funds / UITs, ETPs

Colombia Strategic	69,234 39
I-Shares 7-10 year	25,185 69
MFS International Divers	82,282 68
PGIM Short Term	35,915 58
T Rowe Price Qm US Small	18,070 50
TWC Total Return	30,792 78

CDs / Equivalents

CD Bank of East Asia	25,006 75
CD Bank of America Na	25,109 00
CD New York Cmnty Bank.	18,150 48

() Variable Annuity & Fixed Indexed Annuity Contracts

Allianz Index Advant NF	
Cash Surrender Value	139,611 61

IRA

Jean W Kaufman IRA

Cash / Money Accounts

() Bank of America Na Rasp 6,198 12

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Mutual Funds / Closed End Funds / UITs / ETPs

Ish Usd High Yield	1,518 23
Ishares Core S&P Small	8,488 90
Ishares Broad Usd Invst	13,735 20
Ishares Core S&P U.S.	45,194 52
Ishares Core S&P	41,674 38
Ishares US Treasury Bond	1,543 30
SPDR Bloomberg Barclays	3,021 48
Vanguard FTSE Emerging	7,957 40
Vanguard FTSE Developed	22,585 44
Vanguard Mortgage-backed	7,758 88

Randolph L Kaufman IRA

Cash / Money Accounts

Bank of America Na Rasp 6,552 96

Mutual Funds / Closed End Funds / UITs / ETPs

ISH Usd High Yield	1,592 29
Ishares Core S&P Small	8,932 35
Ishares Broad Usd Invst	14,433 60
Ishares Core S&P U.S.	47,415 06
Ishares Core S&P	43,776 04
Ishares US Treasury Bond	1,599 42
SPDR Bloomberg Barclays	3,204 60
Vanguard FTSE Emerging	8,355 27

Randolph L Kaufman

Vanguard FTSE Developed	23,691 52
Vanguard Mortgage - backed	8,141 36

Jean W Kaufman ROTH IRA

Cash / Money Accounts

Bank of America Na Rasp	602 95
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Mutual Funds / Closed End Funds / UITs / ETPs

ISH USD High Yield	148 12
Ishares Core S & P Small	760 20
Ishares Broad USD INVST	1,222 20
Ishares Core S & P U.S.	4,179 84
Ishares Core S & P	3,844 50
Ishares US Treasury Bond	140 30
SPDR Bloomberg Barclays	274 68
Vanguard FTSE Emerging	759 57
Vanguard FTSE Developed	2,105 12
Vanguard Mortgage - backed	764 96

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