

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Cook Thomas Hayes

MAILING ADDRESS:

4512 Tender Creek Cove

CITY:

Panama City

ZIP:

32409

COUNTY:

Bay

NAME OF AGENCY:

Bay County Board of Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Commissioner, District 4

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 August 20th, 2020 was \$ 644,156.40

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 \$ 120,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Tyndall Federal Credit Union- Joint Checking & Savings Accounts	24,093.50
Fidelity Investments - AT&T Retirement Pension & 401K Account	207,049.21
North American Life Insurance Policy	300,000
Jackson Life Insurance Policies	384,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Amerisave Mortgage Company 1 Corporate Drive, Suite 360, Lake Zurich, IL 60047-8945	327,935.45
Capital One Finance Corp -Auto Loans 1680 Capital One Drive, McLean VA 22102-3491	63,050.87

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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

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

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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	The Maintenance Medic LLC		
ADDRESS OF BUSINESS ENTITY	4512 Tender Creek Cove		
PRINCIPAL BUSINESS ACTIVITY	Preventive Maintenance		
POSITION HELD WITH ENTITY	Owner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	100 % Ownership		

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.

Thomas H. Cook
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA

COUNTY OF Bay

Sworn to (or affirmed) and subscribed before me by means of
☒ physical presence or ☐ online notarization, this 20th day of

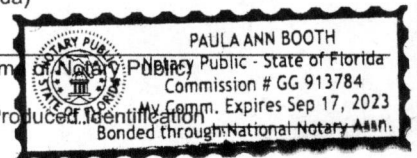
August, 2020 by Thomas H. Cook

Paula Ann Booth
(Signature of Notary Public--State of Florida)

Paula Ann Booth
(Print, Type, or Stamp Commissioned Name)

Personally Known ☒ OR Produced Identification

Type of Identification Produced _____



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

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

Signature

Date

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

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

RECIPIENT'S/LENDER'S name, address, and telephone no.

Dovenmuehle Mortgage, Inc., Servicer for
Magnolia Bank
1 Corporate Drive, Suite 360
Lake Zurich, IL 60047-8945
1-855-593-7045

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

OMB No. 1545-1380

2019

Form **1098**

☐ CORRECTED (if checked)

Mortgage Interest Statement

Copy B For Payer/ Borrower

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

RECIPIENT'S/LENDER'S TIN

36-2435132

PAYER'S/BORROWER'S TIN

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

THOMAS HAYES COOK
SUSAN MELISSA COOK
4512 TENDER CREEK CV
PANAMA CITY FL 32409-4160

9 Number of properties securing the mortgage

10 Other

PROPERTY TAXES	484.56
PRINCIPAL PAID	3,032.90
ENDING PRINCIPAL BAL	315,118.10

Account number (see instructions)

11 Mortgage acquisition date

1 Mortgage interest received from payer(s)/borrower(s)*

\$ 8,200.86

2 Outstanding mortgage principal

\$ 318,151.00

3 Mortgage origination date

03/29/2019

4 Refund of overpaid interest

\$.00

5 Mortgage insurance premiums

\$ 644.22

6 Points paid on purchase of principal residence

\$.00

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

8 Address or description of property securing mortgage (see instructions)

4512 TENDER CREEK COVE
PANAMA CITY FL 32409

Form **1098**

(Keep for your records)

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service

This information is provided for your use in preparing your 2019 tax returns. You are responsible for providing us with your correct SSN/TIN. Please contact our Customer Service Department at the above phone number if this number is wrong. Please review the reverse side for important Internal Revenue Service information.

Federal Post July 29, 1999

Private Mortgage Insurance: Your mortgage loan requires private mortgage insurance ("PMI"). PMI protects lenders and others against financial loss when borrowers default. Charges for the insurance are added to your loan payments. Under certain circumstances, federal law gives you the right to cancel PMI or requires that PMI automatically terminate. Cancellation or termination of PMI does *not* affect any obligation you may have to maintain other types of insurance.

Borrower Requested Cancellation of PMI: You have the right to request that PMI be cancelled on or after either of these dates: (1) the date the principal balance of your loan is first *scheduled* to reach 80% of the original value of the property or (2) the date the principal balance *actually* reaches 80% of the original value of the property. PMI will only be cancelled on these dates if (1) you submit a written request for cancellation; (2) you have a good payment history; and (3) we receive, if requested, and at your expense, evidence that the value of the property has not declined below the original value and certification that there are no subordinate liens on the property. A "good payment history" means no payments 60 or more days past due within two years and no payments 30 or more days past due within one year of the cancellation date. "Original value" means the lesser of the contract sales price of the property or the appraised value of the property at the time the loan was closed.

Automatic Termination of PMI: If you are current on your loan payments, PMI will automatically terminate on the date the principal balance of your loan is first *scheduled* to reach 78% of the original value of the property. If you are *not* current on your loan payments as of that date, PMI will automatically terminate when you thereafter become current on your payments. In any event, PMI will not be required on your mortgage loan beyond the date that is the midpoint of the amortization period for the loan if you are current on your payments on that date.

If you want to cancel the PMI on your loan, contact us at the address or phone number on form 1098.

☐ CORRECTED (if checked)

PAYER'S TIN 04-6568107		RECIPIENT'S TIN [REDACTED]		1 Gross distribution \$740.30		OMB No. 1545-0119 2019		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
PAYER'S name, street address, city, state, and ZIP code FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO. 100 MAGELLAN WAY KW1C COVINGTON, KY 41015-1987 74375 AT&T RETIREMENT SAVINGS PLAN				2a Taxable amount \$740.30		Form 1099-R		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.			
				2b Taxable amount <input type="checkbox"/> Total not determined distribution <input type="checkbox"/>							
				3 Capital gain (included in box 2a) \$0.00		4 Federal income tax withheld \$0.00					
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code eDelivery THOMAS H COOK 4512 TENDER CREEK COVE PANAMA CITY, FL 32409				5 Employee contrib/degis Roth contrib or insurance premiums \$0.00		6 Net unrealized appreciation in employer's securities \$0.00		This information is being furnished to the Internal Revenue Service.			
				7 Distribution code(s) IRA/SEP/ SIMPLE U <input type="checkbox"/>		8 Other % \$0.00					
				9a Your percentage of total distribution %		9b Total employee contributions \$		10 Amount allocable to IRR within 5 years \$0.00			
				12 State tax withheld \$0.00		13 State/Payer's state no. FL		14 State distribution \$			
				Account number (see instructions)		11 1st year of degis.Roth contrib.		FATCA filing requirement <input type="checkbox"/>		Date of payment	
Form 1099-R										Department of the Treasury - Internal Revenue Service	

74375 00000000019R

☐ CORRECTED (if checked)

PAYER'S TIN 04-6568107		RECIPIENT'S TIN [REDACTED]		1 Gross distribution \$740.30		OMB No. 1545-0119 2019		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
PAYER'S name, street address, city, state, and ZIP code FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO. 100 MAGELLAN WAY KW1C COVINGTON, KY 41015-1987 74375 AT&T RETIREMENT SAVINGS PLAN				2a Taxable amount \$740.30		Form 1099-R		Copy C For Recipient's Records This information is being furnished to the Internal Revenue Service.			
				2b Taxable amount <input type="checkbox"/> Total not determined distribution <input type="checkbox"/>							
				3 Capital gain (included in box 2a) \$0.00		4 Federal income tax withheld \$0.00					
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code THOMAS H COOK 4512 TENDER CREEK COVE PANAMA CITY, FL 32409				5 Employee contrib/degis Roth contrib or insurance premiums \$0.00		6 Net unrealized appreciation in employer's securities \$0.00					
				7 Distribution code(s) IRA/SEP/ SIMPLE U <input type="checkbox"/>		8 Other % \$0.00					
				9a Your percentage of total distribution %		9b Total employee contributions \$		10 Amount allocable to IRR within 5 years \$0.00			
				12 State tax withheld \$0.00		13 State/Payer's state no. FL		14 State distribution \$			
				Account number (see instructions)		11 1st year of degis.Roth contrib.		FATCA filing requirement <input type="checkbox"/>		Date of payment	
Form 1099-R										(keep for your records) Department of Treasury - Internal Revenue Service	

☐ CORRECTED (if checked)

PAYER'S TIN 04-6568107		RECIPIENT'S TIN [REDACTED]		1 Gross distribution \$740.30		OMB No. 1545-0119 2019		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
PAYER'S name, street address, city, state, and ZIP code FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO. 100 MAGELLAN WAY KW1C COVINGTON, KY 41015-1987 74375 AT&T RETIREMENT SAVINGS PLAN				2a Taxable amount \$740.30		Form 1099-R		Copy 2 File this copy with your state, city, or local income tax return, when required.			
				2b Taxable amount <input type="checkbox"/> Total not determined distribution <input type="checkbox"/>							
				3 Capital gain (included in box 2a) \$0.00		4 Federal income tax withheld \$0.00					
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code THOMAS H COOK 4512 TENDER CREEK COVE PANAMA CITY, FL 32409				5 Employee contrib/degis Roth contrib or insurance premiums \$0.00		6 Net unrealized appreciation in employer's securities \$0.00					
				7 Distribution code(s) IRA/SEP/ SIMPLE U <input type="checkbox"/>		8 Other % \$0.00					
				9a Your percentage of total distribution %		9b Total employee contributions \$		10 Amount allocable to IRR within 5 years \$0.00			
				12 State tax withheld \$0.00		13 State/Payer's state no. FL		14 State distribution \$			
				Account number (see instructions)		11 1st year of degis.Roth contrib.		FATCA filing requirement <input type="checkbox"/>		Date of payment	
Form 1099-R										Department of Treasury Internal Revenue Service	

IRA Account Statement

Retirement Clearinghouse, LLC
3545 Whitehall Park Drive - Suite 400
Charlotte, NC 28273

View your account
online at

097501927773

000061762



Susan M Cook
4215 CRYSTAL LAKE DR
CHIPLEY, FL 32428-3440

Account Information		Account Summary	
IRA Type	Conduit IRA	Beginning balance as of Jan 1, 2019	\$3,198.67
Former Employer	HCA - Hospital Corporation of America	Ending balance as of Dec 31, 2019*	\$3,196.43
Account #	[REDACTED]	Account Opening Date	06/21/2013

Your Portfolio Summary as of December 31, 2019

Fund	Shares	Share Price	Market Value
Federated Government Obligations Fund TR	3196.430	\$1.00	\$3,196.43

Dividends Paid Year to Date	Dividends
Federated Government Obligations Fund TR	\$46.76

Detailed Fund Transactions

Federated Government Obligations Fund TR					
Trade Date	Trade Type	Amount	Shares Transacted	Price/Share	Balance
11/30/2019	Accrued Dividend	\$2.75	2.750	\$1.00	3196.430
11/18/2019	Redemption	(\$1.00)	-1.000	\$1.00	3193.680
10/31/2019	Accrued Dividend	\$3.42	3.420	\$1.00	3194.680
09/30/2019	Accrued Dividend	\$3.92	3.920	\$1.00	3191.260
08/31/2019	Accrued Dividend	\$4.12	4.120	\$1.00	3187.340
07/31/2019	Accrued Dividend	\$4.71	4.710	\$1.00	3183.220
06/30/2019	Accrued Dividend	\$4.56	4.560	\$1.00	3178.510
05/31/2019	Accrued Dividend	\$4.76	4.760	\$1.00	3173.950
04/30/2019	Accrued Dividend	\$4.69	4.690	\$1.00	3169.190
03/31/2019	Accrued Dividend	\$4.77	4.770	\$1.00	3164.500
02/28/2019	Accrued Dividend	\$4.28	4.280	\$1.00	3159.730
01/31/2019	Accrued Dividend	\$4.78	4.780	\$1.00	3155.450
01/16/2019	Redemption	(\$48.00)	-48.000	\$1.00	3150.670
01/01/2019	Starting Balance				3198.670

Cash Transactions

Initiated	Type	Amount	Status	Completed
12/26/2019	Monthly IRA Administration Fee	(\$4.50)	Completed	12/26/2019

010319277730

020242029 15:55



IMPORTANT TAX RETURN DOCUMENT ENCLOSED

*****AUTO**ALL FOR AADC 325 P000006/ 000037 107384



Recipient
THOMAS H COOK
4512 TENDER CREEK CV
PANAMA CITY FL 32409-4160

Computershare



Computershare
PO Box 505005

Louisville, KY 40233-5005

Within USA, US territories & Canada 800 351 7221

Outside USA, US territories & Canada 781 575 4729

www.computershare.com/att

Control #: 1248 4617 0317

Holder Account Number

~~XXXXXXXXXXXX~~

IND



Record Date
SSN/TIN Certified

10 Oct 2019
Yes

001CS0078.DomIngAdvFqs_PGI.ATT.150135_164/107384/107384/

AT&T Inc. - Combined Dividend Advice / 2019 Tax Form 1099-DIV

☐ Corrected (if checked)

Form 1099 - DIV - Dividends and Distributions 2019

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.

Recipient
THOMAS H COOK
4512 TENDER CREEK CV
PANAMA CITY FL 32409-4160

Account Number

Recipient's ID No. ending in

Payer's Federal ID No.

OMB No.

43-1301883

1545-0110

Department of the Treasury - Internal Revenue Service

1a Total Ordinary Dividends (\$)	1b Qualified Dividends (\$)	3 Nondividend Distributions (\$)	4 FEDERAL INCOME TAX WITHHELD (\$)	7 Foreign Tax Paid (\$)	8 Foreign Country or U.S. Possession	9 Cash Liquidation Distri. (\$)	Payer's Details
261.12	261.12	0.00	0.00			0.00	

AT&T INC.
C/O COMPUTERSHARE
PO BOX 505005
LOUISVILLE KY 40233-5055

20242020 15:50

2019 Form 1099-SA Distributions from an HSA

Account No.	Recipient TIN	Page
[REDACTED]	[REDACTED]	2 of 2



National Financial Services LLC
Agent for Fidelity Personal Trust Company
P.O. Box 28019
Albuquerque, NM 87125-8019

PAYER'S TIN: 04-3523567

eDelivered

THOMAS H COOK
4512 TENDER CREEK CV
PANAMA CITY FL 32409-4160

Customer Service: 800-544-3716

Visit Us Online: [Fidelity.com](https://www.fidelity.com)

Form 1099-SA: Distributions from an HSA

These are IRS instructions that we are required to provide to you.

Instructions for Recipient

Distributions from a health savings account (HSA) are reported to you on Form 1099-SA. File Form 8889, Health Savings Accounts (HSAs), with your Form 1040 to report a distribution from these accounts even if the distribution is not taxable. The payer is not required to compute the taxable amount of any distribution.

An HSA distribution is not taxable if you used it to pay qualified medical expenses of the account holder or eligible family member or you rolled it over. An HSA may be rolled over to another HSA. If you did not use the distribution from an HSA to pay for qualified medical expenses, or in the case of an HSA, you did not roll it over, you must include the distribution in your income (see Form 8889). Also, you may owe a penalty.

You may repay a mistaken distribution from an HSA no later than April 15 following the first year you knew or should have known the distribution was a mistaken, providing the trustee allows the repayment.

For more information, see the separate instructions for Form 8889. Also see Pub. 969, Health Savings Accounts and Other Tax-Favored Health Plans.

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

Spouse beneficiary. If you inherited an HSA because of the death of your spouse, see the Instructions for Form 8889.

Estate beneficiary. If the HSA account holder dies and the estate is the beneficiary, the fair market value (FMV) of the account on the date of death is includible in the account holder's gross income. Report the amount on the account holder's final income tax return.

Nonspouse beneficiary. If you inherited the HSA from someone who was not your spouse, you must report as income on your tax return the FMV of the account as of the date of death. Report the FMV on your tax return for the year the account owner died even if you received the distribution from the account in a later year.

See the Instructions for Form 8889. Any earnings on the account after the date of death (line 1 minus line 4 of Form 1099-SA) are taxable. Include the earnings on the "Other income" line on your tax return.

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

Line 1. Shows the amount received this year. The amount may have been a direct payment to the medical service provider or distributed to you.

Line 2. Shows the earnings on any excess contributions you withdrew from an HSA by the due date of your income tax return. If you withdrew the excess, plus any earnings, by the due date of your income tax return, you must include the earnings in your income in the year you received the distribution even if you used it to pay qualified medical expenses. This amount is included in line 1. Include the earnings on the "Other income" line of your tax return. An excise tax of 6% for each tax year is imposed on you for excess individual and employer contributions that remain in the account. See Form 5329, Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts.

Line 3. These codes identify the distribution you received: 1-Normal distribution; 2-Excess contributions; 3-Disability; 4-Death distribution other than code 6; 5-Prohibited transaction; 6-Death distribution after year of death to a nonspouse beneficiary.

Line 4. If the account holder died, shows the FMV of the account on the date of death.



Line 5. Shows the type of account that is reported on this Form 1099-SA.

Future developments. For the latest information about developments related to Form 1099-SA and its instructions, such as legislation enacted after the form and instructions were published, go to www.irs.gov/form1099sa.

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.

Box 1. Name SUSAN M COOK		Box 2. Beneficiary's Social Security Number 
Box 3. Benefits Paid in 2019 \$26,346.00	Box 4. Benefits Repaid to SSA in 2019 NONE	Box 5. Net Benefits for 2019 (Box 3 minus Box 4) \$26,346.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$24,720.00 Medicare Part B premiums deducted from your benefits \$1,626.00 Total Additions \$26,346.00 Benefits for 2019 \$26,346.00		DESCRIPTION OF AMOUNT IN BOX 4 NONE
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address SUSAN M COOK 4215 CRYSTAL LAKE DR CHIPLEY FL 32428-3440
		Box 8. Claim Number (Use this number if you need to contact SSA.) 

Form SSA-1099-SM (1-2020)

DO NOT RETURN THIS FORM TO SSA OR IRS

CU0431275-11280215702-1

CU0431275-11280215702-1

05:51 02024200 105149

American Staff Management III Inc
27613 Cashford Cir 102
Wesley Chapel, FL 33544

e Employee's name, address, and ZIP code

Thomas Cook
4512 Tender Creek Cove
Panama City, FL 32409

15 State Employer's state ID number

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

0.00

9

10 Dependent care benefits
0.00

13 Statutory employee Retirement plan Third-party sick pay

b Employer identification nr. (EIN)
61-1435060

a Employee's social security number

3 Social security wages
2830.00

5 Medicare wages and tips
2830.00

11 Nonqualified plans
0.00

14 Other

29.30

4 Social security tax withheld
175.46

6 Medicare tax withheld
41.05

12a See instructions for box 12

12b

12c

12d

Form **W-2 Wage and Tax Statement** 2019 Copy C

c Employer's name, address, and ZIP code

American Staff Management III Inc
27613 Cashford Cir 102
Wesley Chapel, FL 33544

e Employee's name, address, and ZIP code

Thomas Cook
4512 Tender Creek Cove
Panama City, FL 32409

15 State Employer's state ID number

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

7 Social security tips
0.00

8 Allocated tips
0.00

9

10 Dependent care benefits
0.00

13 Statutory employee Retirement plan Third-party sick pay

b Employer identification nr. (EIN)
61-1435060

a Employee's social security number

1 Wages, tips, other compensation
2830.00

3 Social security wages
2830.00

5 Medicare wages and tips
2830.00

11 Nonqualified plans
0.00

14 Other

2 Federal income tax withheld
29.30

4 Social security tax withheld
175.46

6 Medicare tax withheld
41.05

12a See instructions for box 12

12b

12c

12d

Form **W-2 Wage and Tax Statement** 2019 Copy 2

c Employer's name, address, and ZIP code

American Staff Management III Inc
27613 Cashford Cir 102
Wesley Chapel, FL 33544

e Employee's name, address, and ZIP code

Thomas Cook
4512 Tender Creek Cove
Panama City, FL 32409

15 State Employer's state ID number

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

7 Social security tips
0.00

8 Allocated tips
0.00

9

10 Dependent care benefits
0.00

13 Statutory employee Retirement plan Third-party sick pay

b Employer identification nr. (EIN)
61-1435060

a Employee's social security number

1 Wages, tips, other compensation
2830.00

3 Social security wages
2830.00

5 Medicare wages and tips
2830.00

11 Nonqualified plans
0.00

14 Other

2 Federal income tax withheld
29.30

4 Social security tax withheld
175.46

6 Medicare tax withheld
41.05

12a See instructions for box 12

12b

12c

12d

Form 1095-C

Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

☐ VOID
☐ CORRECTED

OMB No. 1545-2251

2019

Part I Employee

1 Name of employee (first name, middle initial, last name) THOMAS H COOK		2 Social security number (SSN) [REDACTED]	
3 Street address (including apartment no.) 4512 TENDER CREEK COVE		6 Country and ZIP or foreign postal code 32409	
4 City or town PANAMA CITY	5 State or province FL	11 City or town ST. LOUIS	
7 Name of employer BellSouth Telecommunications, LLC		12 State or province MO	
9 Street address (including room or suite no.) PO BOX 460650		10 Contact telephone number 855-823-3723	
13 Country and ZIP or foreign postal code 63146		8 Employer identification number (EIN) 580436120	

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
16 Section 4980H Self-Harbor and Other Relief (enter code, if applicable)	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☒

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17 THOMAS	COOK	[REDACTED]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
18 SUSAN	COOK	[REDACTED]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19 LOGAN	COOK	[REDACTED]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20 LAUREN	COOK	[REDACTED]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Cat. No. 60705M

Form **1095-C** (2019)

d Control number 00384404	1 Wages, tips, other compensation 92043.78	2 Federal Income tax withheld 10139.55
OMB NO. 1545-0008	3 Social security wages 100423.21	4 Social Security tax withheld 6226.24
	5 Medicare wages and tips 100423.21	6 Medicare tax withheld 1456.14
c Employer's Name, Address, & ZIP Code BELLSOUTH TELECOMMUNICATIONS, LLC 1010 PINE STREET, 7E-K-08 ST. LOUIS MO 63101-2015		
7 Social Security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See Instructions for Box 12 C 226.80
12b D 8379.43	12c W 4000.02	12d DD 15720.00
b Employer identification number 58-0436120		a Employee's social security number
13 Statutory employee	Retirement plan	Third-party sick pay
	X	
14 Other CONTRIBUTIONS 50.40		
e Employee's name, address, and ZIP code THOMAS H COOK 4512 TENDER CREEK COVE PANAMA CITY FL 32409		
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		
2019	15 State Employer's State ID	16 State wages, tips, etc.
Form W-2 Wage and Tax Statement Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on Instructions Page)	17 State income tax	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

d Control number 00384404	1 Wages, tips, other compensation 92043.78	2 Federal Income tax withheld 10139.55
OMB NO. 1545-0008	3 Social security wages 100423.21	4 Social Security tax withheld 6226.24
This information is being furnished to the Internal Revenue Service.	5 Medicare wages and tips 100423.21	6 Medicare tax withheld 1456.14
c Employer's Name, Address, & ZIP Code BELLSOUTH TELECOMMUNICATIONS, LLC 1010 PINE STREET, 7E-K-08 ST. LOUIS MO 63101-2015		
7 Social Security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See Instructions for Box 12 C 226.80
12b D 8379.43	12c W 4000.02	12d DD 15720.00
b Employer identification number 58-0436120		a Employee's social security number
13 Statutory employee	Retirement plan	Third-party sick pay
	X	
14 Other CONTRIBUTIONS 50.40		
e Employee's name, address, and ZIP code THOMAS H COOK 4512 TENDER CREEK COVE PANAMA CITY FL 32409		
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		
2019	15 State Employer's State ID	16 State wages, tips, etc.
Form W-2 Wage and Tax Statement Copy B - To Be Filed With Employee's FEDERAL Tax Return	17 State income tax	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

d Control number 00384404	1 Wages, tips, other compensation 92043.78	2 Federal Income tax withheld 10139.55
OMB NO. 1545-0008	3 Social security wages 100423.21	4 Social Security tax withheld 6226.24
	5 Medicare wages and tips 100423.21	6 Medicare tax withheld 1456.14
c Employer's Name, Address, & ZIP Code BELLSOUTH TELECOMMUNICATIONS, LLC 1010 PINE STREET, 7E-K-08 ST. LOUIS MO 63101-2015		
7 Social Security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See Instructions for Box 12 C 226.80
12b D 8379.43	12c W 4000.02	12d DD 15720.00
b Employer identification number 58-0436120		a Employee's social security number
13 Statutory employee	Retirement plan	Third-party sick pay
	X	
14 Other CONTRIBUTIONS 50.40		
e Employee's name, address, and ZIP code THOMAS H COOK 4512 TENDER CREEK COVE PANAMA CITY FL 32409		
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		
2019	15 State Employer's State ID	16 State wages, tips, etc.
Form W-2 Wage and Tax Statement Copy 2 - To be Filed With Employee's State, City, or Local Income Tax Return Department of the Treasury Internal Revenue Service	17 State income tax	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

d Control number 00384404	1 Wages, tips, other compensation 92043.78	2 Federal Income tax withheld 10139.55
OMB NO. 1545-0008	3 Social security wages 100423.21	4 Social Security tax withheld 6226.24
	5 Medicare wages and tips 100423.21	6 Medicare tax withheld 1456.14
c Employer's Name, Address, & ZIP Code BELLSOUTH TELECOMMUNICATIONS, LLC 1010 PINE STREET, 7E-K-08 ST. LOUIS MO 63101-2015		
7 Social Security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See Instructions for Box 12 C 226.80
12b D 8379.43	12c W 4000.02	12d DD 15720.00
b Employer identification number 58-0436120		a Employee's social security number
13 Statutory employee	Retirement plan	Third-party sick pay
	X	
14 Other CONTRIBUTIONS 50.40		
e Employee's name, address, and ZIP code THOMAS H COOK 4512 TENDER CREEK COVE PANAMA CITY FL 32409		
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		
2019	15 State Employer's State ID	16 State wages, tips, etc.
Form W-2 Wage and Tax Statement Copy 2 - To be Filed With Employee's State, City, or Local Income Tax Return Department of the Treasury Internal Revenue Service	17 State income tax	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

2019

FEDERAL WORKSHEETS

PAGE 4

CLIENT CT285067

THOMAS AND SUSAN COOK

3/21/20

09:23AM

INVESTMENT INTEREST EXPENSE (FORM 4952, LINE 1)

SCHEDULE A	2,301.
SCHEDULE A (FROM PASS-THROUGH ENTITIES)	0.
SCHEDULE C	0.
SCHEDULE E, PAGE 1	0.
SCHEDULE E, PAGE 2	0.
TOTAL INVESTMENT INTEREST EXPENSE	<u>2,301.</u>

GROSS INVESTMENT INCOME (FORM 4952, LINE 4A)

INTEREST INCOME	0.
DIVIDEND INCOME	261.
CHILD'S INVESTMENT INCOME - FORM 8814	0.
GROSS INVESTMENT INCOME - SCHEDULE C	0.
GROSS INVESTMENT INCOME - SCHEDULE E	0.
PUBLICLY TRADED PARTNERSHIP INCOME	0.
OTHER NET INVESTMENT INCOME - K-1	0.
OTHER NET INVESTMENT INCOME - K-1 ADJUSTMENT	0.
GROSS INVESTMENT INCOME ADJUSTMENT	0.
ANNUITY INCOME - TAXPAYER	0.
ANNUITY INCOME - SPOUSE	0.
TOTAL	<u>261.</u>

05:51 02042020 15:50

CLIENT CT285067

THOMAS AND SUSAN COOK

3/21/20

09:23AM

CHILD TAX CREDIT AND CREDIT FOR OTHER DEPENDENTS WORKSHEET (FORM 1040 OR 1040-SR, LINE 13A)

1. NUMBER OF QUALIFYING CHILDREN WITH REQUIRED SSN FROM
FORM 1040 OR 1040-SR, DEPENDENTS: 1 X \$2,000 2,000.
2. NUMBER OF OTHER DEPENDENTS, INCLUDING QUALIFYING
CHILDREN WITHOUT THE REQUIRED SSN FROM
FORM 1040 OR 1040-SR, DEPENDENTS: 1 X \$500 500.
3. ADD LINES 1 AND 2 2,500.
4. ENTER THE AMOUNT FROM FORM 1040 OR 1040-SR, LINE 8B. 118,269.
5. ENTER \$400,000 IF MFJ (\$200,000 FOR ALL OTHERS) 400,000.
6. IS LINE 4 MORE THAN THE AMOUNT ON LINE 5?
NO - LEAVE LINE 6 BLANK. ENTER -0- ON LINE 7.
YES - SUBTRACT LINE 5 FROM LINE 4.
IF THE RESULT IS NOT A MULTIPLE OF \$1,000,
INCREASE IT TO THE NEXT MULTIPLE OF \$1,000.
7. MULTIPLY THE AMOUNT ON LINE 6 BY 5% (.05).
ENTER THE RESULT. 0.
8. IS THE AMOUNT ON LINE 3 MORE THAN THE AMOUNT
ON LINE 7?
NO - STOP. YOU CAN'T TAKE THE CHILD TAX CREDIT ON
FORM 1040 OR 1040-SR, LINE 13A. YOU
ALSO CANNOT TAKE THE ADDITIONAL CHILD
TAX CREDIT ON FORM 1040 OR 1040-SR, LINE 18B.
YES - SUBTRACT LINE 7 FROM LINE 3.
ENTER THE RESULT. 2,500.
9. ENTER THE AMOUNT FROM FORM 1040 OR 1040-SR, LINE 12B. 12,354.
10. ADD THE AMOUNTS FROM:
SCHEDULE 3, LINE 1 0.
SCHEDULE 3, LINE 2 0.
SCHEDULE 3, LINE 3 0.
SCHEDULE 3, LINE 4 0.
FORM 5695, LINE 30 0.
FORM 8910, LINE 15 0.
FORM 8936, LINE 23 0.
SCHEDULE R, LINE 22 0.
ENTER THE TOTAL. 0.
11. ARE THE AMOUNTS ON LINE 9 AND 10 THE SAME?
YES - STOP. YOU CAN'T TAKE THE CREDIT BECAUSE
THERE IS NO TAX TO REDUCE.
NO - SUBTRACT LINE 10 FROM LINE 9. 12,354.
12. IS THE AMOUNT ON LINE 8 MORE THAN THE
AMOUNT ON LINE 11?
YES - ENTER THE AMOUNT FROM LINE 11.
NO - ENTER THE AMOUNT FROM LINE 8.
THIS IS YOUR CHILD TAX CREDIT AND CREDIT FOR OTHER
DEPENDENTS. ENTER ON FORM 1040 OR 1040-SR, LINE 13A. 2,500.

FEDERAL INCOME TAX WITHHELD

BELLSOUTH TELECOMMUNICATIONS INC
AMERICAN STAFF MANAGEMENT III,

10,140.

29.

TOTAL 10,169.

CLIENT CT285067

THOMAS AND SUSAN COOK

3/21/20

09:23AM

QUALIFIED DIVIDENDS AND CAPITAL GAIN TAX WORKSHEET (FORM 1040 OR FORM 1040-SR, LINE 12A)

- | | |
|--|--------------------------------|
| 1. ENTER THE AMOUNT FROM FORM 1040 OR 1040-SR, LINE 11B | 93,869. |
| 2. ENTER THE AMOUNT FROM FORM 1040 OR 1040-SR, LINE 3A | 261. |
| 3. ARE YOU FILING SCHEDULE D?
[] YES. ENTER THE SMALLER OF LINE 15 OR 16 OF
SCHEDULE D, BUT DO NOT ENTER LESS THAN ZERO
[X] NO. ENTER AMOUNT FROM FORM 1040 OR 1040-SR, LINE 6 | 0.
261. |
| 4. ADD LINES 2 AND 3 | 261. |
| 5. IF YOU ARE CLAIMING INVESTMENT INTEREST EXPENSE
ON FORM 4952, ENTER THE AMOUNT FROM LINE 4G OF
THAT FORM. OTHERWISE ENTER ZERO. | 0. |
| 6. SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR
LESS, ENTER ZERO. | 261. |
| 7. SUBTRACT LINE 6 FROM LINE 1. IF ZERO OR
LESS, ENTER ZERO. | 93,608. |
| 8. ENTER:
\$39,375 IF SINGLE OR MARRIED FILING SEPARATELY,
\$78,750 IF MARRIED FILING JOINTLY OR QUALIFYING
WIDOW(ER), \$52,750 IF HEAD OF HOUSEHOLD | 78,750.
78,750.
78,750. |
| 9. ENTER THE SMALLER OF LINE 1 OR LINE 8 | 0. |
| 10. ENTER THE SMALLER OF LINE 7 OR LINE 9 | 261. |
| 11. SUBTRACT LINE 10 FROM LINE 9. THIS AMOUNT
IS TAXED AT 0% | 0. |
| 12. ENTER THE SMALLER OF LINE 1 OR LINE 6 | 261. |
| 13. ENTER THE AMOUNT FROM LINE 11 | 0. |
| 14. SUBTRACT LINE 13 FROM LINE 12 | 261. |
| 15. ENTER:
\$434,550 IF SINGLE, \$244,425 IF MARRIED FILING
SEPARATELY, \$488,850 IF MARRIED FILING JOINTLY
OR QUALIFYING WIDOW(ER), \$461,700 IF HEAD
OF HOUSEHOLD. | 488,850.
93,869.
93,608. |
| 16. ENTER THE SMALLER OF LINE 1 OR LINE 15 | 261. |
| 17. ADD LINES 7 AND 11 | 261. |
| 18. SUBTRACT LINE 17 FROM LINE 16. IF ZERO OR
LESS, ENTER ZERO. | 39. |
| 19. ENTER THE SMALLER OF LINE 14 OR LINE 18 | 261. |
| 20. MULTIPLY LINE 19 BY 15% (.15) | 0. |
| 21. ADD LINES 11 AND 19 | 0. |
| 22. SUBTRACT LINE 21 FROM LINE 12 | 12,315. |
| 23. MULTIPLY LINE 22 BY 20% (.20) | 12,354. |
| 24. FIGURE THE TAX ON THE AMOUNT ON LINE 7.
(USE THE TAX TABLE OR TAX COMPUTATION WORKSHEET) | 12,370. |
| 25. ADD LINES 20, 23, AND 24 | |
| 26. FIGURE THE TAX ON THE AMOUNT ON LINE 1.
(USE THE TAX TABLE OR TAX COMPUTATION WORKSHEET) | |
| 27. TAX ON ALL TAXABLE INCOME (INCLUDING
CAPITAL GAIN DISTRIBUTIONS). ENTER THE
SMALLER OF LINE 25 OR LINE 26 HERE AND ON
FORM 1040 OR FORM 1040-SR, LINE 12A | <u>12,354.</u> |

CLIENT CT285067

THOMAS AND SUSAN COOK

3/21/20

09:23AM

SOCIAL SECURITY BENEFITS WORKSHEET (FORM 1040 OR 1040-SR, LINE 5B)

1. SOCIAL SECURITY BENEFITS (SSA-1099, BOX 5)	26,346.
2. ENTER ONE-HALF OF LINE 1	13,173.
3. COMBINE AMOUNTS FROM FORM 1040 OR 1040-SR, LINES 1, 2B, 3B, 4B, 4D, 6, AND SCH. 1, LINE 9 (ADD BACK EXCLUDABLE INTEREST FROM FORM 8815)	95,875.
4. ENTER THE AMOUNT FROM FORM 1040 OR 1040-SR, LINE 2A	0.
5. ENTER THE TOTAL OF ANY EXCLUSIONS/ADJUSTMENTS	0.
6. COMBINE LINES 2, 3, 4 AND 5	109,048.
7. ADD AMOUNTS FROM SCHEDULE 1, LINES 10 THROUGH 19, AND ANY AMOUNT ENTERED ON THE DOTTED LINE NEXT TO SCHEDULE 1, LINE 22	0.
8. SUBTRACT LINE 7 FROM LINE 6 (NOT LESS THAN 0)	109,048.
9. THRESHOLD FOR YOUR FILING STATUS	32,000.
10. SUBTRACT LINE 9 FROM LINE 8 (NOT LESS THAN 0)	77,048.
11. ADDITIONAL THRESHOLD FOR YOUR FILING STATUS	12,000.
12. SUBTRACT LINE 11 FROM LINE 10 (NOT LESS THAN 0)	65,048.
13. ENTER THE SMALLER OF LINE 10 OR LINE 11	12,000.
14. ENTER ONE-HALF OF LINE 13	6,000.
15. ENTER THE SMALLER OF LINE 2 OR LINE 14	6,000.
16. MULTIPLY LINE 12 BY 85% (.85)	55,291.
17. ADD LINES 15 AND 16	61,291.
18. MULTIPLY LINE 1 BY 85% (.85)	22,394.
19. TAXABLE SOCIAL SECURITY BENEFITS (THE SMALLER OF LINE 17 OR LINE 18)	<u>22,394.</u>

2019

FEDERAL STATEMENTS

PAGE 1

CLIENT CT285067

THOMAS AND SUSAN COOK

3/21/20

09:23AM

**STATEMENT 1
FORM 1040
WAGE SCHEDULE**

TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI- CARE	STATE W/H	LOCAL W/H
BELLSOUTH TELECOMMUNICATIONS INC	92,044.	10,140.	6,226.	1,456.		
AMERICAN STAFF MANAGEMENT III,	2,830.	29.	175.	41.		
GRAND TOTAL	<u>94,874.</u>	<u>10,169.</u>	<u>6,401.</u>	<u>1,497.</u>	<u>0.</u>	<u>0.</u>

**STATEMENT 2
FORM 1040
PENSION AND ANNUITIES SCHEDULE**

TAXPAYER - PAYER	TOTAL RECEIVED	TAXABLE AMOUNT	FEDERAL W/H	STATE W/H
FIDELITY INVESTMENTS INSTITUTI	740.	740.		
GRAND TOTAL	<u>740.</u>	<u>740.</u>	<u>0.</u>	<u>0.</u>

**STATEMENT 3
FORM 1040, LINE 3A
QUALIFIED DIVIDENDS**

AT&T CORP.....	\$	261.
TOTAL	<u>\$</u>	<u>261.</u>

DAYONE 00242020 15:50

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

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

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

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

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

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

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

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; and
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).

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

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Form 8867 (2019)

Department of the Treasury
Internal Revenue Service

Taxpayer name(s) shown on return

THOMAS AND SUSAN COOK

Enter preparer's name and PTIN

JERRY F SOWELL P00420492

Paid Preparer's Due Diligence Checklist

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

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

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

OMB No. 1545-0074

2019

Attachment
Sequence No. 70

Taxpayer identification number

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply).

☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

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

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 8867 (2019)

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. On the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21, enter 'HSA' and the amount	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter 'HDHP' and the amount on the line next to the box	21	

Form 8889 (2019)

2019

Department of the Treasury
Internal Revenue Service

► Attach to Form 1040, 1040-SR, or 1040-NR.
► Go to www.irs.gov/Form8889 for instructions and the latest information.

Attachment
Sequence No. 52

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

THOMAS COOK

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ►

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2019 (see instructions).....	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2019 (or those made on your behalf), including those made from January 1, 2020, through April 15, 2020, that were for 2019. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).....	2	
3	If you were under age 55 at the end of 2019 and, on the first day of every month during 2019, you were, or were considered, an eligible individual with the same coverage, enter \$3,500 (\$7,000 for family coverage). All others , see the instructions for the amount to enter.....	3	7,000.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2019 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2019, also include any amount contributed to your spouse's Archer MSAs.....	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-.....	5	7,000.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2019, see the instructions for the amount to enter.....	6	7,000.
7	If you were age 55 or older at the end of 2019, married, and you or your spouse had family coverage under an HDHP at any time during 2019, enter your additional contribution amount (see instructions).....	7	
8	Add lines 6 and 7.....	8	7,000.
9	Employer contributions made to your HSAs for 2019.....	9	4,000.
10	Qualified HSA funding distributions.....	10	
11	Add lines 9 and 10.....	11	4,000.
12	Subtract line 11 from line 8. If zero or less, enter -0-.....	12	3,000.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040 or 1040-SR), line 12, or Form 1040-NR, line 25.....	13	

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2019 from all HSAs (see instructions).....	14a	4,604.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions).....	14b	
c	Subtract line 14b from line 14a.....	14c	4,604.
15	Qualified medical expenses paid using HSA distributions (see instructions).....	15	4,604.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. Enter 'HSA' and the amount on the line next to the box.....	16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here.....		<input type="checkbox"/>
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter 'HSA' and the amount on the line next to the box.....	17b	

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

Form 8889 (2019)

Investment Interest Expense Deduction

OMB No. 1545-0191

ALTERNATIVE MINIMUM TAX

2019

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/Form4952 for the latest information.
► Attach to your tax return.

Attachment
Sequence No. 51

Name(s) shown on return

THOMAS AND SUSAN COOK

Identifying number

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2019 (see instructions)	1	2,301.
2	Disallowed investment interest expense from 2018 Form 4952, line 7	2	68,868.
3	Total investment interest expense. Add lines 1 and 2	3	71,169.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	261.	
4b	Qualified dividends included on line 4a	4b	261.	
4c	Subtract line 4b from line 4a	4c		
4d	Net gain from the disposition of property held for investment	4d		
4e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions	4e		
4f	Subtract line 4e from line 4d	4f		
4g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions	4g		
4h	Investment income. Add lines 4c, 4f, and 4g	4h		0.
5	Investment expenses (see instructions)	5		
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6		0.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2020. Subtract line 6 from line 3. If zero or less, enter -0-	7	71,169.
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions	8	0.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 4952 (2019)

Investment Interest Expense Deduction

OMB No. 1545-0191

Department of the Treasury
Internal Revenue Service (99)► Go to www.irs.gov/Form4952 for the latest information.
► Attach to your tax return.**2019**Attachment
Sequence No. **51**

Name(s) shown on return

THOMAS AND SUSAN COOK

Identifying number

Part I Total Investment Interest Expense

1 Investment interest expense paid or accrued in 2019 (see instructions)	1	2,301.
2 Disallowed investment interest expense from 2018 Form 4952, line 7.	2	69,611.
3 Total investment interest expense. Add lines 1 and 2.	3	71,912.

Part II Net Investment Income

4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment).....	4 a	261.		
b Qualified dividends included on line 4a.	4 b	261.		
c Subtract line 4b from line 4a			4 c	
d Net gain from the disposition of property held for investment.....	4 d			
e Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions.....	4 e			
f Subtract line 4e from line 4d			4 f	
g Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions.			4 g	
h Investment income. Add lines 4c, 4f, and 4g			4 h	0.
5 Investment expenses (see instructions)			5	
6 Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-			6	0.

Part III Investment Interest Expense Deduction

7 Disallowed investment interest expense to be carried forward to 2020. Subtract line 6 from line 3. If zero or less, enter -0-	7	71,912.
8 Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions.	8	0.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form **4952** (2019)

Name(s) shown on return

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

Attachment Sequence No. 08

THOMAS AND SUSAN COOK

	Your social security number
--	-----------------------------

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 ►

Amount

•

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. . . ▶

•

0

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

Amount

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 ▶

AT&T CORP

261.

6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b. . . ▶

1

261.

Note: If line 6 is over \$1,500, you must complete Part III.

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.

Yes

No

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.

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.

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

12a Tax (see inst.) Check if any from Form(s): 1 ☐ 88142 ☐ 49723 ☐

12a 12,354.

b Add Schedule 2, line 3, and line 12a and enter the total

12b 12,354.

13a Child tax credit or credit for other dependents

13a 2,500.

b Add Schedule 3, line 7, and line 13a and enter the total

13b 2,500.

14 Subtract line 13b from line 12b. If zero or less, enter -0-

14 9,854.

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 9,854.

17 Federal income tax withheld from Forms W-2 and 1099

17 10,169.

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 10,169.

Refund**20** If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid**

20 315.

21a Amount of line 20 you want **refunded to you**. If Form 8888 is attached, check here. ☐

21a 315.

b Routing numberc Type: ☒ Checking ☐ Savings**d** Account number**22** Amount of line 20 you want applied to your 2020 estimated tax

22

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

23

24 Estimated tax penalty (see instructions)

24

Third Party Designee

(Other than paid preparer)

Designee's name

Phone no.

Personal identification number (PIN)

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**Sign Here**

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

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

MANAGER

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.)

DISABLED

Phone no.

Email address

Paid Preparer Use Only

Preparer's name

JERRY F SOWELL

Preparer's signature

Date

3/21/20

PTIN

P00420492

Check if:

☒ 3rd Party Designee

Firm's name

SEGERS, SOWELL, STEWART, JOHNSON & BRILL

Phone no.

(850) 769-2371

☐ Self-employed

Firm's address

120 N RICHARD JACKSON BLVD SUITE 200B
PANAMA CITY BEACH, FL 32407

Firm's EIN

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

Form 1040 (2019)

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 THOMAS COOK		Last name COOK	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial SUSAN COOK		Last name COOK	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 4512 TENDER CREEK COVE			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). PANAMA CITY, FL 32409			
Foreign country name	Foreign province/state/county	Foreign postal code	If more than four dependents, see instructions and ✓ here <input type="checkbox"/>

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

Age/Blindness **You:** ☐ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
LOGAN COOK	[REDACTED]	[REDACTED]	SON	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LAUREN COOK	[REDACTED]	[REDACTED]	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	94,874.
2a	Tax-exempt interest	2a	
3a	Qualified dividends ST.3	3a	261.
4a	IRA distributions	4a	
c	Pensions and annuities	4c	
5a	Social security benefits	5a	26,346.
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here	6	
7a	Other income from Schedule 1, line 9	7a	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income	7b	118,269.
8a	Adjustments to income from Schedule 1, line 22	8a	
b	Subtract line 8a from line 7b. This is your adjusted gross income	8b	118,269.
9	Standard deduction or itemized deductions (from Schedule A)	9	24,400.
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a	Add lines 9 and 10	11a	24,400.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	93,869.

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

Form 1040 (2019)

We want to express our appreciation for this opportunity to work with you. If the foregoing is in accordance with your understanding, please sign this letter in the space indicated and return it to us.

Sincerely,

Segers, Sowell, Stewart, Johnson & Brill, PA

Accepted by: THOMAS and SUSAN COOK

Thomas H. Cook

Susan Cook

Taxpayer
(Or Parent, if minor child)

Spouse (**required** for joint returns)

3/15/2020
Date

3-15-2020
Date

Tax Year: 2019

SEGRS, SOWELL, STEWART, JOHNSON & BRILL, PA

2019 Individual Return
prepared for:

THOMAS and SUSAN COOK
4512 TENDER CREEK COVE
PANAMA CITY, FL 32409

SEGERs, SOWELL, STEWART, JOHNSON & BRILL, PA
120 N RICHARD JACKSON BLVD SUITE 200B
PANAMA CITY BEACH, FL 32407

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

2019

Submission Identification Number (SID) ▶

Taxpayer's name

THOMAS COOK

Spouse's name

SUSAN COOK

DO NOT MAIL
This Return Has Been
Electronically Filed

Social security number

Spouse's social security number

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

1	Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1	118,269.
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	9,854.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	10,169.
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	315.
5	Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	5	

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

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

Taxpayer's PIN: check one box only

☒ I authorize SEGERS, SOWELL, STEWART, JOHNSON & BRILL, to enter or generate my PIN 0000 as my
ERO firm name
signature on my tax year 2019 electronically filed income tax return.
Enter five digits, but don't enter all zeros

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

Your signature ▶

Date ▶

Spouse's PIN: check one box only

☒ I authorize SEGERS, SOWELL, STEWART, JOHNSON & BRILL, to enter or generate my PIN 0000 as my
ERO firm name
signature on my tax year 2019 electronically filed income tax return.
Enter five digits, but don't enter all zeros

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

Spouse's signature ▶

Date ▶

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. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶

Date ▶

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

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

Form 8879 (2019)

CLIENT CT285067

SEGERS, SOWELL, STEWART, JOHNSON & BRILL, PA
120 N RICHARD JACKSON BLVD SUITE 200B
PANAMA CITY BEACH, FL 32407
(850) 769-2371

March 21, 2020

THOMAS and SUSAN COOK
4512 TENDER CREEK COVE
PANAMA CITY, FL 32409

Dear Thomas and Susan,

Enclosed for your review:

Form 1040

2019 U.S. Individual Income Tax Return

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions.

Sincerely,


Jerry F. Sowell