

**CANDIDATE OATH –
STATE AND LOCAL PARTISAN OFFICE**

Check applicable one:

- Candidate with party affiliation
- Candidate with no party affiliation
- Write-in candidate

2020 JUN 11 AM 10:03

FLORIDA COUNTY
SUSPENSION ELECTIONS

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, MARK A. SPEISER

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the office of BROWARD COUNTY CLERK OF COURT (Office), 17 (District #), 17 (Circuit #)

; my legal residence is BROWARD County, Florida; I am a qualified elector (Group or Seat #)

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Statement of Party

(Section 99.021(1)(b), Florida Statutes)

(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.)

I am a member of the DEMOCRATIC Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

Candidate's Florida Voter Registration Number (located on your voter information card): 101310579

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

X Mark A. Speiser (954) 242-8449 MARK905A@YAHOO.COM
Signature of Candidate Telephone Number Email Address
3400 GALT OCEAN DRIVE, APT. 1510-S FORT LAUDERDALE, FLORIDA 33308
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Broward

Maria E. Diamond
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by physical or online presence this 4 day of June, 2020

Personally Known: or Produced Identification: _____

Type of Identification Produced: _____



MARIA E. DIAMOND
Commission # GG 283763
Expires February 24, 2023
Bonded Thru Budget Notary Services

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

SPEISER - MARK - ALAN

MAILING ADDRESS:

3400 GALT OCEAN DRIVE

APT. 1810 - 5

CITY:

ZIP:

COUNTY:

FORT LAUDERDALE 33308 BROWARD

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

BROWARD COUNTY CLERK OF COURT

CHECK IF THIS IS A FILING BY A CANDIDATE

2020 JUN 11 AM 10:03

BROWARD COUNTY
OFFICE OF ELECTIONS

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 JUNE 5, 2020 was \$ 2,486,492.00

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 \$ 2,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
IBERIA BANK (SAVINGS ACCOUNT AND CERTIFICATE OF DEPOSIT)	\$440,434.00
U.S. SAVINGS BONDS	\$16,425.00
MORGAN STANLEY (IRA)	\$42,041.00
MERRILL EDGE (BROKERAGE ACCOUNT)	\$122,876.00
VOYA FINANCIAL (INVESTMENT ACCOUNT FOR DEFERRED COMPENSATION AND STATE DROP FUNDS)	\$1,903,976.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
BALANCE OF AUTO LEASE OWED TO CHASE BANK	31,250.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	

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			
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 Broward
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 4 day of
June, 2020 by Mark E. Speiser
Maria E. Diamond
 (Signature of Notary Public--State of Florida)
 MARIA E. DIAMOND
 Commission # GG 283763
 Expires February 24, 2023
 Bonded Thru Budget Notary Services
 (Print, Type, or Stamp Commissioned Name of Notary Public)
 Personally Known OR Produced Identification _____
 Type of Identification Produced _____

Mark A. Speiser
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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 MARK A SPEISER	Last name	Your social security number
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 		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). 		
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

(1) Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
First name	Last name			Child tax credit	Credit for other dependents

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	1,383.
2a Tax-exempt interest	2a	b	Taxable int. Att. Sch. B if reqd. 1,649.
3a Qualified dividends	3a	b	Ordinary div. Att. Sch. B if reqd. 3,094.
4a IRA distributions	4a	b	Taxable amount. 1,197.
c Pensions and annuities	4c	d	Taxable amount. 232,480.
5a Social security benefits	5a	b	Taxable amount. 29,916.
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	269,719.
8a Adjustments to income from Schedule 1, line 22		8a	
b Subtract line 8a from line 7b. This is your adjusted gross income		8b	269,719.
9 Standard deduction or itemized deductions (from Schedule A)	9		13,850.
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10		
11a Add lines 9 and 10		11a	13,850.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		11b	255,869.

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.

TAXPAYER'S COPY

12a Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814	
2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a 64,129.
b Add Schedule 2, line 3, and line 12a and enter the total	12b 64,129.
13a Child tax credit or credit for other dependents	13a
b Add Schedule 3, line 7, and line 13a and enter the total	13b 2.
14 Subtract line 13b from line 12b. If zero or less, enter -0-	14 64,127.
15 Other taxes, including self-employment tax, from Schedule 2, line 10	15 180.
16 Add lines 14 and 15. This is your total tax	16 64,307.
17 Federal income tax withheld from Forms W-2 and 1099	17 42,983.
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 42,983.

• 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 <input type="checkbox"/> <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d Account number <input type="checkbox"/>	
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 21,324.
24 Estimated tax penalty (see instructions)	24

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 Phone no. Personal identification number (PIN)

Sign Here

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

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

Your signature TAXPAYER'S COPY	Date	Your occupation RETIRED	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.	Email address		

Paid Preparer Use Only

Preparer's name CHARLES N AUERBACH, CPA	Preparer's signature CHARLES N AUERBACH, CPA	Date	PTIN P00146325	Check if: <input checked="" type="checkbox"/> 3rd Party Designee
Firm's name Charles N. Auerbach, CPA P.A.	Phone no. (954) 921-8858	<input type="checkbox"/> Self-employed		
Firm's address 2500 Hollywood Blvd., Suite 207 Hollywood, FL 33020-6615	Firm's EIN 59-1670676			

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **02**

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

MARK A SPEISER

Your social security number

Part I Tax			
1	Alternative minimum tax. Attach Form 6251.....	1	0.
2	Excess advance premium tax credit repayment. Attach Form 8962.....	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b.....	3	0.
Part II Other Taxes			
4	Self-employment tax. Attach Schedule SE.....	4	
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919.....	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required.....	6	
7a	Household employment taxes. Attach Schedule H.....	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required.....	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s).....	8	180.
9	Section 965 net tax liability installment from Form 965-A.....	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15.....	10	180.

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

Schedule 2 (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.

Your social security number



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

MARK A SPEISER

Part I Nonrefundable Credits		1	2.
1	Foreign tax credit. Attach Form 1116 if required.	2	
2	Credit for child and dependent care expenses. Attach Form 2441.	3	
3	Education credits from Form 8863, line 19.	4	
4	Retirement savings contributions credit. Attach Form 8880.	5	
5	Residential energy credits. Attach Form 5695.	6	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	7	2.
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b.		

Part II Other Payments and Refundable Credits		8	
8	2019 estimated tax payments and amount applied from 2018 return.	9	
9	Net premium tax credit. Attach Form 8962.	10	
10	Amount paid with request for extension to file (see instructions).	11	
11	Excess social security and tier 1 RRTA tax withheld.	12	
12	Credit for federal tax on fuels. Attach Form 4136.	13	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	14	0.
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d.		

BAA 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)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

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

OMB No. 1545-0074

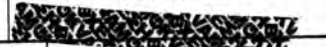
2019

Attachment
Sequence No. **08**

Name(s) shown on return

MARK A SPEISER

Your social security number



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.

		Amount
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>IBERIA BANK</u>	1,649.
2	Add the amounts on line 1.....	1,649.
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... ►	1,649.

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>MERRILL BANK OF AMERICA</u>	3,094.
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b... ►	3,094.

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

Part III

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.

Foreign Accounts and Trusts

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

	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.....		X
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

Foreign Tax Credit

Department of the Treasury
Internal Revenue Service (99)

(Individual, Estate, or Trust)
▶ Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.
▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

Name
MARK A SPEISER

ID no. as shown on your 2019 tax return

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Section 951A category income c Passive category income e Section 901(j) income g Lump-sum distributions
b Foreign branch category income d General category income f Certain income re-sourced by treaty

h Resident of (name of country) ▶

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Possession			Total (Add columns A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. possession. ▶	VARIOUS			
1 a Gross income from sources within country shown above and of the type checked above (see instructions): See Statement 1				1 a 1,254.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement).....				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions).....	13,850.			
b Other deductions (attach statement).....	13,850.			
c Add lines 3a and 3b.....	3,094.			
d Gross foreign source income (see instructions).....	269,719.			
e Gross income from all sources (see instructions).....	0.011471			
f Divide line 3d by line 3e (see instructions).....	159.			
g Multiply line 3c by line 3f.....				
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions).....				
b Other interest expense.....				
5 Losses from foreign sources.....				6 159.
6 Add lines 2, 3g, 4a, 4b, and 5.....	159.			7 1,095.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2.....				

Part II Foreign Taxes Paid or Accrued (see instructions)

COUNTRY	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							(u) Total foreign taxes paid or accrued (add columns (q) through (t))	
		In foreign currency			In U.S. dollars					
		(l) Date paid or accrued	(m) Dividends	(n) Rents & royalties	(o) Interest	(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued
A	12/31/2019					(q) Dividends	(r) Rents & royalties	(s) Interest		2
B						2.				
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2..... 8 2

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I.	9	2.	
10	Carryback or carryover (attach detailed computation). (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10		
11	Add lines 9 and 10.	11	2.	
12	Reduction in foreign taxes (see instructions).	12		
13	Taxes reclassified under high tax kickout (see instructions).	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		2.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions).	15	1,095.	
16	Adjustments to line 15 (see instructions).	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	1,095.	
18	Individuals: Enter the amount from Form 1040 or 1040-SR, line 11b; or Form 1040-NR, line 41. Estates and trusts: Enter your taxable income without the deduction for your exemption. Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	254,029.	
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1".	19		0.004310531
20	Individuals: Enter the total of Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2. If you are a nonresident alien, enter the total of Form 1040-NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 41, 42, and 44. Foreign estates and trusts should enter the amount from Form 1040-NR, line 42. Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions.	20		64,129.
21	Multiply line 20 by line 19 (maximum amount of credit).	21		276.
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instructions).	22		2.

Part IV Summary of Credits From Separate Parts III (see instructions)

23	Credit for taxes on section 951A category income.	23		
24	Credit for taxes on foreign branch category income	24		
25	Credit for taxes on passive category income.	25		
26	Credit for taxes on general category income.	26		
27	Credit for taxes on section 901(j) income.	27		
28	Credit for taxes on certain income re-sourced by treaty.	28		
29	Credit for taxes on lump-sum distributions.	29		
30	Add lines 23 through 29.	30		
31	Enter the smaller of line 20 or line 30.	31		2.
32	Reduction of credit for international boycott operations. See instructions for line 12.	32		
33	Subtract line 32 from line 31. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040 or 1040-SR), line 1; Form 1040-NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 46a	33		2.

**Net Investment Income Tax –
 Individuals, Estates, and Trusts**

2019

Attachment
 Sequence No. **72**

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

MARK A SPEISER

Your social security number or EIN



Part I Investment Income

- Section 6013(g) election (see instructions)
 Section 6013(h) election (see instructions)
 Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	1,649.
2	Ordinary dividends (see instructions)		2	3,094.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	4c	
4b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
4c	Combine lines 4a and 4b	4c		
5a	Net gain or loss from disposition of property (see instructions)	5a	5d	
5b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
5c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
5d	Combine lines 5a through 5c	5d		
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	4,743.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	9d	
9b	State, local, and foreign income tax (see instructions)	9b		
9c	Miscellaneous investment expenses (see instructions)	9c		
9d	Add lines 9a, 9b, and 9c	9d	9d	
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-		12	4,743.
Individuals:				
13	Modified adjusted gross income (see instructions)	13	269,719.	
14	Threshold based on filing status (see instructions)	14	200,000.	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	69,719.	
16	Enter the smaller of line 12 or line 15		16	4,743.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	180.
Estates and Trusts:				
18a	Net investment income (line 12 above)	18a		
18b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
18c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a		
19b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
19c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	

Statement 1
Form 1116, Line 1a - Passive Category Income
Gross Income From Sources Outside U.S.

Foreign country or U.S. possession: **VARIOUS**

Gross Foreign Source Qualified Dividends.....	3,094.	
Foreign Source Qualified Dividend Adjustment.....	<u>-1,840.</u>	
Net Foreign Source Qualified Dividends.....		\$ <u>1,254.</u>
	Total	\$ <u><u>1,254.</u></u>

MARK A SPEISER

Wage Schedule

<u>Taxpayer - Employer</u>	<u>Wages</u>	<u>Federal W/H</u>	<u>FICA</u>	<u>Medi-care</u>	<u>State W/H</u>	<u>Local W/H</u>
STATE OF FLORIDA	1,383.	72.	168.	39.		
Grand Total	<u>1,383.</u>	<u>72.</u>	<u>168.</u>	<u>39.</u>	<u>0.</u>	<u>0.</u>

Pension and Annuities Schedule

<u>Taxpayer - Payer</u>	<u>Total Received</u>	<u>Taxable Amount</u>	<u>Federal W/H</u>	<u>State W/H</u>
FLORIDA RETIREMENT SYSTEM - Rollover	1,062,546.			
VOYA RETIREMENT INSURANCE & ANN CO	29,132.	29,132.	7,283.	
FLORIDA RETIREMENT SYSTEM	161,680.	161,680.	23,419.	
FLORIDA RETIREMENT SYSTEM	41,668.	41,668.	4,167.	
Grand Total	<u>1,295,026.</u>	<u>232,480.</u>	<u>34,869.</u>	<u>0.</u>

IRA Distribution Schedule

<u>Taxpayer - Payer</u>	<u>Total Received</u>	<u>Taxable Amount</u>	<u>Federal W/H</u>	<u>State W/H</u>
MORGAN STANLEY	1,197.	1,197.	299.	
Grand Total	<u>1,197.</u>	<u>1,197.</u>	<u>299.</u>	<u>0.</u>

**Form 1040 or 1040-SR, Line 3a
Qualified Dividends**

MERRILL BANK OF AMERICA				
			Total	<u>3,094.</u>
				<u>3,094.</u>

**Form 1099-DIV
Nontaxable Distributions**

MERRILL BANK OF AMERICA				
				<u>65.</u>
				<u>65.</u>

MARK A SPEISER

Social Security Benefits Worksheet (Form 1040 or 1040-SR, Line 5b)

1. Social security benefits (SSA-1099, box 5)	35,195.
2. Enter one-half of line 1	17,598.
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)	239,803.
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	257,401.
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)	257,401.
9. Threshold for your filing status	25,000.
10. Subtract line 9 from line 8 (not less than 0)	232,401.
11. Additional threshold for your filing status	9,000.
12. Subtract line 11 from line 10 (not less than 0)	223,401.
13. Enter the smaller of line 10 or line 11	9,000.
14. Enter one-half of line 13	4,500.
15. Enter the smaller of line 2 or line 14	4,500.
16. Multiply line 12 by 85% (.85)	189,891.
17. Add lines 15 and 16	194,391.
18. Multiply line 1 by 85% (.85)	29,916.
19. Taxable social security benefits (the smaller of line 17 or line 18)	<u>29,916.</u>

MARK A SPEISER

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		255,869.
2. Enter the amount from Form 1040 or 1040-SR, line 3a	3,094.	
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.	
4. Add lines 2 and 3	3,094.	
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.		3,094.
7. Subtract line 6 from line 1. If zero or less, enter zero.		252,775.
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		39,375.
9. Enter the smaller of line 1 or line 8		39,375.
10. Enter the smaller of line 7 or line 9		39,375.
11. Subtract line 10 from line 9. This amount is taxed at 0%		0.
12. Enter the smaller of line 1 or line 6		3,094.
13. Enter the amount from line 11		0.
14. Subtract line 13 from line 12		3,094.
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.		434,550.
16. Enter the smaller of line 1 or line 15		255,869.
17. Add lines 7 and 11		252,775.
18. Subtract line 17 from line 16. If zero or less, enter zero.		3,094.
19. Enter the smaller of line 14 or line 18		3,094.
20. Multiply line 19 by 15% (.15)		464.
21. Add lines 11 and 19		3,094.
22. Subtract line 21 from line 12		0.
23. Multiply line 22 by 20% (.20)		0.
24. Figure the tax on the amount on line 7. (Use the Tax Table or Tax Computation Worksheet)		63,665.
25. Add lines 20, 23, and 24		64,129.
26. Figure the tax on the amount on line 1. (Use the Tax Table or Tax Computation Worksheet)		64,748.
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>64,129.</u>

Federal Income Tax Withheld

STATE OF FLORIDA

72.

MARK A SPEISER

Federal Income Tax Withheld (continued)

VOYA RETIREMENT INSURANCE & ANN CO
 FLORIDA RETIREMENT SYSTEM
 FLORIDA RETIREMENT SYSTEM
 MORGAN STANLEY

7,283.
 23,419.
 4,167.
 299.

Miscellaneous Withholding (Taxpayer)

Total 7,743.
42,983.

**Form 1116, Page 1, Line 3d
Gross Foreign Source Income**

Category of income - Passive _____

VARIOUS

Gross qualifying dividends..... Total \$ 3,094.
 \$ 3,094.

**Form 1116, Page 1, Line 3e
Gross Income from All Sources**

Wages, salaries, tips, etc..... 1,383.
 Taxable interest..... 1,649.
 Ordinary dividends..... 3,094.
 Taxable IRA distributions..... 1,197.
 Taxable pensions and annuities..... 232,480.
 Taxable social security benefits..... 29,916.
 Total \$ 269,719.

**Taxable Income Limitation (Form 1116, Line 18)
(Taxpayers who completed a Qualified Dividends & Capital Gain Worksheet)**

1. Enter amount from Form 1040 or 1040-SR, line 11b 255,869.
 2. Enter your worldwide 28% gains N/A
 3. Multiply line 2 by 0.2432 N/A
 4. Enter your worldwide 25% gains N/A
 5. Multiply line 4 by 0.3243 N/A
 6. Enter worldwide 20% gains & qualified dividends 0.
 7. Multiply line 6 by 0.4595 0.
 8. Enter worldwide 15% gains & qualified dividends 3,094.
 9. Multiply line 8 by 0.5946 1,840.
 10. Enter worldwide 0% gains & qualified dividends 0.
 11. Add lines 3, 5, 7, 9 and 10 1,840.
 12. Subtract line 11 from line 1. Enter on Form 1116, line 18 254,029.

MARK A SPEISER

Taxable Income Limitation (AMT) (Form 1116, Line 18)
(Taxpayers who completed Part III of Form 6251)

1. Enter the amount from Form 6251, line 4	269,719.
2. Enter your worldwide 28% gains	N/A
3. Multiply line 2 by N/A	N/A
4. Enter your worldwide 25% gains (Form 6251, Line 36)	0.
5. Multiply line 4 by 0.1071	0.
6. Enter worldwide 20% gains & qual. div. (Form 6251, Line 33)	0.
7. Multiply line 6 by 0.2857	0.
8. Enter worldwide 15% gains & qual. div. (Form 6251, Line 30)	3,094.
9. Multiply line 8 by 0.4643	1,437.
10. Enter worldwide 0% gains & qual. div. (Form 6251, Line 23)	0.
11. Add lines 3, 5, 7, 9 and 10	1,437.
12. Subtract line 11 from line 1. Enter on Form 1116, line 18	<u>268,282.</u>

Form 8960, Line 13
Modified Adjusted Gross Income Worksheet

1. Enter your Adjusted Gross Income.....	\$	269,719.
2a. Foreign Earned Income Exclusion (Form 2555, line 42).....		0.
2b. Deductions reported on Form 2555, line 44 allocable to your Foreign Earned Income Exclusion.....		0.
3. Adjustments for certain CFCs and certain PFICs.....		0.
3a. Adjustment from Form 1041, K-1, Code H (if positive amount).....		0.
4. Sum of lines 1, 2a, 2b, 3, and 3a.....	\$	<u>269,719.</u>

a Employee's social security number 		Payroll organization code 22-20-17-00-110		Intradepartment number 0000000180	
b Employer identification number 59 - 6001874		1 Wages, tips, other compensation 1,382.77		2 Federal income tax withheld 71.61	
c Employer's name, address, and ZIP code State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 2,715.77		4 Social security tax withheld 168.38	
		5 Medicare wages and tips 2,715.77		6 Medicare tax withheld 39.38	
		7 Social security tips		10 Dependent care benefits	
d Control number 17144 01/07		11 Nonqualified plans		12a See instructions for box 12 G 1,333.00	
e Employee's first name, mi, and last name MARK A SPEISER 		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b DD 897.24	
		14 Other 125 195.25		12c	
				12d	
				12e	
f Employee's address and ZIP code					
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Form **W-2** WAGE AND TAX STATEMENT **2019**
 Copy B - To Be Filed With Employee's FEDERAL Tax Return
 This information is being furnished to the Internal Revenue Service

a Employee's social security number 		Payroll organization code 22-20-17-00-110		Intradepartment number 0000000180	
b Employer identification number 59 - 6001874		1 Wages, tips, other compensation 1,382.77		2 Federal income tax withheld 71.61	
c Employer's name, address, and ZIP code State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 2,715.77		4 Social security tax withheld 168.38	
		5 Medicare wages and tips 2,715.77		6 Medicare tax withheld 39.38	
		7 Social security tips		10 Dependent care benefits	
d Control number 17144 01/07		11 Nonqualified plans		12a See instructions for box 12 G 1,333.00	
e Employee's first name, mi, and last name MARK A SPEISER 		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b DD 897.24	
		14 Other 125 195.25		12c	
				12d	
				12e	
f Employee's address and ZIP code					
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Form **W-2** WAGE AND TAX STATEMENT **2019**
 Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)

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.

RECEIPT DATE June 11, 2020 No. 279111

RECEIVED FROM Mark Speiser \$10,792.02

Ten Thousand Seven Hundred Ninety Two ^{02/100} DOLLARS

FOR RENT
 FOR Qualifying Fee

ACCOUNT	<u>98</u>	<input type="radio"/> CASH
PAYMENT	<u>10,792.02</u>	<input type="radio"/> CHECK
BAL. DUE		<input type="radio"/> MONEY ORDER
		<input type="radio"/> CREDIT CARD

FROM _____ TO _____

BY [Signature]

3-11

CAMPAIGN ACCOUNT OF
 MARK A. SPEISER

63-215/631

98

DATE 06/11/2020

PAY TO THE ORDER OF BROWARD COUNTY SOE \$10,792.02

TEN THOUSAND, SEVEN HUNDRED NINETY-TWO DOLLARS + 02/100 DOLLARS

© DELIVER TRAILER OR DUPLICATE



SUNTRUST

ACH RT 061000104

MEMO QUALIFYING FEE

Mark A. Speiser

MP

⑆063102152⑆ ⑆000259832250⑆ 0098

SPECIALTY BLUE