FORM 6 FULL AND PUBLIC DISCLOSURE	2019
Please print or type your name, mailing address, agency name, and position below:  OF FINANCIAL INTERESTS  FO	OR OFFICE USE ONLY:
	20
Crippen Patrick Andrew	20
	2020 JUN 8
	8 PM12:10
CITY: ZIP: COUNTY:	2:1
	0
NAME OF AGENCY : N/A	
NAME OF OFFICE OR POSITION HELD OR SOUGHT: Office of the Sheriff - Citrus County FI.	
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 culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so please see the instru	
My net worth as of June 8th, 20 20 was \$ \$40,744.00	
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 following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art object 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 \$  \$79,500.00  ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:  DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	
2015 Jeep	\$ 25,000.00
2017 Kia	\$ 19,000.00
PART C LIABILITIES	
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):  NAME AND ADDRESS OF CREDITOR	I AMOUNT OF LIABILITY
2015 Jeep - BVBA Bank	\$12,500.00
2017 Kia - Kia Loan Corp.	\$18,000.00
Capital One	\$3,900.00
Rooms to Go	\$1,737.00
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	
NAME AND ADDRESS OF CREDITOR  Vystar credit union	\$3,019.00
vystai sisuit union	ψο,ο 19.00
	-

		PARID	INCOME		
	e tax return, including all W2	s, schedules	00 during the year, including secondary so, and attachments. Please redact any soc the Commission's website.	ial security o	
			N2's, schedules, and attachments. ou need not complete the remainder of Pa		
PRIMARY SOURCES OF INCO	•	ge 5):			1
NAME OF SOURCE OF INCO		0 0	ADDRESS OF SOURCE OF INCOME	26.00.	AMOUNT
See 2019 Federal Inc			)19 Federal Income tax retu		N/A
See 2019 Federal Inc	ome tax return	See 20	019 Federal Income tax retu	ra:	N/A
SECONDARY SOURCES OF IN	ICOME [Major customers, cli	ents, etc., of	businesses owned by reporting person-s	ee instruction	ns on page 5]:
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS'		ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A	N/A		N/A	N/A	
N/A	N/A		N/A	N/A	
P	ART E INTERESTS II	N SPECIFI	ED BUSINESSES [Instructions on	page 6	
	BUSINESS ENTITY	# 1	BUSINESS ENTITY # 2	BUSIN	NESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		N/A	N/A	
ADDRESS OF BUSINESS ENTITY	N/A		N/A	N/A	
PRINCIPAL BUSINESS ACTIVITY	N/A		N/A	N/A	
POSITION HELD WITH ENTITY	N/A		N/A	N/A	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A		N/A	N/A	
NATURE OF MY OWNERSHIP INTEREST	N/A		N/A	N/A	
		PART F	- TRAINING		
For office	rs required to complete	annual e	thics training pursuant to section	112.3142,	F.S.
		AVE CO	MPLETED THE REQUIRED T	RAINING	3.
	CERTIFY THAT I H	AVE OU			
4-2	TH	STA	TE OF FLORIDA		
O.A	<b>ATH</b>	STA' COL Swo	TE OF FLORIDA UNTY OF  In to (or affirmed) and subscribed before	me by mean	us of
4-2	ATH ears at the	STA' COL Swo	TE OF FLORIDA  UNTY OF  In to (or affirmed) and subscribed before Shysical presence or  online notarization	on, this 8	day of
O A	ATH ears at the use on oath or affirmation	STA' COL Swo	TE OF FLORIDA  UNTY OF  In to (or affirmed) and subscribed before Shysical presence or  online notarization	on, this 8	day of
I, the person whose name app beginning of this form, do depo and say that the information di and any attachments hereto is	TH ears at the use on oath or affirmation sclosed on this form	STA' COL Swo	TE OF FLORIDA UNTY OF  In to (or affirmed) and subscribed before	on, this 8	day of
I, the person whose name app beginning of this form, do depo and say that the information di	TH ears at the use on oath or affirmation sclosed on this form	STA COU Swo	TE OF FLORIDA  UNTY OF  In to (or affirmed) and subscribed before Shysical presence or  online notarization	on, this 8	day of
I, the person whose name app beginning of this form, do depo and say that the information di and any attachments hereto is	TH ears at the use on oath or affirmation sclosed on this form	STACOUL Swo	TE OF FLORIDA  UNITY OF  I'm to (or affirmed) and subscribed before Shysical presence or online notarization  Tune  20 20 by other  nature of Notary Public—State of Elorida)	on, this 8th	day of
I, the person whose name app beginning of this form, do depo and say that the information di and any attachments hereto is	TH ears at the use on oath or affirmation sclosed on this form	STA' COL Swo (Sign	TE OF FLORIDA  UNTY OF  In to (or affirmed) and subscribed before Shysical presence or online notarization  Tune  20 20 by of  nature of Notary Public—State of Elorida)  It, Type, or Stamp Commissionad Natara	on, this 8th	ndrew Crippen
I, the person whose name app beginning of this form, do depo and say that the information di and any attachments hereto is	ears at the ose on oath or affirmation sclosed on this form true, accurate	STACOU Swo (Sign	TE OF FLORIDA  UNTY OF  In to (or affirmed) and subscribed before Shysical presence or online notarization  at the control of	on, this 8th	day of Indrew Cripper Lublic State of Florida
I, the person whose name app beginning of this form, do depo and say that the information di and any attackments hereto is and complete.	ears at the ose on oath or affirmation sclosed on this form true, accurate	STACOU Swo (Sign	TE OF FLORIDA  UNTY OF  In to (or affirmed) and subscribed before Shysical presence or online notarization  Tune  20 20 by of  nature of Notary Public—State of Elorida)  It, Type, or Stamp Commissionad Natara	on, this 8th	day of Indrew Cripper Lublic State of Florida
I, the person whose name app beginning of this form, do depo and say that the information di and any attachments hereto is and complete.  SIGNATURE OF REPORTING	ears at the lears at the lears at the lears at the lears on oath or affirmation eclosed on this form true, accurate the official of Candidate of the licensed under Chapter 47	STACOU Swo (Sign Prin Pers	TE OF FLORIDA  UNTY OF  In to (or affirmed) and subscribed before Shysical presence or online notarization  at the control of	Notary Port Notary	day of Indrew Crippen ublic State of Florida te R Brock filssion GG 952648 http://dx.
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I, the person whose name approbeginning of this form, do depose and say that the information displayed and complete.  SIGNATURE OF REPORTING  If a certified public accountant she must complete the following the complete states of	ears at the ose on oath or affirmation sclosed on this form true, accurate OFFICIAL OR CANDIDATE tlicensed under Chapter 47 ing statement:	STACOLL Swo (Signature Print Pers Type 73, or attorn prepare	TE OF FLORIDA  UNTY OF  I'm to (or affirmed) and subscribed before Shysical presence or online notarization  Tune  20 20 by of  attraction  nature of Notary Public—State of Elorida)  att, Type, or Stamp Commissioned Natarian  conally Known  or Problem of Identification Produced	Notary Property Communication of the Communication	day of Indrew Crippen white State of Florida te R Brock Hission GG 952648 H1/28/2024 Hission GG 952648 H
I, the person whose name app beginning of this form, do depo and say that the information di and any attackments hereto is and complete.  SIGNATURE OF REPORTING	ears at the ose on oath or affirmation sclosed on this form true, accurate OFFICIAL OR CANDIDATE tlicensed under Chapter 47 ing statement:	STACOLL Swo (Signature Print Pers Type 73, or attorn prepare	TE OF FLORIDA  UNTY OF  I'm to (or affirmed) and subscribed before Shysical presence or online notarization  Tune  20 by other  nature of Notary Public—State of Elorida  Int, Type, or Stamp Commissioned Natarian  conally Known  of Identification Produced  and the CE Form 6 in accordance with A	Notary Property Communication of the Communication	day of Indrew Crippen white State of Florida te R Brock Hission GG 952648 H1/28/2024 Hission GG 952648 H
I, the person whose name approbeginning of this form, do depose and say that the information displayed and complete.  SIGNATURE OF REPORTING  If a certified public accountant she must complete the following the complete states of	ears at the ose on oath or affirmation sclosed on this form true, accurate OFFICIAL OR CANDIDATE ticensed under Chapter 47 ang statement:	STACOLL Swo (Signature Print Pers Type 73, or attorn prepare	TE OF FLORIDA  UNTY OF  I'm to (or affirmed) and subscribed before Shysical presence or online notarization  Tune  20 by other  nature of Notary Public—State of Elorida  Int, Type, or Stamp Commissioned Natarian  conally Known  of Identification Produced  and the CE Form 6 in accordance with A	Notary Property Communication of the Communication	day of Indrew Crippen Library
I, the person whose name approbeginning of this form, do depose and say that the information displayed and complete.  SIGNATURE OF REPORTING  If a certified public accountant she must complete the following section 112.3144, Florida State and correct.  Signature  Signature  Signature	ears at the ose on oath or affirmation sclosed on this form true, accurate of OFFICIAL OR CANDIDATE of the statement:	STACOLL Swo (Signature) (Signa	TE OF FLORIDA  UNTY OF  I'm to (or affirmed) and subscribed before Shysical presence or online notarization  Tune  20 by other  nature of Notary Public—State of Elorida  Int, Type, or Stamp Commissioned Natarian  conally Known  of Identification Produced  and the CE Form 6 in accordance with A	Notary Property Company Property Company Property Company Comp	day of Indrew Crippen  ublic State of Florida te R Brock hission GG 952648 hission G

E =	AAAA	Department of the Treasury-Internal Revenue Service (99)	_
ß	I UTU	U.S. Individual Income Tax Return	

			0171 111		OMD 140. 1343	-0074 I INS USE ONLY	-Do not wat	e or staple in this space.
Filing Status Check only one box.	If yo	Single Married filling jointly but checked the MFS box, enter the natified but not your dependent.		ed filing separately (MFS ouse. If you checked the				
Your first name	e and m	niddle initial	Last	name		20	Your soci	al security number
Patrick			Cr	ippen		ľ.		
If joint return,	spouse'	s first name and middle initial		name		S	Spouse's	social security number
Heather			Ka	iser		60	(See See	
Home address	(numb	er and street). If you have a P.O. box,	see instru	uctions.		Apt. no	RESERVED BY	al Election Campaign you, or your spouse if filing
City, town or p	ost offi	ce, state, and ZIP code. If you have a	foreign ac	ddress, also complete s	paces below (see instruc	ctions).		3 to go to this fund.  x below will not change you  You Spouse
Foreign countr	y name			Foreign province/stat	te/county	Foreign postal code		an four dependents, ctions and ✓ here ▶
Standard Deduction		eone can claim:  You as a deper		Your spouse as a ere a dual-status alien	dependent			
Age/Blindness	You:	Were born before January 2, 19	55 🔲	Are blind Spouse:	Was born before	January 2, 1955	Is blind	
Dependents (	see in:	structions):	(	2) Social security number	(3) Relationship to you	15 40ds		ee instructions):
(1) First name		Last name			2007	Child tax cre		redit for other dependents
Caleb		Kaiser	•		Son			X
					no tites.	25.		
					(1000年)			
		, ,			188 R.E.			
	1	Wages, salaries, tips, etc. Attach Fo	rm(s) W-2	?	Year 188		1	75,464.
	2a	Tax-exempt interest	2a	1	b Taxable interest. At	tach Sch. B if require	ed 2b	
tandard	3a	Qualified dividends	3a	705E-02	b Ordinary dividends.	Attach Sch. B if require	ed 3b	
eduction for-	4a	IRA distributions	4a	77.65.664 A	b Taxable amount		4b	
Single or Married filing separately,	С	Pensions and annuities	4c	309	d Taxable amount		4d	
\$12,200	5a	Social security benefits	5a		<b>b</b> Taxable amount		5b	
Married filing jointly or Qualifying	6	Capital gain or (loss). Attach Schedu	le D if red	quired. If not required, c	heck here	½ . ▶ [	] 6	
widow(er), \$24,400	7a	Other income from Schedule 1, line	9				7a	
Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, an	d 7a. Thi	s is your total income		🛚	7b	75,464.
household, \$18,350	8a	Adjustments to income from Schedu	ile 1, line	22			8a	
If you checked	b	Subtract line 8a from line 7b. This is	your adju	usted gross income	723	, . y <b>&gt;</b>	8b	75,464.
any box under Standard	9	Standard deduction or itemized de	ductions	s (from Schedule A) .	9	24,400	).	
Deduction, see instructions.	10	Qualified business income deduction	n. Attach	Form 8995 or Form 899	5-A 10		2.74	
	11a	Add lines 9 and 10	100				11a	24,400.
		Taxable income. Subtract line 11a f		120 Per 12 Per 1				

Form 1040 (2019)



Form 1040 (2019	9)										Page
ρ 1	12a	Tax (see inst.) Check if any from Form(s): 1 88	14 2 🗌 4972	3 🗌	12a	Ţ	5,741.	District the second			
	b	Add Schedule 2, line 3, and line 12a and enter the	e total				>	12b		5,	741.
	13a	Child tax credit or credit for other dependents .			13a		500.				
	b	Add Schedule 3, line 7, and line 13a and enter the	e total				▶	13b			500.
	14	Subtract line 13b from line 12b. If zero or less, en	ter -0				Ŋ.	14		5,	241.
	15	Other taxes, including self-employment tax, from	Schedule 2, line	10			2020	15			0.
	16	Add lines 14 and 15. This is your total tax					9	16		5,	241.
	17	Federal income tax withheld from Forms W-2 and	1 1099				· <b>E</b>	17		7,	715.
• If you have a	18	Other payments and refundable credits:					9	95			
qualifying child,	а	Earned income credit (EIC)		No	18a		<b>C</b>	1	15.		
attach Sch. EIC.  If you have	b	Additional child tax credit. Attach Schedule 8812			18b		<b>E</b>		Taller.		
nontaxable combat pay, see	С	American opportunity credit from Form 8863, line	8		18c		N		Ac The		
instructions.	d	Schedule 3, line 14	* · × ×	a	18d						
	е	Add lines 18a through 18d. These are your total of	ther payments	and refundable cred	lits .		明皇	18e	30-		
	19	Add lines 17 and 18e. These are your total payme	ents			1300		19	305	7,	715.
Refund	20	If line 19 is more than line 16, subtract line 16 from	n line 19. This is	the amount you over	paid .	10000	À	20		2,	474.
110101110	21a	Amount of line 20 you want refunded to you. If Fo	orm 8888 is attac	ched, check here .	-81.		▶ □	21a		2,	474.
Direct deposit? See instructions.	<b>⊳</b> Ь	Routing number		▶ c Type: 🏻 🖹	Checking		Savings				0
See instructions.	►d	Account number				E ST					
	22	Amount of line 20 you want applied to your 2020	estimated tax		22		20.				
Amount	23	Amount you owe. Subtract line 19 from line 16. F	or details on how	w to pay, see instruct	ions .		•	23			
You Owe	24	Estimated tax penalty (see instructions)		· · · · · · · · · · · · · · · · · · ·	24				Hills		
Third Party Designee		you want to allow another person (other than your pages)	paid preparer) to Phone	discuss this return w	ith the IR			X I		mplete	e below.
(Other than paid preparer)		ne 🕨	no.	23.		numbe	al identifica r (PIN)	ation ▶		ТТ	
Sign Here	corr	fer penalties of perjury, I declare that I have examined this ect, and complete. Declaration of preparer (other than taxpa	return and accomp	anying schedules and si information of which pre	tatements, apparer has a	and to the	best of my I	knowledge	and bel	ief, the	y are true
	You	ur signature	Date	Your occupation			Prote	IRS sen			
Joint return? See instructions.	-		100	Security			(see				
Keep a copy for your records.	Spi	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation  Administra							an er it here

Email address

Preparer's signature

Firm's name ► MICHELLE ACCOUNTING & TAX SERVICE INC.

Firm's address ▶ 2541 N RESTON TER HERNANDO FL

D Michelle Maidlow

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

D Michelle Maidlow

Phone no.
Preparer's name

Paid

**Preparer** 

**Use Only** 

REV 03/04/20 PRO

Date

34442

BAA

PTIN

Phone no. (352)746-1855

P01317037

Firm's EIN ▶

27-4057606 Form **1040** (2019)

3rd Party Designee

X Self-employed

Check if:



Department of the Treasury

Internal Revenue Service

**Health Savings Accounts (HSAs)** 

► 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** 

OMB No. 1545-0074

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

Heather Kaiser

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

Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts,	if requ	iired.
Par	HSA Contributions and Deduction. See the instructions before completing this part. and both you and your spouse each have separate HSAs, complete a separate Palfil for	If you each	are filing jointly
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2011 see instructions)	Man.	elf-only⊠ 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. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	0.
3	If you were under age 55 at the end of 2019 and, on the first day of <b>every</b> month during 2019, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,500 (\$7,000 for family coverage). <b>All others</b> , 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	0.
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		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	400.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	6,600.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> 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	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).	7,522	V25000000000000000000000000000000000000
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	rate F	HSAs, complete
14a	Total distributions you received in 2019 from all HSAs (see instructions)	14a	
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	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> 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	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
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	

Form 8	ଖିଃ୨ (2019)		Page 2
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have 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 2.7Form 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	
	REV 03/04/20 PRO	Form <b>8889</b>	(2019)

Void a Employee's social security number		
	OMB No. 1545-0008 8BJ	000003
b Employer identification number (EIN)	1 Wages, tips, other compensation	2 Federal income tax withheld
47-5335861	25969.38	2597.32
c Employer's name, address, and ZiP code	3 Social security wages	4 Social security tax withheld
AXYAL SPACE COAST LLC	25969.38	1610.10
4325 WOODLAND PARK DR STE 101	5 Medicare wages and tips	6 Medicare tax withheld
MELBOURNE, FL 32904		
	25969.38	376.56
	7 Social security tips	8 Allocated tips
d Control number		<u></u>
	9	10 Dependent care benefits
000003 RW/8BJ		
e Employee's first name and initial Last name	Suff. 11 Nonqualified plans	12a See instructions for box 12
PATRICK CRIPPEN	***	c
	13 Statutory Retirement Third-party employee plan sick pay	12b
	employce plan sick pay	ا ت
	14 Other	10
	14 Other	12c
		d e
		12d
		0
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. 1	9 Local income tax   20 Locality name
		}

W-2 Wage and Tax Statement

5014

Department of the Treasury—Internal Revenue Service For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

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 Department of the Treasury ► To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. OMB No. 1545-0074

Attachment Sequence No. **70** 

Internal Revenue Service

▶ Go to www.irs.gov/Form8867 for instructions and the latest information. Taxpayer name(s) shown on return Patrick Crippen & Heather Kaiser Enter preparer's name and PTIN D Michelle Maidlow **2**01317037 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/☐DC ☐ AOTC Did you complete the return based on information for tax year 2019 provided by the taxpayer or Yes No N/A 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 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing X 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."  $|\mathbf{X}|$ Did you make reasonable inquiries to determine the correct, complete, and consistent information? . 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 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) X List those documents, if any, that you relied on. 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 X 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . X (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and 

For Paperwork Reduction Act Notice, see separate instructions.

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Form 8867 (2019)

	867 (2019)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)	)		
9a	Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying	Yes	No	N/A
	children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer			
	is claiming the EIC and does not have a qualifying child.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying hild of	AUPA PAGE 29 CATATALA		AT SECURITION
	more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC to Part IV.)	, ACTC	, or OD	C, go
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?	X	en F	
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's		>	
	custodial parent has released a claim to exemption for the child?			
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?	$\boxtimes$	THE THE	
Part	TOWN CONTRACTOR AND THE PROPERTY OF THE PROPER			
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qua		Yes	No
	tuition and related expenses for the claimed AOTC?			
Part				
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax	year	Yes	No
Part	and provided more than half of the cost of keeping up a home for the year for a qualifying person?	• • •		
rait	2007 10000			
	➤ You will have complied with all due diligence requirements for claiming the applicable credit(s) an status on the return of the taxpayer identified above if you:	id/or H	OH filir	ıg
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respor in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s status and to compute the amount(s) of the credit(s);			
	<ul> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkli credit(s) claimed and HOH filing status, if claimed;</li> <li>C. Submit Form 8867 in the manner required; and</li> </ul>	st for a	ny appl	icable
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 886 Document Retention.	37 instru	ctions	under
	1. A copy of this Form 8867.			
	<ol> <li>The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.</li> <li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's elicated credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).</li> </ol>	gibility f	or the	
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applicat obtained.</li></ol>	ole work	sheet(s	s) was
	5. A record of any additional information you relied upon, including questions you asked and the taxpay determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount of the taxpayer is a status and to compute the amount of the taxpayer.	yer's res unt(s) of	ponses the cre	s, to edit(s).
	▶ If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty comply related to a claim of an applicable credit or HOH filing status.			
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?	, and	Yes	No
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<ol> <li>Wages, tips, other comp</li> </ol>	<ul> <li>2 Federal income tax withheld</li> </ul>
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3 Social security wages	4 Social security tax withheld
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5 Medicare wages and tips	6 Medicare tax withheld
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7 Social security tips	8 Allocated tips
	10 Dependent care benefits
I1 Nonqualified plans	12a DD 6262.00
	12b
3 Statutory Retirement Third-part	y 12c
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14	Employee's social security no.
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Instructions for Employee

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7 Social security tips

3 Social security wages

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2 Federal income tax withheld

4 Social security tax withheld

8 Allocated tips

10 Dependent care benefits

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You must No Form 4:37, Social Sequency and Medicare liax on Unrecorged Tip Income.	Y - Deferrais in der a section 405A honousilified deferred compensation plan
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o a total of \$19,000 (\$13,000 if you have SIMPL plans; \$22,000 if the pile.)	Note: Keep Copy C of own W I for at least years alie to go seed on the year
plans if you qualify for the 5-year xplained in Pup 571). Deferrals	
limited to \$19,000   ferrals under H are   ted to \$	ntil you beg in receiving by such a security benefit and our record and in rearrings a large r.
However, if you were at least ag in 2019, your emily ray additional deferral if pito 56, 5, fo section 40 (k)(1) and 408(pitch might)	record and rearnings a larye r
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instructions.	rcome Credit Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.
C — Taxable cost of group term ille insurance over \$50,000 (in luded in box ill lup io social security wade base), and 5)	Clergy and religious workers, if you aren't subject to social security and Medicare taxes, see Publish 7. Social Security and Other I formation for Vembers of the Clergy India.
D-Elective deferrals to a sect 401(k) cash or deferred arrangement. Also	Religious Workers
deterrals under a SIMP. E retirement account that is part of a section 401(k) are a ement.	Corrections, If you came SSN or address a recornect connect Con as B. C. and and are
E – Elective deferrals under a section 403(b) salary reduction agreement	
F— ective deferrals under a section 408(k)(6) salary reduction S. P.	W-20 Corrected Wade and ax Statement with the Social Sec Lify Annunistrat (ISSA)
G—Elective deferrals and employer contributions (including none-eclive definition) to a section 457(b) deferred compensation plan	to correct any name, SSN, or moley amount error reported to le SSA on Form W. Be sure to get your course of Form W-2c from your employer for correct oils made so
H—Elective deferrals to a sect = 501(c)(18)(0) fax-exempt organization plan = the form 1040 instructions for now to deduct.	may le them with your tax returilif your name and SSN are correct bull aren't le sam shown on your social security card, you should ask for a new card lat displays our at me at any SSA office or by calling 800-772-12.3 You also may visit the SSA well tell so the social security of the SSA well tell social social social security of the SSA well tell social social social security of the SSA well tell social social social security of the social security of t
J-Nontaxable sick pay (information only, not included in pox 1, 3, or 5)	www.SSA.gov.
K-20% excise tax on excess golden parachute payments. See the Form 1040 millions.	Cost of employer-sponsored health coverage (if such cost is provided by the
L-Substantiated empliyee business expense reimbursements inontaxable	employer). The reporting in box 12, using code DD, of the cost of employer spon lives
M—Un ected social security or RRTA tax on taxable cost oi group-term ance over \$50,000 (former employees only). See the Form 1040 instructions.	realth cover ge is for your information only. The amount reported with code DD is not taxable.
N= Incollected Medicare tax on taxable cost of group-term life insurance 100 000	Credit for excess taxes. * you had more than one employer \$20.9 and the email
former employees only). See the Form 1040 instructions	\$8,239.80 in social security and or Ter 1 ratroad ethernett (RRTA) taxos w wit you may be able to claim a credit for the excess against your federal commax. Fyour discounts are security and commax and commax figures.
P—Excludable moving expense reimbursements paid directly to a member of the U.S.  Armed forces (not included in box 1, 3, or 5)	You also may be able to claim a credit. See your Form 1010 net 1999 and 1999 also may be able to claim a credit. See your Form 1010 net 1999 and 19
Q—Nontaxable combat day. See the instructions for Form - 040 for details on recording this amount	Withholding and istimated Tax
R—Employer contributions to your Archer MSA. Report of 8853, Arc of MSAs and long-term Care Insurance of tracts.	

Form W-2	Wage and Tax Stateme	ent 2019	7 Social security tips		1 Wages, tips, other cor	npensation 2909.30	2 Federal in	come tax withheld
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### 2019 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement

y C for employee's records.

Control number Dept. 5057 NCN2/NYH 241057

Employer use only Т EIC

Employer's name, address, and ZIP code YMCA OF THE SUNCOAST 2469 ENTERPRISE RD CLEARWATER FL 33763

Batch #01371

Employee's name, address, and ZIP code

:ATHER E KAISER

mployer's FED ID number 59-0810731	a Employee's SSA number
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Social security wages 492.04	4 Social security tax withheld 30.51
Medicare wages and tips 492.04	6 Medicare tax withheld 7.13
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	10 Dependent care benefits
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Other	12b
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tate income tax	18 Local wages, tips, etc.
ocal income tax	20 Locality name
	1

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement and W-4 profile. The reverse side includes instructions and other general information.

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

Wages, Tips, other Compensation Box 1 of W-2

Social Security Wages Box 3 of W-2

Medicare Wages Box 5 of W-2

FL. State Wages, Tips, Etc. Box 16 of W-2

**Gross Pay** 

Reported W-2 Wages

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2. Employee Current W-4 Profile. To make changes, file a new W-4 with your payroll department.

30.51



Corp.

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld 7.13

a Employee's SSA numbe

8 Allocated tips

Employer use only

EIC 841

Social Security Number: 295-72-8954 Taxable Marital Status: MARRIED

Exemptions/Allowances:

FEDERAL: 1

STATE:

No State Income Tax

0 2019 ADP. LLC

Wages, tips, other comp

Social security wages 492.04

Medicare wages and tips

165057 NCN2/NYH 241057

Employer's FED ID number

59-0810731 Social security tips

d Control number

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492.04 Dept

Employer's name, address, and ZIP code

2469 ENTERPRISE RD

CLEARWATER FL 33763

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2469 ENTERPRISE RD CLEARWATER FL 33763

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ATHER E KAISER

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YMCA OF THE SUNCOAST INC 2469 ENTERPRISE RD CLEARWATER FL 33763

b	Employer's FED ID number 59-0810731	a Employee's SSA number
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pa
e/f	Employee's name, address a	and ZIP code

HEATHER E KAISER

State FL	Employer's state ID no.	16	State wages, tips, etc.
State	income tax	18	Local wages, tips, etc.
Local	income tax	20	Locality name

FL.State Filing Copy 2 Wage and Tax Statement

### Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return. Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. On Form 4137, you will calculate the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filling Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over 35 000 also is included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan into became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a distribution in the standard and distribution in the standard and distribution in the standard way. deferral and a distribution in the same calendar year. If you made a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,000 (\$13,000 if you only have SIMPLE plans \$22,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2019, your employer may have allowed an additional deferral of up to \$6,000 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall firmit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the instructions for Form 1040.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A-Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See the Form 1040 instructions.

B-Uncollected Medicare tax on tips. Include this tax on Form 1040. See the Form 1040 instructions.

C-Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

D – Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E-Elective deferrals under a section 403(b) salary reduction agreement F-Elective deferrals under a section 408(k)(6) salary reduction SEP

G-Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H-Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J-Nontaxable sick pay (information only, not included in box 1, 3, or 5) K-20° excise tax on excess golden parachute payments. See the Form 1040 instructions

L-Substantiated employee business expense reimbursements (nontaxable)

M - Uncollected social security or RRTA tax on taxable cost of

group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N – Uncollected Medicate tax on taxable cost of group term life insurance over \$50,000 (former employees only). See the Form 1040 instructions

P-Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5) Q-Nontaxable combat pay. See the instructions for Form 1040 for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853. Archer MSAs and Long-Term Care Insurance Contracts.

-Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T-Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts V-Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525.

Taxable and Nontaxable Income, for reporting requirements.

W\_Employer contributions (including amounts the employee elected to configure using a section 125 (cafeteria) plan) to your health savings accounts. (HSAs)
Y—Terrals under a section 409A nonqualified deferred compensation plan that falls to satisfy section 409A. This amount also is included in box 1. It is subject to a section 409A. This amount also is included in box 1. It is subject to a section 409A. This amount also is included in box 1. It is subject to a section 409A. to an additional 20% tax plus interest. See the Form 1040 instructions

AA Designated Roth contributions under a section 401(3) plan

BB Designated Roth contributions under a section 403(b) plan DD = cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

EE Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF 1-ermitted benefits under a qualified small emptoyer health.

reimbursement arrangement

GG-Income from qualified equity grants under section 83(i)

HH-Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may app to the amount of traditional IRA contributions you may deduct. See Puo 590-A, Contributions to Individual Retirement Arrangements (IRAs)

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax. and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year

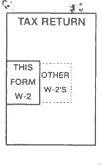
Department of the Treasury - Internal Revenue Service

### NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

### IMPORTANT NOTE:

In order to insure efficient processing attach this W-2 to your tax return like this (following agency instructions):





### Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2019 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the ElQui your investment income is more than the specified amount for 2019 or if income is earned for services provided while you were an inmate at a penal institution. For 2019 income limits and more information, visit www.irs.gov/EITC. Also see Pub. 596, Earned Income Credit: Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA)

to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You also may visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2019 and more than \$8,239.80 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$4,836.30 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 instructions and Pub 505, Tax Withholding and Estimated Tax.



c Employer's name, address, and ZIP code 56-0748358	D 1 197.54	7424.03	656.59
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### Instructions for Employee (continued from back of Copy C)

Instructions for Employee (continued from back of Copy C)

However, if you were at least age 50 in 2019, your employer may have allowed an additional deferral of up to \$6,000 (\$3,000 for section 401(k);11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code 6, the limit on elective deferrals may be higher for the last 3 years before you reach retirement oge. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral intertunists to include the informations. See the instructions for Form 1040.

Note, if a year follows code D through H, S; AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown not the current year.

A -Uponibected sorial security or RRTA tax on tips, include this tax on Form 1040. See the Form 1040 instructions.

B - Unicobacted Microbios are on tips. Include this tax on Form 1040 See the Form 1040 instructions.

C - Taxish to ost of group form life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5).

Elective deferrals is a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) salary reduction agreement.

E Elective to ferrals under a section 408(k)(8) salary reduction SEP.

E-Elective deferrals under a section 408(k)(8) salary reduction generals.

compensation plan.

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct

deduct

J—Northaxable sick pay (information only, not included in box 1, 3 or 5)

K—20% axisse tax on excess golden parachute payments. See the Form 1040 instructions

L—Substantiated employee business expense reimbursements (nontaxable).

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions N---Uncollected Medicare tax on taxable cost of group term life insurance over \$50,000 (former employees only)

See the Form 1040 instructions

-Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box

Q Nontaxable combat pay See the instructions for Form 1040 for details on reporting this amount

### Notice to Employee (Also see Instructions for Employee on the back of Copy C.)

Do you have to file? Refer to the form 1040 instructions to determine if you are required to file a tax return. Even if you tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit

Earned Income credit (EIC) You may be able to take the EIC for 2019 if your adjusted gross income (ACI) is less than a cortain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2019 or if income is amoned for services provided while you were an immate at a penal institution. For 2019 income limits and more information, visit www.irs.gov/EITC. Also see Pub. 596. Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers

Corrections. If your name, SSN, or address is incorrect correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W.2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You also may visit the SSA website at www. SSA gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in Box 12 using Code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with Code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2019 and more than \$8,239.80 in social security and/or Tier I railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against you federal income tax. If you had more than one railroad employer and more than \$4.833.00 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 instructions and Pub. 505, Tax Withholding and Estimated Tax.

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

V—Income from exercise of non statutory stock option(s) (included in boxes 1, 3 (up to social security wage base) and 5). See Pub. 525, Taxable and Nontaxable income, for reporting requirements,

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889. Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—income under a nonqualified deferred compensation plan.

Z—income under a nonqualified deferred compensation plan

A—Designated Roth contribution under a section 401(k) plan

B—Designated Roth contributions under a section 401(k) plan

D—Cost of employer-sponscred health coverage. The amount reported with code DD is not taxable.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a lax-exempt organization section 457(b) plan

FF—Permitted benefits under a qualified small employer health reimbursement arrangement.

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i)

HH—Aggregate deferrals under sections 30(i)

ESP Sections are under sections as of the close of the close of the capacity for a section 80(i)

ESP Sections are under sections as of the close of the close of the capacity of the empower in a section 80(i)

HH—Aggregate deferrals under sections 30(i)

HH—Aggregate deferrals und

### Instructions for Employee (Also see Notice to Employee, on the back of Copy C.)

Instructions for Employee (Also see Notice to Employee, on the back of Copy C.)

Box 1. Enter this amount on the federal income tax withheld line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. Additional Medicare Tax. See the Form 10-40 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

You must file Form 4.137, Social Security and Medicare Tax on Unreported Tip income with your income tax return to report at least the allocated by amount unless you can prove that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount of your your tax return to report at least the allocated by amount unless you can prove that you received a smaller amount. If you have records that show the actual amount of tips you received, report that you received a smaller amount. If you have records that show the actual amount of tips you received, report this more or less than the allocated by So. Thom 4137, your must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (carletena) plan). Any amount one of social associated in box 1. Complete Form 2441. Child and Dependent Care Expenses to compute any taxable and nontaxable amounts.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to your got allowed the f

## 2019 W-2 and EARNINGS SUMMARY



Employee Reference Copy 2 Wage and Tax 2 Statement y C for employee's records,

Dept Corp. 5057 NCN2/NYH 241057

Employer use only EIC 841

Employer's name, address, and ZIP code YMCA OF THE SUNCOAST 2469 ENTERPRISE RD CLEARWATER FL 33763

Batch #01371

Employee's name, address, and ZIP code

# EATHER E KAISER

Control number

Local income tax

Employer's FED ID number 59 - 0810731	a Employee's SSA number
Wages, tips, other comp.	2 Federal income tax withheld
Social security wages 492.04	4 Social security tax withheld 30.51
Medicare wages and tips 492.04	6 Medicare tax withheld 7.13
Social security tips	8 Allocated tips
	10 Dependent care benefits
Nonqualified plans	12a See instructions for box 12
011	12b
Other	12c
	12d l
	13 Stat emp. Ret. plan 3rd party sick pay
State Employer's state ID n	o. 16 State wages, tips, etc.
State income tax	18 Local wages, tips, etc.

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement and W-4 profile. The reverse side includes instructions and other general information.

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

Wages, Tips, other Compensation Box 1 of W-2

Social Security Wages Box 3 0 W-2

Medicare Wages Box 5 of W-2 FL. State Wages, Tips, Etc. Box 16 of W-2

**Gross Pay** 

Reported W-2 Wages

492.04 492.04

92.04 492.04

492 04 492.04

2. Employee Current W-4 Profile. To make changes, file a new W-4 with your payroll department.



Social Security Number: 295-72-8954 Taxable Marital Status: MARRIED

Exemptions/Allowances:

FEDERAL: 1

STATE:

No State Income Tax

O 2019 ADP. LLC

Wages, tips, other o	omp. 92.04	2	Federa	ıl inco	me tax v	withheld
Social security wag	es 92.04	4	Social	secu	rity tax v	vithheld 30.51
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Control number	Dept.		Corp.	En	nployer u	se only
5057 NCN2/NYH	241057		·	Т	EIC	841

20 Locality name

YMCA OF THE SUNCOAST INC 2469 ENTERPRISE RD

Employer's name, address, and ZIP code

CLEARWATER FL 33763

Employer's FED ID number 59 - 0810731	a Employee's SSA number
Social security tips	8 Allocated tips
	10 Dependent care benefits
Nonqualified plans	12a See instructions for box 12
Other	12b
	12c
	12d
	13 Stat emp. Ret, plan 3rd party sick per
Employee's name, address a	

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State	income tax	18 Local wages, tips, etc
Local	income tax	20 Locality name

Wage and Tax Statement

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3	Social security wag	ges 92.04	4	Social	secu	rity tax v	vithheld 30.51
5	Medicare wages an	d tips 92.04	6	Medica	are ta	k withhe	7.13
d	Control number	Dept.		Corp.	En	ıployer ı	ise only
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Employer's name, address, and ZIP code

YMCA OF THE SUNCOAST INC 2469 ENTERPRISE RD **CLEARWATER FL 33763** 

b	Employer's FED ID number 59-0810731	a Employee's SSA number
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pa

eff Employee's name, address and ZIP code

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5 State Employer's state ID no.	16 State wages, tips, etc.
7 State income tax	18 Local wages, tips, etc.
9 Local income tax	20 Locality name

2 Wage and Tax 2019 Statement OMB No. 1545-0008

1	Wages, tips, other d	omp. 92.04	2	Federa	l inco	me tax w	ithheld
3	Social security wag	es 92.04	4	Social	secu	ity tax w	ithheld 30.51
5	Medicare wages an	d tips 92.04	6	Medica	re ta	withhel	d 7.13
d	Control number	Dept.	Г	Corp.	Eı	nployer (	use only
16	5057 NCN2/NYH	241057			T	EIC	841
c	Employer's name, a	ddress, a	nd :	ZIP cod	e		

YMCA OF THE SUNCOAST INC 2469 ENTERPRISE RD CLEARWATER FL 33763

b	Employer's FED ID number 59-0810731	a Employee's SSA number
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pa

e/f Employee's name, address and ZIP code

HEATHER E KAISER

15 State E FL	Employer's state ID no.	16	State wages, tips, etc.
7 State in	come tax	18	Local wages, tips, etc.
9 Local i	ncome tax	20	Locality name

FL.State Filing Copy 2 Wage and Tax
Statement

### Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income lax return to report at least the allocated tip amount unless you can prove that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. On Form 4137, you will calculate the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filling Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cateteria) plan). Any amount over \$5,000 also is included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,000 (\$13,000 if you only have SIMPLE plans; \$22,000

for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2019, your employer may have allowed an additional deferral of up to \$6,000 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the instructions for Form 1040.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See the Form 1040 instructions.

B – Uncollected Medicare tax on tips. Include this tax on Form 1040. See the Form 1040 instructions.

CC—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E-Elective deferrals under a section 403(b) salary reduction agreement F-Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

 $J-\mbox{Nontaxable}$  sick pay (information only, not included in box 1, 3, or 5) K-20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N — Uncollected Medicate tax on taxable cost of group term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualifier Adoption Expenses, to compute any taxable and nontaxable amounts. V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

account. Report on Form 8889, Health Savings Accounts (HSAs). Y—Deferrals under a section 409A nonqualified deferred compensation plar Z—Income under a nonqualified deferred compensation plan that fails t satisfy section 409A. This amount also is included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB-Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF — Permitted benefits under a qualified small emboyer Health

GG-Income from qualified equity grants under section 83(i)

HH - Aggregate deterrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may appl to the amount of traditional IRA contributions you may deduct. See Pub 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowanc and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filling your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

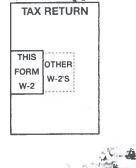
Department of the Treasury - Internal Revenue Service

### NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



310



### Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2019 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can take the EQUI your investment income is more than the specified amount for 2019 or if income is earned for services provided while you were an inmate at a penal institution. For 2019 income limits and more information, visit www.irs.gov/EITC. Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA)

to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You also may visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2019 and more than \$8,239.80 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$4,836.30 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 instructions and Pub. 505, Tax Withholding and Estimated Tax.





## IMPORTANT NOTICE

Please review these tax documents of fully. If you find a discrepancy, please contact the Customer Service number provided on your statement no later tash May 31

### **HSA Account Holders:**

HSA Account Holders:

If your maximum contribution limit has not been reached, we can accept contributions to your HSA until April 153 if you do make an additional contribution, or have alread one so, we will furnish a final 5498-SA by May 31 reflecting the additional contribution.



		CORRECTED (if checked)		
TRUSTEE'S name, street addres country, ZIP or foreign postal cod THE BANK OF NEW YO BENEFITWALLET H.S.A PO BOX 535473	le, and telephone gumber DRK MELLON	Employee or self-employed person 's Archer MSA contributions made in 2019 and 2020 for 2019	OMB No. 1545-1518	HSA, Archer MSA, or Medicare
PITTSBURGH, PA 1525	3	2 Total contributions made in 2019	2019	Advantage
		\$400.00	Form <b>5498-SA</b>	MSA Information
TRUSTEE'S TIN 13-5160382	PARTICIPANT'S TIN	3 Total HSA or Archer MSA contributions	made in 2020 for 2019	Copy B For
PARTICIPANT'S name, street accountry, and ZIP or foreign postal HEATHER KAISER	ddress, city or town, state or province, loode	4 Rollover contributions	5 Fair market value of HSA, Archer MSA, or MA MSA	Participant This information is being furnished to the
		6 HSA	x	IRS.
		Archer MSA		
		MA MSA		
Account Number:				
95001820661456				
Form <b>5498-SA</b>	(keep for your records)	www.irs.gov/Form5498SA	Department of the Treasur	ry - Internal Revenue Service

Page 1 of 2

### 5498-SA Instructions for Participant

This information is submitted to the IRS by the trustee of your health savings account (HSA), Archer medical savings account (MSA), or Medicare Advantage MSA (MA MSA)

Generally, contributions you make to your Archer MSA are deductible. Employer contributions are excluded from your income and aren't deductible by you. If your employer makes a contribution to one of your Archer MSAs, you can't contribute to any Archer MSA for that year, If you made a contribution to your Archer MSA when your employer has contributed, you can't deduct your contribution, and you will have an excess contribution. If your spouse's employer makes a contribution to your spouse's Archer MSA, you can't make a contribution to your Archer MSA if your spouse's covered under a high deductible health plan that also covers you.

Contributions that the Social Security Administration makes to your MA MSA aren't includible in your gross income nor are they deductible. Neither you nor your employer can make contributions to your MA MSA.

Generally, contributions you or someone other than your employer make to your HSA are deductible on your tax return. Employer contributions to your HSA may be excluded from your income and aren't deductible by you. You and your employer can make contributions to your HSA in the same year.

See Form 8853 and its instructions or Form 8889 and its instructions. Any employer contributions made to an Archar MSA are shown on your Form W-2 in box 12 (code R); employer contributions made to an HSA are shown in box 12 (code W). For more information, see Pub. 969.

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

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

Box 1. Shows contributions you made to your Archer MSA in 2019 and through April 15, 2020, for 2019. You may be able to deduct this amount on your 2019 Form 1040, See the Form 1040 instructions.

Note: The information in boxes 2 and 3 is provided for IRS use only.

Box 2. Shows the total contributions made in 2019 to your HSA or Archer MSA. See Pub. 969 for who can make contributions. This includes qualified HSA funding distributions (trustee-to-trustee transfers) from your IRA to fund your HSA. The trustee of your MA MSA isn't required to, but may, show contributions to your MA MSA.

Box 3. Shows the total HSA or Archer MSA contributions made in 2020 for 2019.

Box 4. Shows any rollover contribution from an Archer MSA to this Archer MSA in 2019 or any rollover from an HSA or Archer MSA to this HSA. See Form 8853 or Form 8889 and their instructions for information about how to report distributions. This amount isn't included in box 1, 2, or 3.

Box 5. Shows the fair market value of your HSA, Archer MSA, or MA MSA at the end of 2019.

Box 6. Shows the type of account that is reported on this Form 5498.SA
Other information. The trustee of your HSA, Archer MSA, or MA MSA may provide other information about your account on this form.

Note: Don't attach Form 5498-SA to your income tax return, Instead, keep it for your

Future developments. For the latest information about developments related to Form 5498-SA and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form5498SA.





# 

000259080101

1095-B

VOID

Department of the Treasury Internal Revenue Service Name of responsible individual HEATHER E KAISER 2 Social security number (SSN) CORRECTED 3 Date of birth (If SSN is not available) OMB No. 1545-2252 2019 Page 2

	2019)	Form 1095-B (2019)	orm 10				)4B	Cat. No. 60704B	Cat				instructions.	Votice, see separate	For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.
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# Instructions for Recipient

individual shared responsibility payment. essential coverage and do not qualify for an exemption may be liable for the some or all months during the year. Individuals who do not have minimum qualifying health coverage (referred to as "minimum essential coverage") for return that you, your spouse, and individuals you claim as dependents had This Form 1095-B provides information needed to report on your income tax

eligible employer-sponsored plans, individual market plans, and Pub. 974, Premium Tax Credit (PTC). miscellaneous coverage designated by the Department of Health and Minimum essential coverage includes government-sponsored programs Human Services. For more information on minimum essential coverage, see

you and the coverage Part I. Responsible Individual, lines 1-9. Part I reports information about



they request if for their records reported on that form. As the recipient of this Form 1095-B, you only one FORM 1095-B for all individuals whose coverage is should provide a copy to individuals covered under the policy if Providers of minimum essential coverate are required to furnish

about you and the coverage. Part 1. Responsible Individual, lines 1-9. Part I reports information



date of birth will be entered on line 3 only if your SSN is not entered on line 2. provider is required to report your complete social security number to the IRS. Your protection, this form may show only the last four digits. However, the coverage Lines 2 and 3. Line 2 reports your social security number (SSN). For your



the sponsor of the coverage, the IRS may not be able to match the Form individual shared responsibility provision. If you don't provide your SSN and the SSNs of all covered individuals to 1095-B with the individuals to determine that they have complied with the

individuals were enrolled. Only one letter will be entered on this line. Line 8. This is the code for the type of coverage in which you or other covered

- A. Small Business Health Options Program (SHOP)
- Employer-sponsored coverage
- Government-sponsored program
- Individual market insurance
- Multiemployer plan
- Miscellaneous minimum essential coverage



througha Health Insurance Marketplace (also known as an Exchange) that coverage will be reported on a Form 1095-A rather than a 1095-B. If you or another family member received health insurance coverage

Line 9. This line will be blank for 2019.

part will be blank. sponsoring the coverage. If your coverage is not insured employer coverage, this employer-sponsored health coverage. It provides information about the employer by the insurance company if an insurance company provides your Part II. Employer-Sponsored Coverage, lines 10-15. This part will be completed

Line 18 reports a telephone number for the coverage provider that you can call if you have questions about the information reported on the form. government program such as Medicaid or Medicare, or other coverage sponsor). self-insured coverage, government agency sponsoring coverage under a Part III. Issuer or Other Coverage Provider, lines 16-22. This part reports information about the coverage provider (insurance company, employer providing

covered. If there are more than six covered individuals, you will receive one or more entered in column (e) indicating the months for which these individuals were individuals who were covered for some but not all months, information will be the individual was covered for at least one day in every month of the year. For column (c) only if an SSN is not entered in column (b). Column (d) will be checked if coverage information for each covered individual. A date of birth will be entered in Part IV. Covered Individuals, lines 23-28. This part reports the name, SSN, and additional Forms 1095-B that continue Part IV.

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Page 2

Form 1095-C (2019)

### Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace II, includes information about the coverage, if any, your employer offered to you and your spouse and dependents). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer, and began a new position of employment with another Applicable Large Employer, In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer, it is not required to furnish you a Form 1095-C providing information about the health coverage it offered to you by the employer of the relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Part III, provides information about you and your family members who had certain health coverage (referred to as "minimum essential coverages, you may not be eligible for the premium tax credit.

If your employer provided you or a family member health coverage separately on Form 1095-B, Health Coverage, Similarly, If you or a family member or blained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, you may receive information about the coverage separately on Form 1095-B, Health Coverage separately on that coverage on Form 1095-B, the lath plan through a Health insurance Marketplace, the Health Insurance Marketplace statement.



Employers are required to lumish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in Part III if they request it for their records.

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), including the individual shared responsibility provisions, the premium tax credit, and the employer shared responsibility provisions, see <a href="https://www.irs.gov/ACA">www.irs.gov/ACA</a> or call the IRS Healthcare Hotline for ACA questions (800-919-0452).

### Part I. Employee

Lines 1-6. Part I, lines 1-6, reports information about you, the employee.

Line 2. This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.

### Part I. Applicable Large Employer Member (Employer)

Lines 7-13. Part I, lines 7-13, reports information about your employer.

Line 10. This line includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

### Part II. Employer Offer of Coverage, Lines 14-16

Line 14. The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any, (if you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsolidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

1A. Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9,5% (as adjusted) of the 48 contiguous stessingle federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer or all 12 months of the calendar year. For information on the adjustment of the 9.5%, see IRS.gov.

1B. Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).

1C. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.

1D. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).

1E. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.

1F. Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).

1G. You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the All 12 Months box or in the separate monthly boxes for all 12 calendar months on

1H. No offer of coverage (you were NOT offered any health coverage or you were offered coverage). Committee of the commit

11. Reserved.

1J. Minimum essential coverage providing minimum value offered to you; minimum essent conditionally offered to your spouse; and minimum essential coverage NOT offered to your dependent(s).

1K. Minimum essential coverage providing minimum value offered to you, minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s). Line 15. This line reports the employee required contribution, which is the monthly cost to you for the Line 15. This line reports the employee required contribution, which is the monthly cost to you for the flowest-cost self-only minimum essential coverage providing minimum value that your employer offered you. The amount propriet is provided the amount you paid for coverage if, for example, you chose to enroll in more depensive coverage, such as family coverage. Line 15 will show a mount only if code 18, 1C, 1D, 1E, 1J, or 1K is entered on line 14. If you were offered coverage but there is no cost you for the coverage, this line will report a "0.0" for the amount. For more information, including on how your eligibility for other healthcare arrangements might affect the amount reported on line 15, see IRS.gov.

Line 16. This code provides the IRS information to administer the employer shared responsibility provisions. Other than a code 2C which reflects your enrollment in your employer's coverage, none of this information affects your eligibility for the premium tax credit. For more information about the employer shared responsibility provisions, see IRS.gov.

### Part III: Covered Individuals, Lines 17-22

Part III: Covered Individuals, Lines 17–22
Part III reports the name, SSN (or TIN for covered individuals other than the employee listed in Part I), and coverage information about each individual fincluding any full-time employee and non-full-time employed and any employee separative members; covered under the employer's health plan is 'self-insured.' A date of birth will be entered in column (c) only if an SSN (or TIN for covered individuals other than the employee listed in Part I) is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than 6 covered individuals, see the additional covered individuals on Part III, Continuation Sheet(s).

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