

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

**OF FINANCIAL INTERESTS**

FOR OFFICE USE ONLY:

2020 JUN 8 PM 12:10

LAST NAME — FIRST NAME — MIDDLE NAME:  
**Crippen Patrick Andrew**

MAILING ADDRESS:  
**P.O Box 640396**

CITY: **Beverly Hills** ZIP: **Fl. 34464** COUNTY: **Citrus County**

NAME OF AGENCY:  
**N/A**

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
**Office of the Sheriff - Citrus County Fl.**

CHECK IF THIS IS A FILING BY A CANDIDATE

**PART A -- NET WORTH**

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

My net worth as of 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 category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ \$79,500.00

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
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	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	AMOUNT OF LIABILITY
Vystar credit union	\$3,019.00

**PART D -- INCOME**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2019 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

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

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
See 2019 Federal Income tax return	See 2019 Federal Income tax return	N/A
See 2019 Federal Income tax return	See 2019 Federal Income tax return	N/A

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

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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A	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 officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**OATH**

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

STATE OF FLORIDA  
 COUNTY OF Citrus

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 8<sup>th</sup> day of

June, 2020 by Patrick Andrew Crippen

Georgette R Brock  
 (Signature of Notary Public--State of Florida)

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  Or Produced Identification

Type of Identification Produced \_\_\_\_\_



Patrick Andrew Crippen  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

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

Signature

Date

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

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

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial Patrick	Last name Crippen	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial Heather	Last name Kaiser	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		Apt. no. [REDACTED]
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). [REDACTED]		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here <input type="checkbox"/>		

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

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

**Dependents** (see instructions):

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

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	75,464.
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
c	Pensions and annuities	4c	
5a	Social security benefits	5a	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	6	
7a	Other income from Schedule 1, line 9	7a	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> ▶	7b	75,464.
8a	Adjustments to income from Schedule 1, line 22	8a	
b	Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> ▶	8b	75,464.
9	<b>Standard deduction or itemized deductions</b> (from Schedule A)	9	24,400.
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a	Add lines 9 and 10	11a	24,400.
b	<b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0-	11b	51,064.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	5,741.	
b	Add Schedule 2, line 3, and line 12a and enter the 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 total	13b	500.	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	5,241.	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.	
16	Add lines 14 and 15. This is your total tax	16	5,241.	
17	Federal income tax withheld from Forms W-2 and 1099	17	7,715.	

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• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

18	Other payments and refundable credits:			
a	Earned income credit (EIC) . . . . . No	18a		
b	Additional child tax credit. Attach Schedule 8812	18b		
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e		
19	Add lines 17 and 18e. These are your total payments	19	7,715.	

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	2,474.	
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	21a	2,474.	
b	Routing number [REDACTED]	c Type:	<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings
d	Account number [REDACTED]			
22	Amount of line 20 you want applied to your 2020 estimated tax	22		

Amount You Owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23		
24	Estimated tax penalty (see instructions)	24		

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.  Yes. Complete below.  No

(Other than paid preparer) Designee's name  Phone no.  Personal identification number (PIN)

Sign Here

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

Your signature	Date	Your occupation Security	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation Administration	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Phone no.  Email address

Paid Preparer Use Only

Preparer's name D Michelle Maidlow	Preparer's signature D Michelle Maidlow	Date	PTIN P01317037	Check if: <input type="checkbox"/> 3rd Party Designee
Firm's name <input type="checkbox"/> MICHELLE ACCOUNTING & TAX SERVICE INC.	Phone no. (352) 746-1855	<input checked="" type="checkbox"/> Self-employed		
Firm's address <input type="checkbox"/> 2541 N RESTON TER HERNANDO FL 34442	Firm's EIN <input type="checkbox"/> 27-4057606			



# Health Savings Accounts (HSAs)

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

**2019**  
Attachment  
Sequence No. **52**

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

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

Heather Kaiser

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2019 (see instructions) . . . . .	▶	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2019 (or those made on your behalf), including those made from January 1, 2020, through April 15, 2020, that were for 2019. <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 . . . . .	9	400.
10	Qualified HSA funding distributions . . . . .	10	
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).

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

14a	Total distributions you received in 2019 from all HSAs (see instructions) . . . . .	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) . . . . .	14b	
c	Subtract line 14b from line 14a . . . . .	14c	
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 <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>		
b	<b>Additional 20% tax</b> (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	

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

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

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Void <input type="checkbox"/>		a Employee's social security number [REDACTED]		OMB No. 1545-0008 <b>8BJ</b>		000003	
b Employer identification number (EIN) <b>47-5335861</b>				1 Wages, tips, other compensation <b>25969.38</b>		2 Federal income tax withheld <b>2597.32</b>	
c Employer's name, address, and ZIP code <b>AXYAL SPACE COAST LLC          4325 WOODLAND PARK DR STE 101          MELBOURNE, FL 32904</b>				3 Social security wages <b>25969.38</b>		4 Social security tax withheld <b>1610.10</b>	
				5 Medicare wages and tips <b>25969.38</b>		6 Medicare tax withheld <b>376.56</b>	
				7 Social security tips		8 Allocated tips	
d Control number <b>000003 RW/8BJ</b>				9 [REDACTED]		10 Dependent care benefits	
e Employee's first name and initial <b>PATRICK</b>		Last name <b>CRIPPEN</b>		Suff. 11 Nonqualified plans		12a See instructions for box 12 c o o c	
f Employee's address and ZIP code [REDACTED]		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b c o o c		12c c o o c	
		14 Other		12d c o o c		[REDACTED]	
		15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax	
19 Local income tax		20 Locality name					

### Paid Preparer's Due Diligence Checklist

Department of the Treasury  
Internal Revenue Service

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status  
▶ To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
▶ Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.

Taxpayer name(s) shown on return

Patrick Crippen & Heather Kaiser

Taxpayer identification number

[REDACTED]

Enter preparer's name and PTIN

D Michelle Maidlow

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/ODC  AOTC  HOH

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



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

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

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

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

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

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

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

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

**Part VI Eligibility Certification**

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

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

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

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



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

c Employer's name, address, and ZIP code LOCKHEED MARTIN CORPORATION 1040 S PARKWAY FRONTAGE RD LAKELAND FL 33813		7 Social security tips	1 Wages, tips, other compensation 32909.30	2 Federal income tax withheld 4180.84
e Employee's name, address, and ZIP code HEATHER KAISER [REDACTED]		8 Allocated tips	3 Social security wages 34421.30	4 Social security tax withheld 2134.12
		9	5 Medicare wages and tips 34421.30	6 Medicare tax withheld 499.11
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other	12b D 1512.00
		b Employer identification number (EIN) 52-1893632		12c W 400.00
		a Employee's social security number [REDACTED]		12c DD 7159.67
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.
				19 Local income tax
				20 Locality name

**Copy B-To Be Filed With Employee's FEDERAL Tax Return** This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS website at [www.irs.gov/efile](http://www.irs.gov/efile)

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.

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

c Employer's name, address, and ZIP code LOCKHEED MARTIN CORPORATION 1040 S PARKWAY FRONTAGE RD LAKELAND FL 33813		7 Social security tips	1 Wages, tips, other compensation 32909.30	2 Federal income tax withheld 4180.84
e Employee's name, address, and ZIP code HEATHER KAISER [REDACTED]		8 Allocated tips	3 Social security wages 34421.30	4 Social security tax withheld 2134.12
		9	5 Medicare wages and tips 34421.30	6 Medicare tax withheld 499.11
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other	12b D 1512.00
		b Employer identification number (EIN) 52-1893632		12c W 400.00
		a Employee's social security number [REDACTED]		12c DD 7159.67
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.
				19 Local income tax
				20 Locality name

**Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)** OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS website at [www.irs.gov/efile](http://www.irs.gov/efile)

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

c Employer's name, address, and ZIP code LOCKHEED MARTIN CORPORATION 1040 S PARKWAY FRONTAGE RD LAKELAND FL 33813		7 Social security tips	1 Wages, tips, other compensation 32909.30	2 Federal income tax withheld 4180.84
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		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other	12b D 1512.00
		b Employer identification number (EIN) 52-1893632		12c W 400.00
		a Employee's social security number [REDACTED]		12c DD 7159.67
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.
				19 Local income tax
				20 Locality name

**Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return** OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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

c Employer's name, address, and ZIP code LOCKHEED MARTIN CORPORATION 1040 S PARKWAY FRONTAGE RD LAKELAND FL 33813		7 Social security tips	1 Wages, tips, other compensation 32909.30	2 Federal income tax withheld 4180.84
e Employee's name, address, and ZIP code HEATHER KAISER [REDACTED]		8 Allocated tips	3 Social security wages 34421.30	4 Social security tax withheld 2134.12
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		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other	12b D 1512.00
		b Employer identification number (EIN) 52-1893632		12c W 400.00
		a Employee's social security number [REDACTED]		12c DD 7159.67
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.
				19 Local income tax
				20 Locality name

**Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return** OMB No. 1545-0008 **Dept. of the Treasury - IRS**

# 2019 W-2 and EARNINGS SUMMARY



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.

## Employee Reference Copy N-2 Wage and Tax Statement 2019

OMB No. 1545-0008  
 Control number 5057 NCN2/NYH 241057  
 Dept. 241057  
 Corp.  
 Employer use only T EIC 841

Employer's name, address, and ZIP code  
**YMCA OF THE SUNCOAST INC**  
 2469 ENTERPRISE RD  
 CLEARWATER FL 33763  
 Batch #01371

Employee's name, address, and ZIP code  
**HEATHER E KAISER**  
 [REDACTED]

Employer's FED ID number 59-0810731	a Employee's SSA number [REDACTED]
Wages, tips, other comp. 492.04	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
Other	12b 12c 12d
State	13 Stat emp Ret plan 3rd party sick pay
Employer's state ID no.	16 State wages, tips, etc.
State income tax	18 Local wages, tips, etc.
Local income tax	20 Locality name

### 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	492.04	492.04	492.04	492.04
Reported W-2 Wages	492.04	492.04	492.04	492.04

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

**HEATHER E KAISER**  
 [REDACTED]

Social Security Number: 295-72-8954  
 Taxable Marital Status: MARRIED  
 Exemptions/Allowances:  
 FEDERAL: 1  
 STATE: No State Income Tax

© 2019 ADP, LLC

Wages, tips, other comp. 492.04	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
Control number 5057 NCN2/NYH 241057	Dept. 241057 Corp. Employer use only T EIC 841

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

Employer's FED ID number 59-0810731	a Employee's SSA number [REDACTED]
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 pay

Employee's name, address and ZIP code  
**HEATHER E KAISER**  
 [REDACTED]

Federal Filing Copy  
**V-2 Wage and Tax Statement 2019**  
 OMB No. 1545-0008

1 Wages, tips, other comp. 492.04	2 Federal income tax withheld
3 Social security wages 492.04	4 Social security tax withheld 30.51
5 Medicare wages and tips 492.04	6 Medicare tax withheld 7.13
d Control number 165057 NCN2/NYH 241057	Dept. 241057 Corp. Employer use only T EIC 841

c 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 [REDACTED]
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 pay

e/f Employee's name, address and ZIP code  
**HEATHER E KAISER**  
 [REDACTED]

FL State Reference Copy  
**W-2 Wage and Tax Statement 2019**  
 OMB No. 1545-0008

1 Wages, tips, other comp. 492.04	2 Federal income tax withheld
3 Social security wages 492.04	4 Social security tax withheld 30.51
5 Medicare wages and tips 492.04	6 Medicare tax withheld 7.13
d Control number 165057 NCN2/NYH 241057	Dept. 241057 Corp. Employer use only T EIC 841

c 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 [REDACTED]
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 pay

e/f Employee's name, address and ZIP code  
**HEATHER E KAISER**  
 [REDACTED]

FL State Filing Copy  
**W-2 Wage and Tax Statement 2019**  
 OMB No. 1545-0008

## 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 filing 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 \$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.

**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 Medicare 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, 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 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

**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 employer 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 apply 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 allowance and utilities. Railroad employees 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.

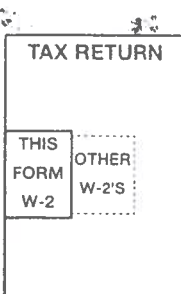
Department of the Treasury - Internal Revenue Service

**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 EIC if 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](http://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](http://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.

b Employer identification number (EIN) 56-0748358		12a ID 197.54		1 Wages, tips, other compensation 7424.03		2 Federal income tax withheld 656.59	
c Employer's name, address, and ZIP code LOWE'S HOME CENTERS, LLC 1-844-475-6937 1000 LOWE'S BLVD MOORESVILLE, NC 28117		12b		3 Social security wages 7621.57		4 Social security tax withheld 472.54	
		12c		5 Medicare wages and tips 7621.57		6 Medicare tax withheld 110.51	
		12d		7 Social security tips		8 Allocated tips	
		12e		9		10 Dependent care benefits	
a/f Employee's name, address, and ZIP code CALEB KAISER [REDACTED]		This information is being furnished to the Internal Revenue Service		11 Nonqualified plans		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
		Copy B—To Be Filed With Employee's FEDERAL Tax Return		14 Other			
		a Employee's social security number [REDACTED]					
15 State Employer's state ID number		16 State wages, tips, etc		17 State income tax		18 Local wages, tips, etc	
						19 Local income tax	
						20 Locality name	
Form W-2 Wage and Tax Statement 2019 Department of the Treasury-Internal Revenue Service OMB # 1545-0008				Copy B—To Be Filed With Employee's FEDERAL Tax Return			

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b Employer identification number (EIN) 56-0748358		12a ID 197.54		1 Wages, tips, other compensation 7424.03		2 Federal income tax withheld 656.59	
c Employer's name, address, and ZIP code LOWE'S HOME CENTERS, LLC 1-844-475-6937 1000 LOWE'S BLVD MOORESVILLE, NC 28117		12b		3 Social security wages 7621.57		4 Social security tax withheld 472.54	
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		12e		9		10 Dependent care benefits	
a/f Employee's name, address, and ZIP code CALEB KAISER [REDACTED]		This information is being furnished to the Internal Revenue Service		11 Nonqualified plans		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
		Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return		14 Other			
		a Employee's social security number [REDACTED]					
15 State Employer's state ID number		16 State wages, tips, etc		17 State income tax		18 Local wages, tips, etc	
						19 Local income tax	
						20 Locality name	
Form W-2 Wage and Tax Statement 2019 Department of the Treasury-Internal Revenue Service OMB # 1545-0008				Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			

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		12c		5 Medicare wages and tips 7621.57		6 Medicare tax withheld 110.51	
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		Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return		14 Other			
		a Employee's social security number [REDACTED]					
15 State Employer's state ID number		16 State wages, tips, etc		17 State income tax		18 Local wages, tips, etc	
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Form W-2 Wage and Tax Statement 2019 Department of the Treasury-Internal Revenue Service OMB # 1545-0008				Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			

b Employer identification number (EIN) 56-0748358		12a See instructions for Box 12 ID 197.54		1 Wages, tips, other compensation 7424.03		2 Federal income tax withheld 656.59	
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a/f Employee's name, address, and ZIP code CALEB KAISER [REDACTED]		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 the information is taxable and you fail to report it.		11 Nonqualified plans		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
		Copy C—For EMPLOYEE'S RECORDS (see Notice to Employee on back)		14 Other			
		a Employee's social security number [REDACTED]					
15 State Employer's state ID number		16 State wages, tips, etc		17 State income tax		18 Local wages, tips, etc	
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						20 Locality name	
Form W-2 Wage and Tax Statement 2019 Department of the Treasury-Internal Revenue Service OMB # 1545-0008				Copy C—To Be Filed With Employee's State, City, or Local Income Tax Return			

LOWE'S HOME CENTERS, LLC  
1-844-475-6937  
1000 LOWE'S BLVD  
MOORESVILLE, NC 28117

\*\*\* See reverse side for your W-2 statement \*\*\*

Page 1 of 2

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Env 1 of 1

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CALEB KAISER



### 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 on elective deferrals. For codes 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 shown 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—Tax on the 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 Medicare 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.

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

Do you have to file a tax return? 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 EIC if 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/EIC](http://www.irs.gov/EIC). 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](http://www.ssa.gov).

**Cost of employer-sponsored health coverage (if such cost is provided by the employer).** The reporting in Box 12, using Code UD, 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 \$4,838.30 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.

- 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, 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 that fails to 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 employer 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 apply 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 allowance and utilities. Railroad employees 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.

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

- 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.
  - Box 9. 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 filing 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 \$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 non-governmental section 457(b) plan, or (b) included in box 3 and/or 5 if it is a one-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.

(continued on back of Copy 2)



Employee Reference Copy
W-2 Wage and Tax Statement 2019

Control number 5057 NCN2/NYH Dept. 241057 Corp. T Employer use only EIC 841

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

Batch #01371

Employee's name, address, and ZIP code
HEATHER E KAISER

[Redacted address]

Table with 2 columns: Field Name and Value. Fields include: Employer's FED ID number (59-0810731), Employee's SSA number, Wages, tips, other comp. (492.04), Federal income tax withheld, Social security wages (492.04), Social security tax withheld (30.51), Medicare wages and tips (492.04), Medicare tax withheld (7.13), Social security tips, Allocated tips, Dependent care benefits, Nonqualified plans, Other, State income tax, Local income tax, Locality name.

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.

Table with 5 columns: 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. Values: Gross Pay 492.04, Reported W-2 Wages 492.04, Social Security Wages 492.04, Medicare Wages 492.04, FL. State Wages 492.04.

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

HEATHER E KAISER

[Redacted address]

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

Exemptions/Allowances:

FEDERAL: 1
STATE: No State Income Tax

© 2019 ADP, LLC

Fold and Detach Here

Table with 2 columns: Field Name and Value. Fields include: Wages, tips, other comp. (492.04), Federal income tax withheld, Social security wages (492.04), Social security tax withheld (30.51), Medicare wages and tips (492.04), Medicare tax withheld (7.13), Control number (5057 NCN2/NYH), Dept. (241057), Corp. (T), Employer use only (EIC 841).

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

Table with 2 columns: Field Name and Value. Fields include: Employer's FED ID number (59-0810731), Employee's SSA number, Social security tips, Allocated tips, Dependent care benefits, Nonqualified plans, Other, 13 Stat emp, Ret. plan, 3rd party sick pay.

Employee's name, address and ZIP code
HEATHER E KAISER

[Redacted address]

Table with 2 columns: Field Name and Value. Fields include: State (FL), Employer's state ID no., State wages, tips, etc., Local wages, tips, etc., Locality name.

Federal Filing Copy
W-2 Wage and Tax Statement 2019

Table with 2 columns: Field Name and Value. Fields include: Wages, tips, other comp. (492.04), Federal income tax withheld, Social security wages (492.04), Social security tax withheld (30.51), Medicare wages and tips (492.04), Medicare tax withheld (7.13), Control number (165057 NCN2/NYH), Dept. (241057), Corp. (T), Employer use only (EIC 841).

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

Table with 2 columns: Field Name and Value. Fields include: Employer's FED ID number (59-0810731), Employee's SSA number, Social security tips, Allocated tips, Dependent care benefits, Nonqualified plans, Other, 13 Stat emp, Ret. plan, 3rd party sick pay.

Employee's name, address and ZIP code
HEATHER E KAISER

[Redacted address]

Table with 2 columns: Field Name and Value. Fields include: State (FL), Employer's state ID no., State wages, tips, etc., Local wages, tips, etc., Locality name.

FL. State Reference Copy
W-2 Wage and Tax Statement 2019

Table with 2 columns: Field Name and Value. Fields include: Wages, tips, other comp. (492.04), Federal income tax withheld, Social security wages (492.04), Social security tax withheld (30.51), Medicare wages and tips (492.04), Medicare tax withheld (7.13), Control number (165057 NCN2/NYH), Dept. (241057), Corp. (T), Employer use only (EIC 841).

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

Table with 2 columns: Field Name and Value. Fields include: Employer's FED ID number (59-0810731), Employee's SSA number, Social security tips, Allocated tips, Dependent care benefits, Nonqualified plans, Other, 13 Stat emp, Ret. plan, 3rd party sick pay.

Employee's name, address and ZIP code
HEATHER E KAISER

[Redacted address]

Table with 2 columns: Field Name and Value. Fields include: State (FL), Employer's state ID no., State wages, tips, etc., Local wages, tips, etc., Locality name.

FL. State Filing Copy
W-2 Wage and Tax Statement 2019



## 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 filing 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 \$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.
- 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 Medicare 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).
- Y**—Deferrals under a section 409A nonqualified deferred compensation plan
- Z**—Income under a nonqualified deferred compensation plan that fails to 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 employer 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 apply 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 payment 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.

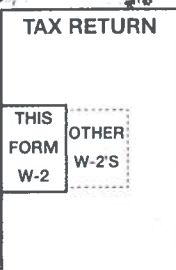
Department of the Treasury - Internal Revenue Service

**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 EIC if 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](http://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](http://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.

THE BANK OF NEW YORK MELLON  
 BENEFITWALLET H.S.A.  
 PO BOX 535473  
 PITTSBURGH PA 15253

**IMPORTANT NOTICE**

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

**HSA Account Holders:**

If your maximum contribution limit has not been reached, we can accept contributions to your HSA until April 15. If you do make an additional contribution, or have already done so, we will furnish a final 5498-SA by May 31 reflecting the additional contribution.

2020 JUN 8 PM 1:53

HEATHER KAISER  
 [REDACTED]  
 [REDACTED]

CORRECTED (if checked)

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number THE BANK OF NEW YORK MELLON BENEFITWALLET H.S.A. PO BOX 535473 PITTSBURGH, PA 15253		1 Employee or self-employed person's Archer MSA contributions made in 2019 and 2020 for 2019	OMB No. 1545-1518  <b>2019</b>  Form 5498-SA	<b>HSA, Archer MSA, or Medicare Advantage MSA Information</b>  <b>Copy B For Participant</b> This information is being furnished to the IRS.					
		2 Total contributions made in 2019  \$400.00	3 Total HSA or Archer MSA contributions made in 2020 for 2019						
TRUSTEE'S TIN 13-5160382	PARTICIPANT'S TIN [REDACTED]	4 Rollover contributions	5 Fair market value of HSA, Archer MSA, or MA MSA  \$400.06						
PARTICIPANT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code HEATHER KAISER [REDACTED]		6 <table border="0"> <tr> <td>HSA</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Archer MSA</td> <td><input type="checkbox"/></td> </tr> <tr> <td>MA MSA</td> <td><input type="checkbox"/></td> </tr> </table>	HSA		<input checked="" type="checkbox"/>	Archer MSA	<input type="checkbox"/>	MA MSA	<input type="checkbox"/>
HSA	<input checked="" type="checkbox"/>								
Archer MSA	<input type="checkbox"/>								
MA MSA	<input type="checkbox"/>								
Account Number: 95001820661456									

Form 5498-SA (keep for your records) www.irs.gov/Form5498SA Department of the Treasury - Internal Revenue Service

## 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 is 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 Archer 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 records.

**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](http://www.irs.gov/Form5498SA).



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Form **1095-B**

Department of the Treasury  
Internal Revenue Service

# Health Coverage

OMB No. 1545-2252

**2019**

VOID  
 CORRECTED

Page 2

Information about Form 1095-B and its separate instructions is at [www.irs.gov/form1095b](http://www.irs.gov/form1095b).

### Part I Responsible Individual (Policy Holder)

1 Name of responsible individual  
**HEATHER E KAISER**

2 Social security number (SSN)  
[REDACTED]

3 Date of birth (if SSN is not available)

4 Street address (including apartment no.)  
[REDACTED] **2020 JUN 8 PM 12:12**

5 City or town

6 State or province

7 Country and ZIP or foreign postal code  
**USA 34434-7604**

8 Enter letter identifying Origin of the Policy (see instructions for codes):  C

### Part II Employer Sponsored Coverage (see instructions.)

10 Employer name

11 Employer identification number (EIN)

12 Street address (including room or suite no.)

13 City or town

14 State or province

15 Country and ZIP or foreign postal code

### Part III Issuer or Other Coverage Provider (see instructions)

16 Name  
**Florida Healthy Kids Corporation**

17 Employer identification number (EIN)  
**593032613**

18 Contact telephone number  
**1-844-432-2843**

19 Street address (including room or suite no.)  
**1203 Governors Square Boulevard Suite 400**

20 City or town  
**Tallahassee**

21 State or province  
**Florida**

22 Country and ZIP or foreign postal code  
**32301**

### Part IV Covered Individuals (Enter the information for each covered individual(s).)

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
23 CALEB M KAISER	***-**-4548	11/01/2000	N	N	N	N	N	N	N	N	Y	Y	Y	Y	N	N

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

Cat. No. 60704B

Form **1095-B** (2019)

## Instructions for Recipient

This Form 1095-B provides information needed to report on your income tax return that you, your spouse, and individuals you claim as dependents had qualifying health coverage (referred to as "minimum essential coverage") for some or all months during the year. Individuals who do not have minimum essential coverage and do not qualify for an exemption may be liable for the individual shared responsibility payment. Minimum essential coverage includes government-sponsored programs, eligible employer-sponsored plans, individual market plans, and miscellaneous coverage designated by the Department of Health and Human Services. For more information on minimum essential coverage, see Pub. 974, Premium Tax Credit (PTC).

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



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

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

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



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

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

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



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

**Line 9.** This line will be blank for 2019.

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

**Part III. Issuer or Other Coverage Provider, lines 16–22.** This part reports information about the coverage provider (insurance company, employer providing self-insured coverage, government agency sponsoring coverage under a government program such as Medicaid or Medicare, or other coverage sponsor). 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.

**Part IV. Covered Individuals, lines 23–28.** This part reports the name, SSN, and coverage information for each covered individual. A date of birth will be entered in column (c) only if an SSN 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 six covered individuals, you will receive one or more additional Forms 1095-B that continue Part IV.

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HEATHER E KAISER

VOID

CORRECTED

OMB No. 1545-2251

2019

Form 1095-C

**Employer Provided Health Insurance Offer and Coverage**

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

Department of the Treasury -- IRS

**Part I** APPLICABLE LARGE EMPLOYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

Lockheed Martin Corporation  
1801 Rockledge Drive  
Bethesda MD 20817

166-562-2363

Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

EMPLOYEE'S (first name, middle initial, last name) address, ZIP/postal code & country  
HEATHER KAISER

[REDACTED]

APPLICABLE LARGE EMPLOYER'S identification number (EIN)

52-1893632

EMPLOYEE'S social security number (SSN)

[REDACTED]

**Part II Employee Offer of Coverage**

Plan Start Mo. (enter 2-digit no.):	14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see instructions)	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)
01			
All 12 Months		\$	
Jan	1H	\$	2A
Feb	1H	\$	2A
Mar	1H	\$	2A
Apr	1H	\$	2A
May	1H	\$	2A
June	1H	\$	2A
July	1H	\$	2D
Aug	1E	\$ 35.38	2C
Sept	1E	\$ 35.38	2C
Oct	1E	\$ 35.38	2C
Nov	1E	\$ 35.38	2C
Dec	1E	\$ 35.38	2C

**Part III Covered Individuals**

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

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (If SSN or other TIN is not available)	(d) Covered all 12 mos.	(e) Months of coverage													
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
HEATHER KAISER	[REDACTED]											X	X	X	X	X	X
PATRICK A CRIPPEN	[REDACTED]											X	X	X	X	X	X