

FORM 6X AMENDMENT TO FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 6):

Bourrie Francis David

MAILING ADDRESS:

3204 Twilight Court

CITY: ZIP: COUNTY:

Middleburg 32068 Clay

◆ THIS FORM AMENDS THE (Choose one)

☒ FORM 6 I FILED FOR THE YEAR: 2019

(Use a separate Form 6X for each Form 6 you are amending.)

☐ FORM 6F I FILED FOR THE PERIOD

January 1, _____ THROUGH _____

(Must be between January 1 of the last year in which you held public office or employment and the last date you held that office or employment.)

◆ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: Sheriff

◆ WITH THIS GOVERNMENTAL AGENCY: _____

Clay County

PART A -- NET WORTH

[Instructions on page 3] If your reported net worth will change because of this amendment, please enter the corrected value of your net worth as of the date used on the original Form 6 or 6F you are seeking to amend, together with that date:

My net worth as of 11 June, 2020 was \$ 427,000.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS (Instructions on page 3):

If you are amending the value originally reported for household goods and personal effects, please enter the amended value below:

The aggregate value of my household goods and personal effects as of the above date was \$ 427,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
Thrift Savings Plan, P.O. Box 385021, Birmingham, AL 35238	304,000
Vystar Credit Union (Savings), P.O. Box 45085, Jacksonville, FL 32232	30,000
Home, 3204 Twilight Court, Middleburg, FL 32068	225,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
RP Funding, 1 Corporate Drive, Suite 360, Lake Zurich, IL 60047	110,000
Vystar Credit Union, P.O. Box 45085, Jacksonville, FL 32232	22,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

If you are filing an amended copy of your federal income tax return, including all W2's, schedules, and attachments, please check here: ☒

PRIMARY SOURCES OF INCOME (Instructions on page 4):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
See attached documents		

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
None			

PART E — INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	None	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

PART F - TRAINING

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See Instructions p. 6]

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

PART G — EXPLANATION OF CHANGES

Left off addresses from original submission. All numbers are +/- \$100.00.

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

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 clay

Sworn to (or affirmed) and subscribed before me by means of

☒ physical presence or ☐ online notarization, this 8 day of

January, 2021 by Francis Bourne
(Signature of Notary Public—State of Florida)

Misty Flores
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification ☒

Type of Identification Produced FDL

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 6X 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.

INSTRUCTIONS FOR COMPLETING and FILING FORM 6X:**PARTS A through F:**

Use these sections of the form to report the new information you believe should have been reported on your original Form 6 or 6F, continuing on a separate sheet if necessary. Instructions for individual sections are found on pages 3-5, attached.

PART G:

Use this section of the form to explain the changes in your original Form 6 or 6F.

OATH:

All information on this form should be submitted under oath.

WHERE TO FILE:

If you are amending a Form 6 you filed as a candidate, file the Form 6X at the office where you filed your qualifying papers. All other persons should file Form 6X with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303..

Originals are required. Photocopies, faxed copies and emailed copies will not be accepted.

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 FRANCIS		Last name BOURRIE	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial MAXINE		Last name BOURRIE	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 3204 TWILIGHT CT		Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). MIDDLEBURG, FL 32068			
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
				<input type="checkbox"/>	<input 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	5078
2a	Tax-exempt interest	2a		
3a	Qualified dividends	3a		
4a	IRA distributions	4a		
c	Pensions and annuities	4c	67828	
5a	Social security benefits	5a	26626	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here		6	
7a	Other income from Schedule 1, line 9		7a	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income		7b	95089
8a	Adjustments to income from Schedule 1, line 22		8a	
b	Subtract line 8a from line 7b. This is your adjusted gross income		8b	95089
9	Standard deduction or itemized deductions (from Schedule A)	9	25700	
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10		
11a	Add lines 9 and 10		11a	25700
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		11b	69389

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

Cat. No. 11320B

Form 1040 (2019)

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	7937
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	7937
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	7937
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	
16	Add lines 14 and 15. This is your total tax	16	7937
17	Federal income tax withheld from Forms W-2 and 1099	17	7281

• 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)	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

Refund

Direct deposit?
See instructions.

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

Amount You Owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	656
24	Estimated tax penalty (see instructions)	24	

Third Party Designee

(Other than paid preparer)

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

Designee's name	Phone no.	Personal identification number (PIN)
-----------------	-----------	--------------------------------------

Sign Here

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

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

Your signature	Date	Your occupation RETIRED	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation RETIRED	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name	Phone no.			
Firm's address	Firm's EIN			

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

Form **1040** (2019)

SCHEDULE B
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **08**

Name(s) shown on return

FRANCIS BOURRIE

Your social security number

██████████

Part I

Interest

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

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

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

VtStar Credit Union

Amount

29

1

- 2** Add the amounts on line 1

2

29

- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

3

0

- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ►

4

29

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

Amount

Part II

Ordinary Dividends

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

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

- 5** List name of payer ►

5

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

6

0

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

Part III

Foreign Accounts and Trusts

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

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

Yes No

- 7a** At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

- 8** During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Social Security Benefits Worksheet—Lines 5a and 5b

Keep for Your Records



Before you begin:

- ✓ Figure any write-in adjustments to be entered on the dotted line next to Schedule 1, line 22 (see the instructions for Schedule 1, line 22).
- ✓ If you are married filing separately and you lived apart from your spouse for all of 2019, enter "D" to the right of the word "benefits" on line 5a. If you don't, you may get a math error notice from the IRS.
- ✓ Be sure you have read the **Exception** in the line 5a and 5b instructions to see if you can use this worksheet instead of a publication to find out if any of your benefits are taxable.

1.	Enter the total amount from box 5 of all your Forms SSA-1099 and RRB-1099 . Also, enter this amount on Form 1040 or 1040-SR, line 5a	1.	<u>26626</u>
2.	Multiply line 1 by 50% (0.50)	2.	<u>13313</u>
3.	Combine the amounts from Form 1040 or 1040-SR, lines 1, 2b, 3b, 4b, 4d, 6, and Schedule 1, line 9	3.	<u>72457</u>
4.	Enter the amount, if any, from Form 1040 or 1040-SR, line 2a	4.	<u>0</u>
5.	Combine lines 2, 3, and 4	5.	<u>85770</u>
6.	Enter the total of the amounts from Schedule 1, lines 10 through 19, plus any write-in adjustments you entered on the dotted line next to Schedule 1, line 22	6.	<u>0</u>
7.	Is the amount on line 6 less than the amount on line 5?		
	<input type="checkbox"/> No. None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 5b.		
	<input checked="" type="checkbox"/> Yes. Subtract line 6 from line 5	7.	<u>85770</u>
8.	If you are:		
	<ul style="list-style-type: none"> • Married filing jointly, enter \$32,000 • Single, head of household, qualifying widow(er), or married filing separately and you lived apart from your spouse for all of 2019, enter \$25,000 • Married filing separately and you lived with your spouse at any time in 2019, skip lines 8 through 15; multiply line 7 by 85% (0.85) and enter the result on line 16. Then, go to line 17 	8.	<u>32000</u>
9.	Is the amount on line 8 less than the amount on line 7?		
	<input type="checkbox"/> No. None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 5b. If you are married filing separately and you lived apart from your spouse for all of 2019, be sure you entered "D" to the right of the word "benefits" on line 5a.		
	<input checked="" type="checkbox"/> Yes. Subtract line 8 from line 7	9.	<u>53770</u>
10.	Enter: \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying widow(er), or married filing separately and you lived apart from your spouse for all of 2019	10.	<u>12000</u>
11.	Subtract line 10 from line 9. If zero or less, enter -0-	11.	<u>41770</u>
12.	Enter the smaller of line 9 or line 10	12.	<u>12000</u>
13.	Enter one-half of line 12	13.	<u>6000</u>
14.	Enter the smaller of line 2 or line 13	14.	<u>6000</u>
15.	Multiply line 11 by 85% (0.85). If line 11 is zero, enter -0-	15.	<u>35505</u>
16.	Add lines 14 and 15	16.	<u>41505</u>
17.	Multiply line 1 by 85% (0.85)	17.	<u>22632</u>
18.	Taxable social security benefits. Enter the smaller of line 16 or line 17. Also enter this amount on Form 1040 or 1040-SR, line 5b	18.	<u>22632</u>



If any of your benefits are taxable for 2019 and they include a lump-sum benefit payment that was for an earlier year, you may be able to reduce the taxable amount. See Lump-Sum Election in Pub. 915 for details.

Federal Direct Debit Worksheet

FRANCIS & MAXINE BOURRIE

Direct Debit for Balance Due

Type of account: ☒ Checking ☐ Savings

Taxpayer's routing number: 263079276

Taxpayer's account number: [REDACTED]

Withdrawal amount: \$656

Date withdrawal requested*: 04/14/2020

*Please note: You have chosen to pay your balance due to the IRS using direct debit from your bank account (as noted above).

The date you selected for your withdrawal is the **earliest** that the IRS will withdraw the money from your account. However, it could take up to 10-15 business days for them to withdraw the money from your account.

If you have any questions about the withdrawal of your balance due, please contact the IRS directly at 1-800-829-1040.

Please **DO NOT** pay again via the IRS website, or you will end up paying twice.

TAX STATEMENT 1099R

Printer Friendly 1099R 



2019

Control Number		<input type="checkbox"/> CORRECTED (if checked)			
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code and telephone no. Defense Finance and Accounting Service U.S. Military Retired Pay 8899 E 56th Street Indianapolis IN 46249-1200		1 Gross distribution \$ 51404.59	OMB No. 1545-0119 2019 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 51404.59			
PAYER'S Federal identification number 34-0727612	RECIPIENT'S identification Number [REDACTED]	2b <input type="checkbox"/> Taxable amount not determined <input type="checkbox"/> Total Distribution			
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code FRANCIS DAVID BOURRIE 3204 TWILIGHT CT MIDDLEBURG FL 32068-4271		4 Federal Income tax withheld \$ 6331.45	7 Distribution code 7		Copy 2 File this copy with your state, city, or local income tax return when required
		9 Your percentage of total distribution %			
		12 State tax withheld \$.00	13 State/Payer's state no.		
		\$.00			
		RETIRED 01012019-12312019			
Form 1099-R		(8-99)		Department of the Treasury - Internal Revenue Service	

--Back to top--

TAX STATEMENT (W-2)

Printer Friendly W-2 



2019



2019 W-2



a. Employee's Social Security Number [REDACTED]		OMB No. 1545-0008				
b. Employer's Identification Number (EIN) 31-1575142		d. Control Number		1 Wages, Tips, and other compensation 5078.29	2 Federal Income Tax withheld 839.40	
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV ROOM 1907 1240 E 9TH STREET (ZGT) CLEVELAND OH 44199				3 Social Security Wages 5187.99	4 Social Security Tax withheld 321.66	
				5 Medicare Wages and Tips 5187.99	6 Medicare Tax withheld 75.23	
				7 Social Security tips	8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code FRANCIS D BOURRIE 3204 TWILIGHT CT MIDDLEBURG FL 32068-4271				9	10 Dependent Care Benefits	
				12 See instructions for box 12 D 109.70	14 See instructions for box 14	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay		
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
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

Copy 2 To be Filed With Employee's State, City, or Local Income Tax Return

--Back to top--

Box 1. Name FRANCIS D BOURRIE		Box 2. Beneficiary's Social Security Number [REDACTED]
Box 3. Benefits Paid in 2019 \$26,625.50	Box 4. Benefits Repaid to SSA in 2019 NONE	Box 5. Net Benefits for 2019 (Box 3 minus Box 4) \$26,625.50
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$25,135.00 Medicare Part B premiums deducted from your benefits \$1,490.50 Total Additions \$26,625.50 Benefits for 2019 \$26,625.50		DESCRIPTION OF AMOUNT IN BOX 4 NONE
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address FRANCIS D BOURRIE 3204 TWILIGHT CT MIDDLEBURG FL 32068-4271
		Box 8. Claim Number (Use this number if you need to contact SSA.) 267-08-5346A

PO BOX 45085
JACKSONVILLE FL 32232-5085
904-777-6000

28.66

Form 1099-INT

Copy B

PAYER'S federal identification number

RECIPIENT'S identification number

59-0690965

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

MR FRANCIS D BOURRIE
3204 TWILIGHT CT
MIDDLEBURG FL 32068-4271

FATCA filing
requirement
☐

Account number (see instructions)

SEE ABOVE

\$.00

3 Interest on U.S. Savings Bonds and Treas. obligations

\$.00

4 Federal income tax withheld

\$.00

6 Foreign tax paid

\$.00

8 Tax-exempt interest

\$.00

10 Market discount

\$

12 Bond premium on Treasury obligations

\$

14 Tax-exempt and tax credit
bond CUSIP no.

5 Investment expenses

\$.00

7 Foreign country or U.S. possession

\$

9 Specified private activity bond
interest

\$.00

11 Bond premium

\$

13 Bond premium on tax-exempt bond

\$

15 State

16 State identification no.

17 State tax withheld

\$

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form 1099-INT

(keep for your records)

www.irs.gov/form1099int

Department of the Treasury - Internal Revenue Service

Paid By Office of Personnel Management
Retirement Operations
P.O. Box 45
Boyers, PA 16017-0045

Statement of Annuity Paid

Copy B - File with Federal tax return

2019

OMB No. 1545-0119
Form: 1099-R
Distributions From
Pensions, Annuities,
Retirement or Profit-
Sharing Plans, IRAs,
Insurance Contracts, etc.

Form CSA 1099R (Rev. 1/2020)
This information is being furnished to the
Department of Treasury - Internal Revenue Service

PAYER's Federal Identification	52-6083699
5. Employee Contributions/ Designated ROTH Contributions or Insurance Premiums	NONE
7. Distribution Code(s)	7-NONDISABILITY
9b. Total Employee Contributions	11287.00

Recipient's ID No. (Annuitant)

[REDACTED]

Account number (Retirement Claim No.)
CS A90517870

Paid To

FRANCIS D BOURRIE
3204 TWILIGHT CT
MIDDLEBURG, FL 32068-4271

1. Gross distribution	16423.00
2a. Taxable amount	15945.49
4. Federal Income Tax Withheld	111.30
12. State tax withheld	NONE
13. State/Payer's state no.	
12. State tax withheld	NONE
13. State/Payer's state no.	

To separate, tear on perforation