

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

Check applicable one:

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

RECEIVED

JUN 12 8:2

JUN 12 2020

DUVAL COUNTY E.LEC.

By VA

OFFICE USE ONLY

Candidate Oath

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

I, Nicole Hamm

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

am a candidate for the office of Jacksonville City Council, 4,
(Office) (District #) (Circuit #)

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

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

Statement of Party

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

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

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

Candidate's Florida Voter Registration Number (located on your voter information card): 117423161

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

X <u>Nicole Hamm</u>	(904) 790-0636	nicolea.hamm@gmail.com
Signature of Candidate	Telephone Number	Email Address
<u>8601-717 Beach Blvd</u>	<u>Jacksonville</u>	<u>FL</u>
Address	City	State
		<u>32216</u>
		ZIP Code

STATE OF FLORIDA
COUNTY OF Duval

Lana G. Self
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by physical or
 online presence this 12 day of June, 2020.
Personally Known: X or Produced Identification: _____
Type of Identification Produced: _____

LANA G. SELF
Notary Public, State of Florida
My Comm. Expires 07/29/21
Commission No. GG102927

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Hamm Nicole Alexandria

MAILING ADDRESS:

8601 Beach Blvd Apt 717

CITY:

Jacksonville

ZIP:

32216

COUNTY:

Duval

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Jacksonville City Council District 4

CHECK IF THIS IS A FILING BY A CANDIDATE

JUN12 8:22

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DUVAL COUNTY ELEC.

By VH

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 December, 20 17 was \$ 815.57.

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 \$ 10,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

2015 Buick Encore Vehicle	9,953
NY whole Life Insurance	1,905.99

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Wells Fargo-Student Loan	30,863
Wells Fargo Education Financial Svc PO Box 10365 Des Moines IA 50306	
121 Financial - Vehicle loan	15,351
121 Financial Credit Union 9700 Touchton Rd Jax, FL 32246	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

PART D -- INCOME

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

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

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

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

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

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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

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

STATE OF FLORIDA
 COUNTY OF Duval
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 12 day of
June, 2020 by Nicole Hamm
Lana G. Self
 (Signature of Notary Public--State of Florida)

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

LANA G. SELF
 (Print, Type, or Stamp Commissioned Name of Notary Public)
 My Comm. Expires **07/29/21**
 Personally Known OR Produced Identification
 Type of Identification Produced CG102927

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

Amended U.S. Individual Income Tax Return

OMB No. [REDACTED]

(Rev. January 2020)

Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year 2019 2018 2017 2016

Other year. Enter one: calendar year or fiscal year (month and year ended):

Your first name and middle initial: **NICOLE** Last name: **HAMM** Your social security number: [REDACTED]

If joint return, spouse's first name and middle initial: Last name: Spouse's social security number:

Current home address (number and street). If you have a P.O. box, see instructions. **8601717 BEACH BLVD** Apt. no.: Your phone number: **9047900636**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. **JACKSONVILLE, FL 32216**

Foreign country name: Foreign province/state/county: Foreign postal code:

Amended return filing status. You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date. **Full-year health care coverage (or, for amended 2018 returns only, exempt).** If amending a 2019 return, leave blank. See instructions.

Single Married filing jointly Married filing separately (MFS) Qualifying widow(er) (QW) Head of household (HOH)
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. ▶

Use Part III on the back to explain any changes

	A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
Income and Deductions			
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ▶ <input type="checkbox"/>	1 46593	2365	48958
2 Itemized deductions or standard deduction	2 12200	0	12200
3 Subtract line 2 from line 1	3 34393	2365	36758
4a Exemptions (amended 2017 or earlier returns only). If changing, complete Part I on page 2 and enter the amount from line 29	4a 0	0	0
4b Qualified business income deduction (amended 2018 or later returns only)	4b 135	0	135
5 Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0-	5 34258	2365	36623
Tax Liability			
6 Tax. Enter method(s) used to figure tax (see instructions): TABLES	6 3877	288	4165
7 Credits. If a general business credit carryback is included, check here ▶ <input type="checkbox"/>	7 0	0	0
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8 3877	288	4165
9 Health care: individual responsibility (amended 2018 or earlier returns only). See instructions	9 0	0	0
10 Other taxes	10 95	360	455
11 Total tax. Add lines 8, 9, and 10	11 3972	648	4620
Payments			
12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12 5312	0	5312
13 Estimated tax payments, including amount applied from prior year's return	13 0	0	0
14 Earned income credit (EIC)	14 0	0	0
15 Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	15 0	0	0
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16	0	0
17 Total payments. Add lines 12 through 15, column C, and line 16	17	5312	5312
Refund or Amount You Owe			
18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18	1340	1340
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	19	3972	3972
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference	20	648	648
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21	0	0
22 Amount of line 21 you want refunded to you	22	0	0
23 Amount of line 21 you want applied to your (enter year): 2020 estimated tax	23	0	0

Complete and sign this form on page 2.

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	4165
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	4165
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	4165
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	455
16	Add lines 14 and 15. This is your total tax	16	4620
17	Federal income tax withheld from Forms W-2 and 1099	17	5312
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	5312

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

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	692
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here	21a	692
b	Routing number	c	Type: <input checked="" 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	
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

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

Paid Preparer Use Only

Preparer's name	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 EIN	
Firm's address				

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. [redacted]

2019
Attachment
Sequence No. 01

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

Your social security number
[redacted]

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	3220
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	3220

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	228
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	2500
21	Tuition and fees. Attach Form 8917	21	355
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a	22	3083

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

Cat. No. 71479F

Schedule 1 (Form 1040 or 1040-SR) 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	4165
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	4165
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	4165
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	455
16	Add lines 14 and 15. This is your total tax	16	4620
17	Federal income tax withheld from Forms W-2 and 1099	17	5312

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

18	Other payments and refundable credits:	18a		18e	
a	Earned income credit (EIC)	18b			
b	Additional child tax credit. Attach Schedule 8812	18c			
c	American opportunity credit from Form 8863, line 8	18d			
d	Schedule 3, line 14				
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	5312

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	692
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	21a	692
b	Routing number	c Type:	<input checked="" 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	
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

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

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

Paid Preparer Use Only

Preparer's name	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 EIN	
Firm's address				

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **02**

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

Your social security number


Part I Tax			
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	
Part II Other Taxes			
4	Self-employment tax. Attach Schedule SE	4	455
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	455

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

Cat. No. 71478U

Schedule 2 (Form 1040 or 1040-SR) 2019

Qualified Dividends and Capital Gain Tax Worksheet—Line 12a

Keep for Your Records 

Before you begin: See the earlier instructions for line 12a to see if you can use this worksheet to figure your tax.
 Before completing this worksheet, complete Form 1040 or 1040-SR through line 11b.
 If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 6.

1.	Enter the amount from Form 1040 or 1040-SR, line 11b. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet.	1.	36623
2.	Enter the amount from Form 1040 or 1040-SR, line 3a*.	2.	91
3.	Are you filing Schedule D?*		
	<input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-.	3.	225
	<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 6.		
4.	Add lines 2 and 3.	4.	316
5.	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-.	5.	
6.	Subtract line 5 from line 4. If zero or less, enter -0-.	6.	316
7.	Subtract line 6 from line 1. If zero or less, enter -0-.	7.	36307
8.	Enter: \$39,375 if single or married filing separately, \$78,750 if married filing jointly or qualifying widow(er), \$52,750 if head of household.	8.	39375
9.	Enter the smaller of line 1 or line 8.		
10.	Enter the smaller of line 7 or line 9.	10.	36307
11.	Subtract line 10 from line 9. This amount is taxed at 0%.	11.	316
12.	Enter the smaller of line 1 or line 6.	12.	316
13.	Enter the amount from line 11.	13.	316
14.	Subtract line 13 from line 12.	14.	
15.	Enter: \$434,550 if single, \$244,425 if married filing separately, \$488,850 if married filing jointly or qualifying widow(er), \$461,700 if head of household.	15.	434550
16.	Enter the smaller of line 1 or line 15.		
17.	Add lines 7 and 11.	17.	36623
18.	Subtract line 17 from line 16. If zero or less, enter -0-.	18.	
19.	Enter the smaller of line 14 or line 18.	19.	
20.	Multiply line 19 by 15% (0.15).	20.	
21.	Add lines 11 and 19.	21.	316
22.	Subtract line 21 from line 12.	22.	
23.	Multiply line 22 by 20% (0.20).	23.	
24.	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet.	24.	4165
25.	Add lines 20, 23, and 24.	25.	4165
26.	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.	26.	4201
27.	Tax on all taxable income. Enter the smaller of line 25 or 26. Also include this amount on the entry space on Form 1040 or 1040-SR, line 12a. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 12a. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet.	27.	4165

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

SCHEDULE B
(Form 1040 or 1040-SR)

Interest and Ordinary Dividends

OMB No. 1545-0074

2019
Attachment
Sequence No. 08

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return
NICOLE HAMM

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 ▶
- 2** Add the amounts on line 1
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ▶

Amount	
1	
2	0
3	0
4	0

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

Part II

Ordinary Dividends

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

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

- 5** List name of payer ▶ American Funds Service Company
- 6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ▶

Amount	
5	91.00
6	91

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.
- 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

	Yes	No
7a		
b		
8		

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 for instructions and the latest information.

2019
Attachment
Sequence No. **52**

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

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

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2019 (see instructions) ▶	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2019 (or those made on your behalf), including those made from January 1, 2020, through April 15, 2020, that were for 2019. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2 0.00
3	If you were under age 55 at the end of 2019 and, on the first day of every month during 2019, you were, or were considered, an eligible individual with the same coverage, enter \$3,500 (\$7,000 for family coverage). All others, see the instructions for the amount to enter	3 3500
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 3500
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 3500
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 0
8	Add lines 6 and 7	8 3500
9	Employer contributions made to your HSAs for 2019	9 1000
10	Qualified HSA funding distributions	10 0.00
11	Add lines 9 and 10	11 1000
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 2500
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040 or 1040-SR), line 12, or Form 1040-NR, line 25	13 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 0
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 0
c	Subtract line 14b from line 14a	14c 0
15	Qualified medical expenses paid using HSA distributions (see instructions)	15 0
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. Enter "HSA" and the amount on the line next to the box	16 0
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HSA" and the amount on the line next to the box	17b 0

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

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

SCHEDULE SE
(Form 1040 or 1040-SR)

Self-Employment Tax

OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **17**

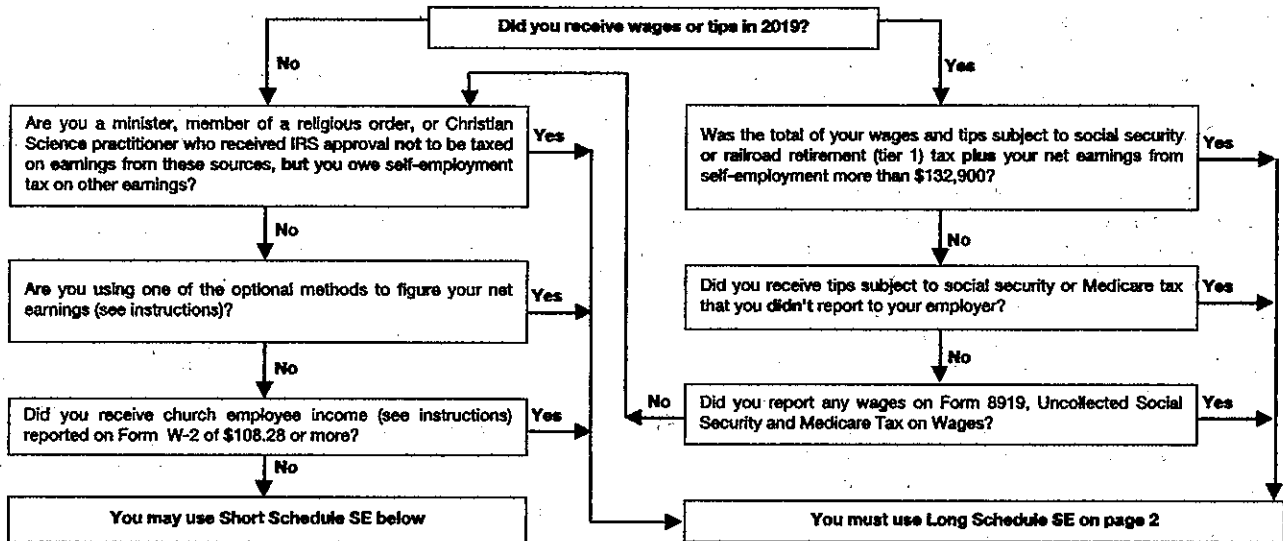
Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)
NICOLE HAMM

Social security number of person
with self-employment income ▶

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A—Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	0
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	(0)
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	3220.00
3 Combine lines 1a, 1b, and 2	3	3220
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b ▶	4	2974
Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is: • \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55. • More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55 .	5	455
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27	6	228

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR) NICOLE HAMM

Social security number of person with self-employment income

Section B—Long Schedule SE

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

Form sections 1a through 13 with associated numerical values and descriptions for self-employment tax calculations.

Part II Optional Methods To Figure Net Earnings. (see instructions)

Form sections 14 through 17 with associated numerical values and descriptions for optional methods to figure net earnings.

1 From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

2 From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

3 From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

4 From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

SCHEDULE C
(Form 1040 or 1040-SR)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. _____

2019

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor NICOLE HAMM		Social security number (SSN)
A Principal business or profession, including product or service (see instructions) OTHER PROFESSIONAL, SCIENTIFIC, & TECHNICAL SERVICES	B Enter code from instructions ▶ 5 4 1 9 9 0	
C Business name. If no separate business name, leave blank. NICOLE HAMM	D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) ▶ 8601717 BEACH BLVD City, town or post office, state, and ZIP code JACKSONVILLE FL 32216		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2019, check here		<input type="checkbox"/>
I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1		3245
2 Returns and allowances	2		0.00
3 Subtract line 2 from line 1	3		3245
4 Cost of goods sold (from line 42)	4		0
5 Gross profit. Subtract line 4 from line 3	5		3245
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6		0.00
7 Gross income. Add lines 5 and 6	7		3245

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	0.00	18 Office expense (see instructions)	18	0.00
9 Car and truck expenses (see instructions)	9	0	19 Pension and profit-sharing plans	19	0.00
10 Commissions and fees	10	0.00	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	0.00	a Vehicles, machinery, and equipment	20a	0.00
12 Depletion	12	0.00	b Other business property	20b	0.00
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0	21 Repairs and maintenance	21	0.00
14 Employee benefit programs (other than on line 19)	14	0.00	22 Supplies (not included in Part III)	22	20.00
15 Insurance (other than health)	15	0.00	23 Taxes and licenses	23	0.00
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a	0.00	a Travel	24a	0.00
b Other	16b	0.00	b Deductible meals (see instructions)	24b	5
17 Legal and professional services	17	0.00	25 Utilities	25	0.00
28 Total expenses before expenses for business use of home. Add lines 8 through 27a			26 Wages (less employment credits)	26	0.00
29 Tentative profit or (loss). Subtract line 28 from line 7			27a Other expenses (from line 48)	27a	0
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b Reserved for future use	27b	0
31 Net profit or (loss). Subtract line 30 from line 29.			28	28	25
• If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.			29	29	3220
• If a loss, you must go to line 32.			30	30	0
32 If you have a loss, check the box that describes your investment in this activity (see instructions).			31	31	3220
• If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.					
• If you checked 32b, you must attach Form 6198. Your loss may be limited.					

32a All investment is at risk.
32b Some investment is not at risk.

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p>	16	225
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22. 		
<p>17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) 	21 ()
<p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Qualified Business Income Deduction

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8995A for instructions and the latest information.

Name(s) shown on return

NICOLE HAMM

Your taxpayer identification number

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	NICOLE HAMM	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
B		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	675		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$160,700 or less (\$160,725 if married filing separately; \$321,400 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	135		
4 Allocable share of W-2 wages from the trade, business, or aggregation			
5 Multiply line 4 by 50% (0.50)			
6 Multiply line 4 by 25% (0.25)			
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property			
8 Multiply line 7 by 2.5% (0.025)			
9 Add lines 6 and 8			
10 Enter the greater of line 5 or line 9			
11 W-2 wage and qualified property limitation. Enter the smaller of line 3 or line 10			
12 Phased-in reduction. Enter the amount from line 26, if any. See instructions			
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	135		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions			
15 Qualified business income component. Subtract line 14 from line 13	135		
16 Total qualified business income component. Add all amounts reported on line 15 ▶	135		

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$160,700 but not \$210,700 (\$160,725 and \$210,725 if married filing separately; \$321,400 and \$421,400 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
17	Enter the amounts from line 3	17		
18	Enter the amounts from line 10	18		
19	Subtract line 18 from line 17	19		
20	Taxable income before qualified business income deduction	20		
21	Threshold. Enter \$160,700 (\$160,725 if married filing separately; \$321,400 if married filing jointly)	21		
22	Subtract line 21 from line 20	22		
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23		
24	Phase-in percentage. Divide line 22 by line 23	24	%	
25	Total phase-in reduction. Multiply line 19 by line 24	25		
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26		

Part IV Determine Your Qualified Business Income Deduction

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27	135	
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28		
29	Qualified REIT dividends and PTP (loss) carryforward from prior years	29	()	
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32	135	
33	Taxable income before qualified business income deduction	33	36758	
34	Net capital gain. See instructions	34	316	
35	Subtract line 34 from line 33. If zero or less, enter -0-	35	36442	
36	Income limitation. Multiply line 35 by 20% (0.20)	36	7288	
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37	135	
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38		
39	Total qualified business income deduction. Add lines 37 and 38	39	135	
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	()	

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. GGG Yoga LLC 7776 collisgrove Rd Jacksonville, FL 32256 US		1 Rents \$	OMB No. XXXXXXXXXX	2019 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$			
PAYER'S TIN _____ RECIPIENT'S TIN _____		3 Other income \$	4 Federal income tax withheld \$	Copy B For Recipient	
		5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name, address, ZIP/postal code & country Nicole Hamm PO Box 17778 Jacksonville, FL 32245		7 Nonemployee compensation \$ 2545.00	8 Substitute payments in lieu of dividends or interest \$	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
		11 _____	12 _____		
Account number (see instructions) _____	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. _____	18 State income \$	

Form 1099-MISC (keep for your records)

Department of the Treasury - Internal Revenue Service

Form W-2 Wage and Tax Statement 2019

20001

Copy C, for employees records

d Control number		ADM	Void	c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No.	
b Employer's identification number		a Employee's social security number		EASTERN POULTRY DISTRIBUTORS I PO BOX 2995 PONTE VEDRA BEACH FL 32004		1 Wages, tips, other compensation 48504.85	2 Federal income tax withheld 5311.94
13 Statutory employee		Retirement plan X	Third-party sick pay	e Employee's name, address, and ZIP code		3 Social security wages 50079.52	4 Social security tax withheld 3104.93
12 See instrs. for Box 12 W 1000.00 D 1574.67		14 Other		NICOLE A HAMM 8601-717 BEACH BLVD JACKSONVILLE FL 32216		5 Medicare wages and tips 50079.52	6 Medicare tax withheld 726.15
15 State		Employer's state ID No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

Copy B, to be filed with employees FEDERAL tax return

d Control number		ADM	Void	c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No.	
b Employer's identification number		a Employee's social security number		EASTERN POULTRY DISTRIBUTORS I PO BOX 2995 PONTE VEDRA BEACH FL 32004		1 Wages, tips, other compensation 48504.85	2 Federal income tax withheld 5311.94
13 Statutory employee		Retirement plan X	Third-party sick pay	e Employee's name, address, and ZIP code		3 Social security wages 50079.52	4 Social security tax withheld 3104.93
12 See instrs. for Box 12 W 1000.00 D 1574.67		14 Other		NICOLE A HAMM 8601-717 BEACH BLVD JACKSONVILLE FL 32216		5 Medicare wages and tips 50079.52	6 Medicare tax withheld 726.15
15 State		Employer's state ID No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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.

CAMPAIGN ACCOUNT FOR NICOLE HAMM
8601 BEACH BLVD
APT 717
JACKSONVILLE FL 32216-0414

101

6.12.2020 DATE

PAY TO THE ORDER OF

Supervisor of Elections

\$ 2,978.16

Two thousand, nine hundred seventy eight & 16/100 DOLLARS



P.O. Box 45085 • Jacksonville, FL 32232-5085
FOR

Qualifying
Fee

[Signature]

JUN12 8:29A