

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

RECEIVED

Check applicable one:

JAN 09 2019

DUVAL COUNTY ELEC.

By BB

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

OFFICE USE ONLY

Candidate Oath

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

I, **Chad Evan McIntyre**

(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, At Large, _____
(Office) (District #) (Circuit #)

Group 5; I am a qualified elector of Duval County, Florida; I am qualified
(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): 103246540

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.]*

Chad Ev-an Mac-in-tire

Signature of Candidate: [Redacted] Telephone Number: 1904 339 1791 Email Address: Chad@Chademintyre.com
 Address: 332 E Ashley st City: Jacksonville State: FL ZIP Code: 32202

STATE OF FLORIDA
COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me this 8th day of January, 2019.

Personally Known: or Produced Identification: _____
Type of Identification Produced: _____

Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Hannah B. Pegarido
Hannah B. Pegarido
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG147622
Expires 10/2/2021



CHAD4JAX
332 E Ashley St.
Jacksonville FL 32202

January 5 2019 107

Supervisor of Elections

Two thousand nine hundred seventy eight 2,978.16
16/100

alive

CREDIT UNION

MEMO Chad McIntyre Quality Time

Security
Features
Details
On Back.

Harland Clarke

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

McIntyre Chad Evan

MAILING ADDRESS:

332 East Ashley Street

CITY :

Jacksonville

ZIP :

32202

COUNTY :

Duval

NAME OF AGENCY :

City of Jacksonville

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

City Council, At Large, Group 5

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED

JAN 09 2019

DUVAL COUNTY ELEC.

By BB

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2018 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 31, 2018 was \$ 229,938.02.

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 \$ \$12,500

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2014 Chevrolet Camero, KBB estimated trade in value	\$14,500
Lincoln Financial 401k - See attached for allocation profile	\$220,323

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Ally Bank Auto Loan 500 Woodward Ave Detroit, MI 48226	\$9,040.98
Lincoln Financial Group PO Box 7876 Ft Wayne, IN 46801	\$1,544.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
None	

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2018 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 2018 federal income tax return and all W2's, schedules, and attachments.
 [(If you check this box and attach a copy of your 2018 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
Shands Jacksonville Medical Center	655 W 8th Street, Jacksonville, FL 32209	\$86,605.38

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 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
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

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

STATE OF FLORIDA
 COUNTY OF Duval

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.

Sworn to (or affirmed) and subscribed before me this 8th day of January, 2019 by Hannah B. Regarido

(Signature of Notary Public--State of Florida) Hannah B. Regarido
 NOTARY PUBLIC
 STATE OF FLORIDA
 (Print, Type, or Stamp Commission # CG147822 Name of Notary Public)
 Personally Known Produced Identification

 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced _____

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.

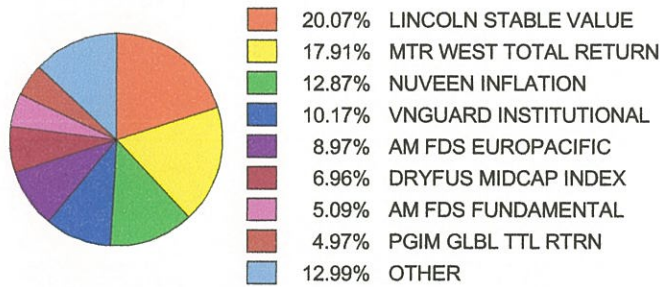
 Signature Date

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

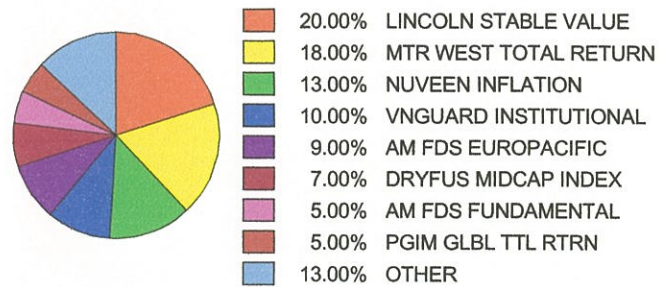
IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

Your Fund Allocation Profile - 2025 AGGRESSIVE PORTFOLIO

Existing Balance Allocation (as of 09/30/2018)



Current Investment Election (as of 10/02/2018)



Activity by Investment

Investment Election %	Beginning Balance	Money In	Investment Earnings	Fees and Expenses	Money Out	Unit value	Number of Units	Closing Balance
BLKRK HIGH YIELD BOND SERVICE								
4%	\$8,874.87	\$280.23	\$58.72	\$0.00	-\$36.38	\$7.6700	1,196.5365	\$9,177.44
NUVEEN INFLATION PROTECTED SECURITIES								
13%	\$29,056.53	\$650.39	-\$377.38	\$0.00	-\$79.72	\$10.7500	2,720.9125	\$29,249.82
INVESCO DIVERSIFIED DIVIDEND INVESTOR								
3%	\$6,665.09	\$151.54	\$220.02	\$0.00	-\$255.23	\$20.3300	333.5667	\$6,781.42
MTR WEST TOTAL RETURN BOND FUND								
18%	\$40,102.33	\$963.90	-\$274.34	\$0.00	-\$73.51	\$10.3200	3,945.5798	\$40,718.38
PIMCO COMMODITY REAL RETURN STRATEGY A								
2%	\$4,229.69	\$563.34	-\$159.97	\$0.00	\$0.00	\$6.2400	742.4773	\$4,633.06
PGIM GBLT TTL RTRN								
5%	\$11,060.06	\$506.83	-\$274.76	\$0.00	\$0.00	\$6.4600	1,748.0074	\$11,292.13
LINCOLN STABLE VALUE ACCOUNT -Z10								
20%	\$44,281.75	\$1,109.52	\$224.55	\$0.00	\$0.00	\$1.1510	39,628.0950	\$45,615.82
AM FDS EUROPACIFIC GROWTH A								
9%	\$19,231.84	\$1,348.90	-\$185.25	\$0.00	\$0.00	\$53.0500	384.4577	\$20,395.49
AM FDS FUNDAMENTAL INVESTORS A								
5%	\$11,039.16	\$222.42	\$483.12	\$0.00	-\$171.31	\$65.3400	177.1253	\$11,573.39
CLMBA SMALL CAP VALUE								
2%	\$4,374.06	\$77.34	\$58.32	\$0.00	-\$100.96	\$18.0700	243.9820	\$4,408.76
DRYFUS MIDCAP INDEX								
7%	\$15,496.54	\$270.69	\$586.93	\$0.00	-\$524.58	\$39.8400	397.3289	\$15,829.58
OPPENHEIMER DEVELOPING MARKETS Y								
2%	\$4,300.65	\$378.52	-\$147.11	\$0.00	\$0.00	\$41.0100	110.5109	\$4,532.06
VNGUARD INSTITUTIONAL INDEX								
10%	\$22,060.49	\$505.15	\$1,577.79	\$0.00	-\$1,027.39	\$265.4700	87.0759	\$23,116.04
TOTALS								
100%	\$220,773.06	\$7,028.77	\$1,790.64	\$0.00	-\$2,269.08			\$227,323.39

Vesting and Sources (as of 09/30/2018)

Source Type	Current Balance	Vested Balance	Vested Percentage**	Plan YTD Contributions
Employee Pre-Tax	\$130,519.55	\$130,519.55	100%	\$6,252.98
ER Discretionary	\$42,641.93	\$42,641.93	100%	\$0.00
Employer Match	\$35,585.57	\$35,585.57	100%	\$0.00
Safe Harbor Match	\$18,235.88	\$18,235.88	100%	\$3,873.52
2010 ER Discretionary	\$196.03	\$196.03	100%	\$0.00

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.

PAD-2042178-022818

LAP-STMT-FLI002

L.F.G.: *70310* 2852435008,96193,96193,TRCLFG02,CEVFP000001905SHJX-001,0000002698CHAD.E.MCINTYRE



Form **W-2 Wage and Tax Statement** 2017

c Employer's name, address, and ZIP code

SHANDS JACKSONVILLE MED CENTER
655 W 8TH STREET
JACKSONVILLE FL 32209

e Employee's name, address, and ZIP code

CHAD E MCINTYRE
332 E ASHLEY STREET
JACKSONVILLE FL 32202

		7 Social security tips	1 Wages, tips, other compensation 86605.38	2 Federal income tax withheld 19231.71	
		8 Allocated tips	3 Social security wages 94023.86	4 Social security tax withheld 5829.48	
		9 Verification code	5 Medicare wages and tips 94023.86	6 Medicare tax withheld 1363.35	
		10 Dependent care benefits	11 Nonqualified plans	12a C 44.46	
		13 <small>Statutory employee</small> <input type="checkbox"/> <small>Retirement plan</small> <input checked="" type="checkbox"/> <small>Third-party sick pay</small> <input type="checkbox"/>	14 Other	12b D 7418.48	
		b Employer identification number (EIN) [REDACTED]		12c DD 7102.64	
		a Employee's social security number [REDACTED]		12d	
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. 1545-0048

Dept. of the Treasury - IRS

FORM # LW28700

Form
1040EZ

Income Tax Return for Single and Joint Filers With No Dependents (99)

2017

OMB No. 1545-0074

Your first name and initial Chad E	Last name McIntyre	Your social security number [REDACTED]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 332 E Ashley Street		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Jacksonville FL 32202		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
Foreign country name	Foreign province/state/county	

Income Attach Form(s) W-2 here. Enclose, but do not attach, any payment.	1	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	86,605.	
	2	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2		
	3	Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	3		
	4	Add lines 1, 2, and 3. This is your adjusted gross income .	4		86,605.
	5	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,400 if single ; \$20,800 if married filing jointly . See back for explanation.	5		10,400.
	6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income .	6		76,205.
	Payments, Credits, and Tax	7	Federal income tax withheld from Form(s) W-2 and 1099.	7	19,232.
		8a	Earned income credit (EIC) (see instructions) No	8a	
		b	Nontaxable combat pay election. 8b		
	9	Add lines 7 and 8a. These are your total payments and credits .	9		19,232.
	10	Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	10		14,795.
	11	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	11		0.
12	Add lines 10 and 11. This is your total tax .	12		14,795.	
Refund <small>Have it directly deposited! See instructions and fill in 13b, 13c, and 13d, or Form 8888.</small>	13a	If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/>	13a	4,437.	
	b	Routing number <u>X X X X X X X X X X</u> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number <u>X X X X X X X X X X X X X X X X X X</u>				

Amount You Owe	14	If line 12 is larger than line 9, subtract line 9 from line 12. This is the amount you owe . For details on how to pay, see instructions.	14	
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Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> 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, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation Paramedic	Daytime phone number [REDACTED]
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

Part I – Personal Information

Information in Part I is completely calculated from entries on Personal Information Worksheets.

Taxpayer:

First name Chad
 Middle initial E Suffix _____
 Last name McIntyre
 Social security no. _____
 Occupation Paramedic
 Date of birth 11/25/1973 (mm/dd/yyyy)
 Age as of 1-1-2018 44
 Daytime phone (904) 240-0509 Ext _____
 Legally blind
 Date of death _____

Spouse:

First name _____
 Middle initial _____ Suffix _____
 Last name _____
 Social security no. _____
 Occupation _____
 Date of birth _____ (mm/dd/yyyy)
 Age as of 1-1-2018 _____
 Daytime phone _____ Ext _____
 Legally blind
 Date of death _____

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, was taxpayer claimed as dependent on that person's return? Yes No

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, was spouse claimed as dependent on that person's return? Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . Yes No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . Yes No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . Yes No

Part II – Address and Federal Filing Status (enter information in this section)

US Address:

Address 332 E Ashley Street Apt no. _____
 City Jacksonville State FL ZIP code 32202

Foreign Address: Check this box to use foreign address . . .

Address _____ Apt no. _____
 City _____
 Foreign code _____ Foreign country _____
 Foreign province/county _____ Foreign postal code _____

APO/FPO/DPO address, check if appropriate APO FPO DPO

Home phone _____
 Check to print phone number on Form 1040 . . . Home Taxpayer daytime Spouse daytime

Federal filing status:

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year.
 Check this box if you are eligible to claim your spouse's exemption (see Help).
- 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number _____
- 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2015 2016
 Are you a dependent with a qualifying child Yes No
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number _____

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)		E I C	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2017					
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Form 1040EZ

Income Tax Return for Single and Joint Filers With No Dependents (99)

2016

OMB No. 1545-0074

Personal information section including name, address, and social security numbers.

Income table with 6 rows detailing wages, interest, unemployment, and adjusted gross income.

Payments, Credits, and Tax

Table with 10 rows detailing tax payments, earned income credit, and total tax.

Refund

Have it directly deposited! See instructions and fill in 13b, 13c, and 13d, or Form 8888.

Refund section with 3 rows detailing the calculation of the refund and routing/account numbers.

Amount You Owe

Table with 1 row for the total amount owed.

Third Party Designee

Form for designating a third party designee with name, phone, and PIN fields.

Sign Here

Signature section including a declaration and fields for taxpayer and spouse signatures.

Paid Preparer Use Only

Form for paid preparers including fields for name, signature, date, and firm information.

Part I – Personal Information

Information in Part I is completely calculated from entries on Personal Information Worksheets.

Taxpayer:

First name Chad
 Middle initial E Suffix
 Last name McIntyre
 Social security no.
 Occupation Manager
 Date of birth 11/25/1973 (mm/dd/yyyy)
 Age as of 1-1-2017 43
 Daytime phone (904) 339-1791 Ext
 Legally blind
 Date of death

Spouse:

First name
 Middle initial Suffix
 Last name
 Social security no.
 Occupation
 Date of birth (mm/dd/yyyy)
 Age as of 1-1-2017
 Daytime phone Ext
 Legally blind
 Date of death

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, was taxpayer claimed as dependent on that person's return? Yes No

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, was spouse claimed as dependent on that person's return? Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . . Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . . Yes No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . . Yes No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . . Yes No

Part II – Address and Federal Filing Status (enter information in this section)

Address 332 E Ashley Street Apt no.
 City Jacksonville State FL ZIP code 32202
 Foreign code Foreign country Foreign postal code
 Foreign province/county

APO/FPO/DPO address, check if appropriate APO FPO DPO

Home phone
 Check to print phone number on Form 1040 Home Taxpayer daytime Spouse daytime

Federal filing status:

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 Check this box if you did not live with your spouse at any time during the year
 Check this box if you are eligible to claim your spouse's exemption (see Help)
- 4 Head of household
 if the 'qualifying person' is your child but not your dependent:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number _____
- 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2014
 2015

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)		Date of death (mm/dd/yyyy)		E I C	Lived with taxpyr in U.S.	Educ Tuitt and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2016				
-----	-----	-----	-----	-----	-----	-----			<input type="checkbox"/>	
-----	-----	-----	-----	-----	-----	-----			<input type="checkbox"/>	
-----	-----	-----	-----	-----	-----	-----			<input type="checkbox"/>	
-----	-----	-----	-----	-----	-----	-----			<input type="checkbox"/>	

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning _____, 2015, ending _____, 20 **See separate instructions.**

Your first name and initial **Chad E** Last name **McIntyre** Your social security number **[REDACTED]**

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

Home address (number and street). If you have a P.O. box, see instructions. **332 E Ashley Street** Apt. no. _____ **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Jacksonville FL 32202**

Foreign country name _____ Foreign province/state/country _____ Foreign postal code _____ **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. You Spouse

Filing Status 1 Single 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. 5 Qualifying widow(er) with dependent child

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. . . . } **Boxes checked on 6a and 6b** **1**
b Spouse } **No. of children on 6c who:**
c **Dependents:** (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit (see instructions) **• lived with you**
• did not live with you due to divorce or separation (see instructions)
If more than four dependents, see instructions and check here **Dependents on 6c not entered above**
Add numbers on lines above **1**
d Total number of exemptions claimed

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	70,597.
	8a	Taxable interest. Attach Schedule B if required	8a	
	b	Tax-exempt interest. Do not include on line 8a	8b	
	9a	Ordinary dividends. Attach Schedule B if required	9a	
	b	Qualified dividends	9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	IRA distributions	15a	
	b	Taxable amount	15b	
	16a	Pensions and annuities	16a	
	b	Taxable amount	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Social security benefits	20a	
	b	Taxable amount	20b	
	21	Other income. List type and amount <u>Non-employee compensation from 1099-Misc</u>	21	800.
	22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	71,397.

Adjusted Gross Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Tuition and fees. Attach Form 8917	34	
	35	Domestic production activities deduction. Attach Form 8903	35	
	36	Add lines 23 through 35	36	
	37	Subtract line 36 from line 22. This is your adjusted gross income	37	71,397.

