

**CANDIDATE OATH -
SCHOOL BOARD
NONPARTISAN OFFICE**

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

MAY 29 10:42 AM

RECEIVED

MAY 29 2020

DUVAL COUNTY ELEC.

By AA

OFFICE USE ONLY

Candidate Oath

(Sections 99.021(1)(a) and 105.031, Florida Statutes)

I, Robert "Bob" Abene

(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 nonpartisan office of Duval School Board, 3
(Office) (District #)

_____ ; I am a qualified elector of Duval County, Florida;
(Circuit #) (Group or Seat #)

I am qualified 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.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the school board and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 122740647

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.]

Robert Bob Ah Ben E

X Robert Abene (229) 292-9060 bobabene@aol.com
Signature of Candidate Telephone Number Email Address
1520 River Oaks Rd Jacksonville FL 32207
Address City State 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 29th day of May, 2020.

Personally Known: 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:

MAY 29 10:42 AM

RECEIVED

MAY 29 2020

DUVAL COUNTY ELEC.

By:

LAST NAME — FIRST NAME — MIDDLE NAME:

Abene - Robert - Michael

MAILING ADDRESS:

1520 River Oaks Rd.

CITY:

Jacksonville

ZIP:

32207

COUNTY:

Duval

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Duval School Board (Dist. 8)

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

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

My net worth as of December 31, 2019 was \$ \$58,800*
 *(with the beneficiary \$567,124)

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

Homes (1520 River Oaks Rd, Jax, FL 32207); (10746 Mareeba Rd, Jax, FL 32246)	\$ 510,000
* IRA Accts: Morgan Stanley (\$254,000); J.P. Morgan/Chase (\$189,000)	\$ 443,000
* Stocks: Exelon (\$5,324)	\$ 5,324

* Note, My wife (Patricia Ann Abene) has her name on the IRAs & Stocks - I am the ^{Sole (100%)} beneficiary

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Home Mortgages: Quicken Loans (1050 Woodward Ave. Detroit, MI 48226)	\$ 305,500
CENLAR Mortgage (P.O. Box 77404, Ewing, NJ 08628)	\$ 117,000
Auto: Wells Fargo Auto (P.O. Box 5265, Sioux Falls, SD 57117)	\$ 9,700
Subaru Finance Chase (P.O. Box 9001103, Louisville, KY 40290)	\$ 29,000

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 29th day of

May, 2020 by Robert Abene

Lana G. Self
 (Signature of Notary Public--State of Florida)

Robert Abene
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

LANA G. SELF
 (Print, Type, or Stamp Commissioned Name of Notary Public, State of Florida)

Personally Known OR Produced Identification
 My Comm. Expires 07/29/21
 Commission No. GG102927

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

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 ROBERT M	Last name ABENE	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial PATRICIA A	Last name ABENE	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 1520 RIVER OAKS RD		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 32207		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	Foreign postal code
If more than four dependents, see instructions and <input type="checkbox"/> 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):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
ANDREW K	ABENE	[REDACTED]	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	2,675.	
2a	Tax-exempt interest	2a	b	Taxable interest. Attach Sch. B if required	
3a	Qualified dividends	3a	169.	b	Ordinary dividends. Attach Sch. B if required
4a	IRA distributions	4a		4b	24,014.
c	Pensions and annuities	4c		d	Taxable amount
5a	Social security benefits	5a	53,196.	5b	26,076.
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		6		
7a	Other income from Schedule 1, line 9		7a	-2,180.	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶		7b	67,097.	
8a	Adjustments to income from Schedule 1, line 22		8a		
b	Subtract line 8a from line 7b. This is your adjusted gross income ▶		8b	67,097.	
9	Standard deduction or itemized deductions (from Schedule A)	9	42,163.		
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	0.		
11a	Add lines 9 and 10	11a	42,163.		
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	24,934.		

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

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. 1545-0074

2019
Attachment
Sequence No. 01

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

ROBERT M & PATRICIA A ABENE

Your social security number

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	-2,180.
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	-2,180.

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	
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	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a	22	

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

REV 03/18/20 PRO

Schedule 1 (Form 1040 or 1040-SR) 2019

Itemized Deductions

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

Your social security number

ROBERT M & PATRICIA A ABENE

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions)	1	17,933.			
	2 Enter amount from Form 1040 or 1040-SR, line 8b	2	67,097.			
	3 Multiply line 2 by 7.5% (0.075)	3	5,032.			
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	12,901.	
Taxes You Paid	5 State and local taxes.					
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input checked="" type="checkbox"/>	5a	3,054.			
	b State and local real estate taxes (see instructions)	5b	6,082.			
	c State and local personal property taxes	5c	120.			
	d Add lines 5a through 5c	5d	9,256.			
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	9,256.			
	6 Other taxes. List type and amount DISNEY	6	237.			
7 Add lines 5e and 6				7	9,493.	
Interest You Paid <small>Caution: Your mortgage interest deduction may be limited (see instructions).</small>	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>					
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	17,864.			
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b				
	c Points not reported to you on Form 1098. See instructions for special rules	8c	8.			
	d Mortgage insurance premiums (see instructions)	8d				
	e Add lines 8a through 8d	8e	17,872.			
	9 Investment interest. Attach Form 4952 if required. See instructions.	9				
	10 Add lines 8e and 9				10	17,872.
	Gifts to Charity <small>Caution: If you made a gift and got a benefit for it, see instructions.</small>	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	1,007.		
		12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	12	890.		
13 Carryover from prior year		13				
14 Add lines 11 through 13					14	1,897.
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions				15	
Other Itemized Deductions	16 Other—from list in instructions. List type and amount				16	
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9			17	42,163.	
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>					

SCHEDULE C
(Form 1040 or 1040-SR)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

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
ROBERT M ABENE

Social security number (SSN)
[REDACTED]

A Principal business or profession, including product or service (see instructions)
CONS. FOR EDUC. INST./ACADEMY FOR O

B Enter code from Instructions
[REDACTED] 0

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ▶ **4978 Summit Ridge Road**
City, town or post office, state, and ZIP code **Valdosta, GA 31602**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2019, check here

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) Yes No

J If "Yes," did you or will you file required Forms 1099? Yes 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	<input type="checkbox"/>	1	
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3		5	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions).	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	2,180.
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	
31 Net profit or (loss). Subtract line 30 from line 29. • 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 . • If a loss, you must go to line 32.	31				-2,180.
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • 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 Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:
 a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No

 b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

PROFESSIONAL FEES		0.
INTERNET		828.
POSTAGE		20.
HOME OFFICE		1,332.
48 Total other expenses. Enter here and on line 27a	48	2,180.

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return: **ROBERT M & PATRICIA A ABENE** Your taxpayer identification number: **[REDACTED]**

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	CONS. FOR EDUC. INST./ACADEMY FOR O	[REDACTED]	-2,180.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	-2,180.		
3	Qualified business net (loss) carryforward from the prior year	3	(3,492.)		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	(0.)		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	0.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	0.
11	Taxable income before qualified business income deduction	11	24,934.		
12	Net capital gain (see instructions)	12	169.		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	24,765.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	4,953.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶			15	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(5,672.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0.)

Paid Preparer's Due Diligence Checklist

Department of the Treasury
Internal Revenue Service

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

Taxpayer name(s) shown on return

Taxpayer identification number

ROBERT M & PATRICIA A ABENE

Enter preparer's name and PTIN

WILLIAM A DEBES

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List those documents, if any, that you relied on. <hr/> <hr/> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

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

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

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

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

Part VI Eligibility Certification

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

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

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

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

Noncash Charitable Contributions

▶ Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over \$500 for all contributed property.
 ▶ Go to www.irs.gov/Form8283 for instructions and the latest information.

OMB No. 1545-0908

Attachment Sequence No. **155**

Name(s) shown on your income tax return

ROBERT M & PATRICIA A ABENE

Identifying number

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities—List in this section only an item (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities and certain other property even if the deduction is more than \$5,000 (see instructions).

Part I Information on Donated Property—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.)
A	GOODWILL PICKUP SERVICE JACKSONVILLE FL 32207	<input type="checkbox"/>	FURNITURE
B	GOODWILL PICKUP SERVICE JACKSONVILLE FL 32207	<input type="checkbox"/>	CLOTHING
C	GOODWILL PICKUP SERVICE JACKSONVILLE FL 32207	<input type="checkbox"/>	CLOTHING
D	GOODWILL PICKUP SERVICE JACKSONVILLE FL 32207	<input type="checkbox"/>	CLOTHING
E		<input type="checkbox"/>	

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	06/30/2019	01/2017	Purchase	500.	166.	Thrift shop value
B	06/30/2019	01/2017	Purchase	1,000.	599.	Thrift shop value
C	12/31/2019	01/2017	Purchase	250.	75.	Thrift shop value
D	12/31/2019	01/2017	Purchase	250.	50.	Thrift shop value
E						

Part II Partial Interests and Restricted Use Property—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

- 2a Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ _____
 If Part II applies to more than one property, attach a separate statement.
- b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ▶ _____
 (2) For any prior tax years ▶ _____
- c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):
 Name of charitable organization (donee) _____
 Address (number, street, and room or suite no.) _____
 City or town, state, and ZIP code _____
- d For tangible property, enter the place where the property is located or kept ▶ _____
- e Name of any person, other than the donee organization, having actual possession of the property ▶ _____

3a	Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?	Yes	No
b	Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?		
c	Is there a restriction limiting the donated property for a particular use?		

Wage and Tax Statement 2019

Address and ZIP code [REDACTED]		8 Allocated tips 682.50	3 Social security wages 682.50	4 Social security tax withheld 34.76
FICE GROUP LLC TIONAL DRIVE STE 400 SVILLE MD 20866		9 [REDACTED]	5 Medicare wages and tips 682.50	6 Medicare tax withheld 9.90
		10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
Address and ZIP code MICHAEL ABENE ER OAKS RD VIVILLE, FL 32207-4120		13 Statutory Retirement Third-Party Employee Plan Sick Pay	14 Other	12b - 12d Codes
State ID no.		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.
19 Local income tax		20 Locality name		

See State, City or Local Tax Return

CORRECTED (If checked)

Street address, city, state and ZIP code TRATIVE SERVICES LLC CARNEGIE BOULEVARD IC 28262		1 Gross distribution \$ 3,556.92	OMB No. 1545-0119 2019 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
RECIPIENT's TIN [REDACTED]		2a Taxable amount \$ 3,556.92	2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
Street address (including apt. no.), city or town, state and ZIP or foreign postal code EL ABENE S RD FL 32207		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 711.36	7 Distribution code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>
Date of Payment		5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00	9a Your percentage of total distribution %	9b Total employee contributions \$	This information is being furnished to the Internal Revenue Service
to IRR within		11 1st year of desig. Roth contrib.	12a State tax withheld \$	13a State/Payer's state no.	
Instructions)		12b State tax withheld \$	13b State/Payer's state no.	14b State distribution \$	Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return
Date of Payment		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$	

Department of the Treasury - Internal Revenue Service

CORRECTED (If checked)

Street address, city, state and ZIP code TRATIVE SERVICES LLC CARNEGIE BOULEVARD IC 28262		1 Gross distribution \$ 646.92	OMB No. 1545-0119 2019 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
RECIPIENT's TIN [REDACTED]		2a Taxable amount \$ 646.92	2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
Street address (including apt. no.), city or town, state and ZIP or foreign postal code EL ABENE S RD FL 32207		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 129.36	7 Distribution code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>
Date of Payment		5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00	9a Your percentage of total distribution %	9b Total employee contributions \$	This information is being furnished to the Internal Revenue Service
to IRR within		11 1st year of desig. Roth contrib.	12a State tax withheld \$	13a State/Payer's state no.	
Instructions)		12b State tax withheld \$	13b State/Payer's state no.	14b State distribution \$	Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return
Date of Payment		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$	

Department of the Treasury - Internal Revenue Service

CORRECTED (If checked)

PAYER'S name, street address, city, state and ZIP code TIAA ADMINISTRATIVE SERVICES LLC 8500 ANDREW CARNEGIE BOULEVARD CHARLOTTE, NC 28262 1-800-842-2252		1 Gross distribution \$ 1,916.40	OMB No. 1545-0119 2019 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return
PAYER'S TIN [REDACTED]		2a Taxable amount \$ 1,916.40	Total distribution [REDACTED]		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code ROBERT MICHAEL ABENE 1520 RIVER OAKS RD JACKSONVILLE FL 32207		3 Capital gain (included in box 2a) \$	4 Federal Income tax withheld \$ 383.28		This information is being furnished to the Internal Revenue Service
10 Amount Allocable to IRR within 5 years \$ 0.00		5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00	7 Distribution code(s) 7	IRA/SEP/SIMPLE [REDACTED]	
11 1st year of desig. Roth contrib.		9a Your percentage of total distribution %	9b Total employee contributions \$		14a State distribution \$
12a State tax withheld \$		13a State/Payer's state no.		14b State distribution \$	
12b State tax withheld \$		13b State/Payer's state no.		17 Local distribution \$	
15 Local tax withheld \$		16 Name of locality		17 Local distribution \$	
Account number (see instructions) [REDACTED]		Date of Payment			

Form 1099-R

Department of the Treasury - Internal Revenue Service

X

CORRECTED (If checked)

PAYER'S name, street address, city, state and ZIP code TIAA ADMINISTRATIVE SERVICES LLC 8500 ANDREW CARNEGIE BOULEVARD CHARLOTTE, NC 28262 1-800-842-2252		1 Gross distribution \$ 361.44	OMB No. 1545-0119 2019 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return
PAYER'S TIN [REDACTED]		2a Taxable amount \$ 361.44	Total distribution [REDACTED]		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code ROBERT MICHAEL ABENE 1520 RIVER OAKS RD JACKSONVILLE FL 32207		3 Capital gain (included in box 2a) \$	4 Federal Income tax withheld \$ 72.24		This information is being furnished to the Internal Revenue Service
10 Amount Allocable to IRR within 5 years \$ 0.00		5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00	7 Distribution code(s) 7	IRA/SEP/SIMPLE [REDACTED]	
11 1st year of desig. Roth contrib.		9a Your percentage of total distribution %	9b Total employee contributions \$		14a State distribution \$
12a State tax withheld \$		13a State/Payer's state no.		14b State distribution \$	
12b State tax withheld \$		13b State/Payer's state no.		17 Local distribution \$	
15 Local tax withheld \$		16 Name of locality		17 Local distribution \$	
Account number (see instructions) [REDACTED]		Date of Payment			

Form 1099-R

Department of the Treasury - Internal Revenue Service

X

CORRECTED (If checked)

PAYER'S name, street address, city, state and ZIP code TIAA ADMINISTRATIVE SERVICES LLC 8500 ANDREW CARNEGIE BOULEVARD CHARLOTTE, NC 28262 1-800-842-2252		1 Gross distribution \$ 295.08	OMB No. 1545-0119 2019 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return
PAYER'S TIN ██████████		2a Taxable amount \$ 295.08	2b Taxable amount not determined <input type="checkbox"/>		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code ROBERT MICHAEL ABENE 1520 RIVER OAKS RD JACKSONVILLE FL 32207		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 59.04		This information is being furnished to the Internal Revenue Service
10 Amount Allocable to IRR within 5 years \$ 0.00		5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00	7 Distribution code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>	
11 1st year of desig. Roth contrib.		9a Your percentage of total distribution % \$	9b Total employee contributions		14a State distribution \$
Account number (see instructions) ██████████		12a State tax withheld \$	13a State/Payer's state no.		14b State distribution \$
Date of Payment		12b State tax withheld \$	13b State/Payer's state no.		17 Local distribution \$
		15 Local tax withheld \$	16 Name of locality		

Form 1099-R

Department of the Treasury - Internal Revenue Service



Form W-2 Wage and Tax Statement 2019		OMB No. 1545-0008		Department of the Treasury - Internal Revenue Service			
Control number		Employer identification number ██████████		COPY C For Employee's Records (See Notice to Employee on back of Copy B)			
Employer's name, address, and ZIP code Kelly Services USA, LLC 999 West Big Beaver Rd. STE 601A Troy MI 48084		Employee's SSN ██████████		1 Wages, tips, other compensation 1,991.50		2 Federal income tax withheld	
		7 Social security tips		3 Social security wages 1,991.50		4 Social security tax withheld 123.47	
		8 Allocated tips		5 Medicare wages and tips 1,991.50		6 Medicare tax withheld 28.88	
		9		10 Dependent care benefits		11 Nonqualified plans	
Employee's first name and initial ROBERT ABENE		Last Name ABENE		Suffix		12a	
Employee's address and ZIP code 1520 RIVER OAKS RD JACKSONVILLE FL 32207		12b		13 Statutory Employee <input type="checkbox"/>		14 Other	
		12c		Retirement Plan <input type="checkbox"/>			
		12d		Third-party sick pay <input type="checkbox"/>			
		15 State		Employer's State ID number			
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.

Morgan Stanley

1099R

Tax Year Ending December 31, 2019

PATRICIA A ABENE
1520 RIVER OAKS ROAD
JACKSONVILLE FL 32207-4120

Account Number EA [REDACTED]

DETAIL OF DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT SHARING PLANS, IRAs, INSURANCE CONTRACTS, ETC.

Reason/Date	Description	Gross Distribution (Box 1)	Federal Income Tax Withheld (Box 4)	State Income Tax Withheld (Box 12)	State Code	Net Client Distribution
CASH DISTRIBUTIONS						
01/15/19	FUNDS PAID	\$2,000.00	\$0.00	\$0.00		\$2,000.00
02/15/19	FUNDS PAID	\$2,000.00	\$0.00	\$0.00		\$2,000.00
03/15/19	FUNDS PAID	\$2,000.00	\$0.00	\$0.00		\$2,000.00
04/15/19	FUNDS PAID	\$2,000.00	\$0.00	\$0.00		\$2,000.00
05/15/19	FUNDS PAID	\$2,000.00	\$0.00	\$0.00		\$2,000.00
06/14/19	FUNDS PAID	\$2,000.00	\$0.00	\$0.00		\$2,000.00
07/15/19	FUNDS PAID	\$2,000.00	\$0.00	\$0.00		\$2,000.00
08/15/19	FUNDS PAID	\$2,000.00	\$0.00	\$0.00		\$2,000.00
09/13/19	FUNDS PAID	\$2,000.00	\$0.00	\$0.00		\$2,000.00
10/15/19	FUNDS PAID	\$2,000.00	\$0.00	\$0.00		\$2,000.00
11/15/19	FUNDS PAID	\$2,000.00	\$0.00	\$0.00		\$2,000.00
12/13/19	FUNDS PAID	\$2,000.00	\$0.00	\$0.00		\$2,000.00
Totals for 7-NORMAL DISTRIBUTION		\$24,000.00	\$0.00	\$0.00		\$24,000.00

The Northern Trust Company
 Benefit Payment Services
 50 S LaSalle St. C2N
 Chicago, IL 60603-1003



01068890225 053557 1 0105 9630 19263 1/1 BIN:0

PATRICIA A ABENE
 1520 River Oks Rd
 JACKSONVILLE FL 32207-4120



Corrected (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. The Northern Trust Company <i>Benefit Payment Services C-2N 50 S. LaSalle St. Chicago, Illinois 60603</i> <i>As Paying Agent for:</i> 3172 SCJP1 S.C. JOHNSON & SON, INC. SC JOHNSON & SON INC 1-877-651-9158		1 Gross distribution \$9,566.64		OMB No. 1545-0119 2019 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS.
PAYER'S TIN [REDACTED]		2a Taxable amount \$9,566.64		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
RECIPIENT'S TIN [REDACTED]		3 Capital gain (included in box 2a) \$0.00		4 Federal income tax withheld \$0.00		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code PATRICIA A ABENE 1520 River Oks Rd JACKSONVILLE FL 32207-4120		5 Employee contributions/ Designated Roth contributions or insurance premiums \$0.00		6 Net unrealized appreciation in employer's securities \$0.00		
Account number (see instructions) [REDACTED]		7 Distribution code(s) IRA/ SEPI/ SIMPLE 7 <input type="checkbox"/>		8 Other \$0.00		
13 State/Payer's state no. \$0.00		9a Your percentage of total distribution 0%		9b Total employee contribution		
14 State distribution \$0.00		10 Amount allocable to IRR within 5 years 0.00		11 1st year of desig. Roth contrib. FATCA filing requirement <input type="checkbox"/>		
15 Local tax withheld \$0.00		16 Name of locality		12 State tax withheld \$0.00		17 Local distribution \$0.00

Substitute Form 1099-R

Corrected (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.		1 Gross distribution		OMB No. 1545-0119		Distributions From
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FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

CU1850413-11170925481-1

CU1850413-11170925481-1

2019 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name PATRICIA A ABENE		Box 2. Beneficiary's Social Security Number
Box 3. Benefits Paid in 2019 \$29,058.00	Box 4. Benefits Repaid to SSA in 2019 NONE	Box 5. Net Benefits for 2019 (Box 3 minus Box 4) \$29,058.00

<p style="text-align: center; margin: 0;">DESCRIPTION OF AMOUNT IN BOX 3</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Paid by check or direct deposit</td> <td style="text-align: right; padding: 2px;">\$25,512.00</td> </tr> <tr> <td style="padding: 2px;">Medicare Part B premiums deducted from your benefits</td> <td style="text-align: right; padding: 2px;">\$1,626.00</td> </tr> <tr> <td style="padding: 2px;">Voluntary Federal income tax withheld</td> <td style="text-align: right; padding: 2px;">\$1,920.00</td> </tr> <tr> <td style="padding: 2px;">Total Additions</td> <td style="text-align: right; padding: 2px;">\$29,058.00</td> </tr> <tr> <td style="padding: 2px;">Benefits for 2019</td> <td style="text-align: right; padding: 2px;">\$29,058.00</td> </tr> </table>	Paid by check or direct deposit	\$25,512.00	Medicare Part B premiums deducted from your benefits	\$1,626.00	Voluntary Federal income tax withheld	\$1,920.00	Total Additions	\$29,058.00	Benefits for 2019	\$29,058.00	<p style="text-align: center; margin: 0;">DESCRIPTION OF AMOUNT IN BOX 4</p> <p style="text-align: center; margin: 0;">NONE</p>
Paid by check or direct deposit	\$25,512.00										
Medicare Part B premiums deducted from your benefits	\$1,626.00										
Voluntary Federal income tax withheld	\$1,920.00										
Total Additions	\$29,058.00										
Benefits for 2019	\$29,058.00										
Box 6. Voluntary Federal Income Tax Withheld \$1,920.00											
Box 7. Address PATRICIA A ABENE 1520 RIVER OAKS RD JACKSONVILLE FL 32207-4120											
Box 8. Claim Number (Use this number if you need to contact SSA.) 											

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2019

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name ROBERT M ABENE		Box 2. Beneficiary's Social Security Number 										
Box 3. Benefits Paid in 2019 \$24,138.00	Box 4. Benefits Repaid to SSA in 2019 NONE	Box 5. Net Benefits for 2019 (Box 3 minus Box 4) \$24,138.00										
DESCRIPTION OF AMOUNT IN BOX 3 <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Paid by check or direct deposit</td> <td style="text-align: right; padding: 2px;">\$20,260.80</td> </tr> <tr> <td style="padding: 2px;">Medicare Part B premiums deducted from your benefits</td> <td style="text-align: right; padding: 2px;">\$1,626.00</td> </tr> <tr> <td style="padding: 2px;">Voluntary Federal income tax withheld</td> <td style="text-align: right; padding: 2px;">\$2,251.20</td> </tr> <tr> <td style="padding: 2px;">Total Additions</td> <td style="text-align: right; padding: 2px;">\$24,138.00</td> </tr> <tr> <td style="padding: 2px;">Benefits for 2019</td> <td style="text-align: right; padding: 2px;">\$24,138.00</td> </tr> </table>		Paid by check or direct deposit	\$20,260.80	Medicare Part B premiums deducted from your benefits	\$1,626.00	Voluntary Federal income tax withheld	\$2,251.20	Total Additions	\$24,138.00	Benefits for 2019	\$24,138.00	DESCRIPTION OF AMOUNT IN BOX 4 <p style="text-align: center; padding: 10px 0;">NONE</p>
Paid by check or direct deposit	\$20,260.80											
Medicare Part B premiums deducted from your benefits	\$1,626.00											
Voluntary Federal income tax withheld	\$2,251.20											
Total Additions	\$24,138.00											
Benefits for 2019	\$24,138.00											
		Box 6. Voluntary Federal Income Tax Withheld \$2,251.20										
		Box 7. Address ROBERT M ABENE 1520 RIVER OAKS RD JACKSONVILLE FL 32207-4120										
		Box 8. Claim Number (Use this number if you need to contact SSA.) 										