



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:  
Jordan Brenda Ann

MAILING ADDRESS:  
2265 Orchard St

Jacksonville 32209 Duval

CITY: ZIP: COUNTY:

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK IF THIS IS A FILING BY A CANDIDATE

JUN 4 12:06

**RECEIVED**

JUN 04 2020

DUVAL COUNTY ELEC.  
By BB

**PART A -- NET WORTH**

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

My net worth as of June 1, 2020 was \$ 67,617

**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 \$ \_\_\_\_\_

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
House (market value)	61,553
70 in TV (Floor Model) 2012 Samsung LED TV	1,164
60 in TV (Wall Model) 2014 Samsung LED TV	1,400
2005 Dodge Durango (Book Value)	3,500

**PART C -- LIABILITIES**

(see attached page)

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Bridgcrest P.O. Box 29018 Phoenix, AZ 85038	21,129
Prestige Financial 1420 South 500 W Salt Lake City, UT	14,114
Student Loans (unsubsidized/subsidized Direct, Stafford) 84115	295,342
Federal Loans P.O. Box 60610 Harrisburg, PA 17106	

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY



Brenda Ann Jordan Candidate DCPS School Board District 5

TIAA Bank Arrearage	15,327
TIAA Bank Mortgage	325.00

Dkinsinc P.O. Box 691 Pelham, GA 31779 8,868

Note: Currently in Bankruptcy Chpt 13  
effective Feb/2020

**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: **BRENDA** Last name: **JORDAN** Your social security number: [REDACTED]

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

Home address (number and street). If you have a P.O. box, see instructions. **2265 ORCHARD STREET** Apt. no. Presidential Election Campaign  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **JACKSONVILLE FL 32209** Checking a box below will not change your tax or refund.  You  Spouse

Foreign country name Foreign province/state/county Foreign postal code If more than four dependents, see instructions and ✓ here ▶

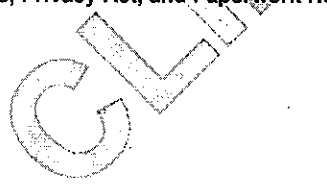
**Standard Deduction** Someone can claim:  You as a dependent  Your spouse as a dependent  Spouse itemizes on a separate return or you were a dual-status alien

**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 no.	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
JULIAN	JORDAN	[REDACTED]	SON		<input checked="" type="checkbox"/>

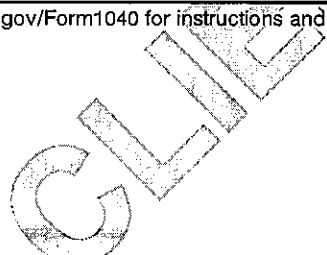
<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2			<b>1</b>	47,746
<b>2a</b> Tax-exempt interest	<b>2a</b>	<b>b</b> Taxable interest. Attach Sch. B if required	<b>2b</b>	
<b>3a</b> Qualified dividends	<b>3a</b>	<b>b</b> Ordinary dividends. Attach Sch. B if required	<b>3b</b>	
<b>4a</b> IRA distributions	<b>4a</b>	<b>b</b> Taxable amount	<b>4b</b>	
<b>c</b> Pensions and annuities	<b>4c</b>	<b>d</b> Taxable amount	<b>4d</b>	
<b>5a</b> Social security benefits	<b>5a</b>	<b>b</b> Taxable amount	<b>5b</b>	
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here			<b>6</b>	
<b>7a</b> Other income from Schedule 1, line 9			<b>7a</b>	
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b>			<b>7b</b>	47,746
<b>8a</b> Adjustments to income from Schedule 1, line 22			<b>8a</b>	
<b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b>			<b>8b</b>	47,746
<b>9</b> Standard deduction or itemized deductions (from Schedule A)	<b>9</b>	18,350		
<b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A	<b>10</b>			
<b>11a</b> Add lines 9 and 10			<b>11a</b>	18,350
<b>b</b> Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-			<b>11b</b>	29,396

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2019)



	<b>12a Tax</b> (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>12a</b>	3,248
	<b>b</b> Add Schedule 2, line 3, and line 12a and enter the total	<b>12b</b>	3,248
	<b>13a</b> Child tax credit or credit for other dependents	<b>13a</b>	500
	<b>b</b> Add Schedule 3, line 7, and line 13a and enter the total	<b>13b</b>	2,503
	<b>14</b> Subtract line 13b from line 12b. If zero or less, enter -0-	<b>14</b>	745
	<b>15</b> Other taxes, including self-employment tax, from Schedule 2, line 10	<b>15</b>	
	<b>16</b> Add lines 14 and 15. This is your <b>total tax</b>	<b>16</b>	745
	<b>17</b> Federal income tax withheld from Forms W-2 and 1099	<b>17</b>	
	<b>18</b> Other payments and refundable credits:		
	<b>a</b> Earned income credit (EIC)	<b>18a</b>	
	<b>b</b> Additional child tax credit. Attach Schedule 8812	<b>18b</b>	
	<b>c</b> American opportunity credit from Form 8863, line 8	<b>18c</b>	973
	<b>d</b> Schedule 3, line 14	<b>18d</b>	
	<b>e</b> Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>	<b>18e</b>	973
	<b>19</b> Add lines 17 and 18e. These are your <b>total payments</b>	<b>19</b>	973
<b>Refund</b>	<b>20</b> If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b>	<b>20</b>	228
	<b>21a</b> Amount of line 20 you want refunded to you. If Form 8879 is attached, check here <input type="checkbox"/>	<b>21a</b>	228
Direct deposit? See instructions.	<b>b</b> Routing number [REDACTED] <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number [REDACTED]		
	<b>22</b> Amount of line 20 you want applied to your 2020 estimated tax	<b>22</b>	
<b>Amount You Owe</b>	<b>23</b> <b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions	<b>23</b>	
	<b>24</b> Estimated tax penalty (see instructions)	<b>24</b>	
<b>Third Party Designee</b>	Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.		<input checked="" type="checkbox"/> <b>Yes.</b> Complete below. <input type="checkbox"/> <b>No.</b>
(Other than paid preparer)	Designee's name ▶ HRB TAX GROUP INC	Phone no. ▶ 904-777-2686	Personal identification number (PIN) ▶ [REDACTED]
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
	Phone no. 904-405-8454	Email address	BRENJORD15@YAHOO.COM
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date
	FLORENCE BOSTIC	[Signature]	02-26-2020
	Firm's name ▶ HRB TAX GROUP INC	Phone no.	904-777-2686
	Firm's address ▶ 5975 9 WILSON BLVD JACKSONVILLE FL 32210	Firm's EIN	[REDACTED]

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.



**SCHEDULE 3**  
(Form 1040 or 1040-SR)

**Additional Credits and Payments**

OMB No. [REDACTED]

**2019**

Attachment  
Sequence No. **03**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

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

BRENDA JORDAN

Your social security number

**Part I Nonrefundable Credits**

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	2,003
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credit. Attach Form 5695	5	
6	Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	2,003

**Part II Other Payments and Refundable Credits**

8	2019 estimated tax payments and amount applied from 2018 return	8	
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	

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

Schedule 3 (Form 1040 or 1040-SR) 2019

CLIENT COPY

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

Department of the Treasury  
 Internal Revenue Service (99)

▶ Attach to Form 1040 or 1040-SR.

▶ Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

Name(s) shown on return  
**BRENDA JORDAN**

Your social security number  
 [REDACTED]



**Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.**

**Part I Refundable American Opportunity Credit**

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	2,433
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	90,000
3	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter.	3	47,746
4	Subtract line 3 from line 2. If zero or less, stop; you can't take any education credit	4	42,254
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	10,000
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	1.0000
7	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	2,433
8	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 18c. Then go to line 9 below	8	973

**Part II Nonrefundable Education Credits**

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	1,460
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	2,715
11	Enter the smaller of line 10 or \$10,000	11	2,715
12	Multiply line 11 by 20% (0.20)	12	543
13	Enter: \$136,000 if married filing jointly; \$68,000 if single, head of household, or qualifying widow(er)	13	68,000
14	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter.	14	47,746
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	20,254
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	10,000
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	1.0000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	18	543
19	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040 or 1040-SR), line 3	19	2,003

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



Name(s) shown on return  
BRENDA JORDAN

Your social security number



**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

<p><b>20</b> Student name (as shown on page 1 of your tax return)</p> <p>BRENDA JORDAN</p>	<p><b>21</b> Student social security number (as shown on page 1 of your tax return)</p>
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**22** Educational institution information (see instructions)

<p><b>a.</b> Name of first educational institution</p> <p>CONCORDIA UNIVERSITY</p>	<p><b>b.</b> Name of second educational institution (if any)</p>
--	--

<p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p>	<p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p>
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2811 NE HOLMAN PORTLAND, OR 97211

<p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2019? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	--

<p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p>	<p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p>
--	--

**23** Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2019?  Yes -- **Stop!** Go to line 31 for this student.  No -- Go to line 24.

**24** Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2019 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.  Yes -- Go to line 25.  No -- **Stop!** Go to line 31 for this student.

**25** Did the student complete the first 4 years of postsecondary education before 2019? See instructions.  Yes -- **Stop!** Go to line 31 for this student.  No -- Go to line 26.

**26** Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance?  Yes -- **Stop!** Go to line 31 for this student.  No -- Complete lines 27 through 30 for this student.



**You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000.	<b>27</b>	
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0-	<b>28</b>	0
<b>29</b> Multiply line 28 by 25% (0.25)	<b>29</b>	
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	<b>30</b>	

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	<b>31</b>	2,715
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Name(s) shown on return  
BRENDA JORDAN

Your social security number



**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

<p><b>20</b> Student name (as shown on page 1 of your tax return)</p> <p>JULIAN JORDAN</p>	<p><b>21</b> Student social security number (as shown on page 1 of your tax return)</p>
<p><b>22</b> Educational institution information (see instructions)</p>	
<p><b>a.</b> Name of first educational institution</p> <p>TULSA WELDING SCHOOL JACKSONVILLE</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>3500 SOUTHSIDE BLVD JACKSONVILLE, FL 32216</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2019? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> <p>59-3708228</p>	<p><b>b.</b> Name of second educational institution (if any)</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p>
<p><b>23</b> Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2019? <input type="checkbox"/> Yes -- <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No -- Go to line 24.</p>	
<p><b>24</b> Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2019 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes -- Go to line 25. <input type="checkbox"/> No -- <b>Stop!</b> Go to line 31 for this student.</p>	
<p><b>25</b> Did the student complete the first 4 years of postsecondary education before 2019? See instructions. <input type="checkbox"/> Yes -- <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No -- Go to line 26.</p>	
<p><b>26</b> Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes -- <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No -- Complete lines 27 through 30 for this student.</p>	



You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

**American Opportunity Credit**

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000. . . . .	27	3,732
28 Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .	28	1,732
29 Multiply line 28 by 25% (0.25) . . . . .	29	433
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . .	30	2,433

**Lifetime Learning Credit**

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	31	
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**Paid Preparer's Due Diligence Checklist**

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

**2019**

Attachment  
Sequence No. 70

► **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**  
► **Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Taxpayer name(s) shown on return

BRENDA JORDAN

Taxpayer identification number

Enter preparer's name and PTIN

FLORENCE BOSTIC [REDACTED]

**Part I Due Diligence Requirements**

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

EIC     CTC/ACTC/ODC     AOTC     HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information? .....	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) .....	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List those documents, if any, that you relied on. <u>FORM 1098-T</u> _____ _____ _____			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) a Did you complete the required recertification Form 8862? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" 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 checked="" 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 checked="" 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; and
    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"/>

IRS e-file Signature Authorization

Department of the Treasury Internal Revenue Service

ERO must obtain and retain completed Form 8879. Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name BRENDA JORDAN

Social security number

Spouse's name

Spouse's social security number

Part I Tax Return Information -- Tax Year Ending December 31, 2019 (Whole dollars only)

Table with 3 columns: Line number, Description, and Amount. Includes Adjusted gross income (47,746), Total tax (745), Federal income tax withheld, Refund (228), and Amount you owe.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete.

Taxpayer's PIN: check one box only

I authorize HRB TAX GROUP INC to enter or generate my PIN as my signature on my tax year 2019 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature SIGNATURE AND DATE ON FILE

Date

Spouse's PIN: check one box only

I authorize to enter or generate my PIN as my signature on my tax year 2019 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's signature

Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication -- Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above.

ERO's signature

Date 02-26-2020

ERO Must Retain This Form -- See Instructions Don't Submit This Form to the IRS Unless Requested To Do So

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

JUN 4 12:07

WORLDWIDE SERVICE

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CAMPAIGN ACCOUNT FOR  
BRENDA ANN JORDAN  
DCPS SCHOOL BOARD DISTRICT  
5 SEAT

June 4, 2020  
Date

Pay to the  
Order of

Supervisor of Elections \$ 1,783.88  
One thousand Seven Hundred Eighty-Three <sup>88/100</sup> Dollars



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

For

Qualifying fee

Brenda A. Jordan

MP