CANDIDATE OATH – SCHOOL BOARD NONPARTISAN OFFICE

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

RECEIVED

JUN 04 2020

JUN 412:06f

DUVAL COUNTY B.EC. By_____

Write-in candidate	•
	OFFICE USE ONLY
	ate Oath
	d 105.031, Florida Statutes)
1, Brenda Ann Jordan	
hyphen, check box . (See page 2 - Compound Last I Although a write-in candidate's name is not printed on the	If your last name consists of two or more names but has no Names). No change can be made after the end of qualifying. ballot, the name must be printed above for oath purposes.)
am a candidate for the nonpartisan office of	County Public School Board 5 (District #)
,; I am a qualified elector of	
(Circuit #) (Group or Seat #)	County, Florida,
have qualified for no other public office in the state, the term of	to hold the office to which I desire to be nominated or elected; I f which office or any part thereof runs concurrent with the office equired to resign pursuant to Section 99.012, Florida Statutes; Constitution of the State of Florida.
Florida and of the United States of America, and being employ	cted and when term of office begins): I, a citizen of the State of yed by or an officer of the school board and a recipient of public or affirm that I will support the Constitution of the United States
Candidate's Florida Voter Registration Number (located on year	our voter information card): 103554764
Phonetic spelling for audio ballot: Print name phonetically oballot as may be used by persons with disabilities (see instruction	
Brenda Ann Jordan	
X Quy	-8454 brendajord 15@yahoo.
2212 Ovahard St Jax	F/ 32719
Address City	State ZIP Code
STATE OF FLORIDA	Signature of Notary Public
COUNTY OF 1) Wal	Print, Type, or Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me by physical or	BRENDA K. BYLES
online presence this 4 day of JUNE, 20 D	Notary Public, State of Florida My Comm. Expires 08/15/2023
Personally Known: X or Produced Identification:	Commission No. GG366249
Type of Identification Produced:	

FORM 6	FULL AND PUBLIC DISCLOSURE	2019
Please print or type your name, mailing address, agency name, and position below	OF FINANCIAL INTERESTS	FOR OFFICE USE ONLY:
LAST NAME — FIRST NAME — MID JOT dan Brenda MAILING ADDRESS:	Ann	
2265 Orchan	32209 Duval	RECEIVED
Jacksonville	ZIP: COUNTY:	JUN 0 4 2020
NAME OF AGENCY:		DUVAL COUNTY ELEC.
NAME OF OFFICE OR POSITION HE		
CHECK IF THIS IS A FILING BY A CA	ANDIDATE	
	PART A – NET WORTH	
•	net worth as of December 31, 2019 or a more current date orted liabilities from your reported assets, so please see th	
My net worth as of	June 1, 20 20 was \$ 67,	617
following, if not held for investment furnishings; clothing; other household	PART B ASSETS AL EFFECTS: cts may be reported in a lump sum if their aggregate value exceeds \$1, purposes: jewelry; collections of stamps, guns, and numismatic items; d items; and vehicles for personal use, whether owned or leased. Id goods and personal effects (described above) is \$	
ASSETS INDIVIDUALLY VALUED AT DESCRIPTION OF A	OVER \$1,000: SSET (specific description is required - see instructions p.4)	VALUE OF ASSET
House (marke	or Mode) 2012 Samsung (EDTV	61,553 1,164
2005 Dodge D	10900	3,500
(See a Hached Page) LIABILITIES IN EXCESS OF \$1,000 (S	PART C LIABILITIES ee instructions on page 4):	
NAME AND ADDRESS Bridge crest P.D.	s of creditor . Box 29018 Phoenix, AZ 8503	AMOUNT OF LIABILITY 8 21.129
Plestige Financial Student Loans (unsubs 7Federal Loans P.D Box	1420 South 500 W Salt Lake C	ity, UT 14, 114 4115 295, 342
JOINT AND SEVERAL LIABILITIES NO NAME AND ADDRESS	OT REPORTED ABOVE:	AMOUNT OF LIABILITY
	•	

			lary sources of income. Or attach a complete by social security or account numbers before
[If you check this box and at	ttach a copy of your 2019 tax ret	d all W2's, schedules, and attachments. urn, you need not complete the remainder	r of Part D.]
PRIMARY SOURCES OF INCOME	•		
NAME OF SOURCE OF INCOM	E EXCEEDING \$1,000	ADDRESS OF SOURCE OF INC	COME AMOUNT
SECONDARY SOURCES OF INCO	DME [Major customers, clients, e	tc., of businesses owned by reporting per	sonsee instructions on page 5]:
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOUP OF BUSINESS' INCOM		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
			-
PAR	T E INTERESTS IN SPE BUSINESS ENTITY # 1	CIFIED BUSINESSES [Instruction	
NAME OF	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
BUSINESS ENTITY		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- A / / A
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS			
ACTIVITY POSITION HELD	11/1/		
WITH ENTITY I OWN MORE THAN A 5%	/- \ /- /- \		
INTEREST IN THE BUSINESS		///	
NATURE OF MY OWNERSHIP INTEREST	, ,,,		
	required to complete annu	RT F - TRAINING al ethics training pursuant to sec COMPLETED THE REQUIRE	
	required to complete annu	al ethics training pursuant to sec COMPLETED THE REQUIRE STATE OF FLORIDA	D TRAINING.
OAT	required to complete annu	al ethics training pursuant to sec COMPLETED THE REQUIRE STATE OF FLORIDA COUNTY OF	AL
☐ IC	required to complete annu ERTIFY THAT I HAVE 'H sat the	al ethics training pursuant to sec COMPLETED THE REQUIRE STATE OF FLORIDA	TRAINING. A L efore me by means of
OAT	required to complete annu ERTIFY THAT I HAVE TH at the on oath or affirmation	STATE OF FLORIDA COUNTY OF Sworn to (or affirmed) and subscribed be Sphysical presence or online nota	FID TRAINING. For the by means of rization, this day of
OAT I, the person whose name appears beginning of this form, do depose of	required to complete annu ERTIFY THAT I HAVE 'H s at the on oath or affirmation sed on this form	al ethics training pursuant to sec COMPLETED THE REQUIRE STATE OF FLORIDA COUNTY OF Syorn to (or affirmed) and subscribed be	FID TRAINING. Figure 1 of the second
OAT I, the person whose name appears beginning of this form, do depose of and say that the information disclosed	required to complete annu ERTIFY THAT I HAVE 'H s at the on oath or affirmation sed on this form	al ethics training pursuant to sec COMPLETED THE REQUIRE STATE OF FLORIDA COUNTY OF Sworn to (or affirmed) and subscribed be Aphysical presence or online nota JUNE 20 20 by Roynda Y. Roynda	ED TRAINING. ALL Efore me by means of rization, this 4 day of A Jordon.
OAT I, the person whose name appears beginning of this form, do depose of and say that the information disclosurand any attachments hereto is true	required to complete annu ERTIFY THAT I HAVE 'H s at the on oath or affirmation sed on this form	STATE OF FLORIDA COUNTY OF Syorn to (or affirmed) and subscribed be Sphysical presence or online nota COUNTY OF Syorn to Notary Public-State of Florida	ED TRAINING. AL efore me by means of rization, this day of day of Brenda A Jordon. Fida) BRENDA K. BYLES
OAT I, the person whose name appears beginning of this form, do depose of and say that the information disclosurand any attachments hereto is true	required to complete annu ERTIFY THAT I HAVE 'H s at the on oath or affirmation sed on this form	STATE OF FLORIDA COUNTY OF Syorn to (or affirmed) and subscribed be Sphysical presence or online nota COUNTY OF Syorn to Notary Public-State of Florida	TRAINING. Figure Trick The Control of The Control
OAT I, the person whose name appears beginning of this form, do depose of and say that the information disclosurand any attachments hereto is true	required to complete annumental HAVE TH at the control of affirmation seed on this form to accurate,	STATE OF FLORIDA COUNTY OF Swyorn to (or affirmed) and subscribed be Alphysical presence or online nota (Signature of Notary PublicState of Flo	TRAINING. The property of the
OAT I, the person whose name appears beginning of this form, do depose of and say that the information disclosurand any attachments hereto is true	required to complete annumental HAVE TH at the control of affirmation and the form and the for	STATE OF FLORIDA COUNTY OF Syorn to (or affirmed) and subscribed be Alphysical presence or online nota (Signature of Notary PublicState of Flo (Print, Type, or Stamp Commissioned Na Personally Known OR	TRAINING. Figure Trick The Control of The Control
OAT I, the person whose name appears beginning of this form, do depose of and say that the information discloss and any attachments hereto is true and complete. Branda A. C.	required to complete annumental HAVE TH at the control of affirmation and the form and the for	STATE OF FLORIDA COUNTY OF Swyorn to (or affirmed) and subscribed be Alphysical presence or online nota (Signature of Notary PublicState of Flo	TRAINING. The property of the
OAT I, the person whose name appears beginning of this form, do depose of and say that the information discloss and any attachments hereto is true and complete. Browda A. SIGNATURE OF REPORTING OF	required to complete annu ERTIFY THAT I HAVE TH TH TH TH TH TH TH TH TH T	STATE OF FLORIDA COUNTY OF Sworn to (or affirmed) and subscribed be physical presence or online nota (Signature of Notary Public-State of Florint, Type, or Stamp Commissioned National Personally Known OR Type of Identification Produced	TRAINING. The property of the
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OAT I, the person whose name appears beginning of this form, do depose of and say that the information discloss and any attachments hereto is true and complete. SIGNATURE OF REPORTING OF SIGNATURE OF REPORTING OF SIGNATURE SHE MUST COMPLETE THE FOLLOWING SHE MUST COMPLETE THE STATE OF THE	required to complete annumental HAVE H TH TH TH TH TH TH TH TH TH	STATE OF FLORIDA COUNTY OF Sworn to (or affirmed) and subscribed be physical presence or online nota (Signature of Notary Public-State of Florint, Type, or Stamp Commissioned National Personally Known OR Type of Identification Produced	ED TRAINING. Proceeding the process of trization, this day of
OAT I, the person whose name appears beginning of this form, do depose of and say that the information discloss and any attachments hereto is true and complete. Budda A. Signature of Reporting of Signature of Policy accountant lices she must complete the following st. Section 112.3144, Florida Statutes	required to complete annumental HAVE H TH TH TH TH TH TH TH TH TH	COMPLETED THE REQUIRE STATE OF FLORIDA COUNTY OF Sworn to (or affirmed) and subscribed be Departed to the process of the parted the CE Form 6 in accordance were completed to the county of the county public to see the county of the county public to see the county public	ED TRAINING. Proceeding the process of trization, this day of
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OAT I, the person whose name appears beginning of this form, do depose of and say that the information discloss and any attachments hereto is true and complete. Budda A. Signature of Reporting of Signature If a certified public accountant lices she must complete the following standard correct. Signature	ERTIFY THAT I HAVE TH Seat the con oath or affirmation sed on this form accurate, FICIAL OR CANDIDATE Ensed under Chapter 473, or a statement: The control of the following set of the following	COMPLETED THE REQUIRE STATE OF FLORIDA COUNTY OF Swyorn to (or affirmed) and subscribed be physical presence or online notal online notal online and subscribed by the presence of online notal online notal online of Notary Public-State of Florida on the presence of online notal	ED TRAINING. For the by means of rization, this day of

PART D -- INCOME

Brenda Ann Jordan Candidate DCPS School Board 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

		nt of the Treasury-Internal Ro ndividual Income				2(919	OMB	No.		IRS Use On	lyDo	not w	rite or sta	ple in this	space.
Filing status	: []	Single Married filli	ng jointl	у ∐ м	arrie	d filin	separately	(MFS)	Χŀ	lead of househ						•
Check only		ou checked the MFS b				of spo	use. If you c	hecked t	he H	OH or QW box	, enter the	child	's na	ame if th	ne quali	fying
one box.		son is a child but not y	your dep	endent.	<u> </u>		-									
Your first name	and n	niddle initial					t name				Your	soci	al s	ecurity	numbe	er
BRENDA If joint roturn or	201100	a first name and middle	la initial				RDAN					٠.				<u> </u>
n joint return, sp	Jouse	s first name and middl	ie iniliai			Las	t name				Spot	IS C 'S	SOC	ial sec	urity ทเ	ımber
Home address	(numb	er and street). If you h	ave a P	O. box,	see	instru	ctions.			Apt. no.					n Camp	
2265 ORC	HAR	D STREET													r spouse nis fund.	if filing
City, town or post	office,	state, and ZIP code. If you	have a fo	reign add	lress,	also c	mplete spaces	s below (se	e ins	tructions).				-	ll not cha	nge your
JACKSONV.	ILL.	E FL 32209									tax or	refun	d.	Υοι	. 🗌 ક	Spouse
Foreign country	name	ı	Fore	gn prov	ince/	state/	county		Fo	oreign postal co	de If mo	re tha	an fo	ur dep	endents	s,
			<u> </u>						<u> </u>	 	see i	nstruc	ction	s and	√ here	▶
Standard	Som		You as	1.0			Your spot		•	endent						
Deduction		Spouse itemizes on	a separ	te retur	n or y	you w	ere a dual-s	tatus alie	en							
A /Diin du	V	П.			_	п.			П.,					п		
Age/Blindness Dependents (se	You		Januar	y 2, 195	5	Ar		pouse:		Vas born before		-			olind	, , ,
(1) First name	88 IIISI	ructions):	Last na	mo			(2) Social s	ecurity n	10.	(3) Relationsh	ip to you	1 , ,	' '	ır qualitii ccredit	es for (se Credit f	orother
JULIAN		JORDAN	Lasino	irie					Α	ON		Cm	io tax	credit	depe	ndents
ООДІТИ		OORDAN		 :				A	17.4	OIV			\dashv		+ +	^
									7.5	X		1	\dashv			
_							fin	Z		\Rightarrow		 	Н			
	1	Wages, salaries, tips	, etc. At	ach For	m(s)	W-2	· · · · · · · · · · · · · · · · · · ·					1			47,	746
Standard	2a	Tax-exempt interest	2	a			b	Taxable ir	nteres	st. Attach Sch. B i	f required	2b				
Deduction for-	За	Qualified dividends	3	a			/ / b	Ordinary	divid	ends. Attach Sch.	B if required	3b				
Single or Married	4a	IRA distributions	[4	а			\ \ \)b	Taxable	amo	ount		4b		•		
filing separately, \$12,200	С	Pensions and annuit	ies 4	С		1	, d	Taxable	amo	ount		4d				
 Married filing jointly or 	5a	Social security benef		a	6		A 3			ount		5b				
Qualifying	6	Capital gain or (loss)										6				
widow(er), \$24,400	7a	Other income from S	6	·								7a				
• Head of	b	Add lines 1, 2b, 3b, 4	. %::2	A								7b			47,	746
household, \$18,350	8a	Adjustments to incom	A	×.								8a				
• If you checked	b	Subtract line 8a from			-	-	_					8b			47,	746
any box under Standard	_9_	Standard deduction	4				•	-			.8,350]]				
Deduction, see instructions.	10	Qualified business in	come d	eduction	ı. Atta	ach F	orm 8995 or	Form 89	95-/	A [10]						
ace mad ucduris.	11a	Add lines 9 and 10	$\mathbb{Z}^{\mathbb{Z}^{1}}$	• • • • • •								11a			18,	
	b	Taxable income. Su										11b			29,	
For Disclosure, I	Privac 4	y Act, and Paperwor	k Redu	ction Ac	t No	tice,	see separat	te instru	ction	ns.				Form	1040	(2019)

Form 1040 (20	19)	JORDAN							Page 2
	12a	Tax (see inst.) Check if any from Form(s): 1	8814 2 4972 3		12a		3,248		
	b	Add Schedule 2, line 3, and line 12a and	d enter the total			.,		12b	3,248
	13a	Child tax credit or credit for other depen	dents		13a		500		
	b	Add Schedule 3, line 7, and line 13a and	i enter the total					13b	2,503
	14	Subtract line 13b from line 12b. If zero of	r less, enter -0- · · ·					14	745
	15	Other taxes, including self-employment	tax, from Schedule 2	2, line 10				15	
	16	Add lines 14 and 15. This is your total to						16	745
	17	Federal income tax withheld from Forms						17	
		Other payments and refundable credits:			1	1			
If you have a qualifying		Earned income credit (EIC)							
child, attach Sch. ElC.		Additional child tax credit. Attach Sched			—				
• If you have nontaxable		American opportunity credit from Form 8				+	973	(1 v ')	
combat pay, see instrs.		Schedule 3, line 14							
		Add lines 18a through 18d. These are yo						18e	973
		Add lines 17 and 18e. These are your to						19	973
		If line 19 is more than line 16, subtract lin			•		· · · · · · · · · · · · · · · · · · ·	20	228
		Amount of line 20 you want refunded to	WALL IF LAVIM GEOS					21a	228
		Routing number Account number		⊳с тур	e: 🛚 Check	king _	Savings		
			our 2020 antimata	1 tox	b 00	_			
		Amount of line 20 you want applied to y Amount you owe. Subtract line 19 from							
		Estimated tax penalty (see instructions) .			EA .	611011		23	
Third Party		o you want to allow another person (other			4	rn with	the .	y vo	s. Complete below.
Designee		RS? See instructions.	a than you paid pre	sparor, to dis	Cuas tins retu	111 441(1)	ine	No	•
_		Designee's		Phone			Personal i		
(Other than paid preparer)		ame ► HRB TAX GROUP IN	rc '	Z. V 1717	04-777-	-268			
Sign	Uı	nder penalties of perjury, I declare that I have examine	ed this return and accompa	nying schedules	and statements, a	nd to the	est of my knowled		
Here		prect, and complete. Declaration of preparer (other the	in taxpayer) is based on al	l information of w	hich preparer has	any know	-		
Joint return?	Y	our signature	Date	Your occup			If the IRS sent you Protection PIN, e		entity
See instructions.	_			TEACHE			it here (see inst.)		
Keep a copy for your records.	3	pouse's signature. If a joint return, both must sign.	Date	Spouse's o	ccupation		If the IRS sent you Protection PIN, e		se an Identity
•		004 405 0454		DENIER	D1 F 01/2 /		it here (see inst.)		
·		hone no. 904-405-8454/		RENJOR	D15@YAI	100.	COM PTIN		01 11
Paid			ers signature		Date				Check if:
Preparer -		LORENCE BOSTICATION irm's name HRB TAX CROU	TO THE		02-26-2			0.6	3rd Party Designee
Use Only					Phone no.	904	<u>-777-26</u>	80	Self-emplayed
OSE OILLY	٦	irm's address ▶ 5 9 7,5 9 WILSO JACKSONVILLE	FL 32210				▶ Fir	m's Ell	N
Go to www.irs.	gov,	/Form1040 for instructions and the latest				**	, , , , , , , , , , , , , , , , , , ,		Form 1040 (2019)
	(A								

SCHEDULE 3

(Form 1040 or 1040-SR)

Department of the Treasury Internal Revenue Service

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

Additional Credits and Payments

► Attach to Form 1040 or 1040-SR.

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

OMB No. 1

Attachment Sequence No. **03**

Name(s) shown on Form 1040 or 1040-SR	Your s	ocial security number
BREN	DA JORDAN		
Part	Nonrefundable Credits		
i	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 3800 b 8801 c	6	, <u> </u>
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	2,003
Part			
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 2439 b Reserved c 8885 d	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	
	erwork Reduction Act Notice, see your tax return instructions. Schedule 3	(Form	1040 or 1040-SR) 2019



Form **8863**

Education Credits (American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No.

2019
Attachment
Sequence No. 50

Name(s) shown on return BRENDA JORDAN

Department of the Treasury Internal Revenue Service (99)

Your social security number

	!	
C	AUTI	ON

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.

Par	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	Ė	2,100
	household, or qualifying widow(er)		
3	Enter the amount from Form 1040 or 1040–SR, line 8b. If you're filling Form	1	
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for		
	the amount to enter		
4	Subtract line 3 from line 2. If zero or less, stop; you can't take any		
	education credit		
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household,		
	or qualifying widow(er)		
6	If line 4 is:	1	
	• 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	6	1.0000
	at least three places)		
7	Multiply line 1 by line 6. Caution: 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	7	2,433
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and		<u> </u>
	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). 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	1374	
	the amount to enter		
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		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household,		
	or qualifying widow(er)		
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	Nonrefundable education credits. 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.

Form 8863 (2019)

Form	8863	(2019)
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JORDAN

Page 2

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

Par	t III Student and Educational Institution Informat	ion. See instructions.	
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as sho return)	wn on page 1 of your tax
BRE	NDA JORDAN		
22	Educational institution information (see instructions)		
a.	Name of first educational institution	b. Name of second educational institution	on (if any)
CON	CORDIA UNIVERSITY		
(1) Address. Number and street (or P.O. box). City, town or post	(1) Address. Number and street (or P.O.	box). City, town or post
	office, state, and ZIP code. If a foreign address, see instructions.	office, state, and ZIP code. If a foreig	n address, see instructions.
281	1 NE HOLMAN PORTLAND, OR 97211		
(2) Did the student receive Form 1098-T	(2) Did the student receive Form 1098-T	
	from this institution for 2019?	from this institution for 2019?	Yes No
(3) Did the student receive Form 1098-T	(3) Did the student receive Form 1098-T	
	from this institution for 2018 with box X Yes No	from this institution for 2018 with box	∏Yes ∏No
	7 checked?	-7.checked?	
(4	Enter the institution's employer identification number (EIN)	(4) Enter the institution's employer identi	ication number
	if you're claiming the American opportunity credit or if you	(EIN) if you're claiming the American	opportunity credit or
	checked "Yes" in (2) or (3). You can get the EIN from Form	if you checked "Yes" in (2) or (3). Yo	u can get the EIN
	1098–T or from the institution.	from Form 1098-T or from the institut	ion.
	And the second s		
			,
23	Has the Hope Scholarship Credit or American opportunity	Yes Stop!	
	credit been claimed for this student for any 4 tax years	Go to line 31 for this student. X No	Go to line 24.
	before 2019?		
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	X Yes Go to line 25. No -	Stop! Go to line 31
	postsecondary degree, certificate, or other recognized	for t	nis student.
	postsecondary educational credential? See instructions.		•
25	Did the student complete the first 4 years of postsecondary	Yes Stop!	
	education before 2019? See instructions.	<u> </u>	Go to line 26.
		student.	
26	Was the student convicted, before the end of 2019, of a	Yes Stop!	
	felony for possession or distribution of a controlled		Complete lines 27
	substance?	student, thro	ugh 30 for this student.
7	You can't take the American opportunity credit and the lifeting	no longering gradit for the same student in the	s name von If
•			same year. II
CAUT	10N yourself miss 21 thought on the state of the	old in 0 0 1.	
	American Opportunity Credit		
27	Adjusted qualified education expenses (see instructions). Don't ente	-	27
28	Subtract \$2,000 from line 27. If zero or less, enter -0		28 0
29	Multiply line 28 by 25% (0.25)		29
30	If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,00		
	enter the result. Skip line 31. Include the total of all amounts from all	Parts III, line 30, on Part I, line 1	30
	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		2,715
EDA	TA AAAAA CAAAAA CAAAAAAAAAAAAAAAAAAAAAA		

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

Part III Student and Educational Institution Informat	tion. See instructions.						
20 Student name (as shown on page 1 of your tax return)	21 Student social security number (as shown on page 1 of your tax						
	return)						
JULIAN JORDAN							
22 Educational institution information (see instructions)							
a. Name of first educational institution	b. Name of second educational institution (if any)						
TULSA WELDING SCHOOL	,						
JACKSONVILLE							
(1) Address. Number and street (or P.O. box). City, town or post	(1) Address. Number and street (or P.O. box). City, town or post						
office, state, and ZIP code. If a foreign address, see instructions.	office, state, and ZIP code. If a foreign address, see instructions.						
3500 SOUTHSIDE BLVD							
JACKSONVILLE, FL 32216							
(2) Did the student receive Form 1098-T	(2) Did the student receive Form 1098-T						
from this institution for 2019?	from this institution for 2019?						
(3) Did the student receive Form 1098-T	(3) Did the student receive Form 1098-T						
from this institution for 2018 with box Yes X No	from this institution for 2018 with box Yes No						
7 checked?	_7 checked?						
(4) Enter the institution's employer identification number (EIN)	(4) Enter the institution's employer identification number						
if you're claiming the American opportunity credit or if you	(EIN) if you're claiming the American opportunity credit or						
checked "Yes" in (2) or (3). You can get the EIN from Form	if you checked "Yes" in (2) or (3). You can get the EIN						
1098-T or from the institution.	from Form 1098-T or from the institution.						
59-3708228							
23 Has the Hope Scholarship Credit or American opportunity	Yes Stop!						
credit been claimed for this student for any 4 tax years	Go to line 31 for this student. X No Go to line 24.						
before 2019?							
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	X Yes Go to line 25. No Stop! Go to line 31						
postsecondary degree, certificate, or other recognized	for this student.						
postsecondary educational credential? See instructions.							
25 Did the student complete the first 4 years of postsecondary	Yes Stop!						
education before 2019? See instructions.	Go to line 31 for this No Go to line 26.						
	student.						
26 Was the student convicted, before the end of 2019, of a	Yes Stop!						
felony for possession or distribution of a controlled	Go to line 31 for this No Complete lines 27						
substance?	student. through 30 for this student.						
You can't take the American opportunity credit and the lifeti	me learning credit for the same student in the same year, If						
CAUTION you complete lines 27 through 30 for this student, don't com	ipiele line 31.						
American Opportunity Credit							
27 Adjusted qualified education expenses (see instructions). Don't enter	er more than \$4,000 27 3,732						
28 Subtract \$2,000 from line 27. If zero or less, enter -0							
29 Multiply line 28 by 25% (0.25)							
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,0							
enter the result. Skip line 31, Include the total of all amounts from all							
Lifetime Learning Credit							
31 Adjusted qualified education expenses (see instructions). Include the	e total of all amounts from all Parts						
III, line 31, on Part II, line 10							
EDA 40 00000 DWE 4040 E 0.// 0 114400 0000							

Form 8867

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

▶To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or

OMB No.

Attachment Sequence No. 70

Form 8867 (2019)

Department of the Treasury Internal Revenue Service

1040-SS ▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

Taxpayer name(s) shown on return Taxpayer identification number BRENDA JORDAN Enter preparer's name and PTIN FLORENCE BOSTIC **Due Diligence Requirements** Part I 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 TC/ACTC/ODC X AOTC ₩ нон 1 Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably N/A Yes No 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 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 Nation D. 産業出産 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 filling 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, of inconsistent? (If "Yes," answer questions a Did you make reasonable inquiries to determine the correct, complete, and consistent information? 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)..... 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) X List those documents, if any, that you relied on. FORM 1098-T 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?..... 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.) 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and For Paperwork Reduction Act Notice, see separate instructions.

FDA

	1 8867 (2019) JORDAN			Page 2
Pa	rt II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)			
9a	Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying	Yes	No	N/A
	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.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer		:	1
	has supported the child the entire year?			
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)?	ΙПΊ		
Par	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, AC	TC, or OD	C, go to P	art IV.)
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?	Х		
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?	X		ГП
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	1,		
	statement to the return?			П
Par)		
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified		Yes	No
	tuition and related expenses for the claimed AOTC?		X	
Par		.)		
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year		Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Х	П
Par	t 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 o	or	
	in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or			
	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 an	y applicabl	е	
	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 instruc	ctions unde	er	
	Document Retention.			
	1. A copy of this Form 8867;			
	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 eligible	lity 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 work	ksheet(s) w	/as	
	obtained; and		4	
	5. A record of any additional information you relied upon, including questions you asked and the taxpayer's			
	determine the taxpayer's eligibility for the credit(s) and/or, HOH filing status and to compute the amount(s)	of the cre	ait(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.

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No)
	complete?, , , , , , ,	Х		Г

Form **8867** (2019)

Form 8879

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

CLIENT COPY 2019

Department of the Treasury ▶ Go to www.irs.gov/Form8879 for the latest information. Internal Revenue Service Submission Identification Number (SID) Taxpayer's name Social security number BRENDA JORDAN Spouse's name Spouse's social security number Tax Return Information — Tax Year Ending December 31, 2019 (Whole dollars only) 2 3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a). Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a) 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. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only lauthorize HRB TAX GROUP INC to enter or generate my PIN as my ERO firm name Enter five digits, but signature on my tax year 2019 electronically filed income tax return don't enter all zeros 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. The ERO must complete Part III below. Your signature ► SIGNATURE AND DATE ON FILE Date > Spouse's PIN: check one box only 1 authorize to enter or generate my PIN as my ERO firm name Enter five digits, but signature on my tax year 2019 electronically filed income tax return. don't enter all zeros 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. The ERO must complete Part III below. Spouse's signature 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. 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. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. Date ▶ 02-26-2020 ERO's signature

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.

Form 8879 (2019)

	WORLDWIDE SERVICE.	125	1
	CAMPAIGN ACCOUNT FOR BRENDA ANN JORDAN DCPS SCHOOL BOARD DISTRICT DATE A 1 0 5 1 5	783.88	, , , , , , , , , , , , , , , , , , ,
dend Clarks	Pay to the Supervisor of Flections Order of Supervisor of Elections Order of Shousand Seven Hundred Eighty-Insection	DO charle partie propertie partie on hack	
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