

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:
RECEIVED

2020 JUN -8 AM 9:22

SUPERVISOR OF ELECTIONS
HERNANDO COUNTY, FL

LAST NAME — FIRST NAME — MIDDLE NAME:

Swilley JOSEPH "J." Sr.

MAILING ADDRESS:

4195 AUGUSTINE RD.

CITY:

SPRING HILL

ZIP:

34609

COUNTY:

HERNANDO

NAME OF AGENCY:

HERNANDO COUNTY COMMISSIONER DIST 1

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

HERNANDO COUNTY COMMISSIONER DIST 1

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 6-3-20, 20 20 was \$ 302,711.

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 \$ 23000.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

4195 AUGUSTINE RD. SPRING HILL FL. 34609

177,400

2144 PEGGY DR. HOLLAND FLA 34670

113,611

BANK ACCOUNTS BB&T 11234 SPRING HILL FL. 34609

17,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

BAYMONT HEALTH BROOKSVILLE 17240 CORTEZ BLVD BROOKSVILLE FL. 34601

\$ 4900.00

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

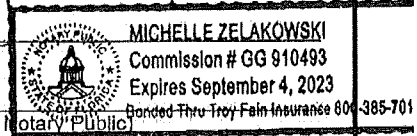
COUNTY OF Hernando

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 5th day of

June 2020 20 20 by Joseph Swilley Sr.

Michelle Zelakowski
 (Signature of Notary Public, State of Florida)

Michelle Zelakowski
 (Print, Type, or Stamp Commissioned Name of Notary Public)



Joseph J. Swilley Sr.
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known OR Produced Identification _____

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 JOSEPH J	Last name SWILLEY	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial CATHY A	Last name SWILLEY	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 4195 AUGUSTINE RD		Apt. no. 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
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). SPRING HILL FL 34609		
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ 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) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	60,296.
2a Tax-exempt interest	2a	2b Taxable interest. Attach Sch. B if required	109.
3a Qualified dividends	3a	3b Ordinary dividends. Attach Sch. B if required	
4a IRA distributions	4a	4b Taxable amount	
c Pensions and annuities	4c	4d Taxable amount	
5a Social security benefits	5a	5b Taxable amount	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here		6	
7a Other income from Schedule 1, line 9		7a	2,578.
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶		7b	62,983.
8a Adjustments to income from Schedule 1, line 22		8a	
b Subtract line 8a from line 7b. This is your adjusted gross income ▶		8b	62,983.
9 Standard deduction or itemized deductions (from Schedule A)	9		24,400.
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10		
11a Add lines 9 and 10		11a	24,400.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		11b	38,583.

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.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	4,241.	12b	4,241.													
b	Add Schedule 2, line 3, and line 12a and enter the total																	
13a	Child tax credit or credit for other dependents	13a		13b														
b	Add Schedule 3, line 7, and line 13a and enter the total																	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	4,241.															
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.															
16	Add lines 14 and 15. This is your total tax	16	4,241.															
17	Federal income tax withheld from Forms W-2 and 1099	17	4,881.															
18	Other payments and refundable credits:																	
a	Earned income credit (EIC) No	18a																
b	Additional child tax credit. Attach Schedule 8812	18b																
c	American opportunity credit from Form 8863, line 8	18c																
d	Schedule 3, line 14	18d																
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e																
19	Add lines 17 and 18e. These are your total payments	19	4,881.															
20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	640.															
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	640.															
b	Routing number <table border="1"><tr><td>2</td><td>6</td><td>3</td><td>1</td><td>9</td><td>1</td><td>3</td><td>8</td><td>7</td></tr></table> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	2	6	3	1	9	1	3	8	7								
2	6	3	1	9	1	3	8	7										
d	Account number <table border="1"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td><td>4</td><td>0</td><td>4</td><td>4</td><td>8</td><td>7</td><td>5</td><td>3</td></tr></table>	0	0	0	0	1	4	0	4	4	8	7	5	3				
0	0	0	0	1	4	0	4	4	8	7	5	3						
22	Amount of line 20 you want applied to your 2020 estimated tax	22																
23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23																
24	Estimated tax penalty (see instructions)	24																

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

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

Designee's name	Phone no.	Personal identification number (PIN)
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Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Paid Preparer Use Only

Preparer's name LOIS J HOULT	Preparer's signature <i>Lois J Hoult</i>	Date 03/06/2020	PTIN P00107001	Check if: <input checked="" type="checkbox"/> 3rd Party Designee <input checked="" type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
	2317 CHATLIN ROAD HOLIDAY FL 34691		(727) 938-3434	

IRS e-file Signature Authorization

2019

▶ 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 JOSEPH J SWILLEY	Social security number [REDACTED]
Spouse's name CATHY A SWILLEY	Spouse's social security number [REDACTED]

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

1	Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1	62,983.
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	4,241.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	4,881.
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	640.
5	Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	5	

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. 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

I authorize LOIS J HOULT ERO firm name to enter or generate my PIN [REDACTED] as my signature on my tax year 2019 electronically filed income tax return.
Enter five digits, but 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 ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize LOIS J HOULT ERO firm name to enter or generate my PIN [REDACTED] as my signature on my tax year 2019 electronically filed income tax return.
Enter five digits, but 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 ▶ _____ 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. [REDACTED]
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. 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.

ERO's signature ▶ Lois J Hoult Date ▶ 3-6-2020

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

IRS e-file Authentication Statement

2019

Keep for your records

Name(s) Shown on Return: JOSEPH J & CATHY A SWILLEY; Social Security Number: [REDACTED]

A - Practitioner PIN Authorization

Note - PIN information is entered in Part VI of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 4 rows: Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s). Last cell contains 'X'.

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN 594226 Self-Select PIN 92544

C - Signature of Taxpayer/Spouse

Perjury Statement:

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgement of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) 69098 Spouse's PIN (5 numbers) 87164 Date 03/06/2020

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) Date

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

JOSEPH J & CATHY A SWILLEY

Your social security number

[REDACTED]

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Yes No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	2,578.
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	2,578.

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	

SCHEDULE E
(Form 1040 or 1040-SR)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2019

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

Name(s) shown on return

JOSEPH J & CATHY A SWILLEY

Your social security number

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	2144 PEGGY DR HOLIDAY FL 34690				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

- Type of Property:**
 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	7,800.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6	116.		
7 Cleaning and maintenance	7			
8 Commissions.	8			
9 Insurance	9			
10 Legal and other professional fees	10	150.		
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest.	13			
14 Repairs.	14	1,140.		
15 Supplies	15			
16 Taxes	16	1,179.		
17 Utilities.	17			
18 Depreciation expense or depletion	18	2,637.		
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	5,222.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	2,578.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a	7,800.		
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d	2,637.		
e Total of all amounts reported on line 20 for all properties	23e	5,222.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			2,578.
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			()
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			2,578.

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return JOSEPH J & CATHY A SWILLEY	Business or activity to which this form relates Sch E 2144 PEGGY DR	Identifying number [REDACTED]
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,020,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2019	17	2,637.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,637.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If "Yes," is the evidence written? **Yes** **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
2016 KIA	01/01/2018	2.00 %				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)	200											
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven	9,800											
33 Total miles driven during the year. Add lines 30 through 32	10,000											
34 Was the vehicle available for personal use during off-duty hours?	X											
35 Was the vehicle used primarily by a more than 5% owner or related person?	X											
36 Is another vehicle available for personal use?	X											

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year (see instructions):					
43 Amortization of costs that began before your 2019 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

► Keep for your records

Name as shown on return
JOSEPH S. SWILLEY

Social Security Number
[REDACTED]

Employer EIN 59-3714426
 Employer Name CRAIG W KRUGER AC
 Name (cont.) & HEATING LLC
 Street Address or P. O. Box 4151 LAMSON AVE
 City . SPRING HILL State FL ZIP 34608
 Foreign Province/County
 Foreign Postal Code
 Foreign Country

Spouse's W-2 Do not transfer this W-2 to next year

Automatically calculate lines 3 through 6 and line 16.

Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1	Wages, tips, other comp	45,161.	2	Federal tax withheld	4,332.
3	Social security wages	45,161.	4	Social sec tax withheld	2,800.
5	Medicare wages and tips	45,161.	6	Medicare tax withheld	655.
7	Social security tips		8	Allocated tips	

- 13 b Retirement plan
 Foreign source income eligible for exclusion on Form 2555
 Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:
		A: Enter amount attributable to RRTA Tier 2 tax
		M: Enter amount attributable to RRTA Tier 2 tax
		P: Double click to link to Form 3903, line 4
		R: Enter MSA contribution for Taxpayer
		Spouse
		W: Enter HSA contribution for Taxpayer
		Spouse
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax

I confirm that the state withholding identification number(s) are accurate

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

9		9	
10	Dependent care benefits (Check if employer furnished care at work) <input type="checkbox"/>	10	
	Dependent care benefits - Amount forfeited from flexible spending account		
11	Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)	11	

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Keep for your records

Name as shown on return CATHY SWILLEY Social Security Number [REDACTED]

Employer EIN 27-3473020
Employer Name SCHARFELD CARE SOLUTIONS
Street Address or P. O. Box 246 MARINER BLVD
City SPRING HILL State FL ZIP 34609

Spouse's W-2 Do not transfer this W-2 to next year
Automatically calculate lines 3 through 6 and line 16.

Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp 15,135. 2 Federal tax withheld 549.
3 Social security wages 15,135. 4 Social sec tax withheld 938.
5 Medicare wages and tips 15,135. 6 Medicare tax withheld 219.
7 Social security tips. 8 Allocated tips
13 b Retirement plan
Foreign source income eligible for exclusion on Form 2555
Active duty military pay

Table with 2 columns: Box 12 Code, Box 12 Amount. Includes instructions for codes A, M, P, R, W, G.

Table with 4 columns: Box 15 State, Employer's state I.D. no., Box 16 State wages, tips, etc., Box 17 State income tax.

I confirm that the state withholding identification number(s) are accurate

Table with 4 columns: Box 20 Locality name, Box 18 Local wages, tips, etc., Box 19 Local income tax, Associated State.

9 [REDACTED] 9 [REDACTED]
10 Dependent care benefits (Check if employer furnished care at work)
11 Distributions from Section 457 and other nonqualified plans

Table with 3 columns: Box 14 Description or Code on Actual Form W-2, Amount, ProSeries Identification of Description or Code.

► Keep for your records

Name(s) Shown on Return JOSEPH J & CATHY SWILLEY	Social Security Number [REDACTED]
--	--------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
CRAIG W KRUGER AC		45,161.	4,332.		
SCHARFELD CARE SOLUTIONS	X	15,135.	549.		
Totals		60,296.	4,881.		

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	45,161.	15,135.	60,296.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages			
	Unreported tips	0.	0.	0.
2	Total federal tax withheld	4,332.	549.	4,881.
3 & 7	Total social security wages/tips	45,161.	15,135.	60,296.
4	Total social security tax withheld	2,800.	938.	3,738.
5	Total Medicare wages and tips	45,161.	15,135.	60,296.
6	Total Medicare tax withheld	655.	219.	874.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans . .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan . .			
g	Income 409A nonqual deferred comp plan . . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total state deductible employee expenses . . .			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips			
j	Total other items from box 14			
16	Total state wages and tips			
17	Total state tax withheld			
19	Total local tax withheld			

Interest and Dividends Summary

2019

▶ Keep for your records

Name(s) Shown on Return
JOSEPH J & CATHY A SWILLEY

Social Security Number
[REDACTED]

Interest Summary	Total Interest	Tax-Exempt	U.S. Government	Priv Actvy Bond
1 Seller-financed mortgage . . .				
2 From Schedule B, Part I . . .	109 .		102 .	
3 From Schedule B, Part II . . .				
4 From K-1 Worksheets				
5 Exempt-int.divs (net of adj.) . .				
6 From Forms 6252				
7 From Forms 8814				
8 Subtotal	109 .		102 .	
Less Adjustments:				
9 U.S. savings bond interest previously reported				
10 Nominee distribution				
11 OID adjustment				
12 ABP adjustment				
13 Accrued interest				
14 Other adjustment				
15 Series EE & I bond exclusion .				
16 Total Adjustments				
17 Total to Schedule B, line 2 ▶	109 .			
18 Total to Form 1040, line 2a ▶				
19 Total U.S. govt. interest . . ▶			102 .	
20 Total to Form 6251, line 12 ▶				

Dividends Summary	Ordinary	Qualified	Capital Gains	Nontaxable
1 From Schedule B				
2 From K-1 Worksheets				
Subtotal				
Less Adjustments:				
4 Nominee distribution				
5 Other adjustment				
6 Total Adjustments				
7 Total to Schedule B, line 6 ▶				
8 Total qualified dividends . . ▶				
9 Total capital gains ▶				
10 Total nontaxable dividends . ▶				

Capital Gains Summary	28% rate	Sec. 1250	Sec. 1202 50%	Sec. 1202 60%
1 From Schedule B				
Less Adjustments:				
2 Nominee distribution				
3 Other adjustment				
4 Total Adjustments				
5 Total to Schedule D ▶				

Capital Gains Summary	Sec. 1202 75%	Sec. 1202 100%
1 From Schedule B		
Less Adjustments:		
2 Nominee distribution		
3 Other adjustment		
4 Total Adjustments		
5 Total to Schedule D ▶		

Car and Truck Expenses Worksheet

2019

▶ Keep for your records

Sch E _____ 2144 PEGGY DR _____

Name(s) Shown on Return
JOSEPH J & CATHY A SWILLEY

Social Security Number
██████████

Vehicle Information Complete for all vehicles	Vehicle 1	Vehicle 2	Vehicle 3
1 Make and model of vehicle	2016 KIA		
2 Date acquired			
3 Date placed in service	01/01/2018		
4 Type of vehicle	A1 - Auto		
5 a Ending mileage reading			
b Beginning mileage reading			
c Total miles for the year	10,000		
6 Business miles for the year	200		
7 Commuting miles for the year			
8 Other personal miles for the year	9,800		
9 Percent of business use	2.00 %		
10 Months for special allocation. See Tax Help.			
11 Is another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Was the vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13 Was the vehicle used primarily by a more than 5% owner or related person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14 a Is there evidence to support the business use claimed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If 'Yes,' is the evidence written?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Standard Mileage Rate

15 Does vehicle qualify for standard mileage rate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16 Was the vehicle leased?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17 Standard mileage deduction	116.		

Actual Expenses

18 Expenses:			
a Gasoline, oil, repairs, insurance, etc			
b Vehicle registration, license (excluding property taxes)			
c Vehicle lease or rental fees:			
1 30 days or more			
2 29 days or less			
3 Total vehicle lease/rental fees			
d Leased vehicle inclusion amount:			
1 Year lease began			
2 FMV of leased vehicle			
3 Number of lease days in year			
4 Inclusion amount			
19 Expenses subtotal			
20 Expenses applicable to business			
21 Vehicle depreciation and Sec 179 (from page 2)			
22 Total actual expenses			

Standard Mileage vs Actual Expenses

Check box to force a method

23 Standard mileage	116.		
24 Actual expenses			

Depreciation and Amortization Report

Tax Year 2019
 ▶ Keep for your records

JOSEPH J & CATHY A SWILLEY
 Sch E - 2144 PEGGY DR

159-46-9098

Asset Description	*Code	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
HOUSE		07/13/03	60,000	10,000	100.00			60,000	27.5	SL/MM		2,182
ROOF		01/09/04	2,780		100.00			2,780	27.5	SL/MM	1,511	101
DRAIN FEILD		09/05/08	1,820		100.00			1,820	5.0	200DB/HY	1,820	0
BATH FITTERS		04/10/09	3,525		100.00			3,525	27.5	SL/MM	1,243	128
CARPET		11/04/09	1,125		100.00			1,125	5.0	200DB/MQ	1,125	0
STOVE TOP		08/10/11	613		100.00			613	5.0	200DB/HY	613	0
TILE		08/11/11	630		100.00			630	27.5	SL/MM	170	23
AC		12/03/11	4,350		100.00			4,350	27.5	SL/MM	1,113	158
WALL OVEN		11/29/15	830		100.00		415	415	5.0	200DB/MQ	330	45
2016 KIA	L	01/01/18			2.00							
SUBTOTAL PRIOR YEAR			75,673	10,000		0	415	75,258			7,925	2,637
TOTALS			75,673	10,000		0	415	75,258			7,925	2,637

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

Identity Verification Worksheet

2019

▶ See tax help for more information on identity verification

Name(s) Shown on Return JOSEPH J & CATHY A SWILLEY	Social Security Number [REDACTED]
---	--------------------------------------

Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

<input type="checkbox"/> Taxpayer	Note: Alabama does not allow this option
<input type="checkbox"/> Spouse	

Taxpayer/Spouse did not provide driver's license or state id information

<input type="checkbox"/> Taxpayer	Note: Alabama, New York and Ohio do not allow this option
<input type="checkbox"/> Spouse	

Check to confirm transferred driver's license or state id information (which appears in green) is correct

Note: Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

<p>Taxpayer:</p> <p>Issuing state <u>FL</u></p> <p>License number <u>S400490590420</u></p> <p>Issue date <u>01/24/2019</u></p> <p>Expiration date <u>02/02/2027</u></p> <p>Does not expire <input type="checkbox"/></p> <p>NY Document number (first 3 chars)* _____</p>	<p>Spouse:</p> <p>Issuing state <u>FL</u></p> <p>License number <u>S400101637050</u></p> <p>Issue date <u>03/15/2012</u></p> <p>Expiration date <u>06/05/2020</u></p> <p>Does not expire <input type="checkbox"/></p> <p>NY Document number (first 3 chars)* _____</p>
---	---

State Identification Card Detail

<p>Taxpayer:</p> <p>Issuing state _____</p> <p>Identification number _____</p> <p>Issue date _____</p> <p>Expiration date _____</p> <p>Does not expire <input type="checkbox"/></p> <p>NY Document number (first 3 chars)* _____</p>	<p>Spouse:</p> <p>Issuing state _____</p> <p>Identification number _____</p> <p>Issue date _____</p> <p>Expiration date _____</p> <p>Does not expire <input type="checkbox"/></p> <p>NY Document number (first 3 chars)* _____</p>
---	---

* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

Client Status:

<input type="checkbox"/> New client
<input type="checkbox"/> Returning client to same preparer and firm
<input type="checkbox"/> Returning client to same firm

Identity Verification Method (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

Documents Used to Verify Primary Taxpayer Identity:

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

Documents Used to Verify Spouse Identity (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)

Schedule E Two-Year Comparison

2019

► Keep for your records

Name(s) Shown on Return JOSEPH J & CATHY A SWILLEY	Social Security Number [REDACTED]
---	--------------------------------------

Property Location
2144 PEGGY DR, HOLIDAY, FL 34690

Note: Transferred data will not be displayed in the prior year column unless you have entered current year data on the Schedule E Worksheet.

	2018	2018 Percent of Income*	2019	2019 Percent of Income*	2018 to 2019 Comparison	
					<input checked="" type="checkbox"/> as amount	<input type="checkbox"/> as percent
Income:						
1 Rental income	7,800.	100.00	7,800.	100.00		0.00
2 Royalty income						
Expenses:						
3 Advertising						
4 Auto	109.	1.40	116.	1.49		7.00
5 Travel						
6 Cleaning & maintenance						
7 Commissions						
8 Insurance:						
a Mortgage Insur qualified.						
b Other insurance	998.	12.79				-998.00
9 Legal & professional . . .	150.	1.92	150.	1.92		0.00
10 Management fees						
11 Mortgage interest:						
a Qualified						
b Other						
12 Other interest						
13 Repairs	1,265.	16.22	1,140.	14.62		-125.00
14 Supplies						
15 a Real estate taxes	1,098.	14.08	1,179.	15.12		81.00
b Other taxes						
16 Utilities						
17 a Depreciation	2,649.	33.96	2,637.	33.81		-12.00
b Depletion						
c Depreciation carryover .						
18 a Other expenses						
b Indirect operating exp . .						
c Operating exp carryover.						
d Vehicle rental						
e Amortization						
19 Total expenses	6,269.	80.37	5,222.	66.95		-1047.00
20 Income or (loss)	1,531.	19.63	2,578.	33.05		1047.00
21 Deductible rental loss .						
Passive suspended losses:						
Schedule E						
Form 4797						
Schedule D						

*Lines 1 through 20 as a percentage of income.

Additional information from your 2019 Federal Tax Return

Schedule E Worksheet (2144 PEGGY DR)

Line 3-Rental income

Itemization Statement

Description	Amount
650 X 12	7,800.
Total	7,800.

Schedule E Worksheet (2144 PEGGY DR)

Line 14-Repairs

Itemization Statement

Description	Amount
A C	690.
FLAT ROOF	450.
Total	1,140.

Schedule E Worksheet (2144 PEGGY DR) -- Car - Truck Wks (2016 KIA)

L5 (1)

Line 5

Itemization Statement

Description	Amount
25 x 2 x 4	200
Total	200

Two-Year Comparison

2019

Name(s) Shown on Return JOSEPH J & CATHY A SWILLEY			Social Security Number	
Income	2018	2019	Difference	%
Wages, salaries, tips, etc	62,151.	60,296.	-1,855.	-2.98
Interest and dividend income	1.	109.	108.	999.00
State tax refund				
Business income (loss)				
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties	1,531.	2,578.	1,047.	68.39
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	63,683.	62,983.	-700.	-1.10
Adjustments to Income				
Adjusted Gross Income	63,683.	62,983.	-700.	-1.10
Itemized Deductions				
Medical and dental				
Income or sales tax	942.	916.	-26.	-2.76
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	942.	916.	-26.	-2.76
Standard or Itemized Deduction	24,000.	24,400.	400.	1.67
Qualified Business Income Deduction				
Taxable Income	39,683.	38,583.	-1,100.	-2.77
Income tax	4,380.	4,241.	-139.	-3.17
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	4,380.	4,241.	-139.	-3.17
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes				
Total Tax After Credits	4,380.	4,241.	-139.	-3.17
Withholding	4,978.	4,881.	-97.	-1.95
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	4,978.	4,881.	-97.	-1.95
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	598.	640.	42.	7.02
Balance Due				
Current year effective tax rate				6.73 %

Tax History Report

2019

► Keep for your records

Name(s) Shown on Return
JOSEPH J & CATHY A SWILLEY

Five Year Tax History:					
	2015	2016	2017	2018	2019
Filing status	MFJ	MFJ	MFJ	MFJ	MFJ
Total income	64,262.	59,354.	4,426.	63,683.	62,983.
Adjustments to income					
Adjusted gross income	64,262.	59,354.	4,426.	63,683.	62,983.
Tax expense	856.	826.	361.	942.	916.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .	12,600.	12,600.	12,700.	24,000.	24,400.
Exemption amount . .	8,000.	8,100.	8,100.	0.	0.
QBI deduction					
Taxable income	43,662.	38,654.	0.	39,683.	38,583.
Tax	5,629.	4,874.		4,380.	4,241.
Alternative min tax . .					
Total credits					
Other taxes					
Payments	5,835.	6,085.	5,771.	4,978.	4,881.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund	206.	1,211.	5,771.	598.	640.
Effective tax rate % . .	8.76	8.21	0.00	6.88	6.73
**Tax bracket %	15.0	15.0	10.0	12.0	12.0

**Tax bracket % is based on Taxable income.