

Truist Bank FKA Branch Banking & Trust Company 2501 Wooten Boulevard SW Wilson, NC 27893-4426



9220 **CATHY A SWILLEY** 4195 AUGUSTINE RD SPRING HILL, FL 34609-2513 If you have questions contact: Tax Information Line Phone: 800-394-1470

Payer Code:

DPOP

Instructions for Recipient

Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the instructions for form 8949. For a loade to evered security acquired at a premium, unless you notified this payer in writing in accordance with Regulations section. Is 045-1616; that you did not want to motified the payer in writing in accordance with Regulations section. Is 045-1616; that you did not want to generally must report either the payer and the payer of the continuous property of the payer in the payer will only the payer you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount to be for both the interest peld to you and the premium amortization allocable to the payment(s). If you did not you the premium on a taxoble covered security, then your payer will only your payer that you did not want to amortize the premium on a taxoble covered security, then your payer will only your payer that you did not want to amortize the premium on a taxoble covered security, then your payer will only your payer that you did not want to amortize the premium on a taxoble covered security sequired at a premium, your payer is only required to report the gross amount of interest paid to you. Recipient's taxoble that the payer is the payer is the payer is sold to your the second of your INI (social security number (SSN), individual taxobayer identification number (ININ), or employer identification number (ENIN), the your payer is reported your complete. INI to the inits.

PATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on his form 1008 instructions to Form 803.

Account number, May show an account or other unique number (the payer assigned to distinguish your account. Sox 1, Shows taxoble interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable and paid by ou during the

in oux i. Box B. Shows foreign tax paid. You may be able to cleim this tax as a deduction or a credit on your Form 1040. Box your Form 1040 Instructions. Box 7. Shows the country of U.S. possession to which the foreign tax was paid.

Box 8. Shows tax-exampl interest paid to you during the calendar year by the payer. See how to report report this amount in the instructions for Form 1040. This amount may be subject to backup withholding. See box 4. See the

Instructions above for a taxexempt covered security acquired at a premium.

Box 9. Shows taxexempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for form 6251. See the instructions of the form 6251. See the instructions of the form 6251. See the instructions above for a oxe-everpt covered accurity acquired at a premium.

Box 10, For a baselie or becxempt to evered ascurity, if you do the meeting of the control of 78(8) by include market decount in income as it accrues and you notified your rayer of the election in the properties of the election in the electi

section 1.171-2(p)(4).

Box 13, for a tax-exempt covered security, shows the emount of premium emortization allocable to the interest payment(s), if an amount is reported in this box, see Pub, 550 to determine the net emount of tax-exempt interest reportable on Form 1040, if an emount is not reported in this box for a tax-exempt covered security ecquired at a premium, the payer has reported a net amount of interest in box 8 or 9, whichever is applicable. If the emount in box 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible less. Set Regulations section 1.171-1.

Bot 14, 15(1).

Bot 14, 15(1).

CUSIP number(s) for tax-exempt band(s) on which tax-exempt interest was paid, or tax credit band(s) on which tax-exempt interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was leaved for the bond(s).

Issued for the bond(s).

Boxes 15-17, Stells tax withheld reporting boxes.

Nominess, if this form includes amounts belonging to enother person(s), you are considered a nomines recipient. Complete a form 1098-NHT for each of the other coveres showing the income allocable to each. File Copy A of the form with the IRS.

Furnish Copy B to each owner, List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1098-NHT with Form 105B with the Internal Revenue Service Centers for your green. On Form 105B ist yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

Future developments, For the latest information about developments related to Form 1088-NHT and its instructions, such as legislation enected after they were published, go to www.irs.gov/Form 1089-NHT.

			D (if checked)		
PAYER'S name, street address, city or town, code, and telephone no.	PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			OMB No. 1545-0112	
Truist Bank					Interest
FKA Branch Banking & Trust Company			1 Interest income	- 2019	Income
2501 Wooten Boulevard SW			\$	Form 1099-INT	
Wilson, NC 27893-4426			2 Early withdrawal penalty		C D
			\$		Copy B For Recipient
PAYER'S TIN	RECIPIENT'S TIN		3 Interest on U.S. Savings Bond	s and Treas, obligations	_ roi necipient
56-1521960	***-**-7164		\$ 101,94	J	This is important tax
RECIPIENT'S name, street address (including and ZIP or foreign postal code	gapt. no.), city or town, state or p	rovince, country,	4 Federal income tax withheld	5 Investment expenses	information and is being
CATHY A SWILLEY			\$	\$	furnished to the IRS
4195 AUGUSTINE RD			6 Foreign tax paid	7 Foreign country or U.S. possession	If you are required to file a return, a
SPRING HILL, FL 34609-251	13		s		negligence penalty p
,			8 Tax-exempt interest	9 Specified private activity bond	other sanction may be
			\$	interest \$	imposed on you if this
			10 Market discount	11 Bond premium	the IRS determines that it
		FATCA filing	t	\$	has not been reported,
		requirement	12 Bond premium on Treasury obligations	13 Bond premium on tax-exempt bond	_
			72 dente priminent du Housely designations	Dona promiting tax-exempt both	
Account number (see instructions)			14 Tax-exempt and tax credit bond CUSIP no.	15 State 16 State identification no.	. 17 State tax withheld
				FL	\$
Form 1099-INT (keep for	your records)	www.irs.go	v/Form1099INT Departm	nent of the Treasury - Internal Reven	ue Service





9220 CATHY A SWILLEY JOSEPH J SWILLEY SR 4195 AUGUSTINE RD SPRING HILL, FL 34609-2513 If you have questions contact: Tax Information Line 800-394-1470 Phone:

Payer Code:

DPOP

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n	stru	ctio	ne	tor	Rer	ın	IB	nt
	JUL	ULIU	110	101				

Instructions for Recipient
The information provided may be different for covered and poncovered securities. For a description of covered securities, see the instructions for form 8849, for a taketic covered security acquired at a premium, unless you notified the payer in writing in accordance with Reputations section 1606s-16(16), that you did not want to unstitude the payer in writing in accordance with Reputations section 1606s-16(16), that you did not want to generally must report either (1) a net emount of interest hot refers the offset of the amount of interest paid to you do not premium amortization allocable to the payment(s), or (2) a gross amount for hoth the interest paid to you and the premium amortization allocable to the payment(s), if you did notify your payer that you did not want to emoritize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you, for a noncovered security sequired at a premium, your payer is only required to report the gross amount of interest paid to you.

ensum or interest paid to you, ror a nancovered security sequired at a premium, your payer is only required to report the gross amount of interest paid to you. Reciplent's taxpayer identification number (TIM). For your protection, this form may show only the last four digits of your TIM (social security number (SSN), individual taxpayer identification number (TIM), adoption taxpayer identification number (EIN). However, the issuer has reported your complete TIM to the IRS.

FATCA filling requirement. If the FATCA filling requirement box is checked, the payer is reporting on this Form 1008 by satisfy its chapter 4 account reporting requirement. You also may have a filling requirement. See the instructions to Form 8838.

Account number, May show an account or other unique number the payer essigned to distinguish your account. Box 1, Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, qualified energy conservation bonds, qualified cone eacdemy bonds, qualified school construction bonds, and bold America bonds that must be included in your interest income. These announts were heated as paid to you during 2010 on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912. See the instructions above for a toxable coveried accurity acquired at a premium.

acquired at a premium.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This interest is exempt from state, and local income taxes. This interest is not included in box 1. See the instructions above for a texabile covered security acquired at a premium.

Box 4. Shows beckup withholding. Generally, a payar must backup withhold if you did not furnish your taxpayer identification number (TIII) or you did not furnish the correct TIN to the payer. See form W-9. Include this amount on your income tax return as tax withheld.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. This amount is included in box 1.

in box 1.

Box 6. Shows foreign tax paid, You may be able to claim this tax as a deduction or a credit on your Form 1040.
See your Form 1040 Instructions.
Box 7. Shows the country or U.S. possession to which the foreign tax was paid.
Box 8. Shows the country for the paid to you during the calendar year by the payer, See how to report report this amount in the instructions for form 1040. This amount may be subject to backup withholding. See box 4. See the

instructions above for a tax-exempt covered security acquired at a premium.

Box 9, Shows tax-exempt interest subject to the alternative minimum tax, This amount is included in box 8, Sen the instructions for Form 62.51. See the instructions above for a tex-exempt covered security, acquired at a premium.

Box 10, For a taxable or tax-exempt covered security, if you made an election under section 12.78(b) to include market descount in force and the property of the election in writing in accordance with Regulations section 10.045(c) to the covered security, acquired the section 10.045(c) to the covered security, acquired the section 10.045(c) to the covered security acquired on a rater domain year. The covered security acquired on a rater domain year, and the section 10.045(c) to the covered security acquired on a rater domain year. The covered security acquired on a rater domain in accordance with Regulations section 1.6045-1(n)(5) that you did not want to make a constant yield election for market discount under section 1.275(b). Report the secretary security is includible in taxable income as interest income.

Box 11, For a taxable covered security other than a U.S. Treasury obligation, shows the amount premium amortization ellocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to make a constant yield election for market discount on a tax exempt security is includible in taxable income as interest income.

Box 11, For a taxable covered security other than a U.S. Treasury obligation, shows the amount of premium amortization ellocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.040 with respect to the security. If an amount is not reported in this box for a taxable covered security security and premium amortization, the payer has reported and the payer in writing in accordance with Regulations section 1.171-2(a)(4).

Box 13, For a U.S. Treasury obli

section 1.171-2(a)(4).

Box 13. For a tax-exampt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Prub, 550 to determine the net amount of tax-exampt interest reportable on Form 1040. If an amount is not reported in this box for a tax-exampt covered security acquired at a premium, the payer has reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount in size greater than the amount of interest paid on the tax-exampt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(ii).

Box 14. Shows CUSIP number(s) for tax-exampt bond(s) on which tax-exampt interest was paid, or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s).

Boxes 15-17, State tax withheld reporting boxes.

Nominess, if this form includes amounts belonging to enother person(s), you are considered a nominee recipient. Complete a Form 1009-INT for each of the other owners showing the income allocable to each, File Copy A of the form with the IRS. Furnish Copy B to each owner, List yourself as the "overlet" of their owner(s) as the "recipient [16] Form(s) 1009-INT with Form 1095 with the Internal Revenue Service Center for your see. On Form 1006 list yourself as the "filer." A spouse I not required to file on the continue return to show amounts owned by the other spouse.

Future developments. For the latest information about developments related to Form 1098-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1098/INT.

		CORRECTED	(if checked)			
PAYER'S name, street address, city or town, state code, and telephone no.	or province, country, ZIP or for	reign postal	Payer's RTN (optional)	OMB N	o. 1545-0112	_
Truist Bank				9	019	Interest
FKA Branch Banking & Trust Company			1 Interest income			Income
2501 Wooten Boulevard SW	•		\$ 1.72	Form	1099-INT	
Wilson, NC 27893-4426			2 Early withdrawal penalty			Copy B
,			\$			For Recipient
PAYER'S TIN	RECIPIENT'S TIN		3 Interest on U.S. Savings Bonds	and Treas.	obligations	
56-1521960	***-**-7164		\$		•	This is important tax
RECIPIENT'S name, street address (including apt. r and ZIP or foreign postal code	no.), city or town, state or prov	ince, country,	4 Federal income tax withheld	5 Invest	ment expenses	Information and is being furnished to the IRS.
CATHY A SWILLEY			\$	\$		If you are required
JOSEPH J SWILLEY SR			6 Foreign tax paid	7 Foreign	country or U.S. possession	to file a return, a
4195 AUGUSTINE RD			\$			negligence penalty or other sanction may be
SPRING HILL, FL 34609-2513			8 Tax-exempt interest	9 Specific	ed private activity bond t	imposed on you if this
,			\$	\$		income is taxable and
			10 Market discount	11 Bond	premium	the IRS determines that it has not been reported.
		FATCA filing requirement	\$	\$		nas not been reported.
		, a qui a i i i i	12 Bond premium on Treasury obligations	13 Bondp	remium on tax-exempt bond	li di
Account number (see instructions)			14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification no.	17 State tax withheld
				FL		
T 4000 INIT			//"1000INIT			L. P I

Form 1099-INT

(keep for your records)

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service

Mike Fasano

Pasco County Tax Collector

"Thank You for allowing us to sewe you."

2019 Paid Real Estate

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

			•		
Pare	cel//	Acco	unt Number	Escrow	Tax District
29-26	-16-0	540-	00000-3380		9100

Pay your current taxes online at www.pascotaxes.com

SWILLEY CATHY A 4195 AUGUSTINE RD SPRING HILL, FL 34609-2513 2144 PEGGY DRIVE

HOLIDAY GARDENS UNIT 4 PB 9 PG 126 LOT 338 OR 5510 PG 744

Paid 11/27/2019

Receipt # 20-2-004620

\$1,178.61 Paid By SWILLEY CATHY A

	nority	Telephone	Millage	Assessed Value	Exemption	Taxable Value	Taxes Levied
COUNTY COMMISSION		727-847-8980	7.6076	57,430	0	57,430	436.90
SCHOOL OPERATING S		727-774-2268	4.6010	79,490	0	79,490	365.73
SCHOOL - CAPITAL OUT		727-774-2268	1.5000	79,490	0	79,490	119.24
COUNTY MUNICIPAL SE		727-847-8980	1.8036	57,430	0	57,430	103.58
SW FLA WATER MANAG		352-796-7211	0.2801	57,430	0	57,430	16.09
PASCO COUNTY MOSQ		727-376-4568	0.2646 0.0222	57,430 57,430	0	57,430	15.20
COUNTY FIRE RESCUE COUNTY JAIL BOND	BOND	727-847-8980 727-847-8980	0.0222	57,430 57,430	0	57,430	1.27
COUNTY PARKS & REC	ROND	727-847-8980	0.077	57,430 57,430	0	57,430 57,430	1.59
COUNTY LIBRARIES BO		727-847-8980	101,6	57,430	0	57,430 57,430	0.57 0.55
		Total Millage	16.1264		Total Ad V	/alorem Taxes	\$1,060.72
Levying Authority			Non-Ad Va Telephor	lorem Taxes			Amount
COUNTY SOLID WASTE			727-847-8				72.00
	,		727-834-3				
1 ('7)							
COUNTY STORMWATER	ζ.		121-034-0	3611		•	95.00
COUNTY STORMWATER	,		121-034-0	Total Non-Ad V	/alorem Taxes d Taxes & Asses	• • •	7.00
If Paid By	Nov 30, 2019)	121-034-0	Total Non-Ad V			7.00

Ad Valorem Taxes

DADE CITY - GULF HARBORS - LAND O' LAKES - NEW PORT RICHEY - WESLEY CHAPEL

Your check is your receipt, or you may visit our website, www.pascotaxes.com to print a receipt.

◆ PLEASE DETACH AND RETURN BOTTOM STUB WITH PAYMENT ◆

Mike Fasano

Pasco County Tax Collector "Thank You for allowing us to serve you."

2019 Paid Real Estate

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

Parcel / Account l	Number Escrow	Tax District	Bay your aurrent toyen online at ways nagastayes and			
29-26-16-0540-0000	0-3380	9100	Pay your current taxes online at www.pascotaxes.com			
If Paid By	Nov 30, 2019					
Please Pay	\$0.00					

PLEASE PAY IN U.S. FUNDS (U.S. Bank) TO: MIKE FASANO, PASCO COUNTY TAX COLLECTOR, PO BOX 276, DADE CITY, FL 33526-0276

2144 PEGGY DRIVE

HOLIDAY GARDENS UNIT 4 PB 9 PG 126 LOT 338 OR 5510 PG 744

SWILLEY CATHY A 4195 AUGUSTINE RD SPRING HILL, FL 34609-2513 CRAIG W. KRUEGER Air Conditioning & Heating, LLC

4151 Lamson Ave. SPRING HILL, FL 34608

Office (352) 684-6180 Lis.#CAC1817295



HVAC SERVICE ORDER INVOICE

099140

						THIS WORK IS TO BE	CHARGE	П	NO CHARGE	:
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	CATHY Swi	Hey								
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3	52-631-9186		□ P.N		RECYCLED	·	CLEANED COIL		REPAIRED MAIN DRAIN	
TECHN	ICIAN POB	AUTHORIZED BY			RECLAIMED		CHECKED CHARGE		CLEANED PAN DRAIN	
WORK	TO BE PERFORMED				RETURNED		REPAIRED LEAK IN COIL		REPAIRED PAN DRAIN	
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CONTIN	ALS & LABOR MAY BE UED ON OTHER SIDE	TOTAL LABOR		 	equipment are warran	Y: All materials, parts and ted by the manufacturers'			SUMMARY	
TERMS PD CASH					or suppliers' written warranty only. All labor performed by the above named company is			OTAL		
	The Ca	11211			in writing. The above	or as otherwise indicated named company makes	MATER	DTAL		
					no other warranties, e	express or implied, and its	LA	BOR	<u>-</u>	
I have a	authority to order the work outlined above which	h has been satisfactorily of	completed. I agre	e that		s are not authorized to			į	
as agre	etains title to equipment/materials furnished untiled, seller can remove said equipment/materials noval shall not be the responsibility of Seller.	at Seller's expense. Any	damage resulting	made g from	named company.		TRA	AVEL		
said 16[i	iovai andii not be the responsibility of Seller.				☐ REGULAR	☐ WARRANTY	CHĂ			
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Form 1095-B (2019) Д Э 3 Date of birth (if SSN or other TIN is not available) OMB. No. 1545-2252 Nov 15 Country and ZIP or foreign postal code Country and ZIP or foreign postal code 7 Country and ZIP or foreign postal code 11 Employer identification number (EIN) ಕ 18 Contact telephone number Sept Aug × CORRECTED X US 34608 US 34609 US 40512 (e) Months of coverage July × X June × X 2 Social security number (SSN) or other TIN 17 Employer identification number (EIN) Мау × X Apr × X Cat. No. 60704B 6 State or province 61-0647538 21 State or province 14 State or province Mar Go to www.irs.gov/Form1095B for instructions and the latest information. × × FL 9 Reserved Feb × × Do not attach to your tax return. Keep for your records. KY 3807331T1 Jan × × Information About Certain Employer-Sponsored Coverage (see instructions) <u>M</u> (d) Covered all 12 months Health Coverage Covered Individuals (Enter the information for each covered individual. TRACKING #: SPRING HILL SPRING HILL LEXINGTON (b) SSN or other TiN (c) DOB (If SSN or other TiN is not available) 5 City or town 13 City or town 20 City or town 8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . 28
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.
9H8791 2.000 Issuer or Other Coverage Provider (see instructions) XXX-XX-9098 XXX-XX-7164 1 Name of responsible individual-first name, middle name, last name CRAIG W KRUEGER A/C Responsible Individual (a) Name of covered individual(s) First name, middle initial, last name 12 Street address (including room or suite no.) Street address (including room or suite no.) 4 Street address (including apartment no.) 4195 AUGUSTINE RD **HUMANA INC** 4151 LAMSON AVE JOSEPH SWILLEY Department of the Treasury Form 1095-B Internal Revenue Service PO BOX 14750 10 Employername SWILLEY SWILLEY **JOSEPH** CATHY Part IV Part III Part I 16 Name 23 24 စ္ 25 26 27



Branch Banking and Trust Company 223 West Nash Street Wilson, North Carolina 27893-3801 E.I.N. 56-1521960 (727) 844-3620



8350 151-90-01-03 CATHY A SWILLEY 4195 AUGUSTINE RD SPRING HILL FL 34609-2513 Page 1 of 2 December 31, 2019 Social Security Number:



2019 TRADITIONAL INDIVIDUAL RETIREMENT ACCOUNT STATEMENT

	IRA PL	AN SUMMAR	Y				
BALANCE JANUARY 1, 2019		\$5,351.59					
DEPOSIT SUMMARY							
Regular Contributions		\$0.00					
Employer Contributions					\$0.00		
Rollover Contributions					\$0.00		
Recharacterized Contributions					\$0.00		
Trustee To Trustee Transfer					\$0.00		
Transfer Between BB&T IRAs					\$0.00		
Interest Year-To-Date				\$	510.71		
WITHDRAWAL SUMMARY					40.00		
Distributions Year-To-Date					\$0.00		
Roth Conversion					\$0.00		
Recharacterization					\$0.00		
Excess Contribution Withdrawal					\$0.00 \$0.00		
	Trustee To Trustee Transfer						
Direct Rollover To QRP	Transfer Between BB&T IRAs						
Federal Tax Withheld Year-To-D		\$0.00 \$0.00					
State Tax Withheld Year-To-Dat		\$0.00					
Penalty Year-To-Date		\$0.00					
Fees Year-To-Date				,	\$0.00		
FAIR MARKET VALUE OF ACCO	OUNT - BOX 5				\$5,362.30		
	CONTRIB	UTION SUM	MARY				
IRA Contributions - 2019	Вох				\$0.00		
Rollover Contributions	Box 2				\$0.00		
Recharacterized Contributions	Box 4				\$0.00		
☑ IRA	Box 7						
	☐ DISTRIBUTION R	REQUIRED FOR	R 2020 - BOX				
	INVESTI	MENT SUMM	ARY				
ACCOUNT NUMBER INV	ESTMENT TYPE	INTEREST RATE	INTEREST YEAR TO DATE	NEXT RENEWAL	CURRENT BALANCE		
000007100000372501 IRA TIME DEP	POSIT - 33 MONTHS	0.20%	\$10.71	03/19/21	\$5,362.30		
TOTAL ACCOUNT SUMMARY		\$10.71		\$5,362.30			

LOIS J HOULT 2317 CHATLIN ROAD HOLIDAY, FL 34691 (727) 938-3434 LOISJ3434@GMAIL.COM

March 6, 2020

JOSEPH J. and CATHY A. SWILLEY 4195 AUGUSTINE RD SPRING HILL, FL 34609

Statement of Charges for Services Rendered:

Per Form Chai	ges:
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See forms listed below - Federal 150.00

Total fee \$ 150.00

Summary of Federal Form Charges:

Description	Count
Form 1040 Worksheet	1
Form 1040 Individual Income Tax	1
Form 1040 Schedule 1	1
Federal Information Worksheet	1
Identity Verification Worksheet	1 .
Form W-2 Worksheet	2
Earned Income Worksheet	1
Tax Payments Worksheet	1
Electronic Filing Information Wks	1
IRS E-file Authentication Stmt	1
Form 8879 E-file Signature Auth	1
Interest & Dividend Summary	1
Schedule E Supplemental Income	1
Schedule E Worksheet	1
Schedule E Two-Year Comparison	1
Form 4562 Depreciation and Amortiz	1
Car & Truck / Vehicle Expenses Wks	1
Depreciation Asset Entry Worksheet	9
Depreciation Reports-By Form	1
Depreciation AMT Reports-By Form	1
Form W-2/W-2G Summary	1
Federal Carryover Worksheet	1

LOIS J HOULT 2317 CHATLIN ROAD HOLIDAY, FL 34691 (727) 938-3434 LOISJ3434@GMAIL.COM

March 6, 2020

JOSEPH J. and CATHY A. SWILLEY 4195 AUGUSTINE RD SPRING HILL, FL 34609

Dear JOSEPH and CATHY,

Please find enclosed copies of your tax return(s) for the tax year ended December 31, 2019. Instructions for filing your return(s) are attached for your convenience. Retain the copies for your records.

The federal income tax return will be electronically filed, do not mail the enclosed copy, but retain it for your records.

Form 1040 Federal Individual Income Tax Return

We prepared your returns based on the information you provided us. Please review the returns carefully to ensure that there are no omissions or misstatements of material facts.

If you have any questions about your tax returns, please contact us. We appreciate this opportunity to serve you.

Sincerely,

LOIS J HOULT