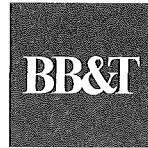




Truist Bank
 FKA Branch Banking & Trust Company
 2501 Wooten Boulevard SW
 Wilson, NC 27893-4426



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

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the instructions for Form 8849. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(6) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer generally must report either (1) a net amount of interest that reflects the effect of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both 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 amortize 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 acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099-INT as a chapter 4 account reporting requirement. You also may have a filing requirement. See the instructions to Form 8838.

Account number. May show an account or other unique number the payer assigned 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, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during 2018 on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8012. See the instructions above for a taxable covered security 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 may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number (TIN) 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.

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 tax-exempt 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 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. See the instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 10. For a taxable or tax-exempt covered security, if you made an election under section 1278(b) to include market discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.6045-1(n)(5), shows the market discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-OD. For a taxable or tax-exempt covered security acquired on or after January 1, 2016, accrued market discount will be calculated on a constant yield basis unless you notified your 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 under section 1278(g). Report the accrued market discount on your income tax return as directed in the instructions for Form 1040. Market discount on a tax-exempt security is includable 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 allocable 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 amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Form 1040 (Schedule B) to determine the net amount of interest includable in income on Form 1040 with respect to the security. If an amount is not reported in this box for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in box 11 is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4).

Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable 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 amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Form 1040 (Schedule B) to determine the net amount of interest includable in income on Form 1040 with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 3. If the amount in box 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4).

Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to determine the net amount of tax-exempt interest reportable on Form 1040. If an amount is not reported in this box for a tax-exempt 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 box 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(d)(1).

Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable 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.

Nominee. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-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 "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096 list 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 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099INT.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Truist Bank FKA Branch Banking & Trust Company 2501 Wooten Boulevard SW Wilson, NC 27893-4426		Payer's RTN (optional)	OMB No. 1545-0112 2019 Form 1099-INT		Interest Income	
PAYER'S TIN 56-1521960		1 Interest income \$		Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.		
RECIPIENT'S TIN 56-1521960	RECIPIENT'S TIN ***-**-7164	2 Early withdrawal penalty \$			Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code CATHY A SWILLEY 4195 AUGUSTINE RD SPRING HILL, FL 34609-2513		3 Interest on U.S. Savings Bonds and Treas. obligations \$ 101.94				
FATCA filing requirement <input type="checkbox"/>		4 Federal income tax withheld \$	5 Investment expenses \$			
Account number (see instructions)		6 Foreign tax paid \$	7 Foreign country or U.S. possession			
		8 Tax-exempt interest \$	9 Specified private activity bond interest \$			
		10 Market discount \$	11 Bond premium \$			
		12 Bond premium on Treasury obligations	13 Bond premium on tax-exempt bond			
		14 Tax-exempt and tax credit bond CUSIP no.	15 State FL			16 State identification no.
			17 State tax withheld \$			

Form 1099-INT

(keep for your records)

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service



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



9220
 CATHY A SWILLEY
 JOSEPH J SWILLEY SR
 4195 AUGUSTINE RD
 SPRING HILL, FL 34609-2513

If you have questions contact:
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 Phone: 800-394-1470
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Instructions for Recipient

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Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the instructions to Form 8838.

Account number. May show an account or other unique number the payer assigned 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 2. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during 2019 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 taxable covered security 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 may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number (TIN) 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.

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 tax-exempt interest paid to you during the calendar year by the payer. See how to 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. See the instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 10. For a taxable or tax-exempt covered security, if you made an election under section 1278(b) to include market discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.6045-1(n)(5), shows the market discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-OID. For a taxable or tax-exempt covered security acquired on or after January 1, 2016, accrued market discount will be calculated on a constant yield basis unless you notified your 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 under section 1278(b). Report the accrued market discount on your income tax return as directed in the instructions for Form 1040. Market discount on a tax-exempt security is includable 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 allocable 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 amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Form 1040 (Schedule B) to determine the net amount of interest includable in income on Form 1040 with respect to the security. If an amount is not reported in this box for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in box 11 is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4).

Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable 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 amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Form 1040 (Schedule B) to determine the net amount of interest includable in income on Form 1040 with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 3. If the amount in box 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4).

Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to determine the net amount of tax-exempt interest reportable on Form 1040. If an amount is not reported in this box for a tax-exempt 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 box 13 is greater than the amount of interest paid on the tax-exempt 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-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable 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.

Nonresidents. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-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 "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096 list 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 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099INT.

		CORRECTED (if checked)			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Truist Bank FKA Branch Banking & Trust Company 2501 Wooten Boulevard SW Wilson, NC 27893-4426		Payer's RTN (optional)		OMB No. 1545-0112	
PAYER'S TIN 56-1521960		RECIPIENT'S TIN ***-**-7164		2019 Form 1099-INT	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code CATHY A SWILLEY JOSEPH J SWILLEY SR 4195 AUGUSTINE RD SPRING HILL, FL 34609-2513		FATCA filing requirement			
Account number (see instructions)					
		1 Interest income \$ 1.72			
		2 Early withdrawal penalty \$			
		3 Interest on U.S. Savings Bonds and Treas. obligations \$			
		4 Federal income tax withheld \$		5 Investment expenses \$	
		6 Foreign tax paid \$		7 Foreign country or U.S. possession \$	
		8 Tax-exempt interest \$		9 Specified private activity bond interest \$	
		10 Market discount \$		11 Bond premium \$	
		12 Bond premium on Treasury obligations \$		13 Bond premium on tax-exempt bond \$	
		14 Tax-exempt and tax credit bond CUSIP no.		15 State FL	
				16 State identification no. \$	
				17 State tax withheld \$	

Interest Income

Copy B For Recipient

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

CRAIG W. KRUEGER
 Air Conditioning & Heating, LLC
 4151 Lamson Ave.
 SPRING HILL, FL 34608

Office (352) 684-6180
 Lic.#CAC1817295



HVAC SERVICE ORDER INVOICE

099140

BILL TO _____

THIS WORK IS TO BE
 C.O.D. CHARGE NO CHARGE

MAKE	MAKE
MODEL	MODEL
SERIAL NUMBER	SERIAL NUMBER

NAME <i>CATHY Swilley</i>	
STREET <i>2144 PEEKY DR.</i>	DATE <i>9-17-19</i>
CITY <i>HOLIDAY FL</i>	PROMISED
PHONE <i>352-631-9186</i>	CALL BEFORE <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN <i>BOB</i>	AUTHORIZED BY
WORK TO BE PERFORMED	

ENVIRONMENTAL CHECK LIST			WORK PERFORMED	
WORK PERFORMED	QTY.	TYPE/DISPOSITION	CONDENSING UNIT	COND'S/ATE DRAINS
<input type="checkbox"/> RECOVERED			LEVELED	CLEANED MAIN DRAIN
<input type="checkbox"/> RECYCLED			CLEANED COIL	REPAIRED MAIN DRAIN
<input type="checkbox"/> RECLAIMED			CHECKED CHARGE	CLEANED FAN DRAIN
<input type="checkbox"/> RETURNED			REPAIRED LEAK IN COIL	REPAIRED FAN DRAIN
<input type="checkbox"/> DISPOSAL			REPAIRED LEAK IN COPPER	FURN. OR FAN COIL

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
	REFRIGERANT R- LBS.		
	<i>PULL & CLEAN EVAP COIL</i>		<i>495⁰⁰</i>
	<i>CLEAN COND COIL IN PULL</i>		<i>195⁰⁰</i>
	FILTERS x x		
	FILTERS x x		
	BELTS		
TOTAL MATERIALS			<i>690⁰⁰</i>

TOTAL \$		# REF.	REPLACED BELT
<input type="checkbox"/> DISMANTLED			
<input type="checkbox"/> CHANGED OUT/REPLACED			
CHECKED MOTOR			ADJUSTED BELT
CHANGED MOTOR			REPLACED PULLEY
REPLACED BELT			ADJUSTED PULLEY
ADJUSTED BELT			CLEANED BLOWER
REPLACED CONTACTOR			REPLACED BEARINGS
REPL. START. RELAY			OILED MOTOR
REPL. START. CAPACITOR			OILED BEARINGS
REPLACED RUN CAPACITOR			CLEANED HEAT EXCH.
CLEANED OR ADJ. CONTACTOR			REPLACED HEAT EXCH.
REPAIRED WIRING			CLEANED OR ADJ. PILOT
REPLACED FUSE			REPLACED THERMOCOUPLE
REPLACED COMPRESSOR			REPLACED VALVE
EVAPORATOR COIL			REPLACED VALVE
REPLACED EXP. VALVE			CLEANED BURNERS
ADJUSTED EXP. VALVE			DUCT
REPLACED CAP. TUBE			REPAIRED
CLEANED CAP. TUBE			ADJUSTED
REPAIRED COIL LEAK			THERMOSTAT
REPAIRED COPPER CONN.			REPLACED
CLEANED COIL			ADJUSTED

HRS.	LABOR	RATE	AMOUNT
	<i>ENCLAVED IN PAIR</i>		
TOTAL LABOR			

RECOMMENDATIONS	
LEVELED COIL	
ELECT. HTR.	CLG TOWER
REPLACED LINK	CLEANED
REPLACED KLIX.	
REPAIRED WIRE	PUMP(S)
REPLACED CONT.	GREASED
	REPAIRED
FILTERS	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED

MATERIALS & LABOR MAY BE CONTINUED ON OTHER SIDE

TERMS
PD CASH

I have authority to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment/materials furnished until final payment is made. If payment is not made as agreed, seller can remove said equipment/materials at Seller's expense. Any damage resulting from said removal shall not be the responsibility of Seller.

Joseph P. Kelly
 CUSTOMER SIGNATURE DATE

LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturers' or suppliers' written warranty only. All labor performed by the above named company is warranted in writing. The above named company makes no other warranties, express or implied, and its agents or technicians are not authorized to make any such warranties on behalf of above named company.

REGULAR WARRANTY
 SERVICE CONTRACT

Thank You

TOTAL SUMMARY	
TOTAL MATERIALS	
TOTAL LABOR	
TRAVEL CHARGE	
TAX	
TOTAL	<i>690</i>

Health Coverage

VOID

2019

▶ Do not attach to your tax return. Keep for your records.
▶ Go to [www.irs.gov/Form 1095B](http://www.irs.gov/Form1095B) for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Part I Responsible Individual TRACKING #: 38073311

1 Name of responsible individual - first name, middle name, last name
JOSEPH SWILLEY
2 Social security number (SSN) or other TIN
3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.)
5 City or town
6 State or province
7 Country and ZIP or foreign postal code
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): **B**
9 Reserved
10 Employer name
11 Employer identification number (EIN)
12 Street address (including room or suite no.)
13 City or town
14 State or province
15 Country and ZIP or foreign postal code
16 Name
17 Employer identification number (EIN)
18 Contact telephone number
19 Street address (including room or suite no.)
20 City or town
21 State or province
22 Country and ZIP or foreign postal code

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

16 Name
HUMANA INC
17 Employer identification number (EIN)
61-0647538
18 Contact telephone number
23 SWILLEY
24 SWILLEY
25
26
27

Part III Issuer or Other Coverage Provider (see instructions)

Part IV Covered Individuals (Enter the information for each covered individual.)

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage																		
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec							
JOSEPH SWILLEY	XXX-XX-9098		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATHY SWILLEY	XXX-XX-7164		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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 PLAN SUMMARY

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	\$10.71

WITHDRAWAL SUMMARY

Distributions Year-To-Date	\$0.00
Roth Conversion	\$0.00
Recharacterization	\$0.00
Excess Contribution Withdrawal	\$0.00
Trustee To Trustee Transfer	\$0.00
Transfer Between BB&T IRAs	\$0.00
Direct Rollover To QRP	\$0.00
Federal Tax Withheld Year-To-Date	\$0.00
State Tax Withheld Year-To-Date	\$0.00
Penalty Year-To-Date	\$0.00
Fees Year-To-Date	\$0.00

FAIR MARKET VALUE OF ACCOUNT - BOX 5 **\$5,362.30**

CONTRIBUTION SUMMARY

IRA Contributions - 2019	Box 1	\$0.00
Rollover Contributions	Box 2	\$0.00
Recharacterized Contributions	Box 4	\$0.00
<input checked="" type="checkbox"/> IRA	Box 7	

DISTRIBUTION REQUIRED FOR 2020 - BOX 11

INVESTMENT SUMMARY

ACCOUNT NUMBER	INVESTMENT TYPE	INTEREST RATE	INTEREST YEAR TO DATE	NEXT RENEWAL	CURRENT BALANCE
000007100000372501	IRA TIME DEPOSIT - 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 Charges:

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

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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