

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Prescott LINDA KAY

MAILING ADDRESS:

3402 Amberjack Drive

HERNANDO BEACH, 34607 HERNANDO
CITY: ZIP: COUNTY:

NAME OF AGENCY:

HERNANDO County School Board, District 2

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED

2020 JUN -9 PM 2:07

SUPERVISOR OF ELECTIONS
HERNANDO COUNTY, FL

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 December 31, 20~~20~~¹⁹ was \$ 657,000.

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 \$ 99,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
3402 Amberjack Dr HERNANDO BEACH, FL 34607	\$ 499,000
IRA - MPL FINANCIAL	79,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CAR LOAN, SUNCOAST CREDIT UNION, 3037 Commercial Way, Spring Hill, Florida	\$ 16,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Home Mortgage - MR. Cooper, 8950 Cypress Waters Blvd, Coppell, TX 75019	\$ 381,000

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

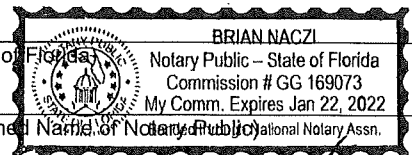
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Hernando

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 9th day of

June, 2020 by Linda K Prescott

(Signature of Notary Public--State of Florida)
Brian Naczi
 (Print, Type, or Stamp Commissioned Notary Public, National Notary Assn.)



Linda K. Prescott
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification
 Type of Identification Produced FL Drivers License

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 MICHAEL		Last name PRESCOTT	Your social security number ***-**-7487
If joint return, spouse's first name and middle initial LINDA K		Last name PRESCOTT	Spouse's social security number ***-**-6627
Home address (number and street). If you have a P.O. box, see instructions. 3402 AMBERJACK DRIVE			Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). HERNANDO BEACH FL 34607			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
Foreign country name	Foreign province/state/county	Foreign postal code	If more than four dependents, see instr. 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

(1) Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
First name	Last name			Child tax credit	Credit for other dependents

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	33,872
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRA distributions	4a	2,890
c Pensions and annuities	4c	19,969
5a Soc. sec. ben.	5a	55,113
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here	6	-33
7a Other income from Schedule 1, line 9	7a	0
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income	7b	95,953
8a Adjustments to income from Schedule 1, line 22	8a	0
b Subtract line 8a from line 7b. This is your adjusted gross income	8b	95,953
9 Standard deduction or itemized deductions (from Schedule A)	9	30,194
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a Add lines 9 and 10	11a	30,194
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	65,759

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.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

12a Tax (see instr.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972	12a	7,505	
3 <input type="checkbox"/>			
b Add Schedule 2, line 3, and line 12a and enter the total	12b	7,505	
13a Child tax credit or credit for other dependents	13a		
b Add Schedule 3, line 7, and line 13a and enter the total	13b		
14 Subtract line 13b from line 12b. If zero or less, enter -0-	14	7,505	
15 Other taxes, including self-employment tax, from Schedule 2, line 10	15		
16 Add lines 14 and 15. This is your total tax	16	7,505	
17 Federal income tax withheld from Forms W-2 and 1099	17	7,685	
18 Other payments and refundable credits:			
a Earned income credit (EIC)	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	7,685	

Refund	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	180
	21a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	21a	180
Direct deposit? See instructions.	b Routing number XXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number XXXXXXXXXXXXXXXXXXXX		
	22 Amount of line 20 you want applied to your 2020 estimated tax	22	

Amount You Owe	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	

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

(Other than paid preparer) Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

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.

Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
	<i>IRS 6-FILE</i>		RETIRED	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)
			SCHOOL BOARD MEMBER	

Phone no.	Email address	Preparer's signature	PTIN	Check if:
		<i>J. Wilhelm</i>	*****	<input checked="" type="checkbox"/> 3rd Party Designee
Paid Preparer Use Only	Preparer's name	Firm's name	Date	<input type="checkbox"/> Self-employed
	JAMES M. WILHELM	CAMPBELL & COMPANY CPAS, PA		
		7211 HIAWATHA PKWY	Phone no. 352-683-7365	
	Firm's address	SPRING HILL FL 34606-2542	Firm's EIN	***-***7066

Itemized Deductions

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

▶ Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR: **MICHAEL & LINDA K PRESCOTT**
 Your social security number: *****-**-7487**

		1	2	3	4		
Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.						
	1 Medical and dental expenses (see instructions)	1	9,595				
	2 Enter amount from Form 1040 or 1040-SR, line 8b	2	95,953				
	3 Multiply line 2 by 7.5% (0.075)	3	7,196				
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-					4	2,399	
Taxes You Paid	5 State and local taxes.						
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input checked="" type="checkbox"/>	5a	2,243				
	b State and local real estate taxes (see instructions)	5b	5,177				
	c State and local personal property taxes	5c					
	d Add lines 5a through 5c	5d	7,420				
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	7,420				
	6 Other taxes. List type and amount ▶	6					
7 Add lines 5e and 6					7	7,420	
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>						
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	15,074				
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b					
	c Points not reported to you on Form 1098. See instructions for special rules	8c					
	d Mortgage insurance premiums (see instructions)	8d					
	e Add lines 8a through 8d	8e	15,074				
	9 Investment interest. Attach Form 4952 if required. See instructions	9					
	10 Add lines 8e and 9					10	15,074
	Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	4,801			
		12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12	500			
13 Carryover from prior year		13					
14 Add lines 11 through 13					14	5,301	
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions				15		
Other Itemized Deductions	16 Other—from list in instructions. List type and amount ▶				16		
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9	17				30,194	
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>						

SCHEDULE D
(Form 1040 or 1040-SR)

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2019
Attachment
Sequence No. **12**

Name(s) shown on return **MICHAEL & LINDA K PRESCOTT** Your social security number *****-**-7487**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses — Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6 ()	
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back			7	0

Part II Long-Term Capital Gains and Losses — Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	2,877	2,910	0	-33
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instructions			13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14 ()	
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on the back			15	-33

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

Schedule D (Form 1040 or 1040-SR) 2019

Part III Summary

16	16	-33
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22. 		
17		
<p>Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
18	18	
<p>If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet</p>		
19	19	
<p>If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p>		
20		
<p>Are lines 18 and 19 both zero or blank?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
21	21	(33)
<p>If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) 		
<p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
22		
<p>Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).</p> <p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

MICHAEL & LINDA K PRESCOTT

***-**-7487

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	USG CORPORATION	VARIOUS	04/15/19	2,877	2,910			-33
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			2,877	2,910		0	-33

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Federal Statements

Schedule A, Line 1 - Medical and Dental Expenses

Description	Amount
MEDICAL	\$ 1,138
MEDICAL	844
LTC PREMIUMS ALLOWED	5,068
MEDICARE PREMIUMS	2,545
TOTAL	\$ 9,595

Schedule A, Line 1 - Long-term Care Premiums Before Limitation

Description	Amount
TAXPAYER	\$ 2,534
SPOUSE	2,534
TOTAL	\$ 5,068

Schedule A, Line 5a - State and Local General Sales Taxes

Description	Amount
GENERAL SALES TAX	\$ 2,243
TOTAL	\$ 2,243

Schedule A, Line 5b - Real Estate Taxes

Description	Amount
REAL ESTATE TAXES	\$ 5,177
TOTAL	\$ 5,177

Schedule A, Line 8a - Home Mortgage Interest & Points From Form 1098

Description	Amount
MR COOPER	\$ 15,074
TOTAL	\$ 15,074

Schedule A, Line 11 - Charitable Contributions by Cash or Check

Description	Amount
MISC DONATIONS	\$ 1,735
MISC DONATIONS	3,066
TOTAL	\$ 4,801

DISTRIC SCHOOL BOARD HERNANDO CTY
Form W-2, Box 12

<u>Description</u>	<u>Amount</u>
COST OF EMPLOYER-SPONSORED HEALTH COVERAGE	\$ <u>8,063</u>
TOTAL	\$ <u><u>8,063</u></u>

Name

Taxpayer Identification Number

MICHAEL & LINDA K PRESCOTT

***-**-7487

T/S	Payer	Gross Distribution 1099-R Box 1	Taxable Amount 1099-R Box 2a <small>[less rollover amount]</small>	Qualified Charitable Distribution
A S	LPL FINANCIAL	2,890	2,890	
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
	Taxpayer			
	Spouse	2,890	2,890	
	Total	2,890	2,890	

	Amount Of Rollover	Federal Withholding	State Withholding	Local Withholding	Traditional IRA Converted to Roth IRA	Original Conversion or Recharacterization	Qualified Roth IRA Distribution
A		578					
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
O							
Tp		578					
Sp		578					
Total		578					

Name

Taxpayer Identification Number

MICHAEL & LINDA K PRESCOTT

***-**-7487

	T/S	Payer	Gross Distribution	Rollover	Taxable Amount
A	S	CA STATE TEACHERS' RETIREMENTS SYS.	19,969	-	19,449
B	-	_____	_____	-	_____
C	-	_____	_____	-	_____
D	-	_____	_____	-	_____
E	-	_____	_____	-	_____
F	-	_____	_____	-	_____
G	-	_____	_____	-	_____
H	-	_____	_____	-	_____
I	-	_____	_____	-	_____
J	-	_____	_____	-	_____
K	-	_____	_____	-	_____
L	-	_____	_____	-	_____
M	-	_____	_____	-	_____
N	-	_____	_____	-	_____
O	-	_____	_____	-	_____
		Taxpayer	_____	_____	_____
		Spouse	19,969	_____	19,449
		Total	19,969	_____	19,449

	NIIT	Capital Gain Distribution	Public Safety Officer Exclusion	Federal Withholding	State Withholding	Local Withholding
A	-	_____	_____	765	_____	_____
B	-	_____	_____	_____	_____	_____
C	-	_____	_____	_____	_____	_____
D	-	_____	_____	_____	_____	_____
E	-	_____	_____	_____	_____	_____
F	-	_____	_____	_____	_____	_____
G	-	_____	_____	_____	_____	_____
H	-	_____	_____	_____	_____	_____
I	-	_____	_____	_____	_____	_____
J	-	_____	_____	_____	_____	_____
K	-	_____	_____	_____	_____	_____
L	-	_____	_____	_____	_____	_____
M	-	_____	_____	_____	_____	_____
N	-	_____	_____	_____	_____	_____
O	-	_____	_____	_____	_____	_____
		Taxpayer	_____	_____	_____	_____
		Spouse	_____	765	_____	_____
		Total	_____	765	_____	_____

Name
MICHAEL & LINDA K PRESCOTT

Taxpayer Identification Number
***-**-7487

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	S DISTRIC SCHOOL BOARD HERNANDO CTY	33,872	2,261	34,974
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
	Taxpayer			
	Spouse	33,872	2,261	34,974
	Totals	33,872	2,261	34,974

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	2,168	34,974	507				
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
	Taxpayer						
	Spouse	2,168	34,974	507			
	Totals	2,168	34,974	507			

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
	Taxpayer					
	Spouse					
	Totals					

Filing Status: 1 Single 2 Married filing jointly 3 Married filing separately 4 Head of household* 5 Qualifying widow(er)*

MFS spouse name:

*Qualifying person that is a child but not a dependent:

Taxpayer first name and initial: **MICHAEL** Last name: **PRESCOTT** Taxpayer social security number: *****-**-7487**

If a joint return, spouse's first name and initial: **LINDA K** Last name: **PRESCOTT** Spouse's social security number: *****-**-6627**

Home address (number and street). If you have a P.O. box, see instructions. **3402 AMBERJACK DRIVE** Apt. no. _____ Presidential Election Campaign Taxpayer Spouse

City, town or post office, state, and ZIP code. **HERNANDO BEACH FL 34607**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

6a Taxpayer. If someone can claim you as a dependent, do not check box 6a
b Spouse
 Boxes checked on 6a and 6b **2**
 Children on 6c who lived with you
 Children on 6c who did not live with you
 Dependents on 6c not entered above
 Total. Add lines above **2**

6c Dependents:			(4) <input checked="" type="checkbox"/> if qualifies for		If more than four dependents, <input type="checkbox"/> here
(1) First name	Last name	(2) Social security number	(3) Relationship to you	Child tax credit	

Income (Schedule 1)	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	33,872
	8a Taxable interest. Attach Schedule B if required	8a	
	b Tax-exempt interest. Do not include on line 8a	8b	
	9a Ordinary dividends. Attach Schedule B if required	9a	
	b Qualified dividends	9b	
	10 Taxable refunds, credits, or offsets of state and local income taxes	10	
	11 Alimony received	11	
	12 Business income or (loss). Attach Schedule C or C-EZ	12	
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	-33
	14 Other gains or (losses). Attach Form 4797	14	
	15a IRA distributions	15a	2,890
	b Taxable amount	15b	2,890
	16a Pensions and annuities	16a	19,969
	b Taxable amount	16b	19,449
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		
18 Farm income or (loss). Attach Schedule F	18		
19 Unemployment compensation	19		
20a Social security benefits	20a	55,113	
b Taxable amount	20b	39,775	
21 Other income. List type and amount	21		
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	95,953	

Adjusted Gross Income (Schedule 1)	23 Educator expenses	23	
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25 Health savings account deduction. Attach Form 8889	25	
	26 Moving expenses. Attach Form 3903	26	
	27 Deductible part of self-employment tax. Attach Schedule SE	27	
	28 Self-employed SEP, SIMPLE, and qualified plans	28	
	29 Self-employed health insurance deduction	29	
	30 Penalty on early withdrawal of savings	30	
	31a Alimony paid b Recipient's SSN <input type="checkbox"/>	31a	
	32 IRA deduction	32	
	33 Student loan interest deduction	33	
	34 Tuition and fees. Attach Form 8917	34	
35 Reserved	35		
36 Add lines 23 through 35	36		
37 Subtract line 36 from line 22. This is your adjusted gross income	37	95,953	

Name MICHAEL & LINDA K PRESCOTT

Tp TIN ***-**-7487

Tax and Credits (Schedules 2, 3)	38 Amount from line 37 (adjusted gross income)	38	95,953
	39a Check <input checked="" type="checkbox"/> You were born before January 2, 1955, <input type="checkbox"/> Blind. <input checked="" type="checkbox"/> Spouse was born before January 2, 1955, <input type="checkbox"/> Blind. Total boxes checked 2	39a	
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b	39b	
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$12,200 Married filing jointly or Qualifying widow(er), \$24,400 Head of household, \$18,350	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	30,194
	41 Subtract line 40 from line 38	41	65,759
	42 Qualified business income deduction (see instructions)	42	
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	65,759
	44 Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	7,505
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	
	46 Excess advance premium tax credit repayment. Attach Form 8962	46	
	47 Add lines 44, 45, and 46	47	7,505
	48 Foreign tax credit. Attach Form 1116 if required	48	
	49 Credit for child and dependent care expenses. Attach Form 2441	49	
	50 Education credits from Form 8863, line 19	50	
	51 Retirement savings contributions credit. Attach Form 8880	51	
	52 Child tax credit/credit for other dependents	52	
	53 Residential energy credits. Attach Form 5695	53	
54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54		
	55 Add lines 48 through 54. These are your total credits	55	
	56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	7,505
Other Taxes (Schedule 2)	57 Self-employment tax. Attach Schedule SE	57	
	58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a Household employment taxes from Schedule H	60a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61 Reserved	61	
	62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
	63 Section 965 net tax liability installment from Form 965-A	63	
	64 Add lines 56 through 62. This is your total tax	64	7,505
Payments (Schedule 3)	65 Federal income tax withheld from Forms W-2 and 1099	65	7,685
	66 2019 estimated tax payments and amount applied from 2018 return	66	
	67a Earned income credit (EIC)	67a	
	b Nontaxable combat pay election 67b	67b	
	68 Additional child tax credit. Attach Schedule 8812	68	
	69 American opportunity credit from Form 8863, line 8	69	
	70 Net premium tax credit. Attach Form 8962	70	
	71 Amount paid with request for extension to file	71	
	72 Excess social security and tier 1 RRTA tax withheld	72	
	73 Credit for federal tax on fuels. Attach Form 4136	73	
74 Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	74		
	75 Add lines 65, 66, 67a, and 68 through 74. These are your total payments	75	7,685
Refund	76 If line 75 is more than line 64, subtract line 64 from line 75. This is the amount you overpaid	76	180
	77a Amount of line 76 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	77a	180
	b Routing number XXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number XXXXXXXXXXXXXXXXXXXX		
	78 Amount of line 76 you want applied to your 2020 estimated tax	78	
Amount You Owe	79 Amount you owe. Subtract line 75 from line 64. For details on how to pay, see instructions	79	
	80 Estimated tax penalty (see instructions)	80	

Interest Penalties	Date Return filed	Late filing Interest (INT)	Failure to file	Failure to pay	Total
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Paid Preparer is 3rd Party Designee, Third Party Designee information not required
 Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

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

Other Info
 Taxpayer Daytime phone number _____ Taxpayer: Occupation RETIRED IRS Identity Protection PIN _____
 Spouse: Occupation SCHOOL BOARD MEMBER IRS Identity Protection PIN _____
 Taxpayer Spouse Email address _____

1	33871.81	2	2260.53
1	Wages, tips, other comp.	2	Federal income tax withheld
3	34974.11	4	2168.31
3	Social security wages	4	Social security tax withheld
5	34974.11	6	507.08
5	Medicare wages and tips	6	Medicare tax withheld
Employer's name, address, and ZIP code HERNANDO COUNTY SCHOOL BOARD 919 N BROAD ST BROOKSVILLE FL 34601			
7	Social security tips	8	Allocated tips
9		10	Dependent care benefits
11	Nonqualified plans	12a DD	8063.04
13	Statutory employee	Retirement plan	Third-party sick pay
		X	
14	Employee's social security no. [REDACTED] (EIN) 59-6000647		
LINDA K PRESCOTT 3402 AMBERJACK DR. HERNANDO BEACH FL 34607			
Employee's name, address, and ZIP code			
15	FL	16	FL
15	State ID number	16	State wages, tips, etc.
17		17	State income tax
18		19	
18	Local wages, tips, etc.	19	Local income tax
20		20	Locality name

Wage and Tax Statement Copy B
This information is being furnished to the IRS.
To Be Filed With Employee's FEDERAL Tax Return.
OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

Form W-2 2019

1	33871.81	2	2260.53
1	Wages, tips, other comp.	2	Federal income tax withheld
3	34974.11	4	2168.31
3	Social security wages	4	Social security tax withheld
5	34974.11	6	507.08
5	Medicare wages and tips	6	Medicare tax withheld
Employer's name, address, and ZIP code HERNANDO COUNTY SCHOOL BOARD 919 N BROAD ST BROOKSVILLE FL 34601			
7	Social security tips	8	Allocated tips
9		10	Dependent care benefits
11	Nonqualified plans	12a DD	8063.04
13	Statutory employee	Retirement plan	Third-party sick pay
		X	
14	Employee's social security no. [REDACTED] (EIN) 59-6000647		
LINDA K PRESCOTT 3402 AMBERJACK DR. HERNANDO BEACH FL 34607			
Employee's name, address, and ZIP code			
15	FL	16	FL
15	State ID number	16	State wages, tips, etc.
17		17	State income tax
18		19	
18	Local wages, tips, etc.	19	Local income tax
20		20	Locality name

Wage and Tax Statement Copy 2
To Be Filed With Employee's State, City, or Local Income Tax Return.
OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

Form W-2 2019

1	33871.81	2	2260.53
1	Wages, tips, other comp.	2	Federal income tax withheld
3	34974.11	4	2168.31
3	Social security wages	4	Social security tax withheld
5	34974.11	6	507.08
5	Medicare wages and tips	6	Medicare tax withheld
Employer's name, address, and ZIP code HERNANDO COUNTY SCHOOL BOARD 919 N BROAD ST BROOKSVILLE FL 34601			
7	Social security tips	8	Allocated tips
9		10	Dependent care benefits
11	Nonqualified plans	12a DD	8063.04
13	Statutory employee	Retirement plan	Third-party sick pay
		X	
14	Employee's social security no. [REDACTED] (EIN) 59-6000647		
LINDA K PRESCOTT 3402 AMBERJACK DR. HERNANDO BEACH FL 34607			
Employee's name, address, and ZIP code			
15	FL	16	FL
15	State ID number	16	State wages, tips, etc.
17		17	State income tax
18		19	
18	Local wages, tips, etc.	19	Local income tax
20		20	Locality name

Wage and Tax Statement Copy 2
To Be Filed With Employee's State, City, or Local Income Tax Return.
OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

Form W-2 2019

1	33871.81	2	2260.53
1	Wages, tips, other comp.	2	Federal income tax withheld
3	34974.11	4	2168.31
3	Social security wages	4	Social security tax withheld
5	34974.11	6	507.08
5	Medicare wages and tips	6	Medicare tax withheld
Employer's name, address, and ZIP code HERNANDO COUNTY SCHOOL BOARD 919 N BROAD ST BROOKSVILLE FL 34601			
7	Social security tips	8	Allocated tips
9		10	Dependent care benefits
11	Nonqualified plans	12a DD	8063.04
13	Statutory employee	Retirement plan	Third-party sick pay
		X	
14	Employee's social security no. [REDACTED] (EIN) 59-6000647		
LINDA K PRESCOTT 3402 AMBERJACK DR. HERNANDO BEACH FL 34607			
Employee's name, address, and ZIP code			
15	FL	16	FL
15	State ID number	16	State wages, tips, etc.
17		17	State income tax
18		19	
18	Local wages, tips, etc.	19	Local income tax
20		20	Locality name

Wage and Tax Statement Copy C - For EMPLOYEE'S RECORDS
This information is being furnished to the IRS. If you are required to file a tax return, a separate penalty or other action may be imposed on you if this income is taxable and you fail to report it.
OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

Form W-2 2019

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.
Box 2. Enter this amount on the federal income tax withheld line of your tax return.
Box 3. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.
Box 4. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.
Box 5. This amount is not included in boxes 1, 3, 6, or 7. For information on how to report it on your tax return, see your Form 1040 instructions.
You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips.
Box 6. You will calculate the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).
Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 also is included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.
Box 11. This amount is reported in box 12 if it is a distribution made to you from a nonqualified deferred compensation or non governmental section 457(b) plan or B) included in box 3 and/or 8 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture and a distribution in the same calendar year; if you made a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form 5025, Delerrals under Code G or Special Value Payments, with the Social Security Administration and give you a copy.
Box 12. The following table explains the codes shown in box 12. You may need this information to complete your tax return. Selective deferrals (codes D, E, F, and G) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,000 (\$13,000 if you only have SIMPLE plans; \$22,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Delerrals under code G are limited to \$10,000. Delerrals under code H are limited to \$7,000.
However, if you were at least age 50 in 2018, your employer may have allowed an additional deferral of up to \$6,000 (\$3,000 for section 401(b)(1) and 408(a) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before your normal retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the instructions for Form 1040.
Note: If a year follows code D through H, S, V, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made elective deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.
A - Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See the Form 1040 instructions.
B - Uncollected Medicare tax on tips. Include this tax on Form 1040. See the Form 1040 instructions.
C - Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5).
D - Elective deferrals to a section 401(a) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(a) arrangement.
E - Elective deferrals under a section 403(b) salary reduction agreement.
F - Elective deferrals under a section 408(a)(5) salary reduction SEP.
G - Elective deferrals and employer contributions (including nonselective deferrals) to a section 457(b) deferred compensation plan.
H - Elective deferrals to a section 501(c)(18)(9) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.
I - Nontaxable sick pay (information only, not included in box 1, 3, or 5).
J - 20% excise tax on excess golden parachute payments. See the Form 1040 instructions.
L - Substantiated employee business expense reimbursements (nontaxable).
M - Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.
N - Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.
P - Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5).
Q - Amount of combat pay. See the instructions for Form 1040 for details on reporting this amount.
R - Employer contributions to your Archer MSA, Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

8 - Employee salary reduction contributions under a section 408(a) SIMPLE plan (not included in box 1).
9 - Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.
V - Income from exercise of nonstatutory stock options (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 528, Taxable and Nontaxable Income, for reporting requirements.
W - Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account, Report on Form 8880, Health Savings Accounts (HSAs).
Y - Deferrals under a section 409A nonqualified deferred compensation plan.
Z - Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount also is included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.
AA - Designated Roth contributions under a section 401(a) plan.
BB - Designated Roth contributions under a section 403(b) plan.
CC - Cost of employee-sponsored health coverage. The amount reported with code DD is not taxable.
DD - Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.
EE - Permitted benefits under a qualified annuity reimbursement arrangement.
FF - Employer health reimbursement arrangement.
GG - Income from qualified equity grants under section 83(f).
HH - Aggregate deferrals under section 83(f) elections as of the close of the calendar year Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).
Box 14. Employer may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable benefits under a qualified annuity reimbursement arrangement, reduced parsonage allowance and utilities. Reduced employer use this box to report reduced retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employer to the employer in railroad retirement (RRTA) compensation.
Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.
Earned income credit (EIC). You may be able to take the EIC for 2019 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on your income and family size. Whether you could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2019 or if income is earned for services provided while you were an inmate at a penal institution. For 2019 income limits and more information, visit www.irs.gov/eflc. Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.
Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.
Corrections. If your name, SSN, or address is incorrect, contact Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) if you are not an employee. If you are a contractor, you may be able to file Form W-2c. Be sure to get your copies of Form W-2c from your employer for all corrections made. You may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You also may visit the SSA website at www.SSA.gov.
Cost of employee-sponsored health coverage. If such cost is provided by the employer, the reporting in box 12, using code DD, of the cost of employee-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.
Credits for excess taxes. If you had more than one employer in 2019 and more than \$2,299.00 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$4,836.00 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 instructions and Pub. 505, Tax Withholding and Estimated Tax.