

**CANDIDATE OATH -
CANDIDATE WITH NO PARTY AFFILIATION**

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, James Didio
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate with no party affiliation for the office of Sheriff,
(office) (district #)
; I am a qualified elector of LEE County, Florida
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

X [Signature] 239 810 3422 JAMES DIDIO FOR Sheriff@gmail.com
Signature of Candidate Telephone Number Email Address

5664 NATOMA DR FORT MYERS FLORIDA 33919
Address City State Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 119938140

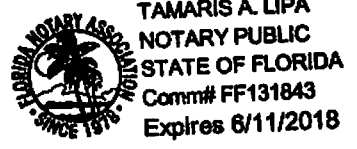
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):
James Did-E-O

STATE OF FLORIDA
COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me this 17th day of JUNE, 2016.

Personally Known: X or _____
Produced Identification: _____
Type of Identification Produced: _____

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

DIIDIO JAMES Francis

MAILING ADDRESS:

5664 NATOMA DRIVE

CITY:

FORT MYERS

ZIP:

33919

COUNTY:

LEE

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

LEE County Sheriff

CHECK IF THIS IS A FILING BY A CANDIDATE

16JUN20PM 4 48 SDE LEE C1 F1

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2015 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of 6/17, 2016 was \$ 235,238.07

16JUN17PM 1135

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 \$ 41,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
1934 FORD	89,900
2013 Shearwater 25 LTZ	89,000
2011 MERCEDES Benz GL450	27,000
5664 NATOMA Drive FORT MYERS FL 33919	265,500

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Suncast Credit Union 6804 E Hillsborough Ave Tampa FL 33602	65,954.49
Fine Mark National Bank 3 Trust 126 E Creekside Ln Fort Myers FL 33919	211,202.44

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

N/A

PART D -- INCOME

16 JUN 20 PM 4 49 50 E LEE CO FL

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 2015 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 2015 federal income tax return and all W2's, schedules, and attachments.
 (If you check this box and attach a copy of your 2015 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	WMA	MA	
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 LEE

Sworn to (or affirmed) and subscribed before me this 17th day of

JUNE, 2016, by JAMES DIDIO

Tamaris A. Lipa
 (Signature of Notary Public--State of Florida)

TAMARIS A. LIPA
 NOTARY PUBLIC
 STATE OF FLORIDA
 Comm# FF131843
 Expires 11/1/2018

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

Personally Known OR Photo ID

Type of Identification Produced _____

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

Form **8879**

IRS e-file Signature Authorization

OMB No 1545-0074

2015

Department of the Treasury
Internal Revenue Service

- Do not send to the IRS. This is not a tax return.
- Keep this form for your records.
- Information about Form 8879 and its instructions is at www.irs.gov/form8879.

Submission Identification Number (SID) 

Taxpayer's name JAMES F. DIDIO		Social security number 
Spouse's name SAMANTHA E. DIDIO		Spouse's social security number 


Part I Tax Return Information – Tax Year Ending December 31, 2015 (Whole Dollars Only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	18,942
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	
3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	1,210
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	8,758
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)


Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2015, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund if applicable. I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize W. BRADLEY COOPER, JR. CPA PA to enter or generate my PIN  as my signature on my tax year 2015 electronically filed income tax return
ERO firm name Enter five digits, but do not enter all zeros
- I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below

Your signature • _____ Date • 02/11/16


Spouse's PIN: check one box only

- I authorize W. BRADLEY COOPER, JR. CPA PA to enter or generate my PIN  as my signature on my tax year 2015 electronically filed income tax return.
ERO firm name Enter five digits, but do not enter all zeros
- I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below

Spouse's signature • _____ Date • 02/11/16

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2015 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature • _____ Date • 02/11/16

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

Form 1040

Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

2015

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

16 JUN 20 09 4 49 SOE LEE CO FI

Header section containing personal information: Your first name and initial (JAMES F.), Last name (DIDIO), Your social security number, Spouse's social security number (SAMANTHA E.), Home address (5664 NATOMA DRIVE), City (FORT MYERS), State (FL), ZIP code (33919).

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

Exemptions section: 6a Yourself (checked), 6b Spouse (checked), 6c Dependents table with columns for First name, Last name, Social security number, and Relationship to you. Includes total number of exemptions claimed (4).

Income section: 7 Wages, salaries, tips, etc. (17,756); 8a Taxable interest; 9a Ordinary dividends; 10 Taxable refunds; 11 Alimony received; 12 Business income; 13 Capital gain; 14 Other gains; 15a IRA distributions; 16a Pensions and annuities; 17 Rental real estate; 18 Farm income; 19 Unemployment compensation; 20a Social security benefits; 21 Other income (PRIOR YEAR NOL -2,360); 22 Total income (18,942).

Adjusted Gross Income section: 23 Educator expenses; 24 Business expenses; 25 Health savings account deduction; 26 Moving expenses; 27 Self-employment tax; 28 Self-employed SEP; 29 Self-employed health insurance; 30 Penalty on early withdrawal; 31a Alimony paid; 32 IRA deduction; 33 Student loan interest; 34 Tuition and fees; 35 Domestic production activities deduction; 36 Add lines 23 through 35; 37 Subtract line 36 from line 22 (18,942).

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 18,942

39a Check You were born before January 2, 1951. Blind Total boxes checked • 39a

if: Spouse was born before January 2, 1951. Blind 39b

b If your spouse itemizes on a separate return or you were a dual-status alien, check here • 39b

Standard Deduction for—

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 12,600

41 Subtract line 40 from line 38 41 6,342

42 Exemptions. If line 38 is \$154,050 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions 42 16,000

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 0

44 Tax (see instr.). Check if any from a Form(s) 8814 b Form 4972 c 44 0

45 Alternative minimum tax (see instructions). Attach Form 8251 45

46 Excess advance premium tax credit repayment. Attach Form 8962 46

47 Add lines 44, 45, and 46 47

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 8800 51

52 Child tax credit. Attach Schedule 8812, if required 52

53 Residential energy credits. Attach Form 5695 53

54 Other credits from Form: a 3800 b 8801 c 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 0

Other Taxes

57 Self-employment tax. Attach Schedule SE 57

58 Unreported social security and Medicare tax from Form: a 4137 b 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 Health care: individual responsibility (see instructions) Full-year coverage 61

62 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) 62

63 Add lines 56 through 62. This is your total tax 63 0

Payments

64 Federal income tax withheld from Forms W-2 and 1099 64 1,210

65 2015 estimated tax payments and amount applied from 2014 return 65

66a Earned income credit (EIC) 66a 5,548

b Nontaxable combat pay election 66b

67 Additional child tax credit. Attach Schedule 8812 67 2,000

68 American opportunity credit from Form 8853, line 8 68

69 Net premium tax credit. Attach Form 8962 69

70 Amount paid with request for extension to file 70

71 Excess social security and tier 1 RRTA tax withheld 71

72 Credit for federal tax on fuels. Attach Form 4136 72

73 Credits from Form: a 2439 b Reserved c 8885 d 73

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 8,758

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 8,758

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 76a 8,758

b Routing number • c Type: Checking Savings

d Account number

77 Amount of line 75 you want applied to your 2016 estimated tax • 77

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78

79 Estimated tax penalty (see instructions) 79

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name • W. BRADLEY COOPER, JR. CPA Personal identification number (PIN) • [REDACTED] Phone no. • 239-275-4511

Sign Here

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

Your signature _____ Date _____ Your occupation: MANAGEMENT

Spouse's signature: If a joint return, both must sign _____ Date _____ Spouse's occupation: HOMEMAKER

Daytime phone number _____

If the IRS sent you an Identity Protection PIN, enter it here (see instr.) _____

Print/type preparer's name: W. BRADLEY COOPER, JR. CPA Preparer's signature: W. Bradley Cooper, Jr. CPA Date: 02/19/16 Check if PTIN self-employed P00064315

Preparer Firm's name: W. BRADLEY COOPER, JR. CPA PA Firm's EIN: [REDACTED]

Use Only Firm's address: 8290 COLLEGE PKWY STE 101 FORT MYERS FL 33919-5157 Phone no: 239-275-4511

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Taxpayer Name JAMES F. DIDIO
Spouse Name SAMANTHA E. DIDIO

DO NOT SUBMIT THIS DOCUMENT TO IRS UNLESS REQUESTED TO DO SO

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

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

ERO's PIN [REDACTED]

Taxpayer Declarations

Perjury Statement

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

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent

If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH Electronic Funds Withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal consent.

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

Date (all numerics) 02/11/16

Taxpayer's PIN (enter five numbers, other than all zeroes) [REDACTED]

Spouse's PIN (enter five numbers, other than all zeroes) [REDACTED]

Form 1310 Signature and Verification

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

Signature of person claiming refund

Date

16 JUN 20 PM 4 49 SCE LEE C0 F1

Name(s) shown on return. Do not enter name and social security number if shown on other side

Your social security number

JAMES F. & SAMANTHA E. DIDIO

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part III Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. [] Yes [X] No

Table with 5 columns: (a) Name, (b) Enter P for partnership, S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Row A: SOUTHWEST FLORIDA MOTORS, LLC, S, 47-2571289.

Summary table for Part III with columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Totals: 301, 3,847, 0, 301, 3,847. Total partnership and S corporation income or (loss): 3,546.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B are blank.

Summary table for Part III with columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Totals: 35, 36, 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39: 39

Part V Summary

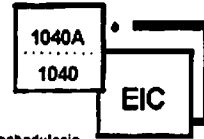
Summary table for Part V with columns: Description, Amount. Row 41: Total Income or (loss). 3,546. Row 42: Reconciliation of farming and fishing income. Row 43: Reconciliation for real estate professionals.

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SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information



OMB No. 1545-0074

2015

Attachment Sequence No **43**

Department of the Treasury
Internal Revenue Service (99)

- Complete and attach to Form 1040A or 1040 only if you have a qualifying child.
- Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic.

Name(s) shown on return

JAMES F. DIDIO
SAMANTHA E. DIDIO

Your social security number

Before you begin:

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

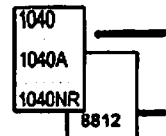
	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	[REDACTED] DIDIO		[REDACTED] DIDIO			
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2015. If your child was born and died in 2015 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records	[REDACTED]		[REDACTED]			
3 Child's year of birth If born after 1996 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year <u>2013</u>		Year <u>2015</u>		Year _____	
4a Was the child under age 24 at the end of 2015, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.
b Was the child permanently and totally disabled during any part of 2015?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	Go to line 5.	The child is not a qualifying child.	Go to line 5.	The child is not a qualifying child.	Go to line 5.	The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	SON		DAUGHTER			
6 Number of months child lived with you in the United States during 2015 • If the child lived with you for more than half of 2015 but less than 7 months, enter "7". • If the child was born or died in 2015 and your home was the child's home for more than half the time he or she was alive during 2015, enter "12."	<u>12</u> months Do not enter more than 12 months.		<u>12</u> months Do not enter more than 12 months.		_____ months Do not enter more than 12 months.	

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

Schedule EIC (Form 1040A or 1040) 2015

SCHEDULE 8812
(Form 1040A or 1040)

Child Tax Credit



OMB No. 1545-0074

2015

Attachment
Sequence No **47**

Department of the Treasury
Internal Revenue Service (99)

• Attach to Form 1040, Form 1040A, or Form 1040NR.
• Information about Schedule 8812 and its separate instructions is at
www.irs.gov/schedule8812.

Name(s) shown on return

Your social security number

JAMES F. & SAMANTHA E. DIDIO

Part II Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)



Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit.
If your dependent is not a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

A For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes No

B For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes No

C For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes No

D For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes No

Note: If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here

Part III Additional Child Tax Credit Filers

1 If you file Form 2555 or 2555-EZ stop here, you cannot claim the additional child tax credit.

If you are required to use the worksheet in Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise

1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52).

1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35).

1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49).

1 **2,000**

2 Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49

3 Subtract line 2 from line 1. If zero, stop; you cannot take this credit

3 **2,000**

4a Earned income (see separate instructions)

4a **17,756**

b Nontaxable combat pay (see separate instructions)

4b

5 Is the amount on line 4a more than \$3,000?

No. Leave line 5 blank and enter -0- on line 6.

Yes. Subtract \$3,000 from the amount on line 4a. Enter the result

5 **14,756**

6 Multiply the amount on line 5 by 15% (.15) and enter the result

6 **2,213**

Next, do you have three or more qualifying children?

No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13.

Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.

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

Schedule 8812 (Form 1040A or 1040) 2015

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JAMES F. & SAMANTHA E. DIDIO

Schedule 8812 (Form 1040A or 1040) 2015

Part III Certain Filers Who Have Three or More Qualifying Children

7 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions	7	
8 1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62. 1040A filers: Enter -0-. 1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60	8	
9 Add lines 7 and 8	9	
10 1040 filers: Enter the total of the amounts from Form 1040, lines 68a and 71. 1040A filers: Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions). 1040NR filers: Enter the amount from Form 1040NR, line 67.	10	
11 Subtract line 10 from line 9. If zero or less, enter -0-		11
12 Enter the larger of line 6 or line 11 Next, enter the smaller of line 3 or line 12 on line 13.		12

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Part IV Additional Child Tax Credit

13 This is your additional child tax credit	13	2,000
---	----	-------

1040	Enter this amount on Form 1040, line 67, Form 1040A, line 43, or Form 1040NR, line 64.
1040A	
1040NR	

JAMES F. & SAMANTHA E. DIDIO

Part V Documents Provided to You

26 Identify below any document that the taxpayer provided to you and that you relied on to determine the taxpayer's EIC eligibility. Check all that apply. Keep a copy of any documents you relied on. See the instructions before answering. If there is no qualifying child, check box a. If there is no disabled child, check box o.

Residency of Qualifying Child(ren)

- | | | | |
|--------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> | a No qualifying child | <input type="checkbox"/> | i Place of worship statement |
| <input type="checkbox"/> | b School records or statement | <input type="checkbox"/> | j Indian tribal official statement |
| <input type="checkbox"/> | c Landlord or property management statement | <input type="checkbox"/> | k Employer statement |
| <input type="checkbox"/> | d Health care provider statement | <input type="checkbox"/> | l Other (specify) _____ |
| <input type="checkbox"/> | e Medical records | | _____ |
| <input type="checkbox"/> | f Child care provider records | | _____ |
| <input type="checkbox"/> | g Placement agency statement | <input type="checkbox"/> | m Did not rely on any documents, but made notes in file |
| <input type="checkbox"/> | h Social service records or statement | <input checked="" type="checkbox"/> | n Did not rely on any documents |

Disability of Qualifying Child(ren)

- | | | | |
|-------------------------------------|---|--------------------------|---|
| <input checked="" type="checkbox"/> | o No disabled child | <input type="checkbox"/> | s Other (specify) _____ |
| <input type="checkbox"/> | p Doctor statement | | _____ |
| <input type="checkbox"/> | q Other health care provider statement | | _____ |
| <input type="checkbox"/> | r Social services agency or program statement | <input type="checkbox"/> | t Did not rely on any documents, but made notes in file |
| | | <input type="checkbox"/> | u Did not rely on any documents |

27 If a Schedule C is included with this return, identify below the information that the taxpayer provided to you and that you relied on to prepare the Schedule C. Check all that apply. Keep a copy of any documents you relied on. See the instructions before answering. If there is no Schedule C, check box a.

Documents or Other Information

- | | | | |
|-------------------------------------|--|--------------------------|---|
| <input checked="" type="checkbox"/> | a No Schedule C | <input type="checkbox"/> | h Bank statements |
| <input type="checkbox"/> | b Business license | <input type="checkbox"/> | i Reconstruction of income and expenses |
| <input type="checkbox"/> | c Forms 1099 | <input type="checkbox"/> | j Other (specify) _____ |
| <input type="checkbox"/> | d Records of gross receipts provided by taxpayer | | _____ |
| <input type="checkbox"/> | e Taxpayer summary of income | | _____ |
| <input type="checkbox"/> | f Records of expenses provided by taxpayer | <input type="checkbox"/> | k Did not rely on any documents, but made notes in file |
| <input type="checkbox"/> | g Taxpayer summary of expenses | <input type="checkbox"/> | l Did not rely on any documents |

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Form **4562**

Depreciation and Amortization

OMB No. 1545-0172

(Including Information on Listed Property)

2015

Department of the Treasury
Internal Revenue Service (99)

Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment Sequence No **179**

Name(s) shown on return

JAMES F. & SAMANTHA E. DIDIO

Identifying number

Business or activity to which this form relates

PASS-THROUGH EXPENSE FROM K-1

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property FROM SCHEDULE K-1 (FORM 1120S)	(b) Cost (business use only)	(c) Elected cost 301
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	301
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	301
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	21,603
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	301
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

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

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

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

Section C—Assets Placed In Service During 2015 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	301
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

Form 1040	Shareholder's Basis Worksheet Page 1	2015
Name JAMES F. DIDIO		Taxpayer Identification Number [REDACTED]
Name of Entity SOUTHWEST FLORIDA MOTORS, LLC		EIN 47-2571289
Passive Activity Type NOT PASSIVE		KT Unit 1

Shareholder Stock Basis

1. Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero	1.		0
Increases to stock basis			
2. Capital contributions	2.		
3. Ordinary business income	3.	3,847	
4. Net rental real estate income	4.		
5. Other net rental income	5.		
6. Interest, dividends and royalties	6.		
7. Net capital gains	7.		
8. Net section 1231 gain and ordinary business gain	8.		
9. Tax-exempt interest and other tax-exempt income	9.		
10. Other income	10.		
11. Excess of deductions for depletion over basis of property (other than oil and gas)	11.		
12. Other increases to stock basis	12.		
13. Total increases to stock basis. Combine lines 2 through 12	13.	3,847	
14. Stock basis before distributions and items of loss or deductions. Add line 1 and line 13 and enter the result here	14.	3,847	
Decreases to stock basis			
15. Distributions allowed	15.		
16. Stock basis after distributions and before items of loss or deductions. Subtract line 15 from line 14. If zero or less, enter - 0 -	16.	3,847	
17. Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2)	17.	474	
18. Other decreases to stock basis	18.		
19. Amount used to restore loan basis	19.		
20. Total decreases (other than distributions) to stock basis. Combine lines 17 through 19	20.	474	
21. Stock basis at the end of year. (Subtract line 20 from line 16) Per IRC 1367(a)(2) do not enter an amount below zero	21.	3,373	

Shareholder Loan Basis

22. Beginning of year loan basis. Per IRC 1367(b)(2)(A) do not enter an amount below zero	22.		0
23. Loans to corporation	23.	19,112	
24. Loan basis restored from line 19 above	24.		
25. Other increases to loan basis	25.		
26. Loan repayments from line 40	26.		
27. Loan basis before losses and deductions. Combine lines 22 through 26	27.	19,112	
28. Losses and deductions applied against loan basis. (See Shareholder Basis Worksheet Page 2)	28.		
29. Other decreases to loan basis	29.		
30. Total decreases to loan basis. Add lines 28 and 29	30.	0	
31. Loan basis at the end of year (Subtract line 30 from line 27) Per IRC 1367(b)(2)(A) do not enter an amount below zero	31.	19,112	
32. Stock and loan basis at the end of the year (Add lines 21 and line 31)	32.	22,485	

Gain Recognized on Excess Distributions

33. Property distributions reported in Box 16, Code D, Schedule K-1 (1120S)	33.		
34. Stock basis before distributions and loss items (line 14) less gain from the entire disposition of stock reported on line 18.	34.		
35. Total gain recognized on excess distributions. (Subtract line 34 from line 33)	35.		
<input type="checkbox"/> Sch D/8949, short-term capital gain _____ <input type="checkbox"/> Sch D/8949, long-term capital gain _____			

Gain Recognized on Repayment of Shareholder Loan

36. Loan basis at beginning of tax year	36.		0
37. Basis restored - amount used in prior years to offset losses	37.		
38. Loan basis before loan repayment. Add line 36 and line 37	38.		
39. Face amount of shareholder loan at beginning of tax year	39.		
40. Loan repayments to shareholder during tax year	40.		
41. Nontaxable return of loan basis. Divide line 38 by line 39 and multiply the result by line 40	41.		
42. Gain recognized on repayment of shareholder loan (Subtract line 41 from line 40)	42.		
<input type="checkbox"/> Sch D/8949, short-term capital gain _____ <input type="checkbox"/> Sch D/8949, long-term capital gain _____			

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Form **1040** Shareholder's Basis Worksheet Page 2 2015

Name **JAMES F. DIDIO** Taxpayer Identification Number **078-78-1421**

Entity Name **SOUTHWEST FLORIDA MOTORS, LLC** EIN **47-2571289** Passive Activity Type **NOT PASSIVE** K1 Unit **1**

BASIS REDUCED BY NONDEDUCTIBLE ITEMS BEFORE LOSS AND DEDUCTION ITEMS

Loss Allocated to Shareholder Stock and Loan Basis

	Suspended Losses	Current Year Loss	Total Loss	Percent	Allowed Stock Loss	Disallowed Stock Loss	Percent	Allowed Loan Loss	Disallowed Loss Carryforward	Total Allowed Loss
Nondeductible noncapital exp & oil/gas depletion deduction		73	73	1.0000	73					73
Losses and deductions										
Ordinary business loss										
Net rental real estate loss										
Other net rental loss										
Short-term capital loss										
Long-term capital loss										
28% capital loss										
Section 1231 loss										
4797 - Ordinary loss										
Other portfolio loss										
1256 contracts and straddles										
Other losses - Schedule E										
Other losses - 1040 pg 1										
Section 179 expense		301	301	0.7506	301					301
Cash contributions (50%)		100	100	0.2494	100					100
Cash contributions (30%)										
Noncash contributions (50%)										
Noncash contributions (30%)										
Cap gain prop 50% org (30%)										
Cap gain prop (20%)										
Portfolio deductions (2% floor)										
Portfolio deductions (other)										
Investment interest expense										
Depletion										
Deductions-royalty income										
Section 59(e)(2) expenditures										
Preproductive period exp										
Commercial revitalization ded										
Reforestation expense ded										
Other deductions										
Foreign taxes										
Total losses and deductions		401	401	1.0000	401					401
Total nonded and deductible items		474	474		474					474

Form **1040****Child Tax Credit - Taxable Earned Income Worksheet****2015**

Name

Taxpayer Identification Number

JAMES F. & SAMANTHA E. DIDIO**Before you begin:**

- Use this worksheet only if you were sent here from the Line 11 Worksheet or line 4a of Schedule 8812, Child Tax Credit.
- Disregard community property laws when figuring the amounts to enter on this worksheet.
- If married filing jointly, include your spouse's amounts with yours when completing this worksheet.

1.a. Enter the amount from Form 1040, line 7 or Form 1040NR, line 8.	1a.	<u>17,756</u>
b. Enter the amount of any nontaxable combat pay received. Also enter this amount on Schedule 8812, line 4b This amount should be shown in Form(s) W-2, box 12, with code Q. Next, if you are filing Schedule C, C-EZ, F or SE, or you received a Schedule K-1 (Form 1065 or Form 1065-B), go to line 2a. Otherwise, skip lines 2a through 2e and go to line 3.	1b.	_____
2.a. Enter any statutory employee income reported on line 1 of Schedule C or C-EZ	2a.	_____
b. Enter any net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1 * Reduce this amount by any partnership section 179 expense deduction, any depletion on oil and gas properties, and any unreimbursed nonfarm partnership expenses you deducted on Schedule E. Do not include any statutory employee income or any other amounts exempt from self-employment tax.	2b.	_____
c. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A. * Reduce this amount by any partnership section 179 expense deduction, any depletion on oil and gas properties, and any unreimbursed farm partnership expenses you deducted on Schedule E. Do not include any amounts exempt from self-employment tax.	2c.	_____
d. If you used the farm optional method to figure net earnings from self-employment, enter the amount from Schedule SE, Section B, line 15. Otherwise, skip this line and enter on line 2e the amount from line 2c.	2d.	_____
e. If line 2c is a profit, enter the smaller of line 2c or line 2d. If line 2c is a (loss), enter the (loss) from line 2c.	2e.	_____
3. Add lines 1a, 1b, 2a, 2b, and 2e. If zero or less, stop. Do not complete the rest of this worksheet. Instead, enter -0- on line 2 of the Line 11 Worksheet or line 4a of Schedule 8812, whichever applies.	3.	<u>17,756</u>
4. Enter any amount included on line 1a that is:		
a. A scholarship or fellowship grant not reported on Form W-2	4a.	_____
b. For work done while an inmate in a penal institution (enter "PRI" and this amount on the dotted line next to line 7 of Form 1040 or line 8 of Form 1040NR)	4b.	_____
c. A pension or annuity from a nonqualified deferred compensation plan or a section 457 plan (enter "DFC" and this amount on the dotted line next to line 7 of Form 1040 or line 8 of Form 1040NR). This amount may be shown in box 11 of your Form W-2. If you received such an amount but box 11 is blank, contact your employer for the amount received as a pension or annuity.	4c.	_____
5. Enter the amount from Form 1040, line 27 or Form 1040NR, line 27	5.	_____
6. Add lines 4a through 4c, and 5	6.	_____
7. Subtract line 6 from line 3	7.	<u>17,756</u>

- If you were sent here from the Line 11 Worksheet, enter this amount on line 2 of that worksheet.
- If you were sent here from Schedule 8812, enter this amount on line 4a of that form.

*If you have any Schedule K-1 amounts and you are not required to file Schedule SE, complete the appropriate line(s) of Schedule SE, Section A.
Put your name and social security number on Schedule SE and attach it to your return.

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Form 1040	Roth IRA Worksheets	2015
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Name JAMES F. & SAMANTHA E. DIDIO	Taxpayer Identification Number [REDACTED]
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	Taxpayer IRA	Spouse IRA
Modified adjusted gross income for Roth IRA contributions	18,942	18,942

Roth IRA Contribution Worksheet

1. Enter your taxable compensation	14,933	12,256
2. Enter the smaller of line 1 or \$5,500 (\$6,500 if 50 or older)	5,500	5,500
3. Enter your total contributions to traditional IRAs for 2015		
4. Subtract line 3 from line 2	5,500	5,500
5. Enter \$193,000 if married filing jointly or qualifying widow(er), \$10,000 if married filing separately and you lived with your spouse at any time during the year. All other filers, enter \$131,000	193,000	193,000
6. Enter your modified AGI for purposes of Roth IRAs	18,942	18,942
7. Subtract line 6 from line 5. If zero or less, stop here; you may not contribute to a Roth IRA for 2015. See Recharacterizations on page 3 of Form 8606 instructions if you made Roth IRA contributions for 2015	174,058	174,058
8. If line 5 above is \$131,000, enter \$15,000; otherwise, enter \$10,000. If line 7 is greater than or equal to line 8, skip lines 9 and 10, and enter the amount from line 4 on line 12	10,000	10,000
9. Divide line 7 by line 8 and enter the result as a decimal (rounded to at least 3 places). Do not enter more than "1.000"		
10. Multiply line 2 by line 9. If the result is not a multiple of \$10, round it up to the next multiple of \$10 (e.g., round \$611.40 to \$620)		
11. Enter the greater of \$200 or the amount on line 10		
12. Maximum 2015 Roth IRA contribution. Enter the smaller of line 4 or line 11. See Recharacterizations on page 3 of Form 8606 instructions if you contributed more than this amount to Roth IRAs for 2015	5,500	5,500

	Taxpayer IRA	Spouse IRA
Modified adjusted gross income for Roth IRA conversions (does not include minimum required distributions)	18,942	18,942

Worksheet for Determining Roth IRA Basis Amounts

1. Basis in your Roth IRA contributions as of December 31, 2014	5,500	5,500
2. Enter your Roth IRA contributions for 2015, adjusted for any recharacterizations	5,500	5,500
3. Add lines 1 and 2	11,000	11,000
4. Enter the amount, if any, from Form 8606, line 19		
5. Contribution basis deducted as loss on Schedule A, line 23, not reduced by distributions		
6. Basis in your Roth IRA contributions as of December 31, 2015. Subtract lines 4 and 5 from line 3. If zero or less, enter -0-	11,000	11,000
7. Basis in your Roth IRA conversions as of December 31, 2014		
8. Enter the amount(s), if any, from Form 8606 line 16		
9. Add lines 7 and 8		
10. Enter the amount, if any, from Form 8606, line 23		
11. Conversion basis deducted as loss on Schedule A, line 23, not reduced by distributions		
12. Basis in your Roth IRA conversions as of December 31, 2015. Subtract line 10 and 11 from line 9. If zero or less, enter -0-	0	0

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Form 1040	Roth IRA MAGI Worksheet	2015
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Name JAMES F. & SAMANTHA E. DIDIO	Taxpayer Identification Number [REDACTED]
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Total Income with adjustments for calculating MAGI

1. Wages	1.	17,756
2. Taxable interest	2.	
3. Ordinary dividends	3.	
4. State and local tax refunds	4.	
5. Alimony received	5.	
6. Business income/loss	6.	
7. Capital gain/loss	7.	
8. Other gains/losses	8.	
9. Taxable IRA distributions	9.	
10. Taxable IRA distributions calculated using the IRA with IRA worksheet from Pub. 590-B	10.	
11. Pensions and annuities	11.	
12. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	12.	3,546
13. Farm income/loss	13.	
14. Unemployment compensation	14.	
15. Taxable social security benefits	15.	
16. Other income/loss	16.	-2,360
17. Add: Foreign earned income exclusion	17.	
18. Foreign housing exclusion	18.	
19. Exclusion of qualified bond interest shown on Form 8815	19.	
20. Exclusion of employer-paid adoption expenses shown on Form 8839	20.	
21. Total income for MAGI calculation, combine lines 1 through 20	21.	18,942

Adjustments for calculating MAGI

22. Educator expenses	22.	
23. Certain business expenses from Form 2106	23.	
24. Health savings account deduction	24.	
25. Moving expenses	25.	
26. Deductible part of self-employment tax	26.	
27. Self-employed SEP, SIMPLE, and qualified plans	27.	
28. Self-employed health insurance deduction	28.	
29. Penalty on early withdrawal of savings	29.	
30. Alimony paid	30.	
31. Other deductions	31.	
32. Less: Foreign housing deduction	32.	
33. Total deductions for MAGI calculation, add lines 22 through 31, and subtract line 32	33.	
34. Modified Adjusted Gross Income MAGI, subtract line 33 from line 21	34.	18,942
35. Adjustment to modified adjusted gross income from Screen IRA	35.	
36. Modified Adjusted Gross Income MAGI, combine line 34 and 35 (for Roth IRA contributions)	36.	18,942
37. Less: Minimum required distributions	37.	
38. Modified Adjusted Gross Income MAGI, subtract line 37 from line 36 (for Roth IRA conversions)	38.	18,942

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Form 1040	IRA Compensation Worksheet	2015
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Name JAMES F. & SAMANTHA E. DIDIO	Taxpayer Identification Number
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	Taxpayer	Spouse
Wages	<u>14,933</u>	<u>2,823</u>
Alimony received		
Combat pay		
Child non-Self-employment income		
Household income		
Foreign employee compensation		
Ordinary incentive stock option		
Excess utility allowance		
Excess rent allowance		
Foreign noncash allowance		
2106 excess reimbursement		
Excess moving reimbursement		
Workfare	()	()
Non-qualified plan distribution, Form W-2 box 11	()	()
Allowable foreign exclusion	()	()
Self-Employment Income		
Farm income		
Schedule F and Farm Partnership income		
Auto expense from farm partnerships	()	()
Section 179 from farm partnerships	()	()
Depletion from farm partnerships	()	()
Other expenses from farm partnerships	()	()
Home office expenses from farm partnerships	()	()
Unreimbursed partnership expenses from farm partnerships	()	()
Farm income	<u>0</u>	<u>0</u>
Nonfarm income		
Schedule C and Nonfarm Partnership income		
Auto expense from nonfarm partnerships	()	()
Section 179 from nonfarm partnerships	()	()
Depletion from nonfarm partnerships	()	()
Other expenses from nonfarm partnerships	()	()
Home office expenses from nonfarm partnerships	()	()
Unreimbursed partnership expenses from nonfarm partnerships	()	()
Nonfarm income	<u>0</u>	<u>0</u>
Self-employment tax deduction	()	()
Self-employed SEP, SIMPLE, and qualified plans deduction	()	()
Adjustment from screen IRA		
Total compensation	<u><u>14,933</u></u>	<u><u>2,823</u></u>

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Additional Calculation of Compensation for the Lower Compensated Spouse for IRA Purposes

Compensation for lower compensated spouse from above	<u>2,823</u>
Add: Compensation for higher compensated spouse from above	<u>14,933</u>
Less: IRA contribution for higher compensated spouse	<u>(5,500)</u>
Compensation for lower compensated spouse for IRA purposes	<u><u>12,256</u></u>

SPOUSE IS THE LOWER COMPENSATED SPOUSE.

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Form 1040		K-1 Reconciliation Worksheet - Form 1040, Sch A, Form 4952, 8903						2015	
Name		JAMES F. DIDIO				Taxpayer Identification Number			
Entity Name		SOUTHWEST FLORIDA MOTORS, LLC		EIN 47-2571289		Entity Type S CORPORATION		Screen K1 K1 Unit 1	
Activity	Passive Activity Type NOT PASSIVE						Entire disposition of activity		
	Current Year Amount	PY Suspended Basis Loss	Disallowed Basis Limitation	PY Suspended At-risk Loss	Disallowed At-risk Limitation	PY Suspended Passive Loss	Disallowed Loss Limitation	Tax Return	
Form 1040 page 1									
Other portfolio income/loss									
Other income/loss									
Penalty on early withdrawal									
1040 page 2									
Federal income tax withheld									
Undistributed capital gains credit									
Recapture of low-income housing or									
Recapture of indian employment or									
Recapture of employ child care or									
Recapture of new markets or									
Recapture of qual electric veh or									
Recapture of all motor vehicle or									
Recapture of all fuel veh reducing or									
Schedule A									
Cash contributions (50%)	100								100
Cash contributions (30%)									
Noncash contributions (50%)									
Noncash contributions (30%)									
Cap gain prop 50% org (30%)									
Cap gain prop (20%)									
Portfolio deductions (2% floor)									
Portfolio deductions (other)									
Real estate taxes									
State and local tax withheld paid									
Foreign taxes									
Investment int from 4952									
Form 4952									
Investment interest expense									
Investment income adjustment									
Investment expenses									
Form 8909									
Qualified production activities income									
Employer's W-2 wages		Current loss							
Deductions attributable to QPAI		disallowed %	%		PY susp deducts	% Allowed	%		

Form **1040** **Net Operating Loss Worksheet 2 - Carryover Calculation** **2015**

Name

JAMES F. & SAMANTHA E. DIDIO

Taxpayer Identification Number

[REDACTED]

USE YOUR 2015 FORM 1040 TO COMPLETE THE WORKSHEET:

1. Enter as a positive number your NOL deduction from line 21 (Form 1040)
2. Enter your taxable income without the NOL deduction
3. Enter as a positive number any net capital loss deduction
4. Enter as a positive number any gain excluded on the sale of qualified small business stock
5. Enter the amount of any domestic production activities deduction
6. Enter any adjustments to adjusted gross income
7. Enter any adjustments to itemized deductions from below
8. Enter your deduction for personal exemptions
9. Modified taxable income Combine lines 2 through 8 & enter result (but not less than zero)
10. NOL carryover to 2016 Subtract line 9 from line 1 & enter result (not less than zero)

	2,360
-7,298	
0	
0	
0	
0	
0	
16,000	
	8,702

ADJUSTMENTS TO ITEMIZED DEDUCTIONS (Individuals Only)

11. Enter your adjusted gross income without the NOL deduction
12. Combine lines 3, 4, 5, and 6 above
13. Modified adjusted gross income. Combine lines 11 and 12 above

0	
	0

ADJUSTMENTS TO MEDICAL EXPENSES:

14. Enter your medical expenses from Schedule A (Form 1040), line 4
15. Enter your medical expenses from Schedule A (Form 1040), line 1
16. Multiply line 13 by 10% (.10), or 7.5% (.075), if born before January 2, 1950
17. Subtract line 16 from line 15 and enter the result (but not less than zero)
18. Subtract line 17 from line 14

ADJUSTMENTS TO MORTGAGE INSURANCE PREMIUMS:

19. Enter your qualified mortgage insurance premiums deduction from Schedule A (Form 1040), line 13
20. Refigure your mortgage insurance premiums deduction using line 13 above as your AGI
21. Subtract line 20 from line 19

ADJUSTMENTS TO CHARITABLE CONTRIBUTIONS:

22. Enter your charitable contributions deduction from Schedule A (Form 1040), line 19
23. Refigure your charitable contributions deduction using line 13 above as your AGI
24. Subtract line 23 from line 22

ADJUSTMENT TO CASUALTY AND THEFT LOSSES:

25. Enter your casualty and theft losses from Form 4684, line 18
26. Enter your casualty and theft losses from Form 4684, line 16
27. Multiply line 13 by 10% (.10)
28. Subtract line 27 from line 26 and enter the result (but not less than zero)
29. Subtract line 28 from line 25 and enter the result (but not less than zero)

ADJUSTMENT TO MISCELLANEOUS DEDUCTIONS:

30. Enter your miscellaneous itemized deductions from Schedule A (Form 1040), line 27
31. Enter your miscellaneous itemized deductions from Schedule A (Form 1040), line 24
32. Multiply line 13 by 2% (.02)
33. Subtract line 32 from line 31. Enter the result (but not less than zero)
34. Subtract line 33 from line 30

TENTATIVE TOTAL ADJUSTMENT:

35. Combine lines 18, 21, 24, 27 and 34. Enter results here. If line 13 is equal or lower than the itemized deduction threshold, also, enter the result on line 7 and stop here. Otherwise, go to line 36

--	--

ADJUSTMENT TO OVERALL ITEMIZED LIMIT:

36. Enter the amount from Schedule A (Form 1040), line 29
37. Add lines 17, 20, 23, 28, and 33 and the amounts from Schedule A, lines 9, 10, 11, 12, 14, and 28
38. Add lines 17 and, 27, Schedule A line 14 and any gambling/casualty amounts on Schedule A, line 28
39. Subtract line 38 from line 37. If the result is zero, enter the amount from line 35 on line 7, stop here
40. Multiply line 39 by 80% (.80)
41. Subtract applicable itemized deduction threshold from the amount on line 13
42. Multiply line 41 by 3% (.03)
43. Enter the smaller of line 40 or line 42
44. Subtract line 43 from line 37. Enter the results (but not less than the standard deduction)
45. Subtract line 44 from line 36. Enter the results here and on line 7

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Form 1040	Net Operating Loss Worksheet 4	2015
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Name **JAMES F. & SAMANTHA E. DIDIO** Taxpayer Identification Number XXXXXXXXXX

Net Operating Loss Carryover Information

Prior Year Carryover	Prior Amounts Utilized/ Generated Current Year	Carryover to 2016
1998 _____	1998 _____	1998 _____
1999 _____	1999 _____	1999 _____
2000 _____	2000 _____	2000 _____
2001 _____	2001 _____	2001 _____
2002 _____	2002 _____	2002 _____
2003 _____	2003 _____	2003 _____
2004 _____	2004 _____	2004 _____
2005 _____	2005 _____	2005 _____
2006 _____	2006 _____	2006 _____
2007 _____	2007 _____	2007 _____
2008 _____	2008 _____	2008 _____
2009 _____	2009 _____	2009 _____
2010 _____	2010 _____	2010 _____
2011 _____	2011 _____	2011 _____
2012 _____	2012 _____	2012 _____
2013 _____	2013 _____	2013 _____
2014 <u>2,360</u>	2014 _____	2014 <u>2,360</u>
	2015 <u>-2,360</u>	2015 <u>-2,360</u>
	Total	_____

AMT Net Operating Loss Carryover Information

Prior Year Carryover	Prior Amounts Utilized/ Generated Current Year	Carryover to 2016
1998 _____	1998 _____	1997 _____
1999 _____	1999 _____	1999 _____
2000 _____	2000 _____	2000 _____
2001 _____	2001 _____	2001 _____
2002 _____	2002 _____	2002 _____
2003 _____	2003 _____	2003 _____
2004 _____	2004 _____	2004 _____
2005 _____	2005 _____	2005 _____
2006 _____	2006 _____	2006 _____
2007 _____	2007 _____	2007 _____
2008 _____	2008 _____	2008 _____
2009 _____	2009 _____	2009 _____
2010 _____	2010 _____	2010 _____
2011 _____	2011 _____	2011 _____
2012 _____	2012 _____	2012 _____
2013 _____	2013 _____	2013 _____
2014 _____	2014 _____	2014 _____
	2015 _____	2015 _____
	Total	_____

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Form 1040	Schedule EIC Worksheet 1	2015
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Name JAMES F. & SAMANTHA E. DIDIO	Taxpayer Identification Number [REDACTED]
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Worksheet 1. Investment Income

Interest and Dividends

1. Enter any amount from Form 1040, line 6a. 1. _____
2. Enter any amount from Form 1040, line 8b plus any amount on Form 8814, line 1b 2. _____
3. Enter any amount from Form 1040, line 9a 3. _____
4. Enter the amount from Form 1040, line 21, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. 4. _____

Capital Gain Net Income

5. Enter the amount from Form 1040, line 13. If the amount on that line is a loss, enter -0-. 5. _____
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter zero. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) 6. _____
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter zero.) 7. _____

Royalties and Rental Income from Personal Property

8. Enter any royalty income from Schedule E, line 23b, plus any income from the rental of personal property shown on Form 1040, line 21 8. _____
9. Enter any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Form 1040, line 36. 9. _____
10. Subtract the amount on line 9 of this worksheet from the amount on line 8. (If the result is less than zero, enter zero.) 10. _____

Passive Activities

11. Enter the total of any net income from passive activities (such as income included on Schedule E, line 26, 29a (col. (g)), 34a (col. (d)), or 40; or an ordinary gain from a passive activity reported on Form 4797, line 10.) 11. _____
12. Enter the total of any losses from passive activities (such as losses included on Schedule E, line 26, 29b (col. (f)), 34b (col. (c)), or 40; or an ordinary loss from a passive activity reported on Form 4797, line 10.) 12. _____
13. Combine the amounts on lines 11 and 12, above. (If the result is less than zero, enter -0-) 13. 0
14. Add the amounts on lines 1, 2, 3, 4, 7, 10 and 13. Enter the total. This is your Investment Income. If the total is more than \$3,400, you cannot take the credit. 14. _____

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Worksheet 2. Earned Income

1. Enter the amount from line 7 (Form 1040 or Form 1040A) or line 1 (Form 1040EZ). 1. 17,756
2. If you received a taxable scholarship or fellowship grant that was not reported to you on a Form W-2 but was included in the total on line 7 (Form 1040 or Form 1040A) or line 1 (Form 1040EZ), enter the amount. 2. _____
3. Clergy. If you are a member of the clergy who files Schedule SE and the amount on line 2 of that schedule includes an amount that was also reported on line 7 (Form 1040), enter that amount. 3. _____
4. Church employees. If you received wages as a church employee, enter any amount you included on both line 5a of Schedule SE and line 7 (Form 1040). 4. _____
5. If you received a pension or annuity from a nonqualified deferred compensation plan or a section 457 plan and it was included in the total on line 7 (Form 1040 or Form 1040A) or line 1 (Form 1040EZ), enter the amount. (This amount may be reported in box 11 of your Form W-2. If you received such an amount but box 11 is blank, contact your employer for the amount of the pension or annuity.) 5. _____
6. Add the amounts on lines 2, 3, 4 and 5 of this worksheet. 6. _____
7. If you received nontaxable combat pay that you elect to include in earned income, enter the amount 7. _____
8. Subtract line 6 of this worksheet from line 1. Add to this amount any nontaxable combat pay from line 7. This is your earned income. 8. 17,756

Form 1040	Schedule EIC Worksheet 2	2015
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Name JAMES F. & SAMANTHA E. DIDIO	Taxpayer Identification Number
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Earned Income Credit Worksheet B

1. Self-Employed, Clergy and People with Church Employee Income Filing Schedule SE

- a. Enter the amount from Schedule SE, Section A, line 3, or Section B, line 3, whichever applies. 1a. _____
- b. Enter any amount from Schedule SE, Section B, line 4b and line 5a. 1b. _____
- c. Add lines 1a and 1b. 1c. _____
- d. Enter the amount from Schedule SE, Section A, line 6, or Section B, line 13, whichever applies. 1d. _____
- e. Subtract line 1d from line 1c. 1e. _____

2. Self-Employed NOT Required To File Schedule SE

Do not include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.

- a. Enter any net farm profit or (loss) from schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A. 2a. _____
- b. Enter any net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1085-B), box 9, code J1. 2b. _____
- c. Add lines 2a and 2b. 2c. _____

3. Statutory Employees Filing Schedule C or C-EZ

Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that you are filing as a statutory employee. 3. _____

4. All filers Using EIC Worksheet B

- a. Enter your earned income from Worksheet 2, line 8. 4a. 17,756
- b. Combine lines 1e, 2c, 3 and 4a. This is your total earned income. 4b. 17,756

Is the amount on line 4b less than:

- \$47,747 (\$53,287 for married filing jointly) if you have 3 or more qualifying children, or
- \$44,454 (\$49,974 for married filing jointly) if you have 2 qualifying children, or
- \$39,131 (\$44,651 for married filing jointly) if you have one qualifying child, or
- \$14,820 (\$20,330 for married filing jointly) if you do not have a qualifying child?

YES. Continue on to line 5.

NO. Stop, you cannot take the credit.

- 5. Look up the amount on line 4b above in the EIC Table in the instructions to find the credit. Use the correct column for your filing status. Enter the credit here. 5. 5,548

- 6. Enter your adjusted gross income (line 38 of Form 1040; line 22 of Form 1040A; or line 4 of Form 1040-EZ). 6. 18,942

Note: If the amounts on lines 4b and 6 are the same, skip line 7 and enter the amount from line 5 on line 8.

7. If you have:

- No qualifying children, is the amount on line 6 less than \$8,250 (\$13,750 if married filing jointly)?
- 1 or more qualifying children, is the amount on line 6 less than \$18,150 (\$23,650 if married filing jointly)?

YES. Leave line 7 blank; enter the amount from line 5 on line 8.

NO. Lookup the amount on line 6 in the EIC table in the instructions.

Use the correct column for your filing status and the number of children you have. Enter the credit here. 7. _____

- 8. Look at the amounts on lines 5 and 7. Then, enter the smaller amount on line 8. This is your earned income credit. 8. 5,548

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Federal Statements

Pass-through expense from K-1

Form 4562, Line 11 - Business Income

<u>Description</u>	<u>Amount</u>
WAGE INCOME	\$ 17,756
SCHEDULE E INCOME	<u>3,847</u>
TOTAL BUSINESS INCOME	<u><u>21,603</u></u>

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Federal Statements

Southwest Florida Motors, LLC

Shareholder's Basis Wrk Page 2 - Section 179 Expense Allocated to Stock & Loan Basis

Activity Name	Total Loss	Allowed Stock Loss	Disallowed Stock Loss	Allowed Loan Loss	Disallowed Loan Loss	Total Allowed Loss
SECTION 179	\$ 301	\$ 301	\$	\$	\$	\$ 301
TOTAL	\$ 301	\$ 301	\$ 0	\$ 0	\$ 0	\$ 301

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Form 1040	Carryover Report	2015
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Name JAMES F. & SAMANTHA E. DIDIO	Taxpayer Identification Number [REDACTED]
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Carryover Item	Available to 2015	2015 Amounts		Carryover to 2016
Excess section 179	_____	_____	_____	_____
Excess section 179 - AMT	_____	_____	_____	_____
Minimum tax credit	_____	_____	_____	_____
Investment interest	_____	_____	_____	_____
Investment interest - AMT	_____	_____	_____	_____
Short-term capital loss	_____	_____	_____	_____
Short-term capital loss - AMT	_____	_____	_____	_____
Long-term capital loss	_____	_____	_____	_____
Long-term capital loss - AMT	_____	_____	_____	_____
Residential energy efficient property	_____	_____	_____	_____
D.C. first-time homebuyer credit	_____	_____	_____	_____
Tax credit bonds	_____	_____	_____	_____

Nonrecaptured Section 1231 Losses - Line 8, Form 4797		
2010 Amounts	_____	_____
2011 Amounts	_____	_____
2012 Amounts	_____	_____
2013 Amounts	_____	_____
2014 Amounts	GENERATED	8,418
Available to 2015	_____	8,418
2015 Amounts	_____	_____
Carryover to 2016	_____	8,418

AMT Nonrecaptured Section 1231 Losses - Line 8, Form 4797		
2010 Amounts	_____	_____
2011 Amounts	_____	_____
2012 Amounts	_____	_____
2013 Amounts	_____	_____
2014 Amounts	GENERATED	9,799
Available to 2015	_____	9,799
2015 Amounts	_____	_____
Carryover to 2016	_____	9,799

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Form **1040** Salaries & Wages Report **2015**

Name **JAMES F. & SAMANTHA E. DIDIO** Taxpayer Identification Number **[REDACTED]**

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	T CITY OF SANIBEL	14,933	1,210	14,933
B	S CYRPRESS LAKE UNITED METHODIST	2,823		2,823
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
	Taxpayer	14,933	1,210	14,933
	Spouse	2,823		2,823
	Totals	17,756	1,210	17,756

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	926	14,933	217				
B	175	2,823	41				
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
	Taxpayer	926	14,933	217			
	Spouse	175	2,823	41			
	Totals	1,101	17,756	258			

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				

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Name **JAMES F. & SAMANTHA E. DIDIO** Taxpayer Identification Number [REDACTED]

	2014		2015		Differences
		MFJ		MFJ	
Filing Status					
Dependents claimed		1		2	1
1. Salaries and wages	1.	30,112		17,756	-12,356
2. Interest income	2.				
3. Tax exempt interest income	3.				
4. Dividend income	4.				
5. Qualified dividend income	5.				
6. Taxable state/local refunds	6.				
7. Alimony received	7.				
8. Business income/loss	8.				
9. Capital gain/loss	9.				
10. Other gains/losses	10.	-8,418			8,418
11. Taxable IRA distributions	11.	8,662			-8,662
12. Taxable pensions	12.				
13. Rent and royalty income including farm rental	13.				
14. Partnership/S corp income	14.	-24,054		3,546	27,600
15. Estate or trust income	15.				
16. Farm income/loss	16.				
17. Unemployment compensation	17.				
18. Taxable social security	18.				
19. Other income	19.			-2,360	-2,360
20. Total income	20.	6,302		18,942	12,640
21. Moving expenses	21.				
22. Deductible part of self-employment tax	22.				
23. SEP/SIMPLE/Qualified plans deductions	23.				
24. SE health insurance	24.				
25. Forfeited interest	25.				
26. Alimony paid	26.				
27. IRA deductions	27.				
28. Student loan interest	28.				
29. Other adjustments	29.				
30. Adjusted gross income	30.	6,302		18,942	12,640
31. Medical	31.				
32. Taxes	32.	276		462	186
33. Interest	33.				
34. Contributions	34.			100	100
35. Casualty losses	35.				
36. Miscellaneous expenses	36.				
37. Allowable itemized deductions	37.	276		562	286
38. Standard deduction	38.	12,400		12,600	200
39. Deduction taken	39.	STANDARD 12,400		STANDARD 12,600	200
40. Subtract line 39 from line 30	40.	-6,098		6,342	12,440
41. Exemptions	41.	11,850		16,000	4,150
42. Taxable income	42.	0		0	

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Form **1040**

Two Year Comparison Report - Page 2

2014 & 2015

Name

JAMES F. & SAMANTHA E. DIDIO

Taxpayer Identification Number

	2014	2015	Differences
43. Taxable income from 2YR page 1, line 42	0	0	
44. Tax on taxable income	0	0	
45. Alternative minimum tax			
46. Excess advance premium tax credit			
47. Child care credit			
48. Education credits			
T 49. Retirement savings credit			
a 50. Child tax credit			
x 51. General business credit			
52. Other credits			
C 53. Total credits			
o 54. Net tax liability			
m 55. Self-employment taxes			
p 56. Other taxes			
u 57. Total tax			
t 58. Income tax withheld	2,327	1,210	-1,117
a 59. Estimated tax payments			
t 60. Earned income credit	2,208	5,548	3,340
i 61. Additional Child tax credit	1,000	2,000	1,000
o 62. Other refundable tax credits			
n 63. Other payments			
64. Total payments	5,535	8,758	3,223
65. Tax due/-refund	-5,535	-8,758	-3,223
66. Penalties and interest			
67. Net tax due/-refund	-5,535	-8,758	-3,223
68. Refund applied to estimated tax payments			
69. Refund received	-5,535	-8,758	-3,223
70. Marginal tax rate	10.0%	10.0%	
71. Effective tax rate	%	%	

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Form **8867**

Paid Preparer's Earned Income Credit Checklist

OMB No. 1545-1029

2015

Department of the Treasury
Internal Revenue Service

To be completed by preparer and filed with Form 1040, 1040A, or 1040EZ.
Information about Form 8867 and its separate instructions is at www.irs.gov/form8867.

Attachment
Sequence No. 177

Taxpayer name(s) shown on return

JAMES F. & SAMANTHA E. DIDIO

Taxpayer's social security number



For the definitions of Qualifying Child and Earned Income, see Pub. 596.

Part I All Taxpayers

1 Enter preparer's name and PTIN ▶ **W. BRADLEY COOPER, JR. CPA** **P00064315**

2 Is the taxpayer's filing status married filing separately?

Yes No

▶ If you checked "Yes" on line 2, stop; the taxpayer cannot take the EIC. Otherwise, continue.

3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering

Yes No

▶ If you checked "No" on line 3, stop; the taxpayer cannot take the EIC. Otherwise, continue.

4 Is the taxpayer (or the taxpayer's spouse if filing jointly) filing Form 2555 or 2555-EZ (relating to the exclusion of foreign earned income)?

Yes No

▶ If you checked "Yes" on line 4, stop; the taxpayer cannot take the EIC. Otherwise, continue.

5a Was the taxpayer (or the taxpayer's spouse) a nonresident alien for any part of 2015?

Yes No

▶ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.

b Is the taxpayer's filing status married filing jointly?

Yes No

▶ If you checked "Yes" on line 5a and "No" on line 5b, stop; the taxpayer cannot take the EIC. Otherwise, continue.

6 Is the taxpayer's investment income more than \$3,400? See the instructions before answering

Yes No

▶ If you checked "Yes" on line 6, stop; the taxpayer cannot take the EIC. Otherwise, continue.

7 Could the taxpayer be a qualifying child of another person for 2015? If the taxpayer's filing status is married filing jointly, check "No." Otherwise, see instructions before answering

Yes No

▶ If you checked "Yes" on line 7, stop; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.

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For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2015)

Part III Taxpayers With a Child

Caution: If there is more than one child, complete lines 8 through 14 for one child before going to the next column.

- 8 Child's name
9 Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them?
10 Was the child unmarried at the end of 2015?
11 Did the child live with the taxpayer in the United States for over half of 2015?
12 Was the child (at the end of 2015)—
13a Do you or the taxpayer know of another person who could check "Yes" on lines 9, 10, 11, and 12 for the child?
14 Does the qualifying child have an SSN that allows him or her to work and is valid for EIC purposes?
15 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2015?

Table with 3 columns: Child 1, Child 2, Child 3. Rows correspond to questions 8-15. Includes checkboxes for Yes/No and names 'DIDIO'.

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Note: If there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than three qualifying children).

JAMES F. & SAMANTHA E. DIDIO

Part III Taxpayers Without a Qualifying Child

16 Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period.) See the instructions before answering.

Yes No

▶ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue

17 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of 2015? See the instructions before answering

Yes No

▶ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue

18 Is the taxpayer eligible to be claimed as a dependent on anyone else's federal income tax return for 2015? If the taxpayer's filing status is married filing jointly, check "No"

Yes No

▶ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue

19 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2015? See instructions

Yes No

▶ If you checked "No" on line 19, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed. Go to line 20.

Part IV Due Diligence Requirements

20 Did you complete Form 8867 based on current information provided by the taxpayer or reasonably obtained by you?

Yes No

21 Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)?

Yes No

22 If any qualifying child was not the taxpayer's son or daughter, do you know or did you ask why the parents were not claiming the child?

Yes No
 Does not apply

23 If the answer to question 13a is "Yes" (indicating that the child lived for more than half the year with someone else who could claim the child for the EIC), did you explain the tiebreaker rules and possible consequences of another person claiming your client's qualifying child?

Yes No
 Does not apply

24 Did you ask this taxpayer any additional questions that are necessary to meet your knowledge requirement? See the instructions before answering

Yes No
 Does not apply

To comply with the EIC knowledge requirement, you must not know or have reason to know that any information you used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to you or known by you, and you must make reasonable inquiries if the information furnished to you appears to be incorrect, inconsistent, or incomplete. At the time you make these inquiries, you must document in your files the inquiries you made and the taxpayer's responses.

25 Did you document (a) the taxpayer's answer to question 22 (if applicable), (b) whether you explained the tiebreaker rules to the taxpayer and any additional information you got from the taxpayer as a result, and (c) any additional questions you asked and the taxpayer's answers?

Yes No
 Does not apply

- You have complied with all the due diligence requirements if you:
 - Completed the actions described on lines 20 and 21 and checked "Yes" on those lines,
 - Completed the actions described on lines 22, 23, 24, and 25 (if they apply) and checked "Yes" (or "Does not apply") on those lines,
 - Submit Form 8867 in the manner required, and
 - Keep all five of the following records for 3 years from the latest of the dates specified in the instructions under Document Retention:
 - Form 8867,
 - The EIC worksheet(s) or your own worksheet(s),
 - Copies of any taxpayer documents you relied on to determine eligibility for or amount of EIC,
 - A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and
 - A record of any additional questions you asked and your client's answers.
- You have not complied with all the due diligence requirements if you checked "No" on line 20, 21, 22, 23, 24, or 25. You may have to pay a \$505 penalty for each failure to comply.

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Canvassing Board Meetings and Logic and Accuracy Testing Schedule

Sharon L. Harrington, Supervisor of Elections

(239) LEE-VOTE (533-8683)

www.lee.vote

Primary Election August 30, 2016

Early Voting Schedule and Information Dates, Times and Locations

Saturday, August 20, 2016 THROUGH Saturday, August 27, 2016
(Including Sunday, August 21, 2016)

10:00 a.m. to 7:00 p.m.

DATE	TIME	EVENT	LOCATION	PURPOSE
08-17-16	9:00 AM	logic and accuracy testing	Lee County Election Center 1180 S. Cleveland Ave., Fort Myers	Test by a random method of the voting machines to be used in the election during early voting and at the precincts on Election Day.
08-17-16	Wednesday	mail by mail ballot	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Test the voter mail ballot tabulating equipment to be used in the election and trial canvass of the voter mail ballots returned to date.
08-25-16	Thursday at 9:00 AM	review of voter by-mail ballots	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of voter by-mail ballots returned to date.
08-29-16	Monday at 3:00 PM	review of voter by-mail ballots	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of voter by-mail ballots returned to date.
08-30-16	1:00 PM	receive "unofficial" election night results	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of voter by-mail ballots and receive "unofficial" election night results.
09-07-16	Friday	canvass of provisional ballots certification of the election	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Canvass of provisional ballots of any official certification of the election. Canvassing board to randomly select a race and precinct(s) to be audited in the post-election manual audit.
09-07-16	9:00 AM	post-election manual audit	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Post-election manual audit. The results will be announced immediately following the completion of the post-election manual audit.

The Public Voting Schedule for the Primary Election is available at the following link: www.lee.vote

I have received a copy of the Canvassing Board Meetings and Logic and Accuracy Testing Schedules for the August 30, 2016 Primary Election and the November 8, 2016 General Election. I understand that I can access OR receive a copy of these schedules at the Lee County Supervisor of Elections website www.lee.vote or by calling (239) LEE-VOTE (533-8683).

Candidate Signature: 

Print Name: JAMES DIDID

Date Signed: 6/17/16



Canvassing Board Meetings and Logic and Accuracy Testing Schedule

Sharon L. Harrington, Supervisor of Elections

(239) LEE-VOTE (533-8683)

www.lee.vote

General Election November 8, 2016

Early Voting Schedule and Information Dates, Times and Locations

Monday, October 24, 2016 through Saturday, November 5, 2016 (Excluding Sunday, October 30, 2016)

10:00 a.m. to 7:00 p.m.

DATE	TIME	EVENT	LOCATION	PURPOSE
10-19-16	9:00 AM	logic and accuracy testing	Lee County Election Center 1180 S. Cleveland Ave., Fort Myers	Test by a random method of the voting machines to be used in the election during early voting and at the precincts on Election Day.
10-19-16	Wednesday	mail by mail ballot	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Test the voter mail ballot tabulating equipment to be used in the election and trial canvass of the voter mail ballots returned to date.
10-26-16	Friday at 3:30 AM	review of voter by-mail ballots	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of voter by-mail ballots returned to date.
11-07-16	Monday at 2:00 PM	review of voter by-mail ballots	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of voter by-mail ballots returned to date.
11-08-16	Tuesday	receive "unofficial" election night results	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of voter by-mail ballots and receive "unofficial" election night results.
11-11-16	Friday	canvass of provisional ballots certification of the election	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Canvass of provisional ballots of any official certification of the election. Canvassing board to randomly select a race and precinct(s) to be audited in the post-election manual audit.
11-21-16	Monday	post-election manual audit	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Post-election manual audit. The results will be announced immediately following the completion of the post-election manual audit.

The Public Voting Schedule for the General Election is available at the following link: www.lee.vote