

or other tax year beginning **2015**, ending **2015**

**STEPHEN F SOLAK** Last name  
**NANCY J SOLAK** Last name  
 Home address (number and street). If you have a P.O. box, see instructions. **7146 S BRENTWOOD** Apt. no.  
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **FT MYERS FL 33919**  
 Foreign country name Foreign province/state/country Foreign postal code

**Filing Status**

1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above and full name here. ▶  
 4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶  
 5  Qualifying widow(er) with dependent child

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .  
 b  Spouse . . . . .

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed . . . . . **2**

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	92,593.
8a	Taxable interest. Attach Schedule B if required . . . . .	8a	
b	Tax-exempt interest. Do not include on line 8a . . . . . <b>8b</b>		
9a	Ordinary dividends. Attach Schedule B if required . . . . .	9a	
b	Qualified dividends . . . . . <b>9b</b>		
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	
14	Other gains or (losses). Attach Form 4797 . . . . .	14	
15a	IRA distributions . . . . . <b>15a</b>	b Taxable amount	
16a	Pensions and annuities . . . . . <b>16a</b>	b Taxable amount	30,642.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-9,642.
18	Farm income or (loss). Attach Schedule F . . . . .	18	
19	Unemployment compensation . . . . .	19	
20a	Social security benefits <b>20a</b>	b Taxable amount	
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	113,593.

**Adjusted Gross Income**

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 ▶	31a	
32	IRA deduction . . . . .	32	
33	Student loan interest deduction . . . . .	33	
34	Tuition and fees. Attach Form 8917 . . . . .	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35 . . . . .	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	113,593.

<b>Tax and Credits</b>	38	Amount from line 37 (adjusted gross income)	38	113,593.																				
	39a	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Spouse was born before January 2, 1951. <input type="checkbox"/> Blind. checked <input type="checkbox"/> <b>39a</b>																						
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> <b>39b</b>																						
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	19,825.																				
	41	Subtract line 40 from line 38	41	93,768.																				
	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	8,000.																				
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	85,768.																				
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	13,031.																				
	45	Alternative minimum tax (see instructions). Attach Form 6251	45																					
	46	Excess advance premium tax credit repayment. Attach Form 8962	46																					
<b>Standard Deduction for—</b> • 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, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,250	47	Add lines 44, 45, and 46	47	13,031.																				
	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. Attach Schedule 8812, if required	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	13,031.																				
<b>Other Taxes</b>	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	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	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	Add lines 56 through 62. This is your total tax	63	13,031.																					
<b>Payments</b>	64	Federal income tax withheld from Forms W-2 and 1099	64	13,286.																				
	65	2015 estimated tax payments and amount applied from 2014 return	65																					
	66a	Earned income credit (EIC) <input type="checkbox"/> No	66a																					
	b	Nontaxable combat pay election <input type="checkbox"/> <b>66b</b>	66b																					
	67	Additional child tax credit. Attach Schedule 8812	67																					
	68	American opportunity credit from Form 8863, 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 <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73																						
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	13,286.																					
<b>Refund</b>	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	255.																				
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	255.																				
	b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
77	Amount of line 75 you want applied to your 2016 estimated tax	77																						
<b>Amount You Owe</b>	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 **WILLARD S THOMAS** Phone no. **(239) 415-2662** Personal identification number (PIN) **81241**

**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 **WILLARD S THOMAS** Date **04/03/2016** Your occupation **TEACHER** Daytime phone number

Spouse's signature. If a joint return, both must sign. Date **04/03/2016** Spouse's occupation **NURSE** If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

Print/Type preparer's name **WILLARD S THOMAS** Preparer's signature **WILLARD S THOMAS** Date **04/03/2016** Check  if self-employed PTIN **P01330763**

Firm's name **WILLARD S THOMAS CPA PA** Firm's EIN **65-1071615**

Firm's address **PO BOX 5077 FT MYERS BEACH FL 33932** Phone no. **(239) 415-2662**

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).

Attach to Form 1040.

OMB No. 1545-0074

**2015**

Attachment  
Sequence No. 07

Name(s) shown on Form 1040

Your social security number

STEPHEN F & NANCY J SOLAK				
<b>Medical and Dental Expenses</b>	<b>1</b> Medical and dental expenses (see instructions) . . . . .	<b>1</b>	12,202.	
	<b>2</b> Enter amount from Form 1040, line 38 <input type="text" value="2"/> 113,593.			
	<b>3</b> Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	<b>3</b>	11,359.	
	<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	<b>4</b>		
<b>Taxes You Paid</b>	<b>5</b> State and local (check only one box):			
	a <input type="checkbox"/> Income taxes, or	<b>5</b>	994.	
	b <input checked="" type="checkbox"/> General sales taxes			
	<b>6</b> Real estate taxes (see instructions) . . . . .	<b>6</b>	3,385.	
	<b>7</b> Personal property taxes . . . . .	<b>7</b>		
<b>8</b> Other taxes. List type and amount ▶	<b>8</b>			
	<b>9</b> Add lines 5 through 8 . . . . .	<b>9</b>		4,379.
<b>Interest You Paid</b>	<b>10</b> Home mortgage interest and points reported to you on Form 1098	<b>10</b>	14,103.	
	<b>11</b> Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	<b>11</b>		
	<b>12</b> Points not reported to you on Form 1098. See instructions for special rules . . . . .	<b>12</b>		
	<b>13</b> Mortgage insurance premiums (see instructions) . . . . .	<b>13</b>		
	<b>14</b> Investment interest. Attach Form 4952 if required. (See instructions.)	<b>14</b>		
	<b>15</b> Add lines 10 through 14 . . . . .	<b>15</b>		14,103.
<b>Gifts to Charity</b>	<b>16</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	<b>16</b>	500.	
	<b>17</b> Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 . . . . .	<b>17</b>		
	<b>18</b> Carryover from prior year . . . . .	<b>18</b>		
	<b>19</b> Add lines 16 through 18 . . . . .	<b>19</b>		500.
<b>Casualty and Theft Losses</b>	<b>20</b> Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .	<b>20</b>		
<b>Job Expenses and Certain Miscellaneous Deductions</b>	<b>21</b> Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	<b>21</b>		
	<b>22</b> Tax preparation fees . . . . .	<b>22</b>		
	<b>23</b> Other expenses—investment, safe deposit box, etc. List type and amount ▶	<b>23</b>		
	<b>24</b> Add lines 21 through 23 . . . . .	<b>24</b>		
	<b>25</b> Enter amount from Form 1040, line 38 <input type="text" value="25"/>			
	<b>26</b> Multiply line 25 by 2% (.02) . . . . .	<b>26</b>		
	<b>27</b> Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	<b>27</b>		
<b>Other Miscellaneous Deductions</b>	<b>28</b> Other—from list in instructions. List type and amount ▶	<b>28</b>		
<b>Total Itemized Deductions</b>	<b>29</b> Is Form 1040, line 38, over \$154,950?			
	X <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	<b>29</b>		
	<b>30</b> If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>			

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

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

OMB No. 1545-0074

**2015**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Information about Schedule E and its separate instructions is at [www.irs.gov/schedulee](http://www.irs.gov/schedulee).

Name(s) shown on return

Your social security number

STEPHEN F & NANCY J SOLAK

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

**A** Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions)  Yes  No  
**B** If "Yes," did you or will you file required Forms 1099?  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)
<b>A</b>	2520 GRAVES RD TALLAHASSEE FL 32301
<b>B</b>	
<b>C</b>	

<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
			<b>A</b>	<b>B</b>	<b>C</b>
<b>A</b>	1		360	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

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

Income:	Properties:	A	B	C
<b>3</b> Rents received . . . . .	<b>3</b>	8,900.		
<b>4</b> Royalties received . . . . .	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising . . . . .	<b>5</b>			
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>	875.		
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>	1,000.		
<b>8</b> Commissions. . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>	203.		
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>	200.		
<b>11</b> Management fees . . . . .	<b>11</b>	930.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>	2,241.		
<b>13</b> Other interest. . . . .	<b>13</b>			
<b>14</b> Repairs. . . . .	<b>14</b>			
<b>15</b> Supplies . . . . .	<b>15</b>			
<b>16</b> Taxes . . . . .	<b>16</b>	1,647.		
<b>17</b> Utilities. . . . .	<b>17</b>			
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>	5,073.		
<b>19</b> Other (list) ▶ See Line 19 Other Expenses . . . . .	<b>19</b>	2,565.		
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	14,734.		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	<b>21</b>	-5,834.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	( 9,642. )	( )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	8,900.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>	2,241.		
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>	5,073.		
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>	14,734.		
<b>24</b> Income. Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>			
<b>25</b> Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( 9,642. )		
<b>26</b> Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>			-9,642.

**Passive Activity Loss Limitations**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions for Form 8582  
▶ Attach to Form 1040 or Form 1041.

**2015**  
Attachment  
Sequence No. **88**

▶ Information about Form 8582 and its instructions is available at [www.irs.gov/form8582](http://www.irs.gov/form8582).

Name(s) shown on return: **STEPHEN F & NANCY J SOLAK** Identifying number: XXXXXXXXXX

**Part I 2015 Passive Activity Loss**

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

<b>Rental Real Estate Activities With Active Participation</b> (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)			
1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a	0.	1d
1b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	( 5,834. )	
1c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	( 3,808. )	
1d Combine lines 1a, 1b, and 1c		-9,642.	
<b>Commercial Revitalization Deductions From Rental Real Estate Activities</b>			
2a Commercial revitalization deductions from Worksheet 2, column (a)	2a	( )	2c
2b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	( )	
2c Add lines 2a and 2b		( )	
<b>All Other Passive Activities</b>			
3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a	( )	3d
3b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	( )	
3c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	( )	
3d Combine lines 3a, 3b, and 3c		( )	
4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4	-9,642.	

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
  - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5	9,642.	
6 Enter \$150,000. If married filing separately, see instructions	6	150,000.	
7 Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.	7	123,235.	
8 Subtract line 7 from line 6	8	26,765.	
9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions	9	13,383.	
10 Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15.	10	9,642.	

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11		
12 Enter the loss from line 4	12		
13 Reduce line 12 by the amount on line 10	13		
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14		

**Part IV Total Losses Allowed**

15 Add the income, if any, on lines 1a and 3a and enter the total	15	0.	
16 Total losses allowed from all passive activities for 2015. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	9,642.	

**Caution:** The worksheets must be filed with your tax return. Keep a copy of all worksheets.

**Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (See instructions.)**

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
2520 GRAVES RD	0.	5,834.	3,808.		9,642.
<b>Total. Enter on Form 8582, lines 1a, 1b, and 1c</b>	0.	5,834.	3,808.		

**Worksheet 2—For Form 8582, Lines 2a and 2b (See instructions.)**

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
<b>Total. Enter on Form 8582, lines 2a and 2b</b>			

**Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (See instructions.)**

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
<b>Total. Enter on Form 8582, lines 3a, 3b, and 3c</b>					

**Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
2520 GRAVES RD	E Ln 22	9,642.	1.00000000	9,642.	0.
<b>Total</b>		9,642.	1.00	9,642.	0.

**Worksheet 5—Allocation of Unallowed Losses (See instructions.)**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
<b>Total</b>			1.00	

**Preparer Explanation for Not Filing Electronically**

OMB No. 1545-2200

▶ Attach to taxpayer's Form 1040, 1040A, 1040EZ, or Form 1041.  
 ▶ Information about Form 8948 and its instructions is available at [www.irs.gov/form8948](http://www.irs.gov/form8948).

Attachment  
 Sequence No. **173**

Name(s) on tax return <b>STEPHEN F &amp; NANCY J SOLAK</b>	Tax year of return <b>2015</b>	Taxpayer's identifying number <b>[REDACTED]</b>
Preparer's name <b>WILLARD S THOMAS</b>	Preparer Tax Identification Number (PTIN) <b>P01330763</b>	

Three out of four taxpayers now use IRS e-file. Go to [www.irs.gov/efile](http://www.irs.gov/efile) for details on using IRS e-file. The benefits of electronic filing include the following.

- Faster refunds
- More accurate returns
- Secure transmissions
- Easier filing method
- E-payment options
- Receipt acknowledged

Check the applicable box to indicate the reason this return is not being filed electronically. Do not check more than one box.

- 1  Taxpayer chose to file this return on paper.
- 2  The preparer received a waiver from the requirement to electronically file the tax return.  
 Waiver Reference Number \_\_\_\_\_ Approval Letter Date \_\_\_\_\_
- 3  The preparer is a member of a recognized religious group that is conscientiously opposed to filing electronically.
- 4  This return was rejected by IRS e-file and the reject condition could not be resolved.  
 Reject code: \_\_\_\_\_ Number of attempts to resolve reject: \_\_\_\_\_
- 5  The preparer's e-file software package does not support Form \_\_\_\_\_ or Schedule \_\_\_\_\_ attached to this return.
- 6 Check the box that applies and provide additional information if requested.
  - a  The preparer is ineligible to file electronically because IRS e-file does not accept foreign preparers without social security numbers who live and work abroad.
  - b  The preparer is ineligible to participate in IRS e-file.
  - c  Other: Describe below the circumstances that prevented the preparer from filing this return electronically.

.....

.....

.....

.....

.....

.....

.....

.....

.....

### Additional information from your 2015 Federal Tax Return

#### Schedule E: Supplemental Income and Loss

#### Line 19 Other Expenses: Property (A)

Continuation Statement

Expense Description	Amount
CONDO DUES	2,470.
LEASE DOC FEE	95.
<b>Total</b>	2,565.



# Tallahassee Condo (Graves Rd)

Rent collected - \$750.<sup>00</sup> x 12 = 8900.<sup>00</sup>

Management Fees (Local Real Estate) \$77.50 x 12 = \$930.<sup>00</sup>

Maintenance Costs (Replaced Hot Water Heater, Dishwasher, mold removal, etc) = \$1000.<sup>00</sup>

## Medical Expenses

Dr. Visits = \$1000.<sup>00</sup> per year

Prescriptions = \$1500.<sup>00</sup> per year

Lab work, etc = \$500.<sup>00</sup> per year

Hospital Stay = \$2000.<sup>00</sup> this year

Work-related expenses (office supplies, tolls, etc)

Total in 2015 = \$500.<sup>00</sup>

(Also bought a computer used mainly for work - \$675.<sup>00</sup>)

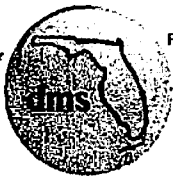
} \$1500.<sup>00</sup>  
in total ?

not  
deductible

## Charities / Donations

Total in 2015 = \$500.<sup>00</sup>

We are currently paying the Feds \$100.<sup>00</sup> a month since June to pay off last year's tax bill.



FLORIDA DEPARTMENT OF MANAGEMENT SERVICES  
**retirement**  
 We serve those who serve Florida

'16JUN23PH0214 SOE Lee Co FI

Bureau of Benefit Payments  
 Retired Payroll Section  
 P.O. Box 9000  
 Tallahassee, Florida 32315-9000  
 Tel: 850-907-6500 | Fax: 850-410-2010 | Toll-Free: 844-377-1888

Rick Scott, Governor

Chad Poppell, Secretary



Jan. 15, 2016



331898

331898\*\*P27\*\*T1481\*\*\*\*\*AUTO\*\*5-DIGIT 33919  
 STEPHEN F SOLAK  
 7146 S BRENTWOOD RD  
 FORT MYERS, FL 33919-6804

Dear Benefit Recipient:

Attached is your 2015 Internal Revenue Service Form 1099-R and Retiree Annual Statement (RAS), a year-end summary of your Florida Retirement System (FRS) pension income and deductions. Copy B of Form 1099-R should be submitted with your federal tax return, if applicable, and copy C is for your personal records. If you live outside of Florida and must file state income taxes, you will need to make a copy of Form 1099-R to file with your state tax form. See page 4 for Form 1099-R instructions.

Your 2015 Form 1099-R and RAS documents are also available to view or print from your FRS Online account and can be accessed at your convenience from the Division of Retirement's secure website, [www.frs.MyFlorida.com](http://www.frs.MyFlorida.com). You may also update your federal tax withholding preference by logging in to your secure FRS Online account. To log in to your online account, go to the Division of Retirement's website ([www.frs.MyFlorida.com](http://www.frs.MyFlorida.com)); click on "Retirees"; and then click on "FRS Online" to log in. Once you have logged in, click on "Account Information," and scroll down to the Federal Tax Withholding Information section to find links for your 1099-R history, tax withholding history and an online Form W-4P that you may use to submit your federal tax withholding changes electronically.

Also enclosed is the 2016 Retiree Newsletter. This newsletter contains important information including a schedule of monthly FRS payment dates and information on services available through your FRS Online account.

If you need further assistance, please call the Division of Retirement toll free at 844-377-1888 or locally at 850-907-6500. You may also email your questions to [Retirement@dms.MyFlorida.com](mailto:Retirement@dms.MyFlorida.com).

Best wishes for 2016!

Sincerely,

Dan Drake  
 State Retirement Director

**Employer-Provided Health Insurance Offer and Coverage**

Information about Form 1095-C and its separate instructions is at [www.irs.gov/form1095c](http://www.irs.gov/form1095c)

VOID  
 CORRECTED

**2015**

**Part I Employee**

1 Name of employee Nancy J Solak		2 Social security number (SSN) [REDACTED]	7 Name of employer Florida Cancer Specialists, PL		8 Employer identification number (EIN) 65-0825133
3 Street address (including apartment no.) 7146 South Brentwood Road			9 Street address (including room or suite no.) 4371 Veronica S. Shoemaker Blvd.		10 Contact telephone number 239-274-2162
4 City or town Fort Myers	5 State or province FL	6 Country and ZIP or foreign postal code US 33919	11 City or town Fort Myers	12 State or province FL	13 Country and ZIP or foreign postal code US 33916

**Applicable Large Employer Member (Employer)**

**Part II Employee Offer and Coverage**

Plan Start Month (Enter 2-digit number):

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C

**Part III Covered Individuals**

If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17 Nancy J Solak	269-66-8145		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Annual Tax and Interest Statement

2543

Reporting Date 12/31/2015

\*16JUN23PH0214 SOE L ee Co FI  
Loan ID

Tax ID Number

Central Mortgage Company  
801 John Barrow, Suite 1  
Little Rock, AR 72205

OMB No. 1545-0901

Mortgage Interest  
Statement  
Form 1098

## 2015

Tax ID 62-1684387

Direct telephone no. of person to call with questions about this form: (800) 366-2132



2543 0.4500 AT 0.416 8 1 225 \*\*\*\*\*AUTO\*\*SCH 3-DIGIT 339  
STEPHEN F SOLAK  
NANCY J SOLAK  
7146 BRENTWOOD RD  
FT MYERS FL 33919-6804

Principal Balance Information	
Ending Principal Balance	\$75,027.61
Principal Applied	\$3,040.63
Negative Amortization	\$0.00
Assistance Amount	\$0.00

Escrow Information	
Beginning Balance	\$480.28
Deposits	\$1,984.17
Property Taxes	<del>\$1,646.76</del>
Insurance	<del>\$203.16</del>
Other Disbursements	\$528.33
Ending Balance	\$86.20
Escrow Int Paid	\$0.00
Escrow Int Withheld	\$0.00
Int On Loss Draft Paid	\$0.00
Int On Loss Draft Withheld	\$0.00

Tax and Interest Information	
1 Mortgage interest received from payer(s)/borrower(s) *	\$2,241.02
2 Points paid on purchase of principal residence	\$0.00
3 Refund of overpaid interest	\$0.00
4 Mortgage insurance premiums	\$0.00
5 Real estate taxes paid	\$1,646.76

Property: 2520 GRAVES ROAD, TALLAHASSEE, FL 32303

\*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

**Copy B For Payer/Borrower**

The information in boxes 1, 2, 3, and 4 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.

**Instructions for Payer/Borrower**

A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least \$600 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.

If you received this statement as the payer of record on a mortgage on which there are other borrowers, furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount he or she paid and points paid by the seller that represent his or her share of the amount allowable as a deduction. Each borrower may have to include in income a share of any amount reported in box 3.

If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy. See the instructions for Form 1040, Schedule A, C, or E for how to report the mortgage interest. Also, for more information, see Pub. 936 and Pub. 535.

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

**Account number.** May show an account or other unique number the lender has assigned to distinguish your account.

**Box 1.** Shows the mortgage interest received by the recipient/lender during the year. This amount includes interest on any obligation secured by real property, including a home equity, line of credit, or credit card loan. This amount does not include points, government subsidy payments, or seller payments on a "buydown" mortgage. Such amounts are deductible by you only in certain circumstances. *Caution: If you prepaid interest in 2015 that accrued in full by January 15, 2016, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in 2015 even though it may be included in box 1.* If you hold a mortgage credit certificate and can claim the mortgage interest credit, see Form 8396. If the interest was paid on a mortgage, home equity, line of credit, or credit card loan secured by your personal residence, you may be subject to a deduction limitation.

**Box 2.** Not all points are reportable to you. Box 2 shows points you or the seller paid this year for the purchase of your principal residence that are required to be reported to you. Generally, these points are fully deductible in the year paid, but you must subtract seller-paid points from the basis of your residence. Other points not reported in box 2 may also be deductible. See Pub. 936 to figure the amount you can deduct.

**Box 3. Do not deduct this amount.** It is a refund (or credit) for overpayment(s) of interest you made in a prior year or years. If you itemized deductions in the year(s) you paid the interest, you may have to include part or all of the box 3 amount on the "Other income" line of your 2015 Form 1040. No adjustment to your prior year(s) tax return(s) is necessary. For more information, see Pub. 936 and *Itemized Deduction Recoveries* in Pub. 525.

**Box 4.** Shows mortgage insurance premiums which may qualify to be treated as deductible mortgage interest. See the Schedule A (Form 1040) instructions.

**Box 5.** The interest recipient may use this box to give you the other information, such as the address of the property that secures the debt, real estate taxes, or insurance paid from escrow.

**Future developments.** For the latest information about developments related to Form 1098 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/form1098](http://www.irs.gov/form1098).

16 JUN 23 PM 02:14 SOE Lee Co FI

a Employee's Social Security Number [REDACTED]		b Employer Identification Number (EIN) 04-2468469		c Employee's Name, Address and ZIP code American Residuals & Talent 26 Greys Way Tamworth, NH 03886		d Control Number 124515		e Employee's first name and initial STEPHEN P SOLAK		f Employee's address and ZIP code 7146 S BRENTWOOD RD FORT MYERS FL 33919	
1 Wages, Tips, other compensation 715.66		2 Federal Income Tax Withheld 23.10		3 Social Security Wages 715.66		4 Social Security Tax Withheld 44.37		5 Medicare wages and tips 715.66		6 Medicare tax withheld 10.38	
7 Social Security tips		8 Allocated tips		9 Advanced EIC payment		10 Dependent care benefits		11 Nonqualified plan		12a See instructions for box 12	
13 Salaried Emp. Retire Plan 3rd-party sick pay X		12b		14 Other		12c		12d		19 Local income tax	
15 State FL		16 State wages, tips, etc. 715.66		17 State income tax 0.00		18 Local wages, tips, etc. Dues: 35.78		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Data 2015 Department of Treasury -- Internal Revenue

STEPHEN F SOLAK  
7146 S BRENTWOOD RD  
FORT MYERS FL 33919

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  <b>FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000</b>		1 Gross distribution \$ 30,642.42	OMB No. 1545-0119  <b>2015</b>		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 30,642.42	Form 1099-R		
PAYER'S federal identification number [REDACTED]		RECIPIENT'S identification number [REDACTED]		Copy C For Recipient's Records	
RECIPIENT'S name  <b>STEPHEN F SOLAK 7146 S BRENTWOOD RD FORT MYERS, FL 33919-6804</b>		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 2,653.56		
		5 Employee contributions \$ 0.00		6 Net unrealized appreciation in employer's securities \$	
		7 Distribution code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
		9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00	
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$	
Account number (see instructions) XXX-XX-9000		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$	

This information is being furnished to the Internal Revenue Service.

Form 1099-R (keep for your records)

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

16 JUN 23 PM 02:14:50 E Lee Jc P1

<b>Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)</b> OMB No. 1545-0008 38-2099803		
a Employee's social security number [REDACTED]	1 Wages, tips, other comp. 613.28	
b Employer ID number (EIN) 45-3951528	2 Federal income tax withheld 49.67 3 Social security wages 613.28 4 Social security tax withheld 38.02 5 Medicare wages and tips 613.28 6 Medicare tax withheld 8.89	
c Employer's name, address, and ZIP code BACKSTAGE TECHNICIANS EMPLOYEE PAYROLLING INC. 3919 DEL PRADO BLVD S CAPE CORAL FL 33904-7150		
d Control number 1082		
e Employer's name, address, and ZIP code STEPHEN F SOLAK 7146 S BRENTWOOD FT MYERS FL 33919		
7 Social security tips	8 Allocated tps	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee	14 Other	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
FL	613.28	17 State income tax
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement  
 This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

2015 Dept. of the Treasury • IRS

<b>Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return</b> OMB No. 1545-0008 38-2099803		
a [REDACTED]	1 Wages, tips, other comp. 613.28	
b Employer ID number (EIN) 45-3951528	2 Federal income tax withheld 49.67 3 Social security wages 613.28 4 Social security tax withheld 38.02 5 Medicare wages and tips 613.28 6 Medicare tax withheld 8.89	
c Employer's name, address, and ZIP code BACKSTAGE TECHNICIANS EMPLOYEE PAYROLLING INC. 3919 DEL PRADO BLVD S CAPE CORAL FL 33904-7150		
d Control number 1082		
e Employer's name, address, and ZIP code STEPHEN F SOLAK 7146 S BRENTWOOD FT MYERS FL 33919		
7 Social security tips	8 Allocated tps	9
10 Dependent care benefits	11 Nonqualified plans	12a Code
13 Statutory employee	14 Other	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
FL	613.28	17 State income tax
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement  
 This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

2015 Dept. of the Treasury • IRS

**FL State Filing Copy**  
**W-2 Wage and Tax Statement 2015**  
 OMB No. 1545-0008  
 Copy 2 to be filed with employee's State Income Tax Return.

1	Wages, tips, other comp.	1117.73	2	Federal income tax withheld	21.00
3	Social security wages	1117.73	4	Social security tax withheld	69.30
5	Medicare wages and tips	1117.73	6	Medicare tax withheld	16.21
d	Control number	000234 P1TT/2BP 000802	Dept	Dept	
A	Employer use only		Corp.	Employer use only	
c Employer's name, address, and ZIP code PROFESSIONAL FACILITIES MANAGEMENT 220 WEYBOSSSET STREET PROVIDENCE RI 02903					
b	Employer's FED ID number	05-0443372	a	Employer's SSA number	
7	Social security tips		8	Allocated tips	
9	Dependent care benefits		10	Dependent care benefits	
11	Nonqualified plans	12a	11	Nonqualified plans	12a
14	Other	12b	14	Other	12b
13	Stat emp. Ret. plan	12d	13	Stat emp. Ret. plan	12d
e/f Employee's name, address and ZIP code STEPHEN SOLAK 7146 S BRENTWOOD RD FORT MYERS FL 33919					
15	State Employer's state ID no.	FL	16	State wages, tips, etc.	
17	State income tax		18	Local wages, tips, etc.	
19	Local income tax		20	Locality name	

**FL State Reference Copy**  
**W-2 Wage and Tax Statement 2015**  
 OMB No. 1545-0008  
 Copy 2 to be filed with employee's State Income Tax Return.

1	Wages, tips, other comp.	1117.73	2	Federal income tax withheld	21.00
3	Social security wages	1117.73	4	Social security tax withheld	69.30
5	Medicare wages and tips	1117.73	6	Medicare tax withheld	16.21
d	Control number	000234 P1TT/2BP 000802	Dept	Dept	
A	Employer use only		Corp.	Employer use only	
c Employer's name, address, and ZIP code PROFESSIONAL FACILITIES MANAGEMENT 220 WEYBOSSSET STREET PROVIDENCE RI 02903					
b	Employer's FED ID number	05-0443372	a	Employer's SSA number	
7	Social security tips		8	Allocated tips	
9	Dependent care benefits		10	Dependent care benefits	
11	Nonqualified plans	12a	11	Nonqualified plans	12a
14	Other	12b	14	Other	12b
13	Stat emp. Ret. plan	12d	13	Stat emp. Ret. plan	12d
e/f Employee's name, address and ZIP code STEPHEN SOLAK 7146 S BRENTWOOD RD FORT MYERS FL 33919					
15	State Employer's state ID no.	FL	16	State wages, tips, etc.	
17	State income tax		18	Local wages, tips, etc.	
19	Local income tax		20	Locality name	

AA-88-00-457-001-Set B's



Employee Reference Copy W-2 Wage and Tax Statement 2015 Copy C for Employee Records			
1 Wages, tips, other comp. 85239.27		2 Federal income tax withheld 10371.57	
3 Social security wages 87951.57		4 Social Security tax withheld 5453.00	
5 Medicare wages and tips 87951.57		6 Medicare tax withheld 1275.30	
d Control number		Employer use only	
c Employer's name, address, and ZIP code FLORIDA CANCER SPECIALISTS, P.L. 4371 VERONICA S SHOEMA FORT MYERS FL 33916			
b Employer's FED ID number 65-0825133		a Employer's SSA number [REDACTED]	
7 Social security tips			
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 D 2712.30	
14 Other		12b DD 6176.04 12c	
13a	13b	12d	
Ret. plan	X	13c	
e/f Employee's name, address, and ZIP code NANCY J SOLAK 7146 SOUTH BRENTWOOD ROAD FORT MYERS FL 33919			
15 State	Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

Form W-2 Wage & Tax Statement 2015 Dept. of the Treasury-IRS OMB No. 1545-0046

## 2015 W-2 and EARNINGS SUMMARY

Ultimate  
1099-W-2

This Earning Summary section is included with your W-2 to help describe portions in more detail.

1. The following information reflects your final pay statement plus employer adjustments that comprise your W-2 statement

Earnings Description	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages
Gross Wages	90410.65	90410.65	90410.65
Less Exempt Wages			
Less Deferred Comp	2712.30		
Less Housing/Transportation			
Less Dependent Care			
Less Sec 125	2459.08	2459.08	2459.08
Less Excess Wages			
<b>Taxable Wages</b> (Reported on Form W-2)	85239.27 Box 1 of W-2	87951.57 Box 3 of W-2	87951.57 Box 5 of W-2

2. Employee W-4 Profile To change your employee W-4 profile information, file a new W-4 with the payroll department

FIT: M 2 SIT Res: FLSIT S 0 SIT Work: FLSIT S 0

Form **W-2 Wage and Tax Statement 2015**

**c** Employer's name, address, and ZIP code  
 SCHOOL DISTRICT OF LEE COUNTY  
 2855 COLONIAL BLVD.  
 FORT MYERS FL 33966

<b>7</b> Social security tips	<b>1</b> Wages, tips, other compensation 4906.80	<b>2</b> Federal income tax withheld 266.14
<b>8</b> Allocated tips	<b>3</b> Social security wages	<b>4</b> Social security tax withheld
<b>9</b>	<b>5</b> Medicare wages and tips 4906.80	<b>6</b> Medicare tax withheld 71.15
<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12
<b>13</b> <small>Statutory employee</small> <small>Retirement plan</small> <small>Third-party sick pay</small>	<b>14</b> Other	<b>12b</b>
<b>b</b> Employer identification number (EIN) 59-6000701		<b>12c</b>
<b>a</b> Employee's social security number [REDACTED]		<b>12d</b>

**e** Employee's name, address, and ZIP code  
 STEPHEN F SOLAK  
 7146 SOUTH BRENTWOOD ROAD  
 FORT MYERS FL 33919

<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name
-----------------	----------------------------	-----------------------------------	----------------------------	-----------------------------------	----------------------------	-------------------------

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) OMB No. 1545-0006 Dept. of the Treasury - IRS Visit the IRS website at www.irs.gov/efile.

Form **W-2 Wage and Tax Statement 2015**

**c** Employer's name, address, and ZIP code  
 SCHOOL DISTRICT OF LEE COUNTY  
 2855 COLONIAL BLVD.  
 FORT MYERS FL 33966

<b>7</b> Social security tips	<b>1</b> Wages, tips, other compensation 4906.80	<b>2</b> Federal income tax withheld 266.14
<b>8</b> Allocated tips	<b>3</b> Social security wages	<b>4</b> Social security tax withheld
<b>9</b>	<b>5</b> Medicare wages and tips 4906.80	<b>6</b> Medicare tax withheld 71.15
<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b>
<b>13</b> <small>Statutory employee</small> <small>Retirement plan</small> <small>Third-party sick pay</small>	<b>14</b> Other	<b>12b</b>
<b>b</b> Employer identification number (EIN) 59-6000701		<b>12c</b>
<b>a</b> Employee's social security number [REDACTED]		<b>12d</b>

**e** Employee's name, address, and ZIP code  
 STEPHEN F SOLAK  
 7146 SOUTH BRENTWOOD ROAD  
 FORT MYERS FL 33919

<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name
-----------------	----------------------------	-----------------------------------	----------------------------	-----------------------------------	----------------------------	-------------------------

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0006 Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement 2015**

**c** Employer's name, address, and ZIP code  
 SCHOOL DISTRICT OF LEE COUNTY  
 2855 COLONIAL BLVD.  
 FORT MYERS FL 33966

<b>7</b> Social security tips	<b>1</b> Wages, tips, other compensation 4906.80	<b>2</b> Federal income tax withheld 266.14
<b>8</b> Allocated tips	<b>3</b> Social security wages	<b>4</b> Social security tax withheld
<b>9</b>	<b>5</b> Medicare wages and tips 4906.80	<b>6</b> Medicare tax withheld 71.15
<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b>
<b>13</b> <small>Statutory employee</small> <small>Retirement plan</small> <small>Third-party sick pay</small>	<b>14</b> Other	<b>12b</b>
<b>b</b> Employer identification number (EIN) 59-6000701		<b>12c</b>
<b>a</b> Employee's social security number [REDACTED]		<b>12d</b>


**e** Employee's name, address, and ZIP code  
 STEPHEN F SOLAK  
 7146 SOUTH BRENTWOOD ROAD  
 FORT MYERS FL 33919

<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name
-----------------	----------------------------	-----------------------------------	----------------------------	-----------------------------------	----------------------------	-------------------------

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0006 Dept. of the Treasury - IRS

16JUN23PM0213 SDF Lee Co F1

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>Lauer Real Estate Group</b>  539 E. Park Ave-1 Tallahassee, FL 32301 850-942-2980		1 Rents \$ 9,300.00	OMB No. 1545-0115		<b>Miscellaneous Income</b>  <b>Copy B For Recipient</b>
		2 Royalties \$	2015 Form 1099-MISC		
		3 Other income \$			
PAYER'S federal identification number 30-0522991	RECIPIENT'S identification number 	5 Fishing boat proceeds \$	6 Medical and health care payments \$		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name, address, ZIP/postal code & country <b>Solak, Stephen</b>  7146 S Brentwood Rd, Fort Myers, FL 33919		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
		11	12		
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$	

Form 1099-MISC (keep for your records)

38-2099803  
Department of the Treasury - Internal Revenue Service

16JUN23PM0213 SDE Lee Co FI

BANK OF AMERICA, N.A.  
TAX REPORTING  
PO BOX 31785  
TAMPA, FL 33631-3785

# TAX STATEMENT FOR YEAR 2015

THIS STATEMENT REPORTS 1098 (OMB No. 1545-0901),  
DEPARTMENT OF THE TREASURY-INTERNAL REVENUE SERVICE.

Bank of America 

BANK# 08075

PAYER'S E.I.N.  
[REDACTED]

STEPHEN F SOLAK  
NANCY J SOLAK  
7146 S BRENTWOOD RD  
FORT MYERS FL 33919-6804

CUSTOMER SERVICE PHONE NUMBER

1-877-220-1098

TAXPAYER'S IDENTIFICATION NUMBER  
[REDACTED]

Form 1098: (1) The information in boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return. (2) Caution. The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

## 2015 - 1098, MORTGAGE INTEREST STATEMENT

	ACCOUNT NUMBER	
RETAIL LINE	068218012297999	
BOX 1	MORTGAGE INTEREST*	4,616.76
PROPERTY DESCR:	7146 S BRENTWOOD RD	
STEPHEN F SOLAK		
NANCY J SOLAK		
TOTAL INTEREST/POINTS PAID		4,616.76

PLEASE NOTE: INQUIRIES REGARDING THESE ACCOUNTS SHOULD BE DIRECTED TO OUR CUSTOMER SERVICE PHONE NUMBER ABOVE. PLEASE CHECK YOUR TAXPAYER IDENTIFICATION NUMBER AND CALL THE NUMBER LISTED ABOVE IF IT IS INCORRECT.

TDD HEARING IMPAIRED PLEASE CALL 1-866-345-1280  
THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE

**W-2** Employee Reference Copy  
Wage and Tax  
Statement **2015**

Copy C for Employer Records

1 Wages, tips, other comp. 85239.27		2 Federal income tax withheld 10371.57	
3 Social security wages 87951.57		4 Social Security tax withheld 5453.00	
5 Medicare wages and tips 87951.57		6 Medicare tax withheld 1275.30	
d Control number		e Employer use only	
c Employer's name, address, and ZIP code FLORIDA CANCER SPECIALISTS, P.L. 4371 VERONICA S SHOEMA FORT MYERS FL 33916			
b Employer's EIN		a Employer's EIN	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 D 2712.30	
14 Other		12b DD 6175.04	
12c		12d	
f/i Employer's name, address, and ZIP code NANCY J SOLAK 7146 SOUTH BRENTWOOD ROAD FORT MYERS FL 33919			
15 State	Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

Form W-2 Wage & Tax Statement 2015 Dept. of the Treasury-IRS OASD No. 1545-0008

**2015 W-2 and EARNINGS SUMMARY**



This Earning Summary section is included with your W-2 to help describe portions in more detail.

1. The following information reflects your final pay statement plus employer adjustments that comprise your W-2 statement

Earnings Description	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages
<b>Gross Wages</b>	90410.65	80410.65	90410.65
Less Exempt Wages			
Less Deferred Comp	2712.30		
Less Housing/Transportation			
Less Dependent Care			
Less Sec 125	2459.08	2459.08	2459.08
Less Excess Wages			
<b>Taxable Wages</b>	85239.27	87951.57	87951.57
(Reported on Form W-2)	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2

2. Employee W-4 Profile To change your employee W-4 profile information, file a new W-4 with the payroll department

FIT: M 2 SIT Res: FLSIT S 0 SIT Work: FLSIT S 0

16JUN23PM0213 SDE Lee Co FI

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number

NATIONSTAR MORTGAGE LLC  
8950 CYPRESS WATERS BLVD  
COPPELL, TX 75019,  
1-888-480-2432

*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.*

2015

Form 1098

### Mortgage Interest Statement

PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

STEPHEN F SOLAK  
NANCY J SOLAK  
7146 S BRENTWOOD RD  
FORT MYERS FL 33919

1	Mortgage interest received from payer(s)/borrower(s)*	\$ 9,485.51
2	Points paid on purchase of principal residence	\$ 0.00
3	Refund of overpaid interest	\$ 0.00
4	MIP	\$0.00
5		\$0.00
RECIPIENT'S federal identification no.		PAYER'S social security number
Account number (see instructions)		

### Copy B

**For Payer/Borrower**  
The information in boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.

Form 1098

(Keep for your records)

www.irs.gov/form1098

Department of the Treasury - Internal Revenue Service

16JUN23PM0213SDE Lee Co FI

16 JUN 23 PM 02:13:50 E Lee Co FL

SCANNED



Canvassing Board Meetings and Logic and Accuracy Testing Schedule

Sharon L. Harrington, Supervisor of Elections  
04/24/16

(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.

1. BONITA SPRINGS—ELECTIONS OFFICE 25987 S. TAMiami TRl., #105, BONITA SPRINGS	6. LEE COUNTY ELECTIONS CENTER 13180 S. CLEVELAND AVE., FORT MYERS
2. CAPE CORAL—ELECTIONS OFFICE 1039 SE 9TH AVE., CAPE CORAL	7. NORTH FORT MYERS RECREATION CENTER 2021 N. TAMiami TRl., N. FORT MYERS
3. CAPE CORAL-LEE COUNTY LIBRARY 921 SW 39TH TER., CAPE CORAL	8. NORTHWEST REGIONAL LIBRARY 519 CHIUQUITA BLVD. N., CAPE CORAL
4. EAST COUNTY REGIONAL LIBRARY 881 GUNNERY RD., LEHIGH ACRES	9. SCHANDLER HALL COMMUNITY PARK 419 ROYAL PALM PARK RD., FORT MYERS
5. ESTERO RECREATION CENTER 9200 CORKSCREW PALMS BLVD., ESTERO	10. VETERANS PARK RECREATION CENTER 55 SOUTH HOMESTEAD RD., LEHIGH ACRES

I, Sharon L. Harrington, Supervisor of Elections for Lee County, Florida do hereby give official notice of the Canvassing Board Meetings and Logic and Accuracy Testing Schedule as follows:

DATE	TIME	EVENT	LOCATION	PURPOSE
08-17-16 Wednesday	9:00 AM	logic and accuracy testing	Lee County Election Center 13180 S Cleveland Ave., Fort Myers	Test, by a random method of selection, the voting machines to be used in the election during early voting and at the precincts on Election Day.
08-17-16 Wednesday	immediately following	test vote-by-mail ballot tabulators initial canvass of the vote-by-mail ballots received to date	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Test the vote-by-mail ballot tabulating equipment to be used in the election and initial canvass of the vote-by-mail ballots received to date.
08-25-16	Thursday at 9:00 AM	review of vote-by-mail ballots	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots.
08-29-16	Monday at 3:00 PM	review of vote-by-mail ballots	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots.
08-30-16 Election Day	4:00 PM	receive "unofficial" election night results	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots and receive "unofficial" election night results.
09-02-16 Friday	1:00 PM	canvass of provisional ballots certification of the election	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Canvass of provisional ballots, if 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 Wednesday	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 testing, canvassing and certification are open to the public. Florida Statute 101.5612



Canvassing Board Meetings and Logic and Accuracy Testing Schedule

Sharon L. Harrington, Supervisor of Elections  
04/25/16

(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.

1. BONITA SPRINGS—ELECTIONS OFFICE 25987 S. TAMiami TRl., #105, BONITA SPRINGS	6. LEE COUNTY ELECTIONS CENTER 13180 S. CLEVELAND AVE., FORT MYERS
2. CAPE CORAL—ELECTIONS OFFICE 1039 SE 9TH AVE., CAPE CORAL	7. NORTH FORT MYERS RECREATION CENTER 2021 N. TAMiami TRl., N. FORT MYERS
3. CAPE CORAL-LEE COUNTY LIBRARY 921 SW 39TH TER., CAPE CORAL	8. NORTHWEST REGIONAL LIBRARY 519 CHIUQUITA BLVD. N., CAPE CORAL
4. EAST COUNTY REGIONAL LIBRARY 881 GUNNERY RD., LEHIGH ACRES	9. SCHANDLER HALL COMMUNITY PARK 419 ROYAL PALM PARK RD., FORT MYERS
5. ESTERO RECREATION CENTER 9200 CORKSCREW PALMS BLVD., ESTERO	10. VETERANS PARK RECREATION CENTER 55 SOUTH HOMESTEAD RD., LEHIGH ACRES

I, Sharon L. Harrington, Supervisor of Elections for Lee County, Florida do hereby give official notice of the Canvassing Board Meetings and Logic and Accuracy Testing Schedule as follows:

DATE	TIME	EVENT	LOCATION	PURPOSE
10-19-16 Wednesday	9:00 AM	logic and accuracy testing	Lee County Election Center 13180 S Cleveland Ave., Fort Myers	Test, by a random method of selection, the voting machines to be used in the election during early voting and at the precincts on Election Day.
10-19-16 Wednesday	immediately following	test vote-by-mail ballot tabulators	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Test the vote-by-mail ballot tabulating equipment to be used in the election.
10-26-16 Wednesday	9:00 AM	initial canvass of the vote-by-mail ballots received to date	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Initial Canvass the vote-by-mail ballots received to date for the election.
10-28-16	Friday at 9:00 AM	review of vote-by-mail ballots	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots.
11-03-16	Thursday at 9:00 AM	review of vote-by-mail ballots	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots.
11-07-16	Monday at 2:00 PM	review of vote-by-mail ballots	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots and receive "unofficial" election night results.
11-08-16 Tuesday Election Day	4:00 PM	receive "unofficial" election night results	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots and receive "unofficial" election night results.
11-11-16 Friday	3:00 PM	canvass of provisional ballots canvass of write-in votes	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Canvass of provisional ballots, if any. Canvass of write-in votes.
11-18-16 Friday	9:00 AM	canvass and count overseas vote-by-mail ballots certification of the election	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Canvass and count overseas vote-by-mail ballots. 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	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 testing, canvassing and certification are open to the public. Florida Statute 101.5612

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: Stephen F Solak

Print Name: Stephen F Solak

Date Signed: 6/23/16