

**CANDIDATE OATH -  
STATE AND LOCAL PARTISAN OFFICE**

Check applicable one:

- ☒ Candidate with party affiliation  
☐ Candidate with no party affiliation  
☐ Write-in candidate

OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, Todd James Truax  
(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐. (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the office of County Commission, 3, \_\_\_\_\_  
(Office) (District #) (Circuit #)  
\_\_\_\_\_; I am a qualified elector of Lee County, Florida; I am qualified  
(Group or Seat #)

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.

**Statement of Party**

(Section 99.021(1)(b), Florida Statutes)

(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.)

I am a member of the Democratic Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

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

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

TAHD TROO AKS

~~X~~ Todd Truax ( )

todd@toddtruax.com

Signature of Candidate

Telephone Number

Email Address

PO BOX 367193

Bonita Springs

FL

34136

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF LEE

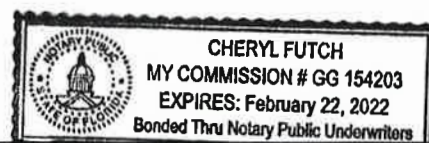
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by physical ☒ or  
online \_ presence this 29 day of MAY, 2020.

Personally Known: ☒ or Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_





## Canvassing Board Meeting Dates – August 18, 2020, Primary Election

### Initial Canvass of Vote-by-Mail Ballots:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Monday, 07-27-20 at 9 AM

### Logic and Accuracy Testing of the Tabulating Equipment or Voting Machines used at Early Voting and Election Day Precincts, and the Tabulating Equipment used for Vote-by-Mail Ballots:

Lee County Elections Center, 13180 S. Cleveland Ave., Fort Myers, 33907

- Wednesday, 07-29-20 at 9 AM – *Immediately Following Proceed to the Main Office (see below)*

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Wednesday, 07-29-20

### Review of Vote-by-Mail Ballots:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- 9 AM Each Meeting (see below)
- Friday, 07-31-20 • Monday, 08-03-20 • Wednesday, 08-05-20 • Friday, 08-07-20
- Monday, 08-10-20 • Wednesday, 08-12-20 • Friday, 08-14-20 • Monday, 08-17-20

### Election Day

#### Review of Vote-by-Mail Ballots and Receive Preliminary Election Night Results:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Tuesday, 08-18-20
  - NOON, 4 PM, and 6 PM until finished

### Canvass of Provisional Ballots, Review of Vote-by-Mail Ballots, Submit 1st Unofficial Results, Submit Official Results, Certify the Election, Submit Conduct of Election Report, Random Selection of Race and Precinct(s) for the Post-Election Manual Audit:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Friday, 08-21-20 at 8 AM

### Post-Election Manual Audit:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Wednesday, 08-26-20 at 9 AM

In the event of a machine or manual recount, the additional dates of 08-22-20 through 08-25-20 will apply.

## Canvassing Board Meeting Dates – November 3, 2020, General Election

### Logic and Accuracy Testing of the Tabulating Equipment or Voting Machines used at Early Voting and Election Day Precincts, the Tabulating Equipment used for Vote-by-Mail Ballots, and the Initial Canvass of Vote-by-Mail Ballots:

Lee County Elections Center, 13180 S. Cleveland Ave., Fort Myers, 33907

- Monday, 10-12-20 at 9 AM – *Immediately Following Proceed to the Main Office (see below)*

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Monday, 10-12-20

### Review of Vote-by-Mail Ballots:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- 9 AM Each Meeting (see below)
- Wednesday, 10-14-20 • Friday, 10-16-20 • Monday, 10-19-20
- Wednesday, 10-21-20 • Friday, 10-23-20 • Monday, 10-26-20
- Wednesday, 10-28-20 • Friday, 10-30-20 • Monday, 11-02-20

### Election Day

#### Review of Vote-by-Mail Ballots and Receive Preliminary Election Night Results:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Tuesday, 11-03-20
  - 9 AM, NOON, 3 PM, and 5 PM until finished

### Canvass of Provisional Ballots, Review of Vote-by-Mail Ballots, Submit 1st Unofficial Results:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Friday, 11-06-20 at 2 PM

### Canvass of Overseas Vote-by-Mail Ballots, Submit Official Results, Certify the Election, Submit Conduct of Election Report, Random Selection of Race and Precinct(s) for the Post-Election Manual Audit:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Friday, 11-13-20 at NOON

### Post-Election Manual Audit:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Wednesday, 11-18-20 at 9 AM

In the event of a machine or manual recount, the additional dates of 11-08-20 through 11-14-20 will apply.

*I am a candidate for local office and have received a copy of the above schedules.*

	Todd Truax	5-29-20
Signature	Print Name	Date

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:

Truax Todd James

MAILING ADDRESS:

PO BOX 367193

CITY :

Bonita Springs

ZIP :

34136

COUNTY :

Lee

NAME OF AGENCY :

Lee Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

District 3

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

## PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 19 was \$ 272,457.

## 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 \$ 100,000

## ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Bonita Springs Home	269,000.00
SunTrust Money Market Account	282,460.00

## PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
BB&T PO BOX 1290 Whiteville, NC 28472	41,647.24

## JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Ditech Financial LLC T150, 2100 E Elliott Rd Bldg 94, Tempe, AZ 85284	337,355.27

**PART D – INCOME**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2019 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☒ I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments.  
[If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME (See instructions on page 5):**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART E – INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	n/a	n/a	n/a
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 by means of  
☒ physical presence or ☐ online notarization, this 29 day of

May, 2020 by Todd TRUAX

(Signature of Notary Public—State of Florida)

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

Personally Known X OR Produced Identification \_\_\_\_\_

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

Department of the Treasury  
Internal Revenue Service

▶ ERO must obtain and retain completed Form 8879.

▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**2019**

Submission Identification Number (SID) ▶

Taxpayer's name

**Gina A D'Avola**

Spouse's name

**Todd Truax****Part I Tax Return Information — Tax Year Ending December 31, 2019 (Whole dollars only)**

1	Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1	109,116
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	3,769
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR line 17; Form 1040-NR, line 62a)	3	9,121
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	5,352
5	Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	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, 2019, and to the best of my knowledge and belief, they are 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) 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 **Leon D. Goldsmith CPA PA** to enter or generate my PIN **25297** as my  
ERO firm name  
signature on my tax year 2019 electronically filed income tax return.  
Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2019 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 ▶ **03/09/20**

Spouse's PIN: check one box only

☒ I authorize **Leon D. Goldsmith CPA PA** to enter or generate my PIN **64943** as my  
ERO firm name  
signature on my tax year 2019 electronically filed income tax return.  
Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2019 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 ▶ **03/09/20****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.

**69238565059**

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 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 Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ **03/09/20**

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

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

Form **8879** (2019)



1040

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

2019

OMB No. 1545-0074

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

## Filing Status

☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box.

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial

Gina A

Last name

D'Avola

If joint return, spouse's first name and middle initial

Todd

Last name

Truax

a instructions.

Apt. no.

## Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Bonita Springs

FL 34135

Foreign country name

Foreign province/state/country

Foreign postal code

If more than four dependents, see instr. and ✓ here ☐

## Standard Deduction

 Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

## Age/Blindness

 You: ☐ Were born before January 2, 1955 ☐ Are blind Spouse: ☐ Was born before January 2, 1955 ☐ Is blind

## Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):
Marion E	Truax		Daughter	Child tax credit <input type="checkbox"/> Credit for other dependents <input checked="" type="checkbox"/>

## 1 Wages, salaries, tips, etc. Attach Form(s) W-2

2a Tax-exempt interest 2a 3,199

3a Qualified dividends 3a 33,364

4a IRA distributions 4a 3,005

c Pensions and annuities 4c 28,183

5a Soc. sec. ben. 5a

6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

7a Other income from Schedule 1, line 9

b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶

8a Adjustments to income from Schedule 1, line 22

b Subtract line 8a from line 7b. This is your adjusted gross income ▶

9 Standard deduction or itemized deductions (from Schedule A) 9 24,400

10 Qualified business income deduction. Attach Form 8995 or Form 8995-A 10

11a Add lines 9 and 10

b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-

1 65,543

2b 2,256

3b 44,531

4b 3,005

4d 3,778

5b

6 3,631

7a -13,628

7b 109,116

8a 0

8b 109,116

11a 24,400

11b 84,716

 Standard Deduction for—  
 • Single or Married filing separately, \$12,200  
 • Married filing jointly or Qualifying widow(er), \$24,400  
 • Head of household, \$18,350  
 • If you checked any box under Standard Deduction, see instructions.

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

Form 1040 (2019)

12a Tax (see instr.) Check if any from Form(s): 1 ☐ 8814 2 ☐ 49723 ☐

12a 6,270

b Add Schedule 2, line 3, and line 12a and enter the total

12b 6,270

13a Child tax credit or credit for other dependents

13a 500

b Add Schedule 3, line 7, and line 13a and enter the total

13b 2,614

14 Subtract line 13b from line 12b. If zero or less, enter -0-

14 3,656

15 Other taxes, including self-employment tax, from Schedule 2, line 10

15 113

16 Add lines 14 and 15. This is your total tax

16 3,769

17 Federal income tax withheld from Forms W-2 and 1099

17 9,121

18 Other payments and refundable credits:

a Earned income credit (EIC)

18a

b Additional child tax credit. Attach Schedule 8812

18b

c American opportunity credit from Form 8863, line 8

18c

d Schedule 3, line 14

18d

e Add lines 18a through 18d. These are your total other payments and refundable credits

18e

19 Add lines 17 and 18e. These are your total payments

19 9,121

## Refund

20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid

20 5,352

21a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here ☐

21a 5,352

b Routing number

XXXXXXXXXX

c

Type:

☐ Checking☐ Savings

d Account number

XXXXXXXXXXXXXXXXXXXX

22 Amount of line 20 you want applied to your 2020 estimated tax

22

## Amount You Owe

23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions

23

24 Estimated tax penalty (see instructions)

24

## Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.

Yes. Complete below.

No

(Other than paid preparer)

Designee's

name

Phone

no.

Personal identification number

(PIN)

## Sign Here

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

Your signature

Date

Your occupation

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

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

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

Phone no.

Email address

Preparer's name

Preparer's signature

PTIN

Check if:

## Paid

Leon D Goldsmith

P00477319

☒ 3rd Party Designee

## Preparer Use Only

Firm's name Leon D. Goldsmith CPA PA

Date

03/09/20

9101 W College Pointe Dr Ste 2

Phone no.

239-489-1040

☒ Self-employed

Firm's address Fort Myers

FL 33919

Firm's EIN

20-4013023

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Form 1040 (2019)

**SCHEDULE 1**

(Form 1040 or 1040-SR)

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040 or 1040-SR.

▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. 01

Name(s) shown on Form 1040 or 1040-SR

**Gina A D'Avola & Todd Truax**

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any

virtual currency?

☐ Yes ☒ No

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes	<b>1</b>	
<b>2a</b>	Alimony received	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>3</b>	Business income or (loss). Attach Schedule C	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-13,628
<b>6</b>	Farm income or (loss). Attach Schedule F	<b>6</b>	
<b>7</b>	Unemployment compensation	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	<b>9</b>	-13,628

**Part II Adjustments to Income**

<b>10</b>	Educator expenses	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings	<b>17</b>	
<b>18a</b>	Alimony paid	<b>18a</b>	
<b>b</b>	Recipient's SSN ▶		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>19</b>	IRA deduction	<b>19</b>	
<b>20</b>	Student loan interest deduction	<b>20</b>	
<b>21</b>	Tuition and fees. Attach Form 8917	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a	<b>22</b>	

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

Schedule 1 (Form 1040 or 1040-SR) 2019



# Additional Taxes

► Attach to Form 1040 or 1040-SR.

► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Name(s) shown on Form 1040 or 1040-SR

**Gina A D'Avola & Todd Truax**

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE	<b>4</b>	
<b>5</b>	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	<b>5</b>	
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required <b>NO</b>	<b>6</b>	<b>113</b>
<b>7a</b>	Household employment taxes. Attach Schedule H	<b>7a</b>	
<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	<b>7b</b>	
<b>8</b>	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	<b>8</b>	
<b>9</b>	Section 965 net tax liability installment from Form 965-A <b>9</b>		
<b>10</b>	Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 15	<b>10</b>	<b>113</b>

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

Schedule 2 (Form 1040 or 1040-SR) 2019

# Additional Credits and Payments

▶ Attach to Form 1040 or 1040-SR.

▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Amounts shown on Form 1040 or 1040-SR

**Gina A D'Avola & Todd Truax**

## Part I Nonrefundable Credits

<b>1</b>	Foreign tax credit. Attached Form 1116 if required .....	<b>1</b>	<b>114</b>
<b>2</b>	Credit for child and dependent care expenses. Attach Form 2441 .....	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 .....	<b>3</b>	<b>2,000</b>
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 .....	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 .....	<b>5</b>	
<b>6</b>	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> .....	<b>6</b>	
<b>7</b>	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b .....	<b>7</b>	<b>2,114</b>

## Part II Other Payments and Refundable Credits

<b>8</b>	2019 estimated tax payments and amount applied from 2018 return .....	<b>8</b>	
<b>9</b>	Net premium tax credit. Attach Form 8962 .....	<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) .....	<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld .....	<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 .....	<b>12</b>	
<b>13</b>	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> .....	<b>13</b>	
<b>14</b>	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d .....	<b>14</b>	

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

Schedule 3 (Form 1040 or 1040-SR) 2019



**SCHEDULE D**

**Form 1040 or 1040-SR**

**Capital Gains and Losses**

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return

**Gina A D'Avola & Todd Truax**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A checked</b>	22,002	21,428	0	574
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B checked</b>				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C checked</b>	385,000	393,034	8,034	0
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions			6	264
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back			7	310

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D checked</b>	67,324	71,475	0	-4,151
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E checked</b>	120,034	120,552	0	-518
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F checked</b>				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
<b>13</b> Capital gain distributions. See the instructions				13 7,990
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions				14
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 3,321

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

Schedule D (Form 1040 or 1040-SR) 2019

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result .....</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22.</li> </ul>	<b>16</b>	<b>3,631</b>
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet .....</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet .....</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) ] .....</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b>	( )
<p><b>22</b> Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

## Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2019

Attachment  
Sequence No. 12A  
Identification numberGo to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Department of the Treasury  
Internal Revenue Service  
Form 8949 (attach to return)

Gina A D'Avola &amp; Todd Truax

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

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)  
☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS  
☐ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <b>Column (e)</b> in the separate Instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	33.638 sh Clearbridge	09/27/18	01/23/19	537	576			-39
	325.000 sh SPDR S&P Global	12/19/18	05/20/19	21,465	20,852			613
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1a (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶				22,002	21,428		0	574

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

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



Name and SSN or taxpayer identification no. not required if shown on other side

Identification number

**Gina A D'Avola & Todd Truax**

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

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

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

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

☒ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

☐ (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	1,533.760 sh Clearbridge	Various	01/23/19	24,463	25,022			-559
	2,788.104 sh Pioneer Multi Asset	Various	05/20/19	30,000	32,510			-2,510
	500.000 sh The Financial Sel	12/05/17	02/07/19	12,861	13,943			-1,082
<b>2</b>	<b>Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			<b>67,324</b>	<b>71,475</b>		<b>0</b>	<b>-4,151</b>

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

Name and SSN or taxpayer identification no. not required if shown on other side

**Sim A D'Avola & Todd Truax**

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

**Part II**

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

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

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

☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☒ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <b>Column (e)</b> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	850.000 sh Intl Business Machines	08/10/17	Various	120,034	120,552			-518
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if <b>Box D</b> above is checked), line 9 (if <b>Box E</b> above is checked), or line 10 (if <b>Box F</b> above is checked) ▶				120,034	120,552		0	-518

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

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

**► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.**

# 2019

Attachment  
Sequence No. **12A**

Department of the Treasury  
Internal Revenue Service  
Worksheet for Form 990 (2010)

**Gina A D'Avola & Todd Truax**

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

**Part I** **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Real Prop105 Hilltop Ln	05/10/19	Hampstead NC 08/28/19	385,000	393,034	LM	8,034	0
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶				385,000	393,034		8,034	0

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

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

Form **8949** (2019)

# Supplemental Income and Loss

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

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

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **13**

**Gina A D'Avola & Todd Truax**

**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 (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 2019 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

**1a** Physical address of each property (street, city, state, ZIP code)  
**A** 23151 Fashion Dr #6102, Estero, FL 33928  
**B**  
**C**

1b	Type of Property (from list below)	2	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>2</b>			<b>A</b> 365		
<b>B</b>				<b>B</b>		
<b>C</b>				<b>C</b>		

**Type of Property:**

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

Income:	Properties:	A	B	C
3 Rents received	3	5,465		
4 Royalties received	4			
<b>Expenses:</b>				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9	500		
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	600		
15 Supplies	15			
16 Taxes	16	3,074		
17 Utilities	17			
18 Depreciation expense or depletion	18	11,176		
19 Other (list) ▶ See Statement 1	19	7,860		
20 Total expenses. Add lines 5 through 19	20	23,210		
21 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	21	-17,745		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	13,628		
23a Total of all amounts reported on line 3 for all rental properties	23a	5,465		
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d	11,176		
e Total of all amounts reported on line 20 for all properties	23e	23,210		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			0
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			13,628
26 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 Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			-13,628

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040 or 1040-SR) 2019

8863

## Education Credits

## (American Opportunity and Lifetime Learning Credits)

OMB No. 1545-0074

2019

Attachment  
Sequence No. 50

▶ Attach to Form 1040 or 1040-SR.

▶ Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.Department of the Treasury  
Internal Revenue Service

(99)

Corrected return

Gina A D'Avola &amp; Todd Truax

## CAUTION

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

## Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	
3	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	
4	Subtract line 3 from line 2. If zero or less, stop; you can't take any education credit	4	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	
6	If line 4 is: <ul style="list-style-type: none"> <li>Equal to or more than line 5, enter 1.000 on line 6</li> <li>Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)</li> </ul>	6	
7	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 18c. Then go to line 9 below	8	

## Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	15,504
11	Enter the smaller of line 10 or \$10,000	11	10,000
12	Multiply line 11 by 20% (0.20)	12	2,000
13	Enter: \$136,000 if married filing jointly; \$68,000 if single, head of household, or qualifying widow(er)	13	136,000
14	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	109,116
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	26,884
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	20,000
17	If line 15 is: <ul style="list-style-type: none"> <li>Equal to or more than line 16, enter 1.000 on line 17 and go to line 18</li> <li>Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)</li> </ul>	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	18	2,000
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040 or 1040-SR), line 3	19	2,000

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

Form 8863 (2019)

**Marion E Truax**

**CAUTION**

**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

<b>20</b> Student name (as shown on page 1 of your tax return)  <b>Marion E Truax</b>	<b>21</b> Student social security number (as shown on page 1 of your tax return)  
<b>22</b> Educational institution information (see instructions)	
<b>a.</b> Name of first educational institution  <b>University of Alabama</b>	<b>b.</b> Institution (if any)  
<b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.  <b>PO Box 870120</b> <b>Tuscaloosa AL 35487</b>	<b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.  
<b>(2)</b> Did the student receive Form 1098-T from this institution for 2019? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>(2)</b> Did the student receive Form 1098-T from this institution for 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(3)</b> Did the student receive Form 1098-T from this institution for 2018 with box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>(3)</b> Did the student receive Form 1098-T from this institution for 2018 with box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.  <b>63-6001138</b>	<b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.  
<b>23</b> Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2019?	<input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.
<b>24</b> Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2019 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	<input type="checkbox"/> Yes — Go to line 25. <input checked="" type="checkbox"/> No — <b>Stop!</b> Go to line 31 for this student.
<b>25</b> Did the student complete the first 4 years of postsecondary education before 2019? See instructions.	<input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.
<b>26</b> Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance?	<input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.

**CAUTION** You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	<b>27</b>
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0-	<b>28</b>
<b>29</b> Multiply line 28 by 25% (0.25)	<b>29</b>
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	<b>30</b>

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	<b>31</b> <b>15,504</b>
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8867

## Paid Preparer's Due Diligence Checklist

OMB No. 1545-0074

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status

► To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

► Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.

2019

Attachment  
Sequence No. 70Department of the Treasury  
Internal Revenue Service

Taxpayer's name(s) shown on return

Gina A D'Avola &amp; Todd Truax

Taxpayer identification number

Enter preparer's name and PTIN

Leon D. Goldsmith, CPA

P00477319

## Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V

for the benefit(s) claimed (check all that apply).

☐ EIC☒ CTC/ACTC/ODC☐ AOTC☐ HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: <ul style="list-style-type: none"> <li>Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> <li>Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s)</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List those documents, if any, that you relied on: <u>School records or statement</u>			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

Form 8867 (2019)

**Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
a Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Due Diligence Question for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Eligibility Certification**

► You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- 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 Form 8867 instructions under *Document Retention*.
  - A copy of this Form 8867.
  - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
  - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).

► If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# Passive Activity Loss Limitations

OMB No. 1545-1008

▶ See separate instructions.

▶ Attach to Form 1040, Form 1040-SR, or Form 1041.

▶ Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

**2019**

Attachment  
Sequence No. **88**

**Gina A D'Avola & Todd Truax**

Identifying number

## Part I 2019 Passive Activity Loss

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

**Rental Real Estate Activities With Active Participation** (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

**b** Activities with net loss (enter the amount from Worksheet 1, column (b))

1b

17,745

**c** Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))

1c

**d** Combine lines 1a, 1b, and 1c

1d

-17,745

## Commercial Revitalization Deductions From Rental Real Estate Activities

**2a** Commercial revitalization deductions from Worksheet 2, column (a)

2a

**b** Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)

2b

**c** Add lines 2a and 2b

2c

## All Other Passive Activities

**3a** Activities with net income (enter the amount from Worksheet 3, column (a))

3a

**b** Activities with net loss (enter the amount from Worksheet 3, column (b))

3b

**c** Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))

3c

**d** Combine lines 3a, 3b, and 3c

3d

**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.

4

-17,745

Report the losses on the forms and schedules normally used

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

17,745

**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

7

122,744

**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.

**8** Subtract line 7 from line 6

8

27,256

**9** Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions

9

13,628

**10** Enter the smaller of line 5 or line 9

10

13,628

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

## 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

**16** Total losses allowed from all passive activities for 2019. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return

16

13,628

The worksheets must be filed with your tax return. Keep a copy for your records.

**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
		17,745			17,745
<b>Total.</b> Enter on Form 8582, lines 1a, 1b, and 1c		17,745			

**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.</b> Enter on Form 8582, lines 2a and 2b			

**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.</b> Enter on Form 8582, lines 3a, 3b, and 3c					

**Worksheet 4—Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.**

**Form 8582 Line 10**

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)
	Sch E1	17,745	1.0000	13,628	4,117
<b>Total</b>		17,745	1.00	13,628	4,117

**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
	Sch E1	4,117	1.0000	4,117
<b>Total</b>		4,117	1.00	4,117

Worksheet 6—Allowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
	Sch E1	17,745	4,117	13,628
<b>Total</b>		17,745	4,117	13,628

## Worksheet 7 — Activities With Losses Reported on Two or More Forms or Schedules (see instructions)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
<b>Form or schedule and line number to be reported on (see instructions):</b>					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
<b>Form or schedule and line number to be reported on (see instructions):</b>					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
<b>Form or schedule and line number to be reported on (see instructions):</b>					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
<b>Total</b>			1.00		

Depreciation and Amortization  
(Including Information on Listed Property)

▶ Attach to your tax return.

OMB No. 1545-0172

2019

Attachment  
Sequence No. 179

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Gina A D'Avola & Todd Truax

Identifying number

Part I Main 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	1,020,000
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	2,550,000
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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't 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 (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	0
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		

Section B—Assets Placed in Service During 2019 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	01/01/19	320,693	27.5 yrs.	MM	S/L	11,176
			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 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 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	11,176
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 (2019)



☐ 1 Single ☒ 2 Married filing jointly ☐ 3 Married filing separately ☐ 4 Head of household\* ☐ 5 Qualifying widow(er)\*

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

First name and initial  
Gina A

Last name  
D'Avola

Spouse's first name and initial  
Todd

Last name  
Truax

Instructions.

Apt. no.

Taxpayer ☐

Spouse ☐

Bonita Springs

FL 34135

Foreign country name

Foreign province/state/county

Foreign postal code

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

Boxes checked on 6a and 6b ..... 2  
Children on 6c who lived with you ..... 1  
Children on 6c who did not live with you .....  
Dependents on 6c not entered above .....  
Total. Add lines above ..... 3

6c Dependents:

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for		If more than four dependents, <input type="checkbox"/> ✓ here <input type="checkbox"/>
				Child tax credit	Other dependents	
Marion E	Truax		Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

Income (Schedule 1)	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	65,543
	8a	Taxable interest. Attach Schedule B if required	8a	2,256
	b	Tax-exempt interest. Do not include on line 8a	8b	3,199
	9a	Ordinary dividends. Attach Schedule B if required	9a	44,531
	b	Qualified dividends	9b	33,364
	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	3,631
	14	Other gains or (losses). Attach Form 4797	14	
ROLLOVER	15a	IRA distributions	15a	3,005
	b	Taxable amount	15b	3,005
	16a	Pensions and annuities	16a	28,183
	b	Taxable amount	16b	3,778
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-13,628
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Social security benefits	20a	
	b	Taxable amount	20b	
	21	Other income. List type and amount	21	
Adjusted Gross Income (Schedule 1)	22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	109,116
	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	Reserved	35	
	36	Add lines 23 through 35	36	
	37	Subtract line 36 from line 22. This is your adjusted gross income	37	109,116

Lisa A D'Avola &amp; Todd Truax

Tp TIN

38	Amount from line 37 (adjusted gross income)	38	109,116
39a	Check if: <input type="checkbox"/> You were born before January 2, 1955, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1955, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	24,400
41	Subtract line 40 from line 38	41	84,716
42	Qualified business income deduction (see instructions)	42	
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	84,716
44	Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	6,270
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	6,270
48	Foreign tax credit. Attach Form 1116 if required	48	114
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	2,000
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit/credit for other dependents	52	500
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	2,614
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	3,656
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 NO	59	113
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Reserved	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Section 965 net tax liability installment from Form 965-A	63	
64	Add lines 56 through 62. This is your total tax	64	3,769
65	Federal income tax withheld from Forms W-2 and 1099	65	9,121
66	2019 estimated tax payments and amount applied from 2018 return	66	
67a	Earned income credit (EIC)	67a	
b	Nontaxable combat pay election 67b	67b	
68	Additional child tax credit. Attach Schedule 8812	68	
69	American opportunity credit from Form 8863, line 8	69	
70	Net premium tax credit. Attach Form 8962	70	
71	Amount paid with request for extension to file	71	
72	Excess social security and tier 1 RRTA tax withheld	72	
73	Credit for federal tax on fuels. Attach Form 4136	73	
74	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	74	
75	Add lines 65, 66, 67a, and 68 through 74. These are your total payments	75	9,121
76	If line 75 is more than line 64, subtract line 64 from line 75. This is the amount you overpaid	76	5,352
77a	Amount of line 76 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	77a	5,352
b	Routing number XXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number XXXXXXXXXXXXXXXXXXXX		
78	Amount of line 76 you want applied to your 2020 estimated tax	78	
79	Amount you owe. Subtract line 75 from line 64. For details on how to pay, see instructions	79	
80	Estimated tax penalty (see instructions)	80	

Interest Penalties Date Return filed Late filing interest (INT) Failure to file Failure to pay Total

## Third Party Designee

☒ Paid Preparer is 3rd Party Designee, Third Party Designee information not required

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

Designee's name

Personal identification number (PIN)

Phone no.

## Other Info

Taxpayer Daytime phone number

Taxpayer: Occupation

IRS Identity Protection PIN

Spouse: Occupation

IRS Identity Protection PIN

☐ Taxpayer

☐ Spouse

Email address

# Federal Statements

## Statement 1 - Schedule E, Line 19 - Other Expenses

Description	Gross Amount	Business Use Percentage	Net Amount
Condo Fees	\$ 7,860		\$ 7,860
Total	\$ 7,860		\$ 7,860

Taxpayer Copy

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1. Enter the amount from Form 1040 or 1040-SR, line 11b. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	84,716
2. Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	33,364
3. Are you filing Schedule D?*		
<input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is a loss, enter -0-	3.	3,321
<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 6		
4. Add lines 2 and 3	4.	36,685
5. If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	5.	0
6. Subtract line 5 from line 4. If zero or less, enter -0-	6.	36,685
7. Subtract line 6 from line 1. If zero or less, enter -0-	7.	48,031
8. Enter:		
\$39,375 if single or married filing separately,		
\$78,750 if married filing jointly or qualifying widow(er),	8.	78,750
\$52,750 if head of household.		
9. Enter the smaller of line 1 or line 8	9.	78,750
10. Enter the smaller of line 7 or line 9	10.	48,031
11. Subtract line 10 from line 9. This amount is taxed at 0%	11.	30,719
12. Enter the smaller of line 1 or line 6	12.	36,685
13. Enter the amount from line 11	13.	30,719
14. Subtract line 13 from line 12	14.	5,966
15. Enter:		
\$434,550 if single,		
\$244,425 if married filing separately,		
\$488,850 if married filing jointly or qualifying widow(er),	15.	488,850
\$461,700 if head of household.		
16. Enter the smaller of line 1 or line 15	16.	84,716
17. Add lines 7 and 11	17.	78,750
18. Subtract line 17 from line 16. If zero or less, enter -0-	18.	5,966
19. Enter the smaller of line 14 or line 18	19.	5,966
20. Multiply line 19 by 15% (0.15)	20.	895
21. Add lines 11 and 19	21.	36,685
22. Subtract line 21 from line 12	22.	0
23. Multiply line 22 by 20% (0.20)	23.	0
24. Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet	24.	5,375
25. Add lines 20, 23, and 24	25.	6,270
26. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	26.	10,357
27. Tax on all taxable income. Enter the smaller of line 25 or line 26. Also include this amount on Form 1040 or 1040-SR, line 12a. If you are filing Form 2555, do not enter this amount on Form 1040 or 1040-SR, line 12a. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	27.	6,270

\*If you are filing Form 2555, these lines may be reduced (but not below zero) by your capital gain excess. Please refer to Foreign Earned Income Tax Worksheets - Excess Capital Gain for detail if the lines have been reduced.

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## Child Tax Credit &amp; Credit for Other Dependents Worksheet - Form 1040/1040-SR, Line 13a or Form 1040NR, Line 49

1. Number of qualifying children under 17 with the required social security number: <u>0</u> x \$2,000. Enter the result.	1. <u>0</u>
2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: <u>1</u> x \$500. Enter the result.	2. <u>500</u>
3. Add lines 1 and 2.	3. <u>500</u>
4. Enter the amount from Form 1040 or 1040-SR, line 8b or Form 1040NR, line 35.	4. <u>109,116</u>
5. Enter the total of any exclusion of income from Puerto Rico, and amounts from Form 2555, lines 45 and 50.	5. <u>0</u>
6. Add lines 4 and 5.	6. <u>109,116</u>
7. Enter \$400,000 if married filing jointly; \$200,000 if single, married filing separately, head of household, or qualifying widow(er)	7. <u>400,000</u>
8. Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> No. Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> Yes. Subtract line 7 from line 6. If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.	8. <u>0</u>
9. Multiply the amount on line 8 by 5% (.05). Enter the result.	9. <u>0</u>
10. Subtract line 9 from line 3. If zero or less, stop here; you cannot take this credit.	10. <u>500</u>
11. Enter the amount from Form 1040 or 1040-SR, line 12b or Form 1040NR, line 45.	11. <u>6,270</u>
12. Add the amounts from Schedule 3, lines 1, 2, 3 and 4 or Form 1040NR, lines 46, 47 & 48, plus any amounts from Form 5695, line 30, Form 8910, line 15, Form 8936, line 23, and Schedule R, line 22. Enter the total.	12. <u>2,114</u>
13. Subtract line 12 from line 11.	13. <u>4,156</u>
14. Are you claiming any of the following credits? <input checked="" type="checkbox"/> Mortgage interest credit, Form 8396 <input type="checkbox"/> Adoption credit, Form 8839 <input type="checkbox"/> Residential energy efficient property credit, Form 5695, Part I <input type="checkbox"/> District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. If you are filing Form 2555, enter -0-. Otherwise, enter the amount from Child Tax Credit - Line 14 Worksheet below.	14. <u>0</u>
15. Subtract line 14 from line 13. Enter the result.	15. <u>4,156</u>
16. Child tax credit and credit for other dependents. If line 10 is more than line 15, enter the amount from line 15, otherwise, enter the amount from line 10. Enter the amount from line 16 on Form 1040 or 1040-SE, line 13a, or Form 1040NR, line 49.	16. <u>500</u>

## Child Tax Credit - Line 14 Worksheet

Use this worksheet only if you checked "Yes" on line 14 of the Child Tax Credit &amp; Credit for Other Dependents Worksheet above and you are not filing Form 2555.

1. Enter the amount from line 10 of the Child Tax Credit & Credit for Other Dependents Worksheet above.	1. <u>0</u>
2. Number of qualifying children under age 17 with the required social security number: <u>0</u> x \$1,400. Enter the result.	2. <u>0</u>
3. Enter the taxable earned income from the Child Tax Credit Taxable Earned Income Worksheet.	3. <u>0</u>
4. Is the amount on line 3 more than \$2,500? <input type="checkbox"/> No. Leave line 4 blank, enter -0- on line 5, and go to line 6. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 3. Enter the result.	4. <u>0</u>
5. Multiply the amount on line 4 by 15% (.15) and enter the result.	5. <u>0</u>
6. On line 2 of this worksheet, is the amount \$4,200 or more? <input type="checkbox"/> No. <input type="checkbox"/> If line 2 or line 5 above is zero, enter the amount from line 1 above on line 14 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the Child Tax Credit & Credit for Other Dependents Worksheet and enter -0- on line 14, and complete lines 15 and 16. <input type="checkbox"/> If both line 2 and line 5 are more than zero, leave lines 7 through 10 blank, enter -0- on line 11, go to line 12. <input type="checkbox"/> Yes. If line 5 above is equal to or more than line 1 above, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12 below. Otherwise go to line 7.	6. <u>0</u>
7. If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use the Additional Medicare Tax and RRTA Tax Worksheet to figure the amount to enter; otherwise enter the total social security and Medicare taxes withheld from your pay (and your spouse's if filing a joint return). These taxes should be shown in boxes 4 and 6 of your Form(s) W-2.	7. <u>0</u>
8. Enter the total of the amounts from Schedule 1, line 14 and Schedule 2, line 5 (Form 1040NR, lines 27 and 56), plus any taxes identified with code "UT" on the dotted line next to Schedule 2, line 8 (Form 1040NR, line 60).	8. <u>0</u>
9. Add lines 7 and 8. Enter the total.	9. <u>0</u>
10. Add the amounts from Form 1040, lines 18a and Schedule 3, line 11 or Form 1040NR, line 67. Enter total.	10. <u>0</u>
11. Subtract line 10 from line 9. If the result is zero or less, enter -0-.	11. <u>0</u>
12. Enter the larger of line 5 or line 11.	12. <u>0</u>
13. Enter the smaller of line 2 or line 12.	13. <u>0</u>
14. Is the amount on line 13 of this worksheet more than the amount on line 1? <input type="checkbox"/> No. Subtract line 13 from line 1. Enter the result. <input type="checkbox"/> Yes. Enter -0-.	14. <u>0</u>

Next, complete Form 8396, Form 8839, Form 5695 (Part I), or Form 8859 where applicable.

15. Enter the total of the amounts from Form 8396, line 9, Form 8839, line 16, Form 5695, line 15 and Form 8859, line 3. Enter this

15. 0

1040

## Foreign Tax Credit Carryover Report

2019

Gina A D'Avola &amp; Todd Truax

Taxpayer Identification Number

Foreign Income Category Passive Income

Year	Regular	AMT
2010		
2011		
2012		
2013		
2014		
2015		
2016		
2017		
2018	65	268
2019		
Carryover to 2020	65	268

See Foreign Tax Credit Carryover Worksheet



Gina A D'Avola &amp; Todd Truax

Taxpayer Identification Number

Foreign Income Category Passive Income

## Regular

	Foreign Taxes Available	Maximum Credit Allowable	Unused (+) or Excess (-)	Carryback Applied from CY	Carryforward Applied to CY	* CY Unused (+) or Excess (-)
2009						
2010						
2011						
2012						
2013						
2014						
2015						
2016						
2017						
2018	268	203	65			65
2019						

\* Amounts flow to the Foreign Tax Credit Carryover Report

## Alternative Minimum Tax

	Foreign Taxes Available	Maximum Credit Allowable	Unused (+) or Excess (-)	Carryback Applied from CY	Carryforward Applied to CY	* CY Unused (+) or Excess (-)
2009						
2010						
2011						
2012						
2013						
2014						
2015						
2016						
2017						
2018	268		268			268
2019						

\* Amounts flow to the Foreign Tax Credit Carryover Report

Name **Gina A D'Avola & Todd Truax**

Taxpayer Identification Number

**Amounts from tax return**

Regular tax (Form 1040, line 12b) .....	a. <b>6,270</b>	h. CTC, line 14 wrk, line 14 .....	h. _____	n. Form 8859, line 3 .....	n. _____
AMT (Form 1040, Schedule 2, line 1) .....	b. _____	i. Child tax cr (Form 1040, line 13a) .....	i. <b>500</b>	o. Form 8910, line 15 .....	o. _____
Exc adv PTC (Form 1040, Sch 2, line 2) .....	c. _____	j. Form 5695, line 30 .....	j. _____	p. Form 8936, line 23 .....	p. _____
Foreign tax cr (Form 1040, Sch 3, line 1) .....	d. <b>114</b>	k. Form 5695, line 15 .....	k. _____	q. Form 8834, line 7 .....	q. _____
Child care cr (Form 1040, Sch 3, line 2) .....	e. _____	l. Form 8396, line 9 .....	l. _____	r. Form 3800, line 38 .....	r. _____
Education cr (Form 1040, Sch 3, line 3) .....	f. <b>2,000</b>	m. Elderly cr (Sch R, line 22) .....	m. _____	s. Form 8839, line 16 .....	s. _____
Retirement cr (Form 1040, Sch 3, line 4) .....	g. _____				

Form 2441

Schedule R

Form 8880

Form 5695, Part I

Form 5695, Part II

1. Total tax available .....	1. _____	Form 8880	Form 5695, Part I
2. Other nonrefundable personal credits allowed .....	2. _____		
3. Limitation based on tax liability, line 1 minus line 2 .....	3. _____		
4. Amount from line 3 reported on .....	4. _____		
5. Code(s) for tax amount(s) from above .....	5. _____		
6. Code(s) for credit amount(s) from above .....	6. _____		

Form 8910, Part III

Form 8914, Part III

Form 8396

Form 8839

1. Total tax available .....	1. _____		
2. Other nonrefundable personal credits allowed .....	2. _____		
3. Limitation based on tax liability, line 1 minus line 2 .....	3. _____		
4. Amount from line 3 reported on .....	4. _____		
5. Code(s) for tax amount(s) from above .....	5. _____		
6. Code(s) for credit amount(s) from above .....	6. _____		

Form 8859

Form 8801

1. Total tax available .....	1. _____		
2. Other nonrefundable personal credits allowed .....	2. _____		
3. Limitation based on tax liability, line 1 minus line 2 .....	3. _____		
4. Amount from line 3 reported on .....	4. _____		
5. Code(s) for tax amount(s) from above .....	5. _____		
6. Code(s) for credit amount(s) from above .....	6. _____		

**Form 8863, Line 19**

1. Enter the amount from Form 8863, line 18 .....	<b>2,000</b>	5. Enter the total of code(s) d, e, and m from above .....	<b>114</b>
2. Enter the amount from Form 8863, line 9 .....		6. Subtract line 5 from line 4 .....	<b>6,156</b>
3. Add lines 1 and 2 .....	<b>2,000</b>	7. Enter the smaller of line 3 or line 6 here and on Form 8863, line 19 .....	<b>2,000</b>
4. Enter the amount from Form 1040, Schedule 2, line 3 .....	<b>6,270</b>		

Name

**Gina A D'Avola & Todd Truax**

EIN or SSN Number

Activity

Form **Sch E** Unit **1**

Type

**rental real estate w/active participation**

Entire Disposition of Activity

**Regular Tax Loss Calculations**

	Prior Year Suspended Losses	Current Year Generated	Current Year Utilized	Suspended Losses To Next Year
Operating		<b>17,745</b>	<b>13,628</b>	<b>4,117</b>
Short-term capital loss				
Long-term capital loss				
28% rate capital loss				
Section 1231 loss				
Ordinary business loss				
Other Losses - 1040 Schedule 1				
Commercial revitalization				

**Alternative Minimum Tax Loss Calculations**

	Prior Year Suspended Losses	Current Year Generated	Current Year Utilized	Suspended Losses To Next Year
Operating		<b>17,745</b>	<b>13,628</b>	<b>4,117</b>
Short-term capital loss				
Long-term capital loss				
28% rate capital loss				
Section 1231 loss				
Ordinary business loss				
Other Losses - 1040 Schedule 1				
Commercial revitalization				

Name

Taxpayer Identification Number

**Gina A D'Avola & Todd Truax**

<b>1</b>	Adjusted gross income .....	<b>1</b>	<b>109,116</b>
<b>2</b>	Subtractions:		
<b>2(a)</b>	Passive activity income .....	<b>2(a)</b>	
<b>2(b)</b>	Taxable social security income .....	<b>2(b)</b>	
<b>2(c)</b>	Other .....	<b>2(c)</b>	
<b>2(d)</b>	Total subtractions .....	<b>2(d)</b>	
<b>3</b>	Additions:		
<b>3(a)</b>	Allowed passive activity losses .....	<b>3(a)</b>	<b>13,628</b>
<b>3(b)</b>	Rental real estate loss allowed to real estate professionals .....	<b>3(b)</b>	
<b>3(c)</b>	Overall loss from a PTP .....	<b>3(c)</b>	
<b>3(d)</b>	Taxpayer's IRA deduction .....	<b>3(d)</b>	
<b>3(e)</b>	Spouse's IRA deduction .....	<b>3(e)</b>	
<b>3(f)</b>	One-half self-employment tax .....	<b>3(f)</b>	
<b>3(g)</b>	Series EE & I Bond Interest .....	<b>3(g)</b>	
<b>3(h)</b>	Employer's adoption assistance program exclusion amount .....	<b>3(h)</b>	
<b>3(i)</b>	Student loan interest deduction .....	<b>3(i)</b>	
<b>3(j)</b>	Tuition and fees deduction .....	<b>3(j)</b>	
<b>3(k)</b>	Other .....	<b>3(k)</b>	
	Total additions .....	<b>3(m)</b>	<b>13,628</b>
<b>4</b>	Modified adjusted gross income .....	<b>4</b>	<b>122,744</b>

Gina A D'Avola & Todd Truax

Taxpayer id-415- "

Unit	<u>1</u>	Ownership Percentage	_____
T, S, J	<u>J</u>	Business Use Percentage	_____
State	<u>FL</u>	Personal Use Percentage	_____

Passive type: **Active participation**

1. Physical address:

Street

City, state, zip

Property type:

33928

residence

## 2. Property Use Information:

Fair Rental Days	365
------------------	-----

Personal Use Days .....

QJV

	Column A	Column B	Column C	(Column A - B - C)
	Total Income/Expense	Nonbusiness Expenses	Vacation Home / Personal Use Expenses	Income / Expenses Reported on Schedule E
<b>Income:</b>				
3. Rents received .....	<b>5,465</b>			<b>5,465</b>
4. Royalties received .....				
<b>Expenses:</b>				
5. Advertising .....				
Auto .....				
Travel .....				
6. Auto and travel (total) .....				
7. Cleaning and maintenance .....				
8. Commissions .....				
9. Insurance .....	<b>500</b>			<b>500</b>
10. Legal and other professional fees .....				
11. Management fees .....				
Mortgage interest from 1098 .....				
Refinancing points on 1098 .....				
12. Mortgage interest paid to banks, etc.				
Other mortgage interest .....				
Other interest .....				
Refinancing points .....				
Qualified mortgage insurance .....				
13. Other interest (total) .....				
14. Repairs .....	<b>600</b>			<b>600</b>
15. Supplies .....				
Real estate taxes .....	<b>3,074</b>			
All other taxes .....				
16. Taxes (total) .....	<b>3,074</b>			<b>3,074</b>
17. Utilities .....				
18. Depreciation expense or depletion .....	<b>11,176</b>			<b>11,176</b>
19. Other (list) .....				
<b>Condo Fees</b>	<b>7,860</b>			<b>7,860</b>
20. Total expenses. Add lines 5 through 19 .....	<b>23,210</b>			<b>23,210</b>
21. Income or (loss) from rental or royalty properties. ....				<b>-17,745</b>

# Federal Statements

## Form 1040, Line 2a - Tax-exempt Interest

Payer	Amount
Morgan Stanley	\$ 3,199
Total	\$ 3,199

## Form 1040, Dividend Income

Payer	Ordinary Dividends	Qualified Dividends	Section 199A Dividends
Morgan Stanley	\$ 44,531	\$ 33,364	\$
Total	\$ 44,531	\$ 33,364	\$

## Form 1040, Line 6 - Capital Gain Distributions

Payer	Capital Gain Distribution
Morgan Stanley	\$ 7,990
Total	\$ 7,990

# Federal Statements

## Schedule E, Line 3 - Rents Received

Description	Amount
	\$ 5,465
Total	\$ 5,465

23151 Fashion Dr #6102

## Schedule E, Line 9 - Insurance

Description	Gross Amount	Business Use Percentage	Net Amount
Condo Insurance	\$ 500		\$ 500
Total	\$ 500		\$ 500

23151 Fashion Dr #6102

## Schedule E, Line 16 - Taxes

Description	Gross Amount	Business Use Percentage	Net Amount
Real estate taxes	\$ 3,074		\$ 3,074
Total	\$ 3,074		\$ 3,074



# Federal Statements

## Form 8582, Passive Activity Income and Allowed Losses

Activity  
Name

Screen	Unit #	Current Year Net Income	Current Year Net Loss	Prior Year Unallowed Loss	Unallowed Loss	Allowed Loss	Form Location
1		\$	\$ 17,745	\$	\$ 4,117	\$ 13,628	Sch E Part I
Total		\$ 0	\$ 17,745	\$ 0	\$ 4,117	\$ 13,628	

## Federal Statements

### State of Florida

#### Form W-2, Box 12

<u>Description</u>	<u>Amount</u>
Box 12 G Sect 457(b) contr	\$ 260
Box 12 DD Emplr sponsored hlth	19,998
Total	<u>\$ 20,258</u>

### State of Florida

#### Form W-2, Box 14 - Other

<u>Description</u>	<u>Amount</u>
IRC Section 125 flexible benefits program	\$ 1,582
Total	<u>\$ 1,582</u>

# Federal Asset Report

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Residential Real Property:</b>									
1	Condo Uni	1/01/19	320,693			320,693	27 MMS/L	0	11,176
			320,693			320,693		0	11,176
<b>Grand Totals</b>			320,693			320,693		0	11,176
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			320,693			320,693		0	11,176

Taxpayer Copy

# AMT Asset Report

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Residential Real Property:</b>									
1	Condo	1/01/19	320,693			320,693	27 MMS/L	0	11,176
			<u>320,693</u>			<u>320,693</u>		<u>0</u>	<u>11,176</u>
<b>Grand Totals</b>			320,693			320,693		0	11,176
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>320,693</u>			<u>320,693</u>		<u>0</u>	<u>11,176</u>

Taxpayer Copy

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
E	1	1	Condo	11,176	11,176	0
				<u>11,176</u>	<u>11,176</u>	<u>0</u>

Taxpayer Copy

# Education Expense Optimization Report

## Tax Year 2019

### Tax Summary:

Adjusted gross income .....	109,116
Taxable income .....	84,716
Tax before credits .....	
Nonrefundable credits .....	6,270
Other taxes .....	2,614
Total tax .....	113
Less: Refundable credits .....	3,769
Other payments .....	0
Add: Estimated tax penalty, late penalties and interest .....	9,121
Federal net due/-overpayment .....	0
	<u>-5,352</u>
Marginal tax rate:	
Federal .....	12.000%

### Student Summary:

Marion E Truax

TOTALS

American Opportunity Credit	Lifetime Learning Credit	Tuition and Fees Deduction
	2,000 *	
0	2,000 **	0

\* Optimized amount

\*\* Maximum amount allowed

1040

## IRA Distribution Report

2019

Name

Taxpayer Identification Number

Gina A D'Avola &amp; Todd Truax

			Gross Distribution 1099-R Box 1	Taxable Amount 1099-R Box 2a <small>[less rollover amount]</small>
T/S	Payer			
A	T	Morgan Stanley	1,122	1,122
B	T	Morgan Stanley	750	750
C	S	Wells Fargo Bank	1,133	1,133
D	—			
E	—			
F	—			
G	—			
H	—			
I	—			
J	—			
K	—			
L	—			
M	—			
N	—			
O	—			

	Amount Of Rollover	Federal Withholding	State Withholding	Local Withholding	Traditional IRA Converted to Roth IRA	Original Conversion or Recharacterization	Qualified Roth IRA Distribution
A		112					
B							
C		113					
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
O							
Tp		112					
Sp		113					
Total		225					



Name

Taxpayer Identification Number

Gina A D'Avola & Todd Truax

	T/S	Payer	Gross Distribution	Rollover	Taxable Amount
A	T	Teachers' Retirement System	24,405	X	
B	T	Teachers' Retirement System	1,546		1,546
C	T	Teachers' Retirement System	2,232		2,232
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
O					
Taxpayer			28,183		3,778
Spouse					
Total			28,183		3,778

	NIIT	Capital Gain Distribution	Public Safety Officer Exclusion	Federal Withholding	State Withholding	Local Withholding
A						
B				155		
C				223		
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
N						
O						
Taxpayer				378		
Spouse						
Total				378		

Gina A D'Avola &amp; Todd Truax

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	T State of Florida	65,543	8,518	67,718
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
	Taxpayer	65,543	8,518	67,718
	Spouse			
	Totals	65,543	8,518	67,718

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	4,199	67,718	982				1,582
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	4,199	67,718	982				1,582
Spouse							
Totals	4,199	67,718	982				1,582

	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						

Taxpayer Identification Number

[illegible]

Name

Gina A D'Avola &amp; Todd Truax

		2018	2019	Differences
		MFJ	MFJ	
<b>Filing Status</b>				
<b>Dependents</b>		0	1	1
1. Salaries and wages	1.	65,297	65,543	246
2. Interest income	2.	5,339	2,256	-3,083
3. Tax exempt interest income	3.	3,220	3,199	-21
4. Dividend income	4.	47,294	44,531	-2,763
5. Qualified dividend income	5.	31,571	33,364	1,793
6. Taxable state/local refunds	6.			
7. Alimony received	7.			
8. Business income/loss	8.			
9. Capital gain/loss	9.	-3,000	3,631	6,631
10. Other gains/losses	10.			
11. Taxable IRA distributions	11.	1,194	3,005	1,811
12. Taxable pensions	12.		3,778	3,778
13. Rent and royalty income including farm rental	13.		-13,628	-13,628
14. Partnership/S corp income	14.			
15. Estate or trust income	15.			
16. Farm income/loss	16.			
17. Unemployment compensation	17.			
18. Taxable social security	18.			
19. Other income	19.			
20. <b>Total income</b>	20.	116,124	109,116	-7,008
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. Penalty on early withdrawal of savings	25.			
26. Alimony paid	26.			
27. IRA deductions	27.			
28. Student loan interest	28.			
29. Other adjustments	29.			
30. <b>Adjusted gross income</b>	30.	116,124	109,116	-7,008
31. Medical	31.			
32. Taxes	32.	6,973	6,595	-378
33. Interest	33.	14,848	14,520	-328
34. Contributions	34.	720	3,131	2,411
35. Casualty losses	35.			
36. Miscellaneous expenses	36.			
37. <b>Allowable itemized deductions</b>	37.	22,541	24,246	1,705
38. Standard deduction	38.	24,000	24,400	400
		Standard	Standard	
39. Deduction taken	39.	24,000	24,400	400
40. Taxable income before Qual Bus Inc Ded (QBID)	40.	92,124	84,716	-7,408
41. QBID	41.	0	0	
42. <b>Taxable income</b>	42.	92,124	84,716	-7,408

Name

**Gina A D'Avola & Todd Truax**

		2018	2019	Differences
43.	Taxable income from 2YR page 1, line 42	92,124	84,716	-7,408
44.	Tax on taxable income	9,127	6,270	-2,857
45.	Alternative minimum tax			
46.	Excess advance premium tax credit			
47.	Child care credit			
48.	Education credits		2,000	2,000
49.	Retirement savings credit			
50.	Child & other dependent tax credit		500	500
51.	General business credit			
52.	Other credits	203	114	-89
53.	<b>Total credits</b>	203	2,614	2,411
54.	<b>Net tax liability</b>	8,924	3,656	-5,268
55.	Self-employment taxes			
56.	Other taxes		113	113
57.	<b>Total tax</b>	8,924	3,769	-5,155
58.	Income tax withheld	8,843	9,121	278
59.	Estimated tax payments			
60.	Earned income credit			
61.	Additional Child tax credit			
62.	Other refundable tax credits			
63.	Other payments			
64.	<b>Total payments</b>	8,843	9,121	278
65.	<b>Tax due/-refund</b>	81	-5,352	-5,433
66.	Penalties and interest			
67.	<b>Net tax due/-refund</b>	81	-5,352	-5,433
68.	Refund applied to estimated tax payments			
69.	Refund received		-5,352	-5,352
70.	<b>Effective tax rate</b>	10.0 %	4.0 %	

**Two Year Comparison - Tax Reconciliation Marginal Tax Rates**

	2018	2018 Marginal	2019	2019 Marginal
	Taxable Income	Tax Rate	Taxable Income	Tax Rate
Ordinary income	60,553	12.0 %	48,031	12.0 %
Capital income	31,571	15.0 %	36,685	15.0 %
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%

Name

Gina A D'Avola &amp; Todd Truax

	Filing Status		2019	2020	Differences
			MFJ	MFJ	
Income	Dependents		1	1	
	1. Salaries and wages	1.	65,543	65,543	
	2. Interest income	2.	2,256	2,256	
	3. Dividend income	3.	44,531	44,531	
	4. Taxable state/local refunds	4.			
	5. Alimony received	5.			
	6. Business income/loss	6.			
	7. Capital gain/loss	7.	3,631		-3,631
	8. Other gains/losses	8.			
	9. Taxable IRA distributions	9.	3,005	3,005	
	10. Taxable pensions and annuities	10.	3,778	3,778	
	11. Schedule E income/loss	11.	-13,628	-13,628	
	12. Farm income/loss	12.			
	13. Unemployment benefits	13.			
	14. Taxable social security benefits	14.			
	15. Other income	15.			
Adjustments	16. Total income	16.	109,116	105,485	-3,631
	17. Moving expenses	17.			
	18. Deductible part of self-employment tax	18.			
	19. SEP/SIMPLE/Qualified plans deductions	19.			
	20. Self-employed health insurance deduction	20.			
	21. Penalty on early withdrawal of savings	21.			
	22. Alimony paid	22.			
	23. IRA deductions	23.			
	24. Student loan interest deduction	24.			
	25. Other adjustments	25.			
	26. Adjusted gross income	26.	109,116	105,485	-3,631
Deductions	27. Medical	27.			
	28. State/local income or sales taxes	28.	3,740	3,740	
	29. Real estate taxes	29.	2,855	2,855	
	30. Personal property taxes	30.			
	31. Total State/Local taxes. Add lines 28 - 30	31.	6,595	6,595	
	32. State/Local taxes allowed. Lower of line 31 or \$10,000 (\$5,000 if MFS)	32.	6,595	6,595	
	33. Other taxes	33.			
	34. Interest	34.	14,520	14,520	
	35. Contributions	35.	3,131	3,131	
	36. Casualty losses from a federally declared disaster	36.			
	37. Miscellaneous expenses (including qualified disaster loss)	37.			
	38. Allowable itemized deductions	38.	24,246	24,246	
	39. Standard deduction	39.	24,400	24,800	400
			Standard	Standard	
	40. Deduction taken	40.	24,400	24,800	400
	41. Subtract line 40 from line 26	41.	84,716	80,685	-4,031
	42. Qualified business income deduction	42.		0	
	43. Taxable income	43.	84,716	80,685	-4,031

Name

Gina A D'Avola &amp; Todd Truax

Taxpayer Identification Number

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Filing Status	2019 MFJ	2020 MFJ	Differences
44. Taxable income from TPW page 1, line 43	84,716	80,685	-4,031
45. Tax on taxable income <b>CG Tax</b>	6,270	5,387	-883
46. Taxes from Forms 4972, 8814, and add'l taxes			
47. Alternative minimum tax			
48. Add lines 45, 46, and 47	6,270	5,387	-883
49. Foreign tax credit	114	114	
50. Child and dependent care credit			
51. Education credits	2,000		-2,000
52. Retirement savings credit			
53. Credit for the elderly			
54. Child tax credit/credit for other dependents	500		-500
55. Nonbusiness energy property credit			
56. Alternative motor vehicle credit (Form 8910)			
57. Qualified plug-in electric motor vehicle (Form 8936)			
58. Mortgage interest credit			
59. D.C. first-time homebuyer credit			
60. Residential energy efficient property credit			
61. Adoption credit			
62. General business credit			
63. Prior year minimum tax credit			
64. Other credits			
65. Total credits	2,614	114	-2,500
66. Net tax liability	3,656	5,273	1,617
67. Self-employment tax			
68. Tax on unreported tips			
69. Tax on IRA or qualified plans	113	113	
70. Household employment taxes			
71. First-time homebuyer credit repayment			
72. Reserved			
73. Additional Medicare Tax			
74. Net Investment Income Tax			
75. Other taxes			
76. Total tax	3,769	5,386	1,617
77. Income tax withheld	9,121	9,121	
78. Estimated tax payments			
79. Earned income credit			
80. Additional child tax credit			
81. Reserved			
82. Other payments			
83. Total payments	9,121	9,121	
84. Net tax due/-refund	-5,352	-3,735	1,617
85. Marginal Tax Rate - Ordinary Income	12.0%	12.0%	
86. Marginal Tax Rate - Capital Income	15.0%	15.0%	
87. Effective Tax Rate	4.0%	7.0%	



Gina A D'Avella & Todd Truax

Regular		AMT
1.	80,685	
2.	33,364	33,364
3.		
4.		
5.	0	
6.	33,364	33,364
7.		
8.		
9.	0	0
10.	33,364	33,364
11.		
12.		
13.	33,364	33,364
14.	47,321	
15.	80,000	
16.	80,000	
17.	47,321	
18.	47,321	
19.	80,685	
20.	47,321	
21.	47,321	
22.	32,679	
23.	33,364	
24.	32,679	
25.	685	
26.	496,600	
27.	80,685	
28.	80,000	
29.	685	
30.	685	
31.	103	
32.	33,364	
33.	0	
34.	0	
35.		
36.		
37.		
38.		
39.		
40.		
41.		
42.		
43.		
44.	5,284	
45.	5,387	
46.	9,331	
	5,387	

Form 1040

## Tax Return History Report - Page 1

2019

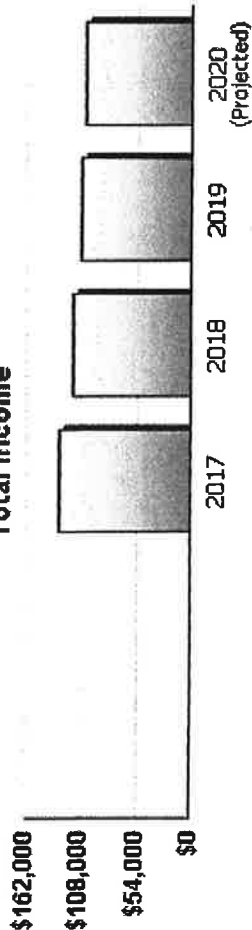
Name **Gina A D'Avola & Todd Truax**

Taxpayer Identification Number

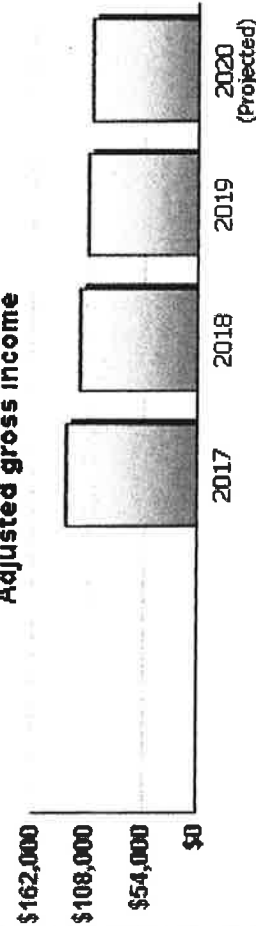
	2017	2018	2019	2020 Projected
	MFJ	MFJ	MFJ	MFJ
<b>Filing Status</b>				
Salaries and wages	66,770	65,297	65,543	65,543
Interest income	652	5,339	2,256	2,256
Dividend income	11,940	47,294	44,531	44,531
Business income/loss				
Capital gains/losses	20,132	-3,000	3,631	
Other gains/losses				
IRA distributions, pensions, annuities	29,475	1,194	6,783	6,783
Rent, royalty, farm rental income			-13,628	-13,628
Partnership/S corp income				
State or trust income				
Farm income/loss				
Other income/loss	275			
<b>Total income</b>	129,244	116,124	109,116	105,485
Total adjustments				
<b>Adjusted gross income</b>	129,244	116,124	109,116	105,485
Allowable itemized deductions	19,693	22,541	24,246	24,246
Standard deduction	12,700	24,000	24,400	24,800
Itemized or standard deduction taken	19,693	24,000	24,400	24,800
Exemptions	8,100			
Taxable income before Qual Bus Inc Ded	101,451	92,124	84,716	80,685
Qual Bus Inc Ded				
<b>Taxable income</b>	101,451	92,124	84,716	80,685

\* The amounts in the projected column generate from the federal Tax Projection Worksheet (TPW) and this field is included in the total Schedule E income/loss amount on the TPW.

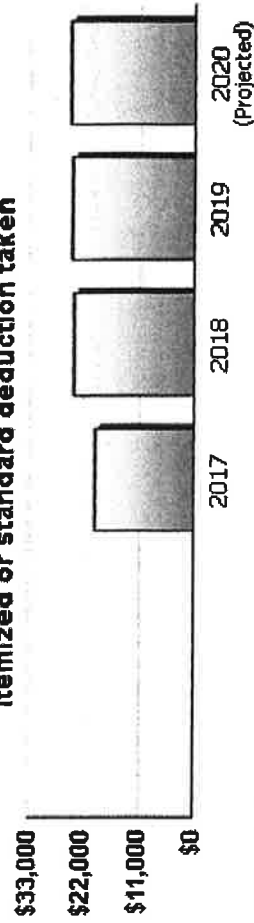
## Total income



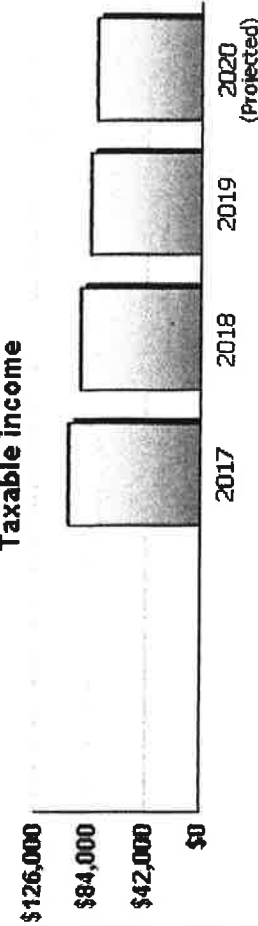
## Adjusted gross income



## Itemized or standard deduction taken



## Taxable income



1040

## Tax Return History Report - Page 2

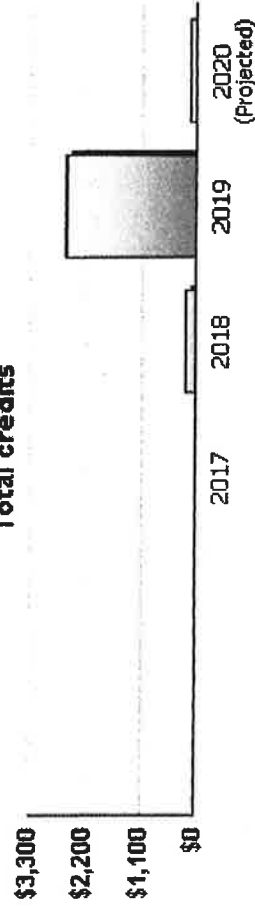
2019

Gina A D'Avola &amp; Todd Truax

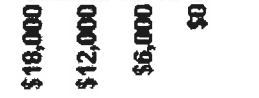
Taxpayer Identification Number

	2017	2018	2019	2020 Projected
able income	101,451	92,124	84,716	80,685
on taxable income and Form 8962	13,839	9,127	6,275	5,387
arnative minimum tax				
al credits		203	2,614	114
t tax liability	13,839	8,924	3,656	5,386
f-employment taxes				9,121
ier taxes	643		113	113
tal tax	14,482	8,924	3,769	5,386
ome tax withheld	14,020	8,843	9,121	9,121
imated tax payments				
ier payments				
tal payments	14,020	8,843	9,121	9,121
tal due/-refund	462	81	-5,352	-3,735
nalties and interest	9			
t tax due/-refund	471	81	-5,352	-3,735
fund applied to estimated tax payments				
fund received			-5,352	
irginal tax rate	%	12.0%	12.0%	12.0%
ective tax rate	%	10.0%	4.0%	7.0%

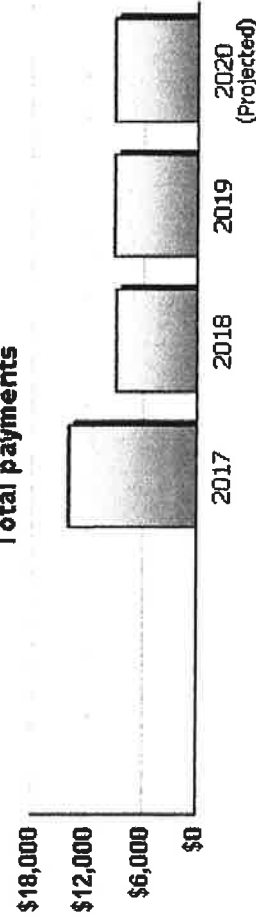
## Total credits



## Total tax



## Total payments



## Marginal tax rate





Form **1040****Reconciliation Worksheet - Projected Taxable Income & Tax****2020**

Name

**Gina A D'Avola & Todd Truax**

Taxpayer Identification Number

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income further determines the tax applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how projected 2020 tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status **Married filing jointly**  
 Tax Method **Capital Gains Rate Tax**

Tax Pct Total Tax (ln 24) divided by Total Taxable Income (ln 19) **7.0 %**

Calculating ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:

Tax using capital gains rates

Tax using Ordinary rates

Tax savings

	Taxable Amount	Tax Rate Marginal	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	<b>47,321</b>	<b>12.0 %</b>	<b>5,284</b>	<b>\$19,750 - \$80,250</b>	<b>32,929</b>
Capital Income	<b>33,364</b>	<b>15.0 %</b>	<b>103</b>	<b>\$80,000 - \$496,600</b>	<b>463,236</b>
Capital Income - 1250		%			
Capital Income - 1202		%			

**Projected Income taxed at ordinary rates**

1. 10.0% rate Maximum taxable income per this bracket: \$19,750
2. 12.0% rate Maximum taxable income per this bracket: \$60,500
3. 22.0% rate
4. 24.0% rate
5. 32.0% rate
6. 35.0% rate
7. 37.0% rate
8. Total projected ordinary taxable income and ordinary tax. Add lines 1 through 7.

**(a) Taxable Income****(b) Tax**

1a.	<b>19,750</b>	1b.	<b>1,975</b>
2a.	<b>27,571</b>	2b.	<b>3,309</b>
3a.		3b.	
4a.		4b.	
5a.		5b.	
6a.		6b.	
7a.		7b.	
8a.	<b>47,321</b>	8b.	<b>5,284</b>

**Projected Income taxed at capital gains rates**

9. 0% capital gains rate Maximum taxable income per this bracket: \$80,000
10. 15% capital gains rate Maximum taxable income per this bracket: \$416,600
11. 20% capital gains rate
12. 25% capital gains rate Unrecaptured Section 1250 Gain
13. 28% capital gains rate Small business stock, collectibles
14. Total projected taxable capital gains and capital gains tax. Add lines 9 through 13.

9a.	<b>32,679</b>	9b.	<b>0</b>
10a.	<b>685</b>	10b.	<b>103</b>
11a.		11b.	
12a.		12b.	
13a.		13b.	
14a.	<b>33,364</b>	14b.	<b>103</b>

**Total projected taxable income**

15. Total ordinary taxable income. Enter the amount from line 8a.
16. Total capital gains taxable income. Enter the amount from line 14a.
17. Add lines 15 and 16.
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.
19. Projected taxable income reported on Federal Tax Projection Worksheet. Subtract line 18 from line 17.

15.	<b>47,321</b>
16.	<b>33,364</b>
17.	<b>80,685</b>
18.	
19.	<b>80,685</b>

**Total projected tax**

20. Total ordinary tax. Enter the amount from line 8b.
21. Total capital gains tax. Enter the amount from line 14b.
22. Add lines 20 and 21.
23. Enter the tax allocated to the net exclusion amount from the Tax Projection Foreign Earned Income Tax Worksheet, line 5.
24. Total projected 2020 tax reported on Federal Tax Projection Worksheet 2. Subtract line 23 from line 22

20.	<b>5,284</b>
21.	<b>103</b>
22.	<b>5,387</b>
23.	
24.	<b>5,387</b>

1040

## Federal Return Summary

2019

Number

Name

Gina A D'Amico &amp; Todd Truax

1040

Filing Status

MFJ

Dependents

1

## Qual Div Cap Gain Wrk

## Income

Salaries & wages	65,543
Taxable interest income	2,256
Tax exempt interest	3,199
Dividend income	44,531
Qualified dividends	33,364
Taxable state/local refunds	
Alimony received	
Business income/-loss	
Capital gain/-loss	3,631
Other gain/-loss (Form 4797)	
Taxable IRA distributions	3,005
Taxable pension distributions	3,778
Rental, royalty, partnership, etc. income/-loss	-13,628
Farm income/-loss	
Unemployment compensation	
Taxable social security benefits	
Other income	
<b>Total income</b>	<b>109,116</b>

## Adjustments

Moving expenses	
Deductible part of self-employment tax	
SEP, SIMPLE, and qualified plan deduction	
Self-employed health insurance deduction	
Alimony paid	
IRA deduction	
Student loan interest deduction	
Other adjustments	
Total adjustments	
<b>Adjusted gross income</b>	<b>109,116</b>

## Deductions

Medical and Dental expenses	
Taxes paid	
Interest paid	
Charitable contributions	
Other itemized deductions	
Total itemized deductions	
or, Standard deduction	24,400
Taxable income before Qual Bus Inc Ded (QPID)	84,716
QPID	
<b>Taxable income</b>	<b>84,716</b>

## Tax Computation

Regular tax	6,270
Alternative minimum tax	
Excess advance premium tax credit	
Total tax before credits	6,270
Child and dependent care credit	
Education credits	2,000
Other credits	614
Total credits	2,614
Tax after credits	3,656
Self-employment tax	
Additional tax on IRAs, etc.	113
Other taxes	
<b>Total tax</b>	<b>3,769</b>

## Payments

Federal income tax withheld	9,121
Estimated payments	
Other payments/credits	
<b>Total payments</b>	<b>9,121</b>

## Refund/Amount Due

Amount overpaid	5,352
Overpayment applied	
Form 2210 penalty	
<b>Amount due/-refund</b>	<b>-5,352</b>
Failure to file penalty	
Failure to pay penalty	
Late filing interest	
<b>Net amount due/-refund</b>	<b>-5,352</b>

## 2020 Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
<b>Total Estimates</b>	

## Tax Rates

Marginal tax rate - Ordinary income*	12.0 %
Marginal tax rate - Capital income*	15.0 %
Effective tax rate	4.0 %

\* Marginal Tax Rate displayed may not reflect the true tax rate for Schedule J or Form 8615.





# LEE COUNTY ELECTIONS

(239) LEE-VOTE (533-8683)

www.lee.vote

## CANDIDATE INTAKE REVIEW

<b>CANDIDATE</b>	Todd Truax		
<b>OFFICE</b>	Board of county commissioners #3		
<input type="checkbox"/> YES <input type="checkbox"/> N/A	File Cover Sheet		
<input type="checkbox"/> YES <input type="checkbox"/> N/A	Affidavit of Intent—Special District Candidates Only/completeness/signed/dated		
<input type="checkbox"/> YES <input type="checkbox"/> N/A	DSDE 9 Appointment Treasurer/completeness/signed/dated		
<input type="checkbox"/> YES <input type="checkbox"/> N/A	DSDE 84 Statement of Candidate/completeness/signed/dated		
<input type="checkbox"/> YES <input type="checkbox"/> N/A	CFR System Affidavit/completeness/signed/dated		
<input type="checkbox"/> YES <input type="checkbox"/> DECLINED	Text Messaging Service Agreement		
<input type="checkbox"/> YES <input type="checkbox"/> N/A	Form 1 or Form 6 Financial Disclosure/completeness/signed/dated/notarized-if required		
<input type="checkbox"/> YES <input type="checkbox"/> N/A	Candidate Oath/proper form/Office Sought/Seat or District #/Lee County/Voter #/signed/dated/notarized		
<input type="checkbox"/> DS-DE 301SL Constitutional Officer & County Commissioner	<input type="checkbox"/> DS-DE 304SB School Board	<input type="checkbox"/> DS-DE 302NP Special District	<input type="checkbox"/> DS-DE 302NP Lee Memorial
<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A	Canvassing Board Meeting Schedules/signed/dated		
<input type="checkbox"/> YES <input type="checkbox"/> N/A	Candidate Petition Method—filing fee waived if SOE has certified as <i>successful</i>		
<input type="checkbox"/> YES <input type="checkbox"/> N/A	Filing Fee Payment—Verify amounts/numerical and written/must not be less than fee		
<b>DOCUMENTS CHECKED BY</b>			
<input type="checkbox"/> Joanie	<input type="checkbox"/> Kurtis	<input type="checkbox"/> _____	Date: _____

**NOTES:** \_\_\_\_\_

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1016

**TODD JAMES TRUAX CAMPAIGN FUND**

P.O. BOX 367193  
BONITA SPRINGS, FL 34136



63-215/631

DATE May 25, 2020

PAY  
TO THE  
ORDER OF

Lee County Elections Office

\$5,675.04

five thousand six hundred seventy five

04

100 DOLLARS

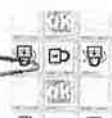


ACH RT 061000104

FOR

Qualifying fee Lee BCCC Dist. 3

Todd Truax



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