CANDIDATE OATH - STATE AND LOCAL PARTISAN OFFICE

Check applicable one:

- [x] 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, Matt Caldwell

(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 Lee County Property Appraiser (Office), _____ (District #), _____ (Circuit #),

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

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 Republican 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): 111743843

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.]*

Mat Canld-wel

X _____ (239) 246-2217 matt@votecaldwell.org

Signature of Candidate | Telephone Number | Email Address

1315 Jackson St. Ste 202 | Fort Myers | FL | 33901

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 9 day of June, 2020

Personally Known: _____ or Produced Identification: ✓

Type of Identification Produced: Driver License

JIOVANA SOLORZANO
MY COMMISSION # GG309380
EXPIRES: March 10, 2023

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2019

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
CALDWELL MATTHEW HENRY

MAILING ADDRESS:
1375 JACKSON STREET

202

CITY: FORT MYERS ZIP: 33901 COUNTY: LEE

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
LEE COUNTY PROPERTY APPRAISER

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 $ 211,232.58.

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 $ 105,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SEE ATTACHED FOR DETAILS	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SEE ATTACHED FOR DETAILS	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

PART D -- INCOME

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

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

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

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

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

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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☑ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

OATH

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

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 9 day of June, 2020 by Matthew Caldwell.

(Signature of Notary Public--State of Florida)

JIOVANA SOLORZANO
MY COMMISSION # GG309380
EXPIRES: March 10, 2023

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

Personally Known _____ *OR* Produced Identification ✓

Type of Identification Produced Driver License

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature _____ Date _____

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☑

Tuesday, December 31, 2019

ASSETS (Individually Over $1,000)

Real Estate	19 Burrstone Avenue, Lehigh Acres, FL 33936 (per Lee County Prop. App.)	$	79,134.00
Real Estate	88 Rochelle Lane, Monticello, FL 32361 (Per Jefferson County Prop. App)	$	170,531.00
Retire Acct	MHS 401k/John Hancock Aggressive Fund, 12600 World Plaza Lane, Fort Myers, FL 33907	$	103,569.02
Retire Acct	FRS 401a/Select Aggressive Balanced Fund, The Capitol, Tallahassee, FL 32301	$	39,407.44
Checking	Fifth Third Bank, 38 Fountain Square Plaza, Cincinnati, OH 45263	$	8,533.73
Saving	Fifth Third Bank, 38 Fountain Square Plaza, Cincinnati, OH 45263	$	69.99
Checking	Suncoast Schools FCU, 6804 East Hillsborough Avenue, Tampa, FL 33610	$	1,570.07
Saving	Suncoast Schools FCU, 6804 East Hillsborough Avenue, Tampa, FL 33610	$	365.86
Checking	Ameris Bank, PO Box 3668, Moultrie, GA, 31776-3668	$	1,159.32
Partnership	Econ Farms, LLC (50% Interest) - Liquidation Value	$	0.50
LLC	TM Strategic Consulting, LLC (50% Interest) - Liquidation Value	$	5,000.00
Life Insurance	AMC - Whole Life, Northwestern Mutual, 500 E Broward Blvd, Ft. Lauderdale 33394 (Cash Value)	$	2,648.69
Life Insurance	MHC - Term 80, Northwestern Mutual, 500 E Broward Blvd, Ft. Lauderdale 33394 (Cash Value)	$	-
	SUBTOTAL	**$**	**411,989.62**

HOUSEHOLD GOODS AND PERSONAL EFFECTS

	Furniture, Clothing, Collectible Items, Petty Cash, etc.	$	50,000.00
Vehicle	2016 Ford Focus	$	10,000.00
Vehicle	2019 Ford F-150	$	45,000.00
	SUBTOTAL	**$**	**105,000.00**

LIABILTIES (Short-term & Long-term over $1,000)

Mortgage	RE-Lehigh Acres - Ameris Bank, PO Box 3668, Moultrie, GA 31776-3668	$	107,000.00
Mortgage	RE-Jefferson County - Farm Credit of NWFL	$	127,717.32
Car Loan	2016 Ford Focus - Suncoast Schools FCU, 6804 East Hillsborough Ave, Tampa, FL 33610	$	12,454.80
Car Loan	2019 Ford F-150 - Ford Motor Credit, 1 American Rd, Dearborn, MI 48126	$	43,641.76
Short Term Debts		$	14,943.16
	SUBTOTAL	**$**	**305,757.04**

NET WORTH

ASSETS (Individually Over $1,000)	$	411,989.62
HOUSEHOLD GOODS AND PERSONAL EFFECTS	$	105,000.00
LIABILTIES (Short-term & Long-term over $1,000)	$	(305,757.04)
TOTAL	**$**	211,232.58

Form **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 Check only one box
☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
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	Last name	Your social security number
Matthew H	Caldwell	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Yvonne M	Caldwell	[redacted]

Home address (number and street). If you have a P.O box, see instructions: PO Box 9311 | 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

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions): Fort Myers FL 33902-9311

Foreign country name | Foreign province/state/county | 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): Child tax credit	Credit for other dependents
Ava	Caldwell	[redacted]	Daughter	☒	☐
				☐	☐
				☐	☐
				☐	☐

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	161,614
2a	Tax-exempt interest	2a	b Taxable interest. Attach Sch. B if required	2b	
3a	Qualified dividends	3a	b Ordinary divs. Att. Sch. B if req.	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
c	Pensions and annuities	4c	d Taxable amount	4d	
5a	Soc. sec. ben.	5a	b Taxable amount	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			6	
7a	Other income from Schedule 1, line 9			7a	-2,403
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income** ▶			7b	159,211
8a	Adjustments to income from Schedule 1, line 22			8a	450
b	Subtract line 8a from line 7b. This is your **adjusted gross income** ▶			8b	158,761
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			11a	24,400
b	**Taxable income.** Subtract line 11a from line 8b. If zero or less, enter -0-			11b	134,361

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)

DAA

[redacted]

[redacted]

[redacted]

12a	Tax (see instr.) Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	12a 21,276		
b	Add Schedule 2, line 3, and line 12a and enter the total ▶		12b	21,276
13a	Child tax credit or credit for other dependents	13a 2,000		
b	Add Schedule 3, line 7, and line 13a and enter the total ▶		13b	2,070
14	Subtract line 13b from line 12b. If zero or less, enter -0-		14	19,206
15	Other taxes, including self-employment tax, from Schedule 2, line 10		15	
16	Add lines 14 and 15. This is your **total tax** ▶		16	19,206
17	Federal income tax withheld from Forms W-2 and 1099		17	19,270
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	19,270

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid**		20	64
21a	Amount of line 20 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐		21a	64
▶ b	Routing number [redacted] ▶ c Type: ☒ Checking ☐ Savings			
▶ d	Account number [redacted]			
22	Amount of line 20 you want **applied to your 2020 estimated tax** ▶	22		

Direct deposit? See instructions.

Amount You Owe

23	**Amount you owe.** Subtract line 19 from line 16. For details on how to pay, see instructions ▶		23	
24	Estimated tax penalty (see instructions) ▶	24		

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☐ **No**

(Other than paid preparer)

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

Sign Here

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

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
		Property Appraiser	
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.)
		Teacher	

Phone no. Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Check if:
Stephen D Osborne, CPA	Stephen D Osborne, CPA	P01273419	☒ 3rd Party Designee
Firm's name ▶ McDonald & Osborne, P.A.		Date 06/05/20	
9120 Corsea Del Fontana Way		Phone no. 239-254-8161	☐ Self-employed
Firm's address ▶ Naples FL 34109-4395		Firm's EIN ▶ 59-2312507	

[redacted]

[redacted]

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* for instructions and the latest information.

OMB No 1545-0074
2019
Attachment Sequence No. 01

Name(s) shown on Form 1040 or 1040-SR: Matthew H & Yvonne M Caldwell

Your social security number: [redacted]

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

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	6,404
6	Farm income or (loss). Attach Schedule F	6	-12,407
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ Rental Income not for pro	8	3,600
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	-2,403

Part II Adjustments to Income

10	Educator expenses	10	250
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	200
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your **adjustments to income.** Enter here and on Form 1040 or 1040-SR, line 8a	22	450

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

Schedule 1 (Form 1040 or 1040-SR) 2019

DAA

[redacted]

SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ Attach to Form 1040 or 1040-SR.
▶ Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074
2019
Attachment Sequence No **03**

Name(s) shown on Form 1040 or 1040-SR: Matthew H & Yvonne M Caldwell

Your social security number: [redacted]

Part I Nonrefundable Credits

1	Foreign tax credit. Attached Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	70
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	70

Part II Other Payments and Refundable Credits

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

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

DAA

[redacted]

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

Your social security number

Matthew H & Yvonne M Caldwell [redacted]

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

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column **(e)** on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column **(f)** on line 28 and attach **Form 6198** (see instructions).

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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	Econ Farms LLC	P		83-4211950	X	
B	TM Strategic Consulting LLC	S		82-0825746		
C						
D						

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A	*		1,650		
B			0		8,054
C					
D					
29a Totals					8,054
b Totals			1,650		

30	Add columns (h) and (k) of line 29a	30	8,054
31	Add columns (g), (i), and (j) of line 29b	31	(1,650)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	32	6,404

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	37	

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18 ▶	41	6,404
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	1,100
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

*Loss limited by basis

[redacted]

SCHEDULE F
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Farming

▶ Attach to Form 1040, Form 1040-SR, Form 1040-NR, Form 1041, or Form 1065.
▶ Go to *www.irs.gov/ScheduleF* for instructions and the latest information.

OMB No. 1545-0074
2019
Attachment Sequence No. **14**

Name of proprietor: Matthew H Caldwell

Social security number (SSN): [redacted]

A Principal crop or activity: Timber

B Enter code from Part IV: ▶ 113000

C Accounting method: [X] Cash [ ] Accrual

D Employer ID number (EIN) (see instr.)

E Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on passive losses [X] Yes [ ] No

F Did you make any payments in 2019 that would require you to file Form(s) 1099? See instructions [ ] Yes [X] No

G If "Yes," did you or will you file required Form(s) 1099? [ ] Yes [ ] No

Part I Farm Income – Cash Method. Complete Parts I and II. (Accrual method. Complete Parts II and III, and Part I, line 9.)

1a	Sales of livestock and other resale items (see instructions)	1a			
b	Cost or other basis of livestock or other items reported on line 1a	1b			
c	Subtract line 1b from line 1a			1c	
2	Sales of livestock, produce, grains, and other products you raised			2	
3a	Cooperative distributions (Form(s) 1099-PATR)	3a		3b Taxable amount	3b
4a	Agricultural program payments (see instructions)	4a		4b Taxable amount	4b
5a	Commodity Credit Corporation (CCC) loans reported under election				5a
b	CCC loans forfeited	5b		5c Taxable amount	5c
6	Crop insurance proceeds and federal crop disaster payments (see instructions):				
a	Amount received in 2019	6a		6b Taxable amount	6b
c	If election to defer to 2020 is attached, check here ▶ [ ]			6d Amount deferred from 2018	6d
7	Custom hire (machine work) income				7
8	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)				8
9	**Gross income.** Add amounts in the right column (lines 1c, 2, 3b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use the accrual method, enter the amount from Part III, line 50. See instructions ▶				9

Part II Farm Expenses – Cash and Accrual Method. Do not include personal or living expenses. See instructions.

10	Car and truck expenses (see instructions). Also attach Form 4562	10		23	Pension and profit-sharing plans	23	
11	Chemicals	11		24	Rent or lease (see instructions):		
12	Conservation expenses (see instructions)	12		a	Vehicles, machinery, equipment	24a	
13	Custom hire (machine work)	13		b	Other (land, animals, etc.)	24b	
14	Depreciation and section 179 expense (see instructions)	14	371	25	Repairs and maintenance	25	
				26	Seeds and plants	26	
				27	Storage and warehousing	27	
15	Employee benefit programs other than on line 23	15		28	Supplies	28	4,223
				29	Taxes	29	475
16	Feed	16		30	Utilities	30	355
17	Fertilizers and lime	17		31	Veterinary, breeding, and medicine	31	
18	Freight and trucking	18		32	Other expenses (specify):		
19	Gasoline, fuel, and oil	19		a	Dues and Membership	32a	90
20	Insurance (other than health)	20	175	b	Equipment	32b	787
21	Interest (see instructions):			c	Accounting & Legal	32c	
a	Mortgage (paid to banks, etc.)	21a	5,931	d		32d	
b	Other	21b		e		32e	
22	Labor hired (less employment credits)	22		f		32f	

33 **Total expenses.** Add lines 10 through 32f. If line 32f is negative, see instructions ▶ 33 — 12,407

34 **Net farm profit or (loss).** Subtract line 33 from line 9 34 — -12,407

If a profit, stop here and see instructions for where to report. If a loss, complete lines 35 and 36.

35 Reserved for future use.

36 Check the box that describes your investment in this activity and see instructions for where to report your loss:

a [X] All investment is at risk. b [ ] Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

[redacted]

Form **2441**

Department of the Treasury
Internal Revenue Service (99)

Child and Dependent Care Expenses

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

▶ Go to *www.irs.gov/Form2441* for instructions and the latest information.

1040
1040-SR
1040-NR
2441

OMB No. 1545-0074

2019

Attachment Sequence No. **21**

Name(s) shown on return: Matthew H & Yvonne M Caldwell

Your social security number: [redacted]

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box. ☐

Part I Persons or Organizations Who Provided the Care – You **must** complete this part.

(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
Atti2des Dance Company	11409 Lake Cypress Loop Ft Myers, FL 33913	81-2845629	348

Did you receive **dependent care benefits?**
- No → Complete only Part II below.
- Yes → Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 2 (Form 1040 or 1040-SR), line 7a; or Form 1040-NR, line 59a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s).** If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name First	Last	(b) Qualifying person's social security number	(c) **Qualified expenses** you incurred and paid in 2019 for the person listed in column (a)
Ava	Caldwell	[redacted]	348

3 Add the amounts in column (c) of line 2. **Don't** enter more than $3,000 for one qualifying person or $6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	348
4 Enter your **earned income.** See instructions	4	96,023
5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others,** enter the amount from line 4	5	51,473
6 Enter the **smallest** of line 3, 4, or 5	6	348
7 Enter the amount from Form 1040 or 1040-SR, line 8b; or Form 1040-NR, line 35 — 7: 158,761		
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	X .20
9 Multiply line 6 by the decimal amount on line 8. If you paid 2018 expenses in 2019, see the instructions	9	70
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions — 10: 21,276		
11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Schedule 3 (Form 1040or 1040-SR), line 2; or Form 1040-NR, line 47	11	70

If line 7 is: Over	But not over	Decimal amount is	If line 7 is: Over	But not over	Decimal amount is
$0	15,000	.35	$29,000	31,000	.27
15,000	17,000	.34	31,000	33,000	.26
17,000	19,000	.33	33,000	35,000	.25
19,000	21,000	.32	35,000	37,000	.24
21,000	23,000	.31	37,000	39,000	.23
23,000	25,000	.30	39,000	41,000	.22
25,000	27,000	.29	41,000	43,000	.21
27,000	29,000	.28	43,000	No limit	.20

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

DAA

[redacted]

[redacted]

Form **8867**

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

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* for instructions and the latest information.**

OMB No. 1545-0074

2019

Attachment Sequence No. **70**

Taxpayer name(s) shown on return: Matthew H & Yvonne M Caldwell

Taxpayer identification number: [redacted]

Enter preparer's name and PTIN: Stephen D Osborne, CPA P01273419

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?	X		
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?	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • 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. • 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)	X		
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.)		X	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?			
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.)			
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)	X		
	List those documents, if any, that you relied on. Records of expenses provided by taxpayer			
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?	X		
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.)	X		
a	Did you complete the required recertification Form 8862?			X
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)?			X

For Paperwork Reduction Act Notice, see separate instructions.

DAA

[redacted]

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

		Yes	No	N/A
9a	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.)	☐	☐	
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?	☐	☐	
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)?	☐	☐	☐

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?	X	☐	
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?	☐	☐	X
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?	☐	☐	X

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?	☐	☐

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?	☐	☐

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:**

A. 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);

B. 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;

C. Submit Form 8867 in the manner required; **and**

D. 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*.

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. 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).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. 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?	X	☐

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

▶ Attach to your tax return.

▶ Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-0123

2019

Attachment Sequence No. **55**

Name(s) shown on return: Matthew H & Yvonne M Caldwell

Your taxpayer identification number: [redacted]

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Pulp Wood/Timber Farm	[redacted]	-12,407
ii	Econ Farms LLC	83-4211950	-1,650
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	-14,057		
3	Qualified business net (loss) carryforward from the prior year	3	(6,442)		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	0
11	Taxable income before qualified business income deduction	11	134,361		
12	Net capital gain (see instructions)	12			
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	134,361		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	26,872
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶			15	0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(20,499)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	( )

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

DAA

[redacted]

[redacted]

Form 1040	Partner's Basis Worksheet Page 1	2019

Name: Matthew H Caldwell

Taxpayer Identification Number: [redacted]

Name of Entity: Econ Farms LLC

EIN: 83-4211950

Passive Activity Type: Not Passive

K1 Unit: 1

1.	Beginning of year basis. Per IRC 705(a)(2) do not enter an amount below zero		1.	0
	Increases to basis:			
2.	Capital contributions: Cash	2. 1,650		
3.	Capital contributions: Property (adjusted basis)	3.		
4.	Increase in share of partnership liabilities	4.		
5.	Ordinary business income	5.		
6.	Net rental real estate income	6.		
7.	Other net rental income	7.		
8.	Interest	8.		
9.	Dividends	9.		
10.	Royalties	10.		
11.	Net short-term capital gain	11.		
12.	Net long-term capital gain	12.		
13.	Net 28% rate capital gain	13.		
14.	Net section 1231 gain and ordinary business gains	14.		
15.	Tax-exempt interest and other tax-exempt income	15.		
16.	Other income	16.		
17.	Excess of deductions for depletion over basis of property (other than oil and gas)	17.		
18.	Other increases	18.		
19.	Total increases to basis. Combined lines 2 through 18		19.	1,650
20.	**Adjusted basis before items decreasing basis.** Add line 1 and line 19		20.	1,650
	Decreases to basis:			
21.	Distributions: Cash and marketable securities (Sch K-1 (1065), Box 19 A)	21.		
22.	Distributions: Property (adjusted basis) (Sch K-1 (1065), Box 19 C)	22.		
23.	Decrease in share of partnership liabilities	23.		
24.	Total distributions. Combine lines 21 through 23	24. 0		
25.	Nondeductible and non-capital expenses.	25. 0		
26.	Oil and gas property depletion deduction up to adjusted basis of property	26.		
27.	Other decreases	27.		
28.	Total decreases to basis except items of loss and deductions. Combine lines 24 through 27		28.	
29.	**Adjusted basis before items of loss or deductions** (Subtract line 28 from line 20. Do not enter less than zero)		29.	1,650
30.	Partnership losses and deductions applied against basis. (See Partner's Basis Worksheet Page 2)		30.	1,650
31.	Basis at the end of the year. (Subtract line 30 from line 29. Do not enter less than zero)		31.	0

Gain Recognized on Distributions

32.	Total distributions less property distributions. Subtract line 22 from line 24		32.
33.	Adjusted basis before items decreasing basis (line 20) less gain from entire disposition of partnership on line 27.		33.
34.	**Gain recognized on excess distributions.** (Subtract line 33 from line 32)		34.
	• Sch E page 2, ordinary income		
	• Sch D/8949, short-term capital gain		
	• Sch D/8949, long-term capital gain		
35.	**Gain recognized on appreciated property**		35.
36.	**Total gain recognized on distributions**		36. 0

[redacted]

Form 1040	Partner's Basis Worksheet Page 2	2019

Name: Matthew H Caldwell

Taxpayer Identification Number: [redacted]

Name of Entity: Econ Farms LLC

EIN: 83-4211950

Passive Activity Type: Not Passive

K1 Unit: 1

Description	Suspended Amount	Current Year	Total Loss	Percent	Allowed Loss	Disallowed Loss Carryforward
Nondeductible noncap exp						
Nondeductible expenses						
Ptrship losses and deductions						
Ordinary business loss		1,711	1,711	1.0000	1,650	61
Net rental real estate loss						
Other net rental loss						
Short-term capital loss						
Long-term capital loss						
28% capital loss						
Section 1231 loss						
4797 - Ordinary loss						
Other portfolio loss						
1256 contracts/straddles						
Other losses - Sch E						
Other losses - 1040 Sch 1						
Section 179 expense						
Cash contributions (60%)						
Cash contributions (30%)						
Noncash contrib (50%)						
Noncash contrib (30%)						
Cap gain prop 50% (30%)						
Cap gain prop (20%)						
Portfolio deduct (other)						
Investment interest expense						
Depletion						
Deductions-royalty income						
Section 59(e)(2) expenditures						
Preproductive period exp.						
Reforestation expense ded.						
Foreign taxes						
Other deductions						
Total losses and deductions		1,711	1,711	1.0000	1,650	61

[redacted]

Year Ending: December 31, 2019 [redacted]

Matthew H & Yvonne M Caldwell
PO Box 9311
Fort Myers, FL 33902-9311

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Under IRC Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

[redacted]

Schedule F	Qualified Business Income Calculation Worksheet	2019

Name: Matthew H & Yvonne M Caldwell

Taxpayer Identification Number: [redacted]

Farm description: Pulp Wood/Timber Farm

Form/Schedule: F

Unit: 1

1.	Schedule F, Line 34, Net farm profit or (loss)	1.	-12,407
	Additions for qualified business income:		
2.	Form 4797, Ordinary income	2.	
	Prior to TCJA suspended losses allowed:		
3.	Passive suspended losses	3.	
4.	At-Risk suspended losses	4.	
5.	Section 179 carryover	5.	
6.	Total additions to net profit or (loss). Add lines 2 through 5.	6.	
	Subtractions for qualified business income		
7.	Form 4797, Ordinary loss (including share of net 1231 loss)	7.	
8.	Deductible portion of self-employment taxes	8.	
9.	Self-employed SEP, SIMPLE, and qualified plans	9.	
10.	Self-employed health insurance deduction	10.	
11.	Passive suspended to next year	11.	
12.	At-Risk suspended to next year	12.	
13.	Total subtraction to net profit or (loss). Add lines 7 through 12.	13.	
14.	Qualified business income for this activity. Line 1 plus line 6 less line 13.	14.	-12,407

Carryovers:	Pre -TCJA	Post-TCJA
Passive activity:		
Operating		
Form 4797, Part II		
Section 1231 loss		
At-Risk:		
Operating		
Form 4797, Part II		
Section 1231 loss		
Section 179		
Other:		
Section 179 carryover		

[redacted]

Schedule E

K-1 Reconciliation Worksheet - Qualified Business Income

2019

Name Matthew H Caldwell

Taxpayer Identification Number [redacted]

Entity Name Econ Farms LLC | EIN 83-4211950 | Entity Type Partnership | Screen K1 | K1 Unit 1

Activity | Passive Activity Type Not Passive | Entire disposition of activity

Qualified Business Income	Screen K1QBI Amount	QBI Items from Schedule K-1	Post - TCJA Basis Carryover	Basis Limitation Adjustment	Post - TCJA At-risk Carryover	At-risk Limitation Adjustment	Passive Limitation	Qualified Business Income
Ordinary business income/-loss	-1,711	-1,711		61				-1,650
Net rental real estate income/-loss								
Other net rental income/-loss								
Royalties								
Section 1231 gain (loss)								
Section 179 expense								
Disallowed Section 179 expense								
Other income (loss)								
Other income/-loss Form 1040								
Charitable contributions								
Other deductions								
4797 ordinary income / -loss								
Depletion								
UPE + Debt financed acquisition								
Deductible part of SE tax								
Self-employed health insurance								
Self-employed qualified plans deduct								
Ordinary gains on distributions								
Total Qualified Business Income								-1,650

Suspended Loss Carryforwards	Pre -TCJA Passive	Post- TCJA Passive	Pre -TCJA Basis	Post - TCJA Basis	Pre -TCJA At-Risk	Post- TCJA At-Risk	Other carryovers
Ordinary business loss				61			
Net rental real estate loss							
Other net rental loss							
Section 179 expense							
Depletion							
Section 59(e)(2) expenditure							
Preproductive period exp							
Reforestation expense ded							
Other deductions							
Other losses - Schedule E							
Dependent care expense							
4797 - Ordinary loss							
Other losses - 1040 Sch 1							
Section 1231 loss							

[redacted]

Federal Statements

Pulp Wood/Timber Farm

Schedule F, Line 21a - Mortgage Interest Paid to Banks

Recipient/Lender Name	Amount
Farm Credit of Northwest FL	$ 1,583
Ameris Bank	4,348
Total	$ 5,931

Pulp Wood/Timber Farm

Schedule F, Line 29 - Taxes

Description	Amount
Real Estate Tax	$ 475
Total	$ 475

[redacted]

Federal Statements

Form 2441, Line 4 - Taxpayer's Earned Income

Description	Amount
Wages	$ 110,141
Self-employment income/loss from Schedule F	-12,407
Self-employment inc/loss from farm & non-farm K-1s	-1,711
Total	$ 96,023

Form 2441, Line 5 - Spouse's Earned Income

Description	Amount
Wages	$ 51,473
Total	$ 51,473

[redacted]

Federal Asset Report
Pulp Wood/Timber Farm

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
2	Land Improvements	1/07/16	3,274			X	1,637	15	HY	150DB	2,014	126
3	Farm Office	11/18/16	7,940			X	3,970	20	HY	150DB	4,671	245
			11,214				5,607				6,685	371
Other Depreciation:												
1	Farm Land	1/01/16	20,622				20,622	0	--	Land	0	0
	Total Other Depreciation		20,622				20,622				0	0
	Total ACRS and Other Depreciation		20,622				20,622				0	0
	Grand Totals		31,836				26,229				6,685	371
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		31,836				26,229				6,685	371

[redacted]

Bonus Depreciation Report

Pulp Wood/Timber Farm

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
2	Land Improvements	1/07/16	3,274		0	0	1,637	1,637
3	Farm Office	11/18/16	7,940		0	0	3,970	3,970
		Grand Total	11,214		0	0	5,607	5,607

Form 1040	CARES Act COVID-19 - (EIP) Recovery Rebate Worksheet	2019 & 2020

Name: Matthew H & Yvonne M Caldwell

Taxpayer Identification Number: [redacted]

	2018	2019	2020
A. Filing Status		MFJ	MFJ
B. Can taxpayer or spouse, if filing a joint return, be claimed as a dependent on another person's return? No go to **C.** Yes **Stop** here	☐ No ☐ Yes	☒ No ☐ Yes	☒ No ☐ Yes
C. Does the taxpayer, and spouse if filing jointly, have a valid social security number? Yes skip line **D** and go to line 1. No, go to line **D**	☐ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
D. Were either taxpayer or spouse a member of the U.S. Armed Forces at any time during the tax year? Yes go to line 1. No, **Stop** here	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

		2018	2019	2020
1. Adjusted gross income (AGI) from the return	1.		158,761	158,761
2. **Recovery rebates based upon filing status.** Enter $1,200 ($2,400 if MFJ)	2.		2,400	2,400
3. Number of children qualified for the child tax credit	3.		1	1
4. Number of children under 17 with adoption taxpayer identification number (ATIN)	4.			
5. Add lines 3 and 4	5.		1	1
6. Enter $500	6.		500	500
7. **Rebate credit for qualifying child dependent under age 17.** Multiply line 6 by 5.	7.		500	500
8. **Total rebate check before AGI limits.** Add line 2 and 7.	8.		2,900	2,900
9. **Phaseout limit based upon filing status.** Enter $75,000 ($150,000 MFJ; $112,500 HH)	9.		150,000	150,000
10. Subtract line 9 from line 1. **If less than zero, enter -0-**	10.		8,761	8,761
11. **Recovery rebate reduction.** Multiply line 10 by 5% (0.05)	11.		438	438
12. **Projected rebate check.** Subtract line 11 from line 8. If less than zero, enter -0-	12.		2,462	2,462
13. Enter the amount from line 12 of the year used to calculate	13.			2,462
14. **Recovery rebate credit for 2020.** Subtract line 13 from line 12. If zero or less, enter -0-. Enter the result here and on Tax Projection Worksheet line 82	14.			2019 Tax Return 0

[redacted]

Copy B To Be Filed with Employee's FEDERAL Tax Return. | **2019** OMB No. 1545-0008

a Employee's SSN [redacted]	1 Wages, tips, other comp. 55776.82	2 Federal income tax withheld 6067.50
	3 Social security wages 55776.82	4 Social security tax withheld 3458.16
b Employer ID no. (EIN) 82-0825746	5 Medicare wages and tips 55776.82	6 Medicare tax withheld 808.76

c Employer's name, address, and ZIP code
TM STRATEGIC CONSULTING, LLC
1375 JACKSON STREET
SUITE 202
FORT MYERS FL 33901

d Control number

e Employee's name, address, and ZIP code Suff.
MATTHEW H CALDWELL
PO BOX 9311
FORT MYERS FL 33902

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee / Retirement Plan / Third-party sick pay	14 Other	12b Code / 12c Code / 12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement — Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. | **2019** OMB No. 1545-0008

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Form W-2 Wage and Tax Statement — Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

REV 12/23/19 QBDT

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employees). | **2019** OMB No. 1545-0008

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Form W-2 Wage and Tax Statement — Dept. of the Treasury - IRS

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Form W-2 Wage and Tax Statement — Dept. of the Treasury - IRS

Copy B To Be Filed with Employee's FEDERAL Tax Return. | 2019 OMB No. 1545-0008

a Employee's SSN: [redacted]
1 Wages, tips, other comp.: 54363.64
2 Federal income tax withheld: 8508.72
3 Social security wages: 57224.96
4 Social security tax withheld: 3547.95
b Employer ID no. (EIN): 59-2305022
5 Medicare wages and tips: 57224.96
6 Medicare tax withheld: 829.76
c Employer's name, address, and ZIP code
MAXWELL, HENDRY & SIMMONS, LLC.
12600 WORLD PLAZA LANE, BUILDING
FORT MYERS FL 33907
d Control number
e Employee's name, address, and ZIP code Suff
MATTHEW H CALDWELL
PO BOX 9311
FORT MYERS FL 33902
7 Social security tips
8 Allocated tips
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12a Code See inst. for box 12: D 2861.32
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12b Code
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12d Code
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Form W-2 Wage and Tax Statement — Dept. of the Treasury - IRS
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Form W-2 Wage and Tax Statement — Dept. of the Treasury - IRS

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REV 01/10/20 QBDT

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employees). | 2019 OMB No. 1545-0008

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FORT MYERS FL 33907
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Form W-2 Wage and Tax Statement — Dept. of the Treasury - IRS

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Form W-2 Wage and Tax Statement — Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2019

	7 Social security tips	1 Wages, tips, other compensation 51472.95	2 Federal income tax withheld 4692.73
c Employer's name, address, and ZIP code SCHOOL DISTRICT OF LEE COUNTY 2855 COLONIAL BLVD. FORT MYERS FL 33966	8 Allocated tips	3 Social security wages 53049.09	4 Social security tax withheld 3289.04
	9	5 Medicare wages and tips 53049.09	6 Medicare tax withheld 769.21
	10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 10862.25
e Employee's name, address, and ZIP code YVONNE M CALDWELL PO BOX 9311 FORT MYERS FL 33902	13 Statutory employee / Retirement plan X / Third-party sick pay	14 Other	12b
	b Employer identification number (EIN) 59-6000701		12c
	a Employee's social security number [redacted]		12d

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

Copy B-To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS website at *www.irs.gov/efile*.

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Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 **Dept. of the Treasury - IRS**

FORM # LW28700

[redacted]

[redacted]

[redacted]

[redacted]

LEE COUNTY ELECTIONS

Tommy Doyle
Supervisor of Elections
(239) LEE-VOTE (533-8683) • www.lee.vote
05-18-2020

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.

X	Matthew Caldwell	06/09/20
Signature	Print Name	Date