\*20APR248M1141 SOE Lee Co F1 **CANDIDATE OATH -**JUDICIAL OFFICE Check box only if you are seeking to qualify as a write-in candidate: Write-in candidate OFFICE USE ONLY Candidate Oath (Section 105.031, Florida Statutes) Howard Andrew Swett (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 judicial office of County Judge (Office) County, Florida: I am a qualified elector ; my legal residence is Lee (Group #) of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; 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 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. Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida. Candidate's Florida Voter Registration Number (located on your voter information card): 111567421 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.] Ho-ward/An-droo Swet (239) 980-1003 X answ88@gmail.com Email Address Signature of Candidate Telephone Number 33902 FORT MYERS P O Box 21 . ZIP Code Address STATE OF FLORIDA Signature of Notary Public COUNTY OF LEE Print, Type, or Stamp Commissioned Name of Notary Public below: Sworn to (or affirmed) and subscribed before me by physical For online\_presence this 24 day of APRIL, 20,20. Notary Public State of Florida Personally Known: or Produced Identification: Tamaris A Lipa My Commission GG 187350 pires 06/11/2022

FORM 6 FULL AND PUBLIC DISCLOSURE	2019
	FFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME:	
Swett Howard Andrew	N
MAILING ADDRESS:	
1700 Monroe Street	表
10th Floor	20APR20AM0955 SDE Lee Co F
CITY: COUNTY:	ģ.
Fort Myers 33901 Lee	Ö S
NAME OF AGENCY: 20th Judicia Circuit	
NAME OF OFFICE OR POSITION HELD OR SOUGHT:	œ C
County Court Judge, Lee County, group 5	Î
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: N	et worth is not cal-
culated by subtracting your reported liabilities from your reported assets, so please see the instruction	ns on page 3.]
1 1 9	
My net worth as of April 1 , 20 20 was \$ 31,346 /	·
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 cat	egory includes any of the
following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; I furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.	nousehold equipment and
The aggregate value of my household goods and personal effects (described above) is \$	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:  DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
CIEI Duell	340,000
	13,000
Cash	
PART C – LIABILITIES	
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):  NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
P. H. H. Mortgage; P.O. Box 94087 Palatine, IL 60094-40	7 239,451
PNC Bank, P.O. Box 6534 Carol Stream, IL 60197-6334	62,528
Great Lakes i P.O. Box 7860 Madison, WIE 5 3707-3860	10,527
	/
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
MAINE AND ADDRESS OF GREDITOR	AMOUNT OF LIABILITY

		PART D	INCOME		
Identify each separate source and copy of your 2019 federal income attaching your returns, as the law	e tax return, including all W2:	s, schedules, an	during the year, including secondary s id attachments. Please redact any so Commission's website.	ources of inco cial security o	ome. Or attach a complete r account numbers before
I elect to file a copy of my [If you check this box and	y 2019 federal income tax rei i attach a copy of your 2019	turn and all W2's	s, schedules, and attachments. need not complete the remainder of P	art D.]	
PRIMARY SOURCES OF INCO	ME (See instructions on pa			5	
NAME OF SOURCE OF INCO	ME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCOM	<u> </u>	AMOUNT
	11				
SECONDARY SOURCES OF IN	ICOME (Major customers, cli	ents, etc., of bu	sinesses owned by reporting person-	see instruction	ns on page 5]:
NAME OF	, NAME OF MAJOR	SOURCES	ADDRESS	•	PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS	INCOME	OF SOURCE	-	ACTIVITY OF SOURCE
	e the tex				1
P	ART E - INTERESTS I	N SPECIFIE	D BUSINESSES [Instructions or	page 6]	
•	BUSINESS ENTITY		BUSINESS ENTITY # 2		NESS 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	^ T		4 1 10		
NATURE OF MY OWNERSHIP INTEREST					
in the second se		PART F -	TRAINING		
For office	ers required to complete	e annual eth	ics training pursuant to section	n 112.3142	2, F.S.
	I CERTIFY THAT I H	IAVE COM	PLETED THE REQUIRED	TRAININ	G.
O.A	ATH	STATE	OF FLORIDA		
I, the person whose name app	ears at the		to (or affirmed) and subscribed before		ins of
beginning of this form, do dep	ose on oath or affirmation	phy	vsical presence or $\square$ online notariza	tion, this	day of
and say that the information d	isclosed on this form	P	100 1 , 20 20 by H	. Andr	EN SWETT.
and any attachments hereto is	true, accurate,		KATIONIC	MAIN	
and complete.	/ 11 -	(Signa	ture of Notary Public-State of Florida	) K	TE L. HRONCICH
					mmission # GG 041292
71 Asal	tull	(Print,	Type, or Stamp Commissioned Name	of Abrary P	Highes October 27, 2020 Highest Thru Troy Fain Insurance 800-385-70
14. 140000	W	Person	nally Known OR Pro	aucea Identi	
SIGNATURE OF REPORTING	G OFFICIAL OR CANDIDAT		of Identification Produced		
		1,700			
If a certified public accountar she must complete the follow		173, or attorney	in good standing with the Florida	Bar prepare	d this form for you, he or
1,		, prepared	the CE Form 6 in accordance with	Art. II, Sec.	8, Florida Constitution,
Section 112.3144, Florida Sta and correct.	atutes, and the instructions	to the form. U	pon my reasonable knowledge and	I belief, the o	disclosure herein is true
Signatu	ire		-	Date	
		does not reli	eve the filer of the responsibil		
IF ANY OF DADTS	MANAGER BUILDING SECTION	ONTINUED		EVER CL	ECK HEDE

<b>104</b>	0	Department of the Treasury—Internal U.S. Individual Incon	Revenue Se 1e Tax	Return	201	19 om	B No. 1545-0074			rite or staple in th	nis space.
Filing Status Check only one box.	X H y			Mandad Ellon soner	rately (MFS) OH or QW box	Head of enter the child's r	household (HOH) name if the qualify		lifyIng widow(		
Your first name			Last nan	no					Your soci	al security numb	
Howard	l Aı	ndrew	Swe	tt							
		first name and middle initial	Last nar	ne						social security n	
THE PERSON NAMED IN COLUMN	23533	er and street). If you have a P,O box, see						Apt. no.	Check here lointly, war	tial Election Cam e if you, or your sp nt \$3 to go to this fo a box below will no	ouse if filling fund.
City, town or po	st office	e, state, and ZIP code. If you have a fore	ign address	, also complete space:	s below (see in	structions).			tax or refu	nd. You	Spouse
Foreign country	name	Foreign pr	ovince/state/	county			Foreign posts	l code		if more than four de see instr. and ✓ h	79.03
Standard Deduction Age/Blindness		Spouse itemizes on a separate return			se as a dependence	("1	om before Januar	y 2, 1955	ls blind	d	
			2, 1000	(2) Social secur			onship to you	(4	) V if qualifie	es for (see Instruction	ns):
Dependents	(see			(2) 00000	ing names.	, ,	Ni.	Child tax	credit	Credit for other	dependents
(1) First name		Lastname									
				<b>-</b>							
			4,,,,,,						1	14	9,622
		Wages, salaries, tips, etc. Attach F	orm(s) W-2		h Tava	ble interest. A	ttach Sch. B l	f required	2b		
		Tax-exempt interest 2a			2010 Managara	ry divs. Att. Sch. B			3b		
		Qualified dividends 3a	-			ble amount			4b		
		IRA distributions 4a				ble amount			4d		
	С	The state of the s				ble amount			5b		
Standard Deduction for -	5a	Soc. sec. ben. 5a		. 1 15 - 1					6	-	-3,000
Single or Married ling separately,	6	Capital gain or (loss). Attach Schedul							7a		0
\$12,200 • Married filing	7a	Other income from Schedule	1, line 9					▶	7b	14	16,622
jointly or Qualifying widow(er),	ь	Add lines 1, 2b, 3b, 4b, 4d, 5b	, 6, and /	a. This is your to	otal incom	·			8a		0
\$24,400 • Head of	8a	Adjustments to income from S	chedule	1, line 22					8b	14	46,622
household, \$18,350	b	Subtract line 8a from line 7b.	This is yo	ur adjusted gro	gg income	9	1	15,59	1 848		
• If you checked any box under	9	Standard deduction or iten	ized ded	luctions (from S	cneaule A)		-				
Standard	10	Qualified business income deduction	. Attach For	m 8995 or Form 8995	<sup>5-А</sup>	10			11a		15,591
Deduction, see instructions.	11a								11b		31,031
	b	Taxable income. Subtract line 11a	from line 8b	. If zero or less, enter	1-0-	Instruction	<del></del>				1040 (2019)

		a a dues Cos	.++								P	ege 2
orm 1040 (2019)	Howa	ard Andrew Swe Tax (see instr.) Check if an	tom Form/s):	1 8814	2 4972							
	12a	1 1	iy itom Follin(s).	1 [_] 001.1		12a	25	,622				
		Add Schedule 2, line 3, an	d line 12e and ent	or the total				▶	12b		25,6	122
	-	Add Schedule 2, line 3, and Child tax credit or credit for	u illie 12a and ent - other dependent	e		13a						
	13a	Add Schedule 3, line 7, an	d line 132 and eni	er the total				. ▶	13b			
	b	Add Schedule 3, line 7, an Subtract line 13b from line	40h If zoro or los	e enter-0-					14		25,6	<u> 22</u>
	14	Other taxes, including self-	amplement tax	from Schedu	te 2. line 10				15			===
	15	Other taxes, including sen-	-employment tax, i	HOIN CONCO				<b>&gt;</b>	16		25,6	
	16	Add lines 14 and 15. This Federal income tax withhe	IS your total tax					•	17		27,0	<u>)23</u>
	17			Z gila 1000								
• If you have a	18	Other payments and refundable	e credits:		1	18a						
qualifying child, attach Sch. EIC.	_ <u>a</u>	Earned income credit (EIC	) Osbadula I			18b						
• If you have	b	Additional child tax credit.	Attach Schedule	00 12		18c						
nontaxable combat pay, see	C	American opportunity cred			·····	18d						
instructions.	d	Schedule 3, line 14					e credits	. •	18e			
	е	Add lines 18a through 180	J. These are your	total outer p	ayment un-				19		27,0	
	19	Add lines 17 and 18e. These a	re your total payme	16 from line	10 This is the	amount vou	overpaid		20			<u>401</u>
Refund	20	If line 19 is more than line Amount of line 20 you wa	to 16, subtract line	ie if Eem St	19. This is the 1	check her	e		21a		1,4	<u>401</u>
	21a		nt retunded to yo	u. II FOIIII OC	_Type: 🕱 (	Checking	Saving	is —	11.00			Ţ
Direct deposit? See Instructions.	▶b	Routing number			ر بهو. <u>وء</u> `	Jilou.iig		,=				
	▶d	Account number Amount of line 20 you want a	anlied to your 2020	octimated ta		22						
	22	Amount or line 20 you want a	and line 10 from lin	o 16. For de	tails on how to	pav. see in	structions	<b></b>	23			
Amount	23					24	•••	••		古色型新	代表的通知	沿海
You Owe	24	Estimated tax penalty (se o you want to allow another pe	e instructions)	e neid propers	s) to discuss this		the IRS? See in	nstructio	ns.	Yes.	Complete be	iow.
Third Party	, D	o you want to allow another pe	rson (other than you	i hain bichaic	17 10 0130030 1111				Ī	No		
Designee						Phy	one		٠	Personal	identification n	rumber
(Other than		esignee's				no.				(P(N) ▶		
paid preparer)	n	ame >		- les sebedeles es	d statements and to t			hav are tru	 ).			
Oigii	Under pensi	ties of perjury, I declare that I have examin complete. Declaration of preparer (other t	hed this return and accompa han taxnaver) is based on a	inying screedies at Il information of whi	ch pr <del>o</del> parer has any kr	nowledge.						
Here	CONTECT STICE	complete. Declaration of property (outer a	inali ampoyory to out of a second	Date	Your occupation					If the IRS ser	nt you an Identity N, en <u>ter it here</u>	
Joint return?	Your signs	sture		Data	Judge					(see instr.)		
See instructions.				Date	Spouse's occup	etion				If the IRS se	nt your spouse an ection PIN, enter i	n it here
Keep a copy for your records.	Spouse's	signature. If a joint return, both must	t sign.	Date	Spouse's occup	20011				(see instr.)		
_												
	Preparer's		Email address	Preparer's signa	sture			PTIN			Check if:	
				Terri Suc	Walker			P0:	L4808	53	X 3rd Party	y Designe
Paid		Sue Walker	TDA	TOTEL SU	. uarver		Date	03/	19/2	0		
Preparer	Firm's nar	m ► Great Oak C 13721 Cypre		Cir # '	701		Phone no.	239-	267-	1167	Setf-emp	ployed
Use Only			sas ferrace	FL #		829			Firm's EIN	<b>▶</b> 4'	7-17082	96
		Fort Myers	the latest informa								Form 104	0 (2019
Go to www.ir	s.gov/Fo	rm1040 for instructions and	me iatest imonna	wort.								

**SCHEDULE A** 

(Form 1040 or 1040-SR)

(Rev. January 2020) Department of the Treasury Internal Revenue Service

#### **Itemized Deductions**

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

▶ Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074 07

Sequence No.

nternal Revenue Service		(99) Caution: If you are claiming a net qualified disaster loss of the		Your social sec	urity number
lame(s) shown on For	m 10	140 or 1040-SR			
Howard An	dr	ew Swett	rett	BR.	
Medical		Caution: Do not include expenses reimbursed or paid by others.	1		
and		Medical and dental expenses (see instructions)	728/32		
Dental	2	Enter amount from Form 1040 or			
Expenses		1040-SR, line 8b 2			
	3	Multiply line 2 by 7.5% (0.075)		4	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0	5,7338		
Taxes You		State and local taxes.			
Paid	а	State and local income taxes or general sales taxes. You may			
		include either income taxes or general sales taxes on line 5a,			
		but not both. If you elect to include general sales taxes instead	1	,107	
		of income taxes, check this box	2	,239	
	b	State and local real estate taxes (see instructions)	<u> </u>	<del>,233</del>	
		State and local personal property taxes	5c 3	,346	
	d	Add lines 5a through 5c  Enter the smaller of line 5d or \$10,000 (\$5,000 if married filling		,340	
	е	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing		246	
		separately)	T T T T T T T T T T T T T T T T T T T	,346	
	6	Other taxes. List type and amount ▶			
		*	6	2/303	3,346
	7	Add lines 5e and 6	12.00.00	7	3,340
Interest You	8	Home mortgage interest and points. If you didn't use all of your			
Paid		home mortgage loan(s) to buy, build, or improve your home,			
Caution: Your		see instructions and check this box			
mortgage interest deduction may be	8	Home mortgage interest and points reported to you on Form 1098.		\$30,000 P	
limited (see	-	See instructions if limited	8a 12	,245	
instructions).	1	Home mortgage interest not reported to you on Form 1098. See			
	•	instructions if limited. If paid to the person from whom you bought the			
		home, see instructions and show that person's name, identifying no.,			
		and address			
		<b>&gt;</b>			
			8b		
		Points not reported to you on Form 1098. See instructions for			
		special rules	8c	步奏	
		d Mortgage insurance premiums (see instructions)	8d 1.2	2,245	
		e Add lines 8a through 8d	8e 12	-,245	
	Ş	Investment interest. Attach Form 4952 if required. See			
		instructions	9		12,245
	10	Add lines 8e and 9	en verez.	10	12,230
Gifts to	11	Gifts by cash or check. If you made any gift of \$250 or more,		17.4	
Charity		see instructions	11		
	12	Other than by cash or check. If you made any gift of \$250 or more,			
Caution: if you made a gift and		see instructions. You must attach Form 8283 if over \$500	12		
got a benefit for it, see instructions.	1:	Carryover from prior year	13		
	14	Add lines 11 through 13		14	
Casualty and	1	Casualty and theft loss(es) from a federally declared disaster (other	than net qualified		
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line	18 of that form. See	1.21	
		instructions			
Other	10	Other—from list in instructions. List type and amount			
Itemized					
<u>Deductions</u>				16	
Total	1	7 Add the amounts in the far right column for lines 4 through 16. Also	, enter this amount on	12.18	15,591
Itemized		Form 1040 or 1040-SR, line 9		17	
Deductions	1	B If you elect to itemize deductions even though they are less than yo		L D L D	
		deduction, check this box			The Control of the Control

Department of the Treasury Internal Revenue Service

Name(s) shown on return

SCHEDULE D (Form 1040 or 1040-SR) **Capital Gains and Losses** 

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

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

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

OMB No. 1545-0074

2010

Attachment Sequence No. 12

Your social security number

Howard Andrew Swett Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? X No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses — Generally Assets Held One Year or Less (see instructions) Part I (h) Gain or (loss) (9) See instructions for how to figure the amounts to enter on the Subtract column (e) Adjustments from column (d) and to gain or loss from Cost combine the result This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part I, (sales price) with column (g) line 2, column (g) whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with Box A checked .... 2 Totals for all transactions reported on Form(s) 8949 with Box B checked ... 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 ...... Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover R 6 Worksheet in the instructions Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back Long-Term Capital Gains and Losses — Generally Assets Held More Than One Year (see instructions) Part II (h) Gain or (loss) See instructions for how to figure the amounts to enter on the Subtract column (e) Adjustments (e) from column (d) and lines below. to gain or loss from Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II. combine the result (or other basis) (sates price) line 2, column (g) with column (a) whole doilers 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b ... 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked ..... 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 12 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 13 Capital gain distributions. See the instructions 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 58,580) 14 Worksheet in the instructions 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on -58,580 Schedule D (Form 1040 or 1040-SR) 2019 For Paperwork Reduction Act Notice, see your tax return instructions.

Sche	dule D (For	m 1040 or 1040-SR) 2019		raye =
P	art III	Summary	<u> </u>	
16	Combine	e lines 7 and 15 and enter the result	16	-58,580
	• If line	16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form		
		NR, line 14. Then go to line 17 below.		
	• If line	16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete		
	line 22			
	• If line	16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line		
	6; or F	form 1040-NR, line 14. Then go to line 22.		
17	Are line	s 15 and 16 both gains?		
		. Go to line 18.		
	No.	Skip lines 18 through 21, and go to line 22.		
18		e required to complete the 28% Rate Gain Worksheet (see instructions), enter the	► 18	
	amount	if any, from line 7 of that worksheet	5.33	<del> </del>
		A DE LES ARROS CONTRACTOR DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR		
19	If you ar	e required to complete the Unrecaptured Section 1250 Gain Worksheet (see	19	
	instructi	ons), enter the amount, if any, from line 18 of that worksheet		
		40 and 40 hoth more or blook?		
20		s 18 and 19 both zero or blank? :. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	∐ Yes	Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't		
		nplete lines 21 and 22 below.		
	CON	ipiete lines 21 and 22 below.		
	□ No	Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21		
		I 22 below.		
	and	1 22 UGIOW.	52.45	
21	If line 1	6 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14,		
		aller of:		
		<u>_</u>	STEEL .	2 222
	• The l	oss on line 16; or	21 (	3,000)
	• (\$3,0	00), or if married filing separately, (\$1,500)		
	Note: \	Vhen figuring which amount is smaller, treat both amounts as positive numbers.		
			2245 9 1 5 8	
22	Do you	have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b?	1.00	
		and the term that the second of the Color Tow Mandahaet in the Instructions	175.00	
		s. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for	Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).	7. E. C.	Herary Herri
	₩ Na	. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

	191112	03/19/2020	1:35 PM
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Form 1040/SR

# Form 1040 or 1040-SR Reconciliation Worksheet

2019	
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and the first than the property	
EZUH9	-
71 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1

						4 blood of bou	enhold*	П	5 Qualifyir	na widowi	er)*
Filing Status:	X 1 Sin	gte 📙 :	2 Married filing jointly	3 Married filing sep	erately *Qualifying person the	4 Head of hou It is a child bu		ent:	o qooniy.		
MFS spouse n			Last name					_	Taxpayer so	cial secu	nity number
Texpayer first name Howard		ew ew	Swett								
If a joint return, spo			Last name						Spouse's so	cial secu	uity number
ii a joint toturi, spo							1	$\dashv$	Presidentia	l Election	n Campaign
Home address (nun	nber and st	eet). If you have a	P.O. box, see instructions.				Apt. no.	ı		храуег	Spouse
							<del></del>				
City, town or post o	ffice, state,	and ZIP code.									
			Foreign province/state/o			Foreign po	stal code			_	
Foreign country na	me		Poreign provincessiation								\$1850 BE
ба Х тахрау	er. If some	one can claim you a	es a dependent, do not che	eck box 6a			Boxes check	ed on 6	Sa and 6b .		±
b Spouse		, ,		er a de la companya	er i er villa til tema tvillet til til	Commence	Children on				
				GSC STATES CO	3650 气管导致	interior	Children on				
		Agent Cart					Dependents			above .	····· <u> </u>
<u> 14 35 2000 18 18 18 18 18 18 18 18 18 18 18 18 18 </u>	10/25					90,000000 <u>0</u>	Total, Add 1	✓ If qua		$\neg \Box$	
6C Dependents:				201 O I.d	(3) Relations	hin to was	Child tax cred		other depende	ents tf	more than four
(1) First	name		Last name	(2) Social security number	(5) Neissons	iip w you		ÏΙ		_	ependents,
										□ ✓	here
								$\Box$		Ц	
										<u>.                                    </u>	110 600
	7	Wages, salaries,	tips, etc. Attach Form(s) W	-2					7		149,622
Income	8a	Taxable inter	rest. Attach Schedule	B if required		۲			8a		
(Schedule 1)	b	Tax-exempt	interest. Do not incli	ude on line 8a	<u></u>	<u> </u>			8. 1. 1. 1. 1.		
	9a	Ordinary divid	dends. Attach Sched	ule B if required		1			9a		
	b	Qualified divi	dends	ds							
	10			credits, or offsets of state and local income taxes							
	11	Alimony rece	eived	Schedule C or C-EZ			•••••	• • • •	11 12		
	12			uired. If not required, check here					13		-3,000
	13 14			orm 4797					14		
	15a	IRA distributi		15a	b Tax	able amou	nt		15b		
	16a	Pensions and	d annuities	16a		able amou			16b		
	17	Rental real e	estate, royalties, partr	nerships, S corporations	s, trusts, etc. Attac	h Schedule	εE		17		
	18	Farm income	e or (loss). Attach Sc	hedule F					18		
	19		ent compensation					• • • •	19		
	20a	Social security	********	20a	Б тах	able amou		••••	20b		
	21	Other income	e. List type and amor	unt ight column for lines 7	heaugh 21 This is	vour total	income	·····	22		146,622
	22				1 77	Jour town		· · · · ·			
A .07	23 24	Educator exp	penses	servists, performing arti							
Adjusted Gross	24			ttach Form 2106 or 210		·					
Income	25	_		n. Attach Form 8889							
(Schedule 1)	26		enses. Attach Form 3		26						
	27	Deductible p	part of self-employme	ent tax. Attach Schedule	SE 27				1		
	28	Self-employe	ed SEP, SIMPLE, an	d qualified plans							
	29			deduction							
	30	-		vings					188		
	31a		d b Recipient's S		316						
	32 33	IRA deduction									
	33 34	Tuition and	fees, Attach Form 89	)17	34						
	35	Reserved			1						
	36		3 through 35						36		146 600
	37	Subtract line	e 36 from line 22. Th	is is your adjusted gro	ss income			<u>.,</u> ▶	37		146,622

1112 MY 1912020 1		Form 1040 or 1040-SR Reconciliation Worksheet, Pag	je 2		2019
Form 1040	<u> </u>		Tp	TIN	
ame Howa	ira F	Amount from line 37 (adjusted gross income)		38	146,622
ax and		□ to the term tenuence 2 1955			
edits	39a	Check			
hedules 2, 3)		If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b	$\bigcup$	114.4	4.5.504
tandard	b	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	15,591
eduction r	40	Subtract line 40 from line 38		41	131,031
or	41	Qualified business income deduction (see instructions)		42	
People who neck any	42	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	131,031
ox on line Sa or 39b or	43	Tax (see instr.). Check if any from: a S814 Form(s) b Form c		44	25,622
no can be almed as a	44	Atternative minimum tax (see instructions). Attach Form 6251		45	
pendent,	45	Excess advance premium tax credit repayment. Attach Form 8962		46	
structions.	46	Add lines 44, 45, and 46	<b>&gt;</b>	47	25,622
All others:	47	Foreign tax credit. Attach Form 1116 if required			
ngle or arried filing	48	Credit for child and dependent care expenses. Attach Form 2441			
parately,	49	Education credits from Form 8863, line 19			
2,200 erried filing	50	Retirement savings contributions credit. Attach Form 8880 51			
ntly or ualifying	51	Child tax credit/credit for other dependents 52			
dow(er),	52	Residential energy credits. Attach Form 5695			
24,400 ead of	53	Other credits from Form: a 3800 b 8801 c 54		]	
ousehold, 18,350	54	Add lines 48 through 54. These are your total credits		55	
10,330	55	Subtract line 55 from line 47, If line 55 is more than line 47, enter -0-		56	25,622
	56_			57	
her Taxes	57	Self-employment tax. Attach Schedule SE  Unreported social security and Medicare tax from Form: a 4137 b 8919		58	
hedule 2)	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach i offin 3020 in 1941 in	••••	60a	
	60a	Household employment taxes from Schedule H	••••	60b	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		61	295 (30,446) (31,55)
	61		• • • •	62	
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)  Section 965 net tax liability installment from Form 965-A		3k3.3j	
	63		<b></b>	64	25,62
	64	Add lines 56 through 62. This is your total tax  7. days lines 56 through 62. This is your total tax  27.	02:	3 2001	
	65	rederal income tax withheld from Politis VV-2 and 1000			
yments	66	2019 estimated tax payments and amount applied from 2010 return			
chedule 3)	67a	Earned income credit (Lio)	4.0%x	<b>T</b>	
	b	Nontaxable combat pay election 0121			
	68	Additional Child tax Credit. Attach Golestic 6612			
	69	American opportunity credit from cooc, and o		<b>−</b>	
	70	Net premium tax credit. Attach Point 0902		$\neg$	
	71	Amount paid with request for extension to me		7	
	72	Excess social security and der 174777 tax millions			
	73	Cledit to lederal tax of roots.			
	74	Credits from Politica 2433 b [1] (1888-1885 c ]	_	75	27,02
	75	Add lines 65, 66, 67a, and 68 through 74. These are your total payments		76	1,40
efund	76	If line 75 is more than line 64, subtract line 64 from line 75. This is the amount you overpaid	. "	77a	1,40
	778	Courses	Ц.	1000	(
	<b>▶</b> i	Routing number			
	▶ (	Account number Account number Account of line 76 you want applied to your 2020 estimated tax		100	
	78	Amount of line 70 you want applied to your zozo comments	<u> </u>	79	
mount	79	Amount you owe. Subtract line 75 from line 64. For details on how to pay, see instructions	•		i de estado de marcina.
ou Owe	80	Estimated tax penalty (see instructions) 80		12,31010	to pay
nterest	Date	Return filed Late filing interest (INT) Failure to file			, to pay
enalties	-	milion is successful and a successful an		Total	
hird Party	K F	aid Preparer is 3rd Party Designee, Third Party Designee information not required	Com	plete b	elow. No
esignee	Do y	d wall to allow allottles belook to discuss the retain with the week (e.g.		.,	
	Design	Personal identification number (PI)			
	name	Phon		C Johnson	Protection PIN
Other Info	Тахра	ver Daytime phone number Texpayer: Occupation Judge	_	-	Protection PIN Protection PIN
		Spouse; Occupation	i.F	io identity	1 Intermed L. HA
		axpayer Spouse Email eddress			

### **Federal Statements**

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

Description	 \mount
General Sales Tax	\$ 1,107
Total	\$ 1,107

## Schedule A, Line 5b - Real Estate Taxes

	Description	 Amount
- 3 Totale Men	Dooripus	\$ 2,239
Real Estate Tax Total		\$ 2,239

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

Description	Amount	Amount	
PNC PHH Mortgage	\$ 3,010 9,23		
Total	\$ 12,24	<u>5</u>	

N91112	Swett	Howard	Andrew
NMILIZ	SWEIL.	Ilowald	/ 11 IQ I O I I

# **Federal Statements**

3/19/2020 1:35 PM

State	of i	Flo	rida
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### Form W-2, Box 12

Description	Amount
Cost of employer-sponsored health coverage Total	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

#### State of Florida

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

Description	Amount	
IRC Section 125 flexible benefits program	\$ 4,097	
IRC Section 123 Hexible Benefits Program	s 4,097	
Total	3 1705.	

N91'112 Swett, Howard Andrew

## **Federal Statements**

3/19/2020 1:35 PM

### FL Southwestern State College

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

Description	Amount	
-1: 00	\$	523
Alt SS Total	\$	523