

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)

I, 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, _____, _____, 20, _____
(Office) (District #) (Circuit #)

5 ; my legal residence is Lee County, Florida; I am a qualified elector
(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

X

Handwritten signature of Howard Andrew Swett

(239) 980-1003

answ88@gmail.com

Signature of Candidate

Telephone Number

Email Address

P O Box 21

FORT MYERS

FL

33902

Address

City

State

ZIP Code

STATE OF FLORIDA

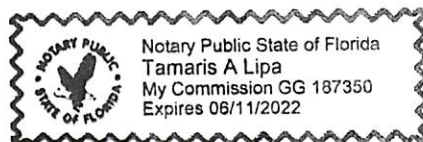
COUNTY OF LEE

Handwritten signature of Tamaris A Lipa

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 24 day of APRIL, 2020.
Personally Known: or Produced Identification: _____
Type of Identification Produced: N/A



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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Jwett, Howard Andrew

MAILING ADDRESS:

1700 Monroe Street

10th Floor

CITY:

Fort Myers

ZIP:

33901

COUNTY:

Lee

NAME OF AGENCY:

20th Judicial Circuit

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Court Judge, Lee County, group 5

CHECK IF THIS IS A FILING BY A CANDIDATE

2019PR20109555 SCEL Lee Co FI

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 April 9, 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 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 \$ 15,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Single Family Dwelling	340,000
Cash	13,000

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 60094-9087	239,451
PNC Bank; P.O. Box 6534 Carol Stream, IL 60197-6534	62,528
Great Lakes; P.O. Box 7860 Madison, WI 53707-3860	10,527

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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.

H. Andrew Swett

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 19 day of

April, 2020, by H. Andrew Swett
Kate L. Hroncich

(Signature of Notary Public--State of Florida)



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

Personally Known OR Produced Identification _____

Type of Identification Produced _____

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

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

 Signature Date

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

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

Form **1040**

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

2019

OMB No. 1545-0074

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

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

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

Your first name and middle initial Howard Andrew		Last name Swett	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial		Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]			Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). [REDACTED]			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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign provincial/state/country	Foreign postal code	If more than four dependents, see instr. and ✓ here <input type="checkbox"/>

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

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.

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	149,622
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRA distributions	4b	
	c Pensions and annuities	4d	
5a	Soc. sec. ben.	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	6	-3,000
7a	Other income from Schedule 1, line 9	7a	0
7b	b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	146,622
8a	Adjustments to income from Schedule 1, line 22	8a	0
8b	b Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	146,622
9	Standard deduction or itemized deductions (from Schedule A)	9	15,591
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a	Add lines 9 and 10	11a	15,591
11b	b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	131,031

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

Form 1040 (2019)

20APR20AM0957 SDE Lee Co FI

Form 1040 (2019) **Howard Andrew Swett**

12a	Tax (see instr.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972	12a	25,622	12b	25,622
3	<input type="checkbox"/>				
b	Add Schedule 2, line 3, and line 12a and enter the total				
13a	Child tax credit or credit for other dependents	13a		13b	
b	Add Schedule 3, line 7, and line 13a and enter the total			14	25,622
14	Subtract line 13b from line 12b. If zero or less, enter -0-			15	
15	Other taxes, including self-employment tax, from Schedule 2, line 10			16	25,622
16	Add lines 14 and 15. This is your total tax			17	27,023
17	Federal income tax withheld from Forms W-2 and 1099				

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

18	Other payments and refundable credits:	18a		18b		18c		18d		18e	
a	Earned income credit (EIC)										
b	Additional child tax credit. Attach Schedule 8812										
c	American opportunity credit from Form 8863, line 8										
d	Schedule 3, line 14										
e	Add lines 18a through 18d. These are your total other payments and refundable credits									19	27,023
19	Add lines 17 and 18e. These are your total payments									20	1,401

Refund	20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	1,401
	21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	21a	1,401
Direct deposit? See instructions.	b	Routing number [redacted] Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number [redacted]		
	22	Amount of line 20 you want applied to your 2020 estimated tax	22	

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

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

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

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

Your signature	Date	Your occupation Judge	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)

Phone no.	Email address	Preparer's name Terri Sue Walker	Preparer's signature Terri Sue Walker	PTIN P01480853	Check if: <input checked="" type="checkbox"/> 3rd Party Designee
		Firm's name Great Oak CPA	Date 03/19/20		<input type="checkbox"/> Self-employed
		13721 Cypress Terrace Cir # 701	Phone no. 239-267-1167		
		Firm's address Fort Myers	FL 33907-8829	Firm's EIN 47-1708296	

Go to www.irs.gov/Form1040 for instructions and the latest information. Form **1040** (2019)

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.

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

Your social security number

Howard Andrew Swett

Table with columns for line numbers, descriptions, and amounts. Rows include Medical and Dental Expenses (Total: 3,346), Taxes You Paid (Total: 3,346), Interest You Paid (Total: 12,245), Gifts to Charity (Total: 14), Casualty and Theft Losses (Total: 15), and Total Itemized Deductions (Total: 15,591).

SCHEDULE D
(Form 1040 or 1040-SR)

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

▶ 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.

2019
Attachment
Sequence No. 12

Name(s) shown on return

Howard Andrew Swett

Your social security number

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 0

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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 Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
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				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
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 Worksheet in the instructions				14 58,580
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 -58,580

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

Schedule D (Form 1040 or 1040-SR) 2019

Howard Andrew Swett

Schedule D (Form 1040 or 1040-SR) 2019

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below. • 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 Form 1040-NR, line 14. Then go to line 22. <p>17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> <p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet</p> <p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p> <p>20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. 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). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> <p>21 If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) </p> <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p>22 Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b? <input type="checkbox"/> Yes. 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). <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>	<p>16</p> <p>18</p> <p>19</p> <p>21</p>	<p>-58,580</p> <p>3,000</p>
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Filing Status: [X] 1 Single [] 2 Married filing jointly [] 3 Married filing separately [] 4 Head of household* [] 5 Qualifying widow(er)*
MFS spouse name:
*Qualifying person that is a child but not a dependent:

Taxpayer first name and initial: Howard Andrew
Last name: Swett
Taxpayer social security number:
If a joint return, spouse's first name and initial:
Last name:
Spouse's social security number:

Home address (number and street), if you have a P.O. box, see instructions:
Apt. no.:
Presidential Election Campaign: Taxpayer [] Spouse []

City, town or post office, state, and ZIP code:

Foreign country name:
Foreign province/state/country:
Foreign postal code:

6a [X] Taxpayer. If someone can claim you as a dependent, do not check box 6a
b [] Spouse
Boxes checked on 6a and 6b: 1
Children on 6c who lived with you:
Children on 6c who did not live with you:
Dependents on 6c not entered above:
Total. Add lines above: 1

Table with 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, (4) Other dependents. Includes a checkbox for 'If more than four dependents, check here'.

Income section table with rows 7-22. Includes 'Total income' of 149,622 and 'Total income' of 146,622.

Adjusted Gross Income section table with rows 23-37. Includes 'Adjusted gross income' of 146,622.

Name **Howard Andrew Swett** To TIN **146,622**

38 Amount from line 37 (adjusted gross income) **38 146,622**
39a Check You were born before January 2, 1955, Blind. } Total boxes checked **39a**
if: Spouse was born before January 2, 1955, Blind. }
b If your spouse itemizes on a separate return or you were a dual-status alien, check here **39b**

Tax and Credits (Schedules 2, 3)
Standard Deduction for—
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$12,200
Married filing jointly or Qualifying widow(er), \$24,400
Head of household, \$18,350

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) **40 15,591**
41 Subtract line 40 from line 38 **41 131,031**
42 Qualified business income deduction (see instructions) **42**
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43 131,031**
44 Tax (see instr.). Check if any from: a Form(s) 8814 b Form 4972 c **44 25,622**
45 Alternative minimum tax (see instructions). Attach Form 6251 **45**
46 Excess advance premium tax credit repayment. Attach Form 8962 **46**
47 Add lines 44, 45, and 46 **47 25,622**

48 Foreign tax credit. Attach Form 1116 if required **48**
49 Credit for child and dependent care expenses. Attach Form 2441 **49**
50 Education credits from Form 8863, line 19 **50**
51 Retirement savings contributions credit. Attach Form 8880 **51**
52 Child tax credit/credit for other dependents **52**
53 Residential energy credits. Attach Form 5695 **53**
54 Other credits from Form: a 3800 b 8801 c **54**
55 Add lines 48 through 54. These are your total credits **55 25,622**
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- **56**

Other Taxes (Schedule 2)
57 Self-employment tax. Attach Schedule SE **57**
58 Unreported social security and Medicare tax from Form: a 4137 b 8919 **58**
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **59**
60a Household employment taxes from Schedule H **60a**
b First-time homebuyer credit repayment. Attach Form 5405 if required **60b**
61 Reserved **61**
62 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) **62**
63 Section 965 net tax liability installment from Form 965-A **63**
64 Add lines 56 through 62. This is your total tax **64 25,622**

Payments (Schedule 3)
65 Federal income tax withheld from Forms W-2 and 1099 **65 27,023**
66 2019 estimated tax payments and amount applied from 2018 return **66**
67a Earned income credit (EIC) **67a**
b Nontaxable combat pay election **67b**
68 Additional child tax credit. Attach Schedule 8812 **68**
69 American opportunity credit from Form 8863, line 8 **69**
70 Net premium tax credit. Attach Form 8962 **70**
71 Amount paid with request for extension to file **71**
72 Excess social security and tier 1 RRTA tax withheld **72**
73 Credit for federal tax on fuels. Attach Form 4136 **73**
74 Credits from Form: a 2439 b Reserved c 8885 d **74**
75 Add lines 65, 66, 67a, and 68 through 74. These are your total payments **75 27,023**

Refund
76 If line 75 is more than line 64, subtract line 64 from line 75. This is the amount you overpaid **76 1,401**
77a Amount of line 76 you want refunded to you. If Form 8888 is attached, check here **77a 1,401**
b Routing number c Type: Checking Savings
d Account number
78 Amount of line 76 you want applied to your 2020 estimated tax **78**

Amount You Owe
79 Amount you owe. Subtract line 75 from line 64. For details on how to pay, see instructions **79**
80 Estimated tax penalty (see instructions) **80**

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

Third Party Designee Paid Preparer is 3rd Party Designee, Third Party Designee information not required
Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No
Designee's name _____ Personal identification number (PIN)
Phone no. _____

Other Info
Taxpayer Daytime phone number _____ Taxpayer Occupation **Judge** IRS Identity Protection PIN _____
Spouse Occupation _____ IRS Identity Protection PIN _____
 Taxpayer Spouse Email address _____

Federal Statements**Schedule A, Line 5a - State and Local General Sales Taxes**

<u>Description</u>	<u>Amount</u>
General Sales Tax	\$ <u>1,107</u>
Total	\$ <u><u>1,107</u></u>

Schedule A, Line 5b - Real Estate Taxes

<u>Description</u>	<u>Amount</u>
Real Estate Tax	\$ <u>2,239</u>
Total	\$ <u><u>2,239</u></u>

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

<u>Description</u>	<u>Amount</u>
PNC	\$ <u>3,010</u>
PHH Mortgage	<u>9,235</u>
Total	\$ <u><u>12,245</u></u>

Federal Statements

State of Florida

Form W-2, Box 12

<u>Description</u>	<u>Amount</u>
Cost of employer-sponsored health coverage	\$ 8,884
Total	\$ <u>8,884</u>

State of Florida

Form W-2, Box 14 - Other

<u>Description</u>	<u>Amount</u>
IRC Section 125 flexible benefits program	\$ 4,097
Total	\$ <u>4,097</u>

Federal Statements

FL Southwestern State College

Form W-2, Box 14 - Other

Description	Amount
Alt SS	\$ 523
Total	\$ 523